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 _____	04/20/2011

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 04/18/11 and completed on 04/20/11, the sample included 2 (two) residents for complete review, 5 (five) residents for focused review, and 1 (one) closed record for review.	F 000		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: THIS IS A REPEAT DEFICIENCY FROM THE SURVEY COMPLETED ON 03/25/10. Based on observation, record review, review of facility information, and staff interview, the facility failed to provide assistive devices necessary to prevent accidents for 1 of 5 sampled residents (Resident #5) who required assistance with transfers and mobility. Failure to utilize gait belts and wheelchair foot pedals has the potential to result in avoidable falls and/or injury to the residents. Findings include: Review of facility staff meeting minutes occurred on 04/20/11. These minutes, dated 01/07/11,	F 323	Re-education will be done on keeping the environment free of accident hazards with specific attention to adequate supervision and assistive devices being used to prevent accidents. Education was completed during the CNA Meeting on 5-11-2011. Each CNA and Nursing monthly meeting will include education on this issue. Education will include safety issues for all residents in the facility. Education for both staff and families will concentrate on gait belt use, foot peddle use, close observation and monitoring and reminding as necessary. To monitor the performance the Director of Nursing has completed the initial education and will continue to monitor the adherence on the floor, reminding	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lynn Blakeman	Administrator	5-20-11

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 323	Continued From page 1 stated, ". . . Safety in Transferring Demonstration . . . As stated in the reminder gait belts are universal, if they don't use a lift but are not independent, they need a gait belt. . . ." A memo to facility staff, undated and located at the nurses' station, stated, "Just a Reminder: When propelling a resident in a wheelchair, you must ALWAYS use foot pedals. It is not acceptable to ask a resident to lift their feet . . . Unless a resident uses a lift or walks independently they are to have a gait belt on when transferring." - Review of Resident #5's medical record occurred on all days of survey. Diagnoses included Alzheimer's disease, generalized muscle weakness