DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/05/2012
FORM APPROVED
OMB NO. 0938-0391

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 _____	02/23/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHARDTON HEALTH CENTER INC	212 3RD AVENUE WEST 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 For the standard Medicare/Medicaid recertification survey started on February 21, 2012 and completed on February 23, 2012 the sample included two (2) residents for complete review, five (5) residents for focused review, and one (1) closed record for review. The sample included two (2) additional resident to verify specific concerns during the survey.	F 000		
F 176 SS=D	483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy and procedure, record review, and staff interview, the facility failed to determine the ability to self-administer medications (SAM) safely for 1 of 1 resident (Resident #6) observed during medication pass. Failure to determine if SAM is a safe practice places the resident at risk for improper spacing and/or missed doses of medication. Findings include: Review of the facility policy titled "Self Administration of Medications" occurred on 02/23/12. The policy, dated 03/15/10, stated: "Conditions for self administration: 1. Interdisciplinary team determines if the practice would be safe.	F 176	No medications will be left at the bedside for resident #6 to self-administer. Medications will not be left at the bedside for other residents to self-administer. Nursing staff education will be completed regarding administration of medications, regulatory requirement for self-administration, and standards of practice of medication administration. Nursing director will randomly monitor medication pass to ensure that medications are administered according to policies and procedures and professional standards of practice. Results of these monitors will be forwarded to the QA Committee for input, review and proof that compliance standards are being met.	Telephone call per Administrator 03/22/12 1pm CT gw Staff Education 03/07/12 monitor monthly for 3 months and then quarterly.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lynn Blakeman — TITLE: Administrator — (X6) DATE: 3/20/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 176	Continued From page 1 2. Requires a current physicians order. . . 5. Resident is subject to periodic re-evaluations. . ." During observation of medication pass on the morning of 02/22/12, a staff nurse (#2) prepared Resident #6's medications which included Bactrim DS (an antibiotic), Phenergan with codeine (cough medication with a pain reliever), Avodart (a prostate medication), Tamsulosin (a prostate medication), Ativan (an antianxiety medication), Metoprolol (a blood pressure medication), Prednisone (an antiinflammatory medication), Omeprazole (a medication to suppress gastric acid secretion), Floragen 3 (a probiotic), Digestive Enzymes, Gas Ex, Fish Oil, Citrucel Fiber, Mucinex, and Aspirin. The nurse took the medications to the resident's room and set the medications on his bedside table. The nurse stated the resident would take his medications with his breakfast. Observation on 02/23/2012 showed Resident #6 sitting on the side of his bed with his breakfast tray on the bedside table in front of him. Observation showed the resident had three medication cups beside his tray with five and one-half pills in one cup (and one pill on his breakfast tray), a red liquid in one cup, and a powder in one cup that the resident was pouring into a glass of juice. Review of Resident #6's record occurred on the morning of 02/23/2012. The record failed to identify a physician order for SAM. The record lacked an assessment by the interdisciplinary team identifying Resident #6 as able to safely SAM.	F 176	Secondary review will occur at the quarterly QA meetings.	03/29/12

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F 176	Continued From page 2 During an interview on 02/23/2012 at 10:30 a.m., an administrative nurse (#1) stated Resident #6 did not have a SAM assessment, no resident is supposed to be self-administering medication without an assessment, and nurses are instructed to stay with residents when medications are administered.	F 176		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review, professional reference review, and staff interview, the facility failed to provide care and services according to professional standards of quality for 1 of 7 sampled residents (Resident #3) receiving "as needed" (PRN) medications. Failure to evaluate and document the reason for and/or response to PRN medications may result in residents receiving unnecessary medications, experiencing adverse reactions, and may limit the staff's ability to determine effectiveness of the medications. Findings include: Kozier & Erb's "Fundamentals of Nursing, Concepts, Process and Practice," 8th Edition, dated 2008, page 850, stated, ". . . Ten 'Rights' of Medication Administration . . . Right Assessment . . . Some medications require specific assessments prior to administration . . . Right Evaluation . . . Conduct appropriate follow-up	F 281	Documentation for non-routine medications will be completed for resident #3 including the reason for the medication and the results. Documentation for non-routine medications will be completed for all residents in the facility including reason for the medication and the results. Nursing staff education will be completed regarding standards of practice for administering medications. Nursing director will randomly monitor medication administrative records and medical records to ensure medication administration is being done according to policies and procedures and standards of practice. The monitoring results will be forwarded to the QA Committee for input, review and proof that compliance	Telephone Call per Administrator 03/22/12 1pm CT GW Staff Education 03/05/12 monitor monthly for 3 months and then quarterly.

