STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355122	A. BUILDING _____ B. WING _____	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHARDTON HEALTH CENTER INC	8885 HIGHWAY 10 RICHARDTON, ND 58652

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The standard Medicare/Medicaid recertification survey started on 10/21/24 and concluded 10/23/24.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, review of professional literature, and staff interview, the facility failed to ensure 1 of 5 sampled residents (Resident #23) received the services necessary to attain the highest degree of safety possible while receiving fluids. Failure to ensure staff provided proper positioning when providing water placed Resident #23 at risk for aspiration and choking. Findings include: Review of the policy titled "Meal Supervision and Assistance" occurred on 10/23/24. This undated policy stated, ". . . The resident should be positioned so his or her head and upper body are as upright as possible. . . . in bed, use wedges and pillows to achieve a nearly upright position. . . ."	F 684	Plan of Correction: 1. There was only one resident affected by the deficient practice. Immediate corrective action was taken immediately following the incident. Staff education was provided to CNA's (#3&#4) immediately after the incident. CNA information sheet was updated to reflect every resident's current diet and ST recommendations/orders. Education provided to staff on facility policy for Meal Supervision and Assistance. Education was provided throughout the nursing department on 11/5/2024 @ the nursing meeting regarding the deficiency, the CNA information sheet, the Meal Supervision Policy, and the plan being put into place to correct the deficient practice. 2. All residents are at risk for this deficient	11/5/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/07/2024

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F 684	Continued From page 1 Nancy B. Swigert's "The Source for Dysphagia; Third Edition," LinguiSystems, Inc., Illinois, 2007, page 125 and educational handouts identified, ". . . During the oral intake of . . . foods and/or liquids, it is optimal for a patient to be seated at a 90 degree angle, whether in a bed or in a chair. . . ." Review of Resident #23's medical record occurred on all days of survey. Diagnosis included dementia and difficulty swallowing. The resident's current care plan and a physician order, dated 06/08/24 stated, ". . . 90 degrees for all intake . . ." Observation on 10/22/24 at 10:10 a.m. showed two certified nurse aides (CNAs) (#3 and #4) transferred Resident #23 into bed. While in bed at an approximate 50 degree angle the CNA (#3) provided the resident with a drink of water. The resident coughed, held his breath, and his face turned red until the CNAs positioned him to a 90 degree angle. The resident then continued to cough and the CNAs called for the nurse. Nursing progress notes for 10/22/24 stated: *11:52 a.m. "Resident was seen by [nurse practitioner] on rounds, new orders received . . . bedside swallow evaluation to be completed. Son, [name] at facility and updated on orders and episode of resident coughing on water. . . ." *2:51 p.m. ". . . Resident had a choking episode while laying in bed this AM. The episode was witnessed and CNA was able to repositioned [sic] to 90 degree angle and CN [charge nurse] assessed resident immediately. Resident back to baseline respiratory rate. . . ."	F 684	practice as they “should” all positioned so the head and upper body are as upright as possible for oral intake. All ST recommendations for oral intake were also reviewed for all residents and all diet orders were updated on the CNA information sheet and staff education was provided. 3. This deficient practice will be monitored through QA twice weekly for two weeks, weekly for four weeks and monthly thereafter. The QA will include the following questions: 1. Were residents as up right as possible for all oral intake? 2. All ST orders are up to date on the CNA information sheet? 3. Were all ST recommendations/orders followed? 4. The facility will monitor this QA plan through their QAPI program to ensure that this deficient practice is corrected and does not recur. This will be reviewed monthly at the QAPI update meeting and Quarterly at our QAPI Quarterly meeting. 5. 10/22/24- CNA #3 and #4 had education provided the day of the incident. 10/22/24- CNA information sheet updated to reflect all current diet orders 11/5/24- Staff education provide at nursing meeting on Meal Supervision Policy, updated CNA information sheets, and the QA plan for this deficient practice. This deficient practice will be monitored through QA twice weekly for two weeks, weekly for four weeks and monthly	

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F 684	Continued From page 2 During an interview on 10/23/24 at 4:25 p.m., an administrative nurse (#1) stated she expected staff to position Resident #23 to a 90 degree angle before providing the resident with a drink of water.	F 684	thereafter.	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other	F 880		11/5/24

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F 880	Continued From page 3 persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy,	F 880	Plan of Correction:	

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F 880	Continued From page 4 and staff interview, the facility failed to follow standards of infection control and prevention for 1 of 1 sampled resident (Resident #22) observed during a dressing change. Failure to practice infection control standards related to enhanced barrier precautions (EBP) has the potential to spread infection throughout the facility. Findings include: Review of the facility's policy titled "Enhanced Barrier Precautions" occurred on 10/23/24. This policy, dated 03/22/24, stated, ". . . Enhanced barrier precautions refer to the use of gown and gloves for certain residents during specific high contact care activities . . . High-contact resident care activities . . . Wound care: any skin opening requiring a dressing. . ." Observation on 10/22/24 at 9:40 a.m. showed an EBP sign on Resident #22's door. A nurse (#2) donned gloves and changed Resident #22's heel dressing. The nurse failed to wear a gown during the dressing change. During an interview on 10/23/24 at 4:25 p.m., an administrative nurse (#1) stated she expected staff to wear a gown during a dressing change.	F 880	1. There was one resident affected by the deficient practice. Immediately after the incident occurred education was provided to the charge nurse completing the dressing change and the requirement of Enhanced Barrier Precautions and the policy. The appropriate signage was on the outside of the door, and in the resident room with the required PPE for Enhanced Barrier Precautions. 2. Any resident with an indwelling device, wounds requiring a dressing change, or any resident with an infection or colonization of an MDRO is at risk of this deficient practice. There are currently have 6 residents that would fall in this category. 3. This deficient practice will be monitored through QA twice weekly for two weeks, weekly for four weeks and monthly thereafter. The QA will include the following questions: 1. Was appropriate signage posted outside and inside the room? 2. Was appropriate PPE available in room? 3. Was PPE utilized during high contact activity? 4. Was PPE DONNED and DOFFED appropriately? 4. The facility will monitor this QA plan through their QAPI program to ensure that this deficient practice is corrected and does not recur. This will be reviewed monthly at the QAPI update meeting and Quarterly at our QAPI Quarterly meeting. 5. 10/22/24- CN given immediate education the day of the incident.	

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F 880	Continued From page 5	F 880	11/5/24- Staff education provide at nursing meeting on Enhanced Barrier Precautions Policy, how to know a resident is on EBP, what high contact activities are, and the QA plan for this deficient practice. This deficient practice will be monitored through QA twice weekly for two weeks, weekly for four weeks and monthly thereafter	