North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8090	A. BUILDING: _____ B. WING _____	01/26/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOOD DEACONESS HEALTH CENTER	4 N PARK ST NORTHWOOD, ND 58267

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
B 000	INITIAL COMMENTS For the unannounced licensure survey, started on January 25, 2016 and completed on January 26, 2016, the sample included three residents for complete review and one closed record for review. Tier II citations included B1830.	B 000		
B1830	33-03-24.1-18,3 DIETARY SERVICES 3. Snacks between meals and in the evening. These snacks must be listed on the daily menu. Vending machines may not be the only source of snacks. This state licensing rule is not met as evidenced by: Based on observation and staff interview, the facility failed to list between meal snacks on the daily menu for 2 of 2 days of survey (January 25-26, 2016). Findings include: Review of the daily menus on all days of survey identified the evening snacks posted on a bulletin board. The menus failed to include snacks offered between breakfast and lunch, and between lunch and dinner. During an interview on the morning of 01/26/16, a dietary supervisor (#1) confirmed staff only post the evening snack.	B1830	B1830: The deficiency will be corrected by the following measure being put into place: Between meals, snacks will be listed on the daily menu. Vending machines will not be the only source of snacks. An inservice is not needed, however the "Menu Planning" policy has been updated to assure the inclusion of between meal snacks (AM, PM & HS) on the menu. The updated policy is posted in the kitchen for dietary staff to review.	2/14/16

Health Resources Section
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 2-9-16