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 _____	12/13/2023

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 On 12/13/2023 a Risk-Based Survey (RBS) was conducted as a Federal Monitoring Survey (FMS) Health Comparative Survey by The Centers for Medicare & Medicaid Services (CMS).	F 000		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the	F 657		

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

01/05/2024

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F 657	Continued From page 1 facility failed to ensure the comprehensive care plan was revised for one (R2) of four sampled residents. The facility reported a census of 28. Findings include: Review of R2's 8/29/2023 significant change Minimum Data Set (MDS-a Federally mandated assessment required to be completed by the facility) recorded the resident had a Brief Interview for Mental Status (BIMS) of 10 that indicated she was mildly cognitively impaired, had the following diagnoses, but not limited to, major depressive disorder, and received antidepressant medication on a daily basis. Review of R2's 10/24/2023 quarterly MDS recorded the resident had a BIMS of 11 that indicated she was mildly cognitively impaired, had the following diagnoses, but not limited to, major depressive disorder, and received antidepressant medication daily. Review of R2's "Physicians Orders" for November 2023 recorded Lexapro (medication used to treat depression) 5 milligrams (mgs) daily for major depressive disorder was discontinued on 11/08/2023. Review of R2's "Medication Administration Record" (MAR) for November 2023 recorded Lexapro was administered 11/1-11/8/2023 then discontinued. Review of R2's "Physician's Orders" for December 2023 lacked an order for Lexapro. Review of R2's comprehensive care plan revised	F 657		

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F 657	Continued From page 2 on 12/7/2023 recorded the resident had depression and took Lexapro daily. During an interview on 12/13/2023 at 3:28 PM, the MDS Coordinator indicated that R2 was no longer taking Lexapro and that the medication was discontinued in November. The MDS Coordinator further indicated that the charge nurses were responsible for updating the resident care plans when medications changed and when other changes occurred, and she tried to go through every few weeks and make sure all the changes were reflected on the care plans when the Interdisciplinary Team (IDT) met to review changes and she "must have missed it". Additionally, the MDS Coordinator indicated that she had just removed Lexapro from the care plan when the surveyor requested the care plan because she noticed it was still on there, and the charge nurse should have removed it [Lexapro] from the care plan.	F 657		
F 755 SS=E	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and	F 755		

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F 755	Continued From page 3 biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain an accurate record of controlled medication for one (R2) of four sampled residents and failed to ensure the controlled drug count was completed and documented as required at the beginning and end of each shift. The facility reported a census of 28. Findings include: Review of the facility policy "Controlled Substance Administration & Accountability" reviewed 7/18/2019 recorded it was the policy of the health center to promote safe, high quality patient care, compliant with state and federal regulations regarding monitoring the use of controlled substances. The policy further	F 755		

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F 755	Continued From page 4	F 755		

recorded that the facility would have safeguards in place to prevent loss, diversion or accidental exposure, and all controlled substances would be accounted for and recorded on the Resident Medication Count Record as they were removed from the medication cart ..."

1. Review of R2's 8/29/2023 significant change Minimum Data Set (MDS-a Federally mandated assessment required to be completed by the facility) recorded the resident had a Brief Interview for Mental Status (BIMS) of 10 that indicated she was mildly cognitively impaired, had the following diagnoses, but not limited to, osteoarthritis (degeneration of bone and cartilage that causes pain and stiffness in the joints), end-stage heart failure (reduced ability of the heart to pump blood throughout the body), depression, and atrial fibrillation (irregular heart beat), received Hospice (end of life care) services, and required opioid (narcotic pain medication) pain medication daily.

Review of R2's 10/24/2023 quarterly MDS recorded the resident had a BIMS of 11 that indicated she was mildly cognitively impaired, had the following diagnoses, but not limited to, osteoarthritis, end-stage heart failure, atrial fibrillation, received Hospice services, and required opioid pain medication daily.

Review of R2's comprehensive care plan recorded she had an alteration in comfort related to pain and required prescription pain medicine.