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F 281	Continued From page 3 (e.g., was the desired effect achieved or not? Did the client experience any side effects or adverse reactions?). . . ." - Review of Resident #3's medical record occurred February 21-23, 2012. Review of the medication administration records (MARs) showed the resident received Tylenol 325 milligrams (mg), and Hydrocodone with acetaminophen 10/325 mg PRN for pain relief and Benadryl 50 mg PRN for itching. Review of Resident #3's use of PRN medications from December 2011 to February 21, 2012, revealed facility staff failed to document the reason and/or the resident's response to/effectiveness of the medications on 16 occasions of the 62 times staff administered a PRN medication to Resident #3. During an interview, on 02/23/12 at 12:05 p.m., an administrative nurse (#1) stated she expected nursing staff to document the reason a PRN medication is administered and the resident's response to that medication. She stated nursing staff should document in the nurse's notes or on the facility's PRN medication sheet.	F 281	standards are being met. The review of the results will occur at the Quarterly QA Committee.	03/29/12
F 496 SS=D	483.75(e)(5)-(7) NURSE AIDE REGISTRY VERIFICATION, RETRAINING Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless the individual is a full-time employee in a training and competency evaluation program approved by the State; or the individual can prove that he or she has recently successfully completed a training and	F 496		

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F 496	Continued From page 4 competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered. Before allowing an individual to serve as a nurse aide, a facility must seek information from every State registry established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Act the facility believes will include information on the individual. If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program. This REQUIREMENT is not met as evidenced by: Based on information from the state nurse aide registry, facility record review, and staff interview, the facility failed to ensure 1 of 4 direct care staff hired in the last 4 months (Individual A) working with residents in the facility held a current certification. Failure to ensure certification of caregivers has the potential to affect resident care. Finding included: During interview on the afternoon of 02/21/12, Individual A stated she had been employed at the	F 496	The nurse aide is no longer employed by the facility. Regulation was reviewed and the misconception was defined. Verification based on the State registry will be completed for nurse aids before they are hired. A new tool has been developed and it will serve as an employment check list during the hiring process. Personnel staff will monitor to ensure that registry verification is completed on each nurse aide that is hired. The QA Committee will review to ensure compliance is met at the quarterly meetings.	03/29/12

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F 496	Continued From page 5 facility for one week and had worked prior in another state. During an interview on the morning of 02/22/12, an administrative nurse (#1) indicated that Individual A was not a CNA in North Dakota. Information from the North Dakota nurse aide registry identified Individual A's CNA certification from another state had expired on 02/08/2012 and facility records indicated she started employment at this facility on 02/15/12. Review of the facility staff schedule revealed Individual A worked seven days, from 02/15/12 to 02/21/12. During an interview on 02/23/12 at 9:05 a.m., an administrative nurse (#1) stated she failed to check the expiration date of Individual A's out of state CNA certificate. During an interview on 02/23/12 at 9:30 a.m., an administrative staff member (#3) stated she checked the abuse registry and criminal background check for Individual A and found Individual A's abuse record was clear. This staff member further stated that the administrative staff nurse (#1) verifies the CNA's certifications.	F 496		