Review of R2's "Physician's Orders" for December 2023 recorded a physician's order for Tramadol (opioid-narcotic pain medicine) 50

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F 755	Continued From page 5 milligrams (mgs) daily at 8:00 AM. Review of R2's "Medication Administration Record" recorded R2 received Tramadol 50 mg at 8:00 AM on 12/13/2023. Review of R2's "Controlled Drug Count Record (CDCR)" for Tramadol reflected the last dose of Tramadol was removed from the medication card on 12/12/2023 at 8:45 AM, and three pills remained on the medication card. Review of R2's medication card reflected two Tramadol pills remained on the medication card. During an interview on 12/13/2023 at 1:30 PM, the Medication Aide (MA2) indicated that she had removed a Tramadol from the medication card and administered the medication to R2 that morning at approximately 8:00 AM but had forgotten to record the pill being removed from the "Controlled Drug Count Record". MA2 further indicated that the pill was to be recorded and subtracted from the count on the CDCR at the time it was removed from the card. During an interview on 12/13/2023 at 4:00 PM, the Assistant Director of Nursing (ADON) indicated that she expected staff to sign out the medication on the controlled drug count record at the time the medication was removed and administered to the resident. The ADON further indicated it was not appropriate to remove the medication in the morning and sign it [medication] out at the end of the shift. 2. Review of the facility policy "Controlled Substance Administration & Accountability"	F 755		

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F 755	Continued From page 6 reviewed 7/18/2019 recorded it was the policy of the health center to promote safe, high quality patient care, compliant with state and federal regulations regarding monitoring the use of controlled substances. The policy further recorded that the facility would have safeguards in place to prevent loss, diversion or accidental exposure, and all controlled substances would be accounted for and recorded on the Resident Medication Count Record as they were removed from the medication cart, two licensed nurses would account for all controlled substances and access keys at the end of each shift, and any discrepancy in the count of controlled substances or disposition of the narcotic keys would be resolved by the end of the shift during which it is discovered. Review of the November 2023 "Controlled Drug Count Record" reflected the count was not documented as completed on: -11/5/2023 lacked the signature of the oncoming night shift nurse. -11/9/2023 lacked the signature of the off going night shift nurse. -11/13/2023 lacked the signature of the oncoming night shift nurse. -11/14/2023 lacked the signature of the off going night shift nurse. -11/15/2023 lacked the signature of the oncoming night shift nurse. -11/17/2023 lacked the signature of the off going day shift nurse. -11/26/2023 lacked the signature of the off going day shift nurse. -11/27/2023 lacked the signature of the off going day shift nurse.	F 755		

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F 755	Continued From page 7	F 755		

Review of the December 2023 "Controlled Drug Count Sheet" reflected the Controlled Drug Count was not documented as completed on:
-12/3/2023 lacked the signature of the off going night shift nurse.
-12/6/2023 lacked the signature of the off going day shift nurse and the signature of the oncoming night shift nurse.
-12/7/2023 lacked the signature of the off going night shift nurse.
-12/9/2023 the space for the signature of the off going night shift nurse was "scribbled out" and did not reflect the initials or signature of the off going nurse who competed the count and lacked the signature of the oncoming night shift nurse.
-12/13/2023 contained the signature of the off going day shift Medication Aide (MA3) but lacked the signature of the oncoming night shift nurse/medication aide.

During an interview on 12/13/2023 at 3:35 PM, the Medication Aide (MA3) indicated that she had signed the Controlled Drug Count Sheet because she "did not want to forget to sign it later" when she counted with the oncoming shift at 6:30 PM. MA3 further indicated she knew she was not supposed to sign until the count was conducted with the oncoming shift.

During an interview on 12/13/2023 at 3:56 PM, the Assistant Director of Nursing (ADON) confirmed the Controlled Drug Count Record did not reflect the controlled drug count had been completed accurately for 12/6 and 12/9/2023. Additionally, the ADON confirmed that the controlled drug count scheduled to be completed at approximately 6:00 PM on 12/13/2023 had already been signed as completed by the day

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F 755	Continued From page 8 shift staff member. The ADON further indicated that the controlled drug count should not be signed by staff prior to the completion of the count, and she did not know why the staff had signed the count had been completed when they [staff} would not be counting the controlled medications until the next shift came on duty in several hours.	F 755		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:	F 761		

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F 761	Continued From page 9 Based on observation, interview, and record review, the facility failed to ensure medications were stored appropriately. Specifically, the facility failed to ensure medications with different routes of administration were not stored together when they stored an injectable medication (insulin) and rectal suppositories in the same container in the refrigerator. The facility reported a census of 28. Findings include: Review of the 11/8/2023 facility policy "Medication Storage" lacked information and/or guidance to staff on the necessity of separating medications with differing routes of administration during storage. A concurrent observation and interview on 12/13/2023 at 3:56 PM showed the Medication Room refrigerator contained a basket that held insulin pens (injectable medication) and rectal suppositories. MA2 indicated that she knew that different routes of medications were to be stored separately but she had recently defrosted the refrigerator and had not remembered to separate the medications once the task had been completed. During an interview on 12/13/2023 at 4:15 PM, the Assistant Director of Nursing (ADON) confirmed that insulin and rectal suppositories should not be stored in the same container in the refrigerator.	F 761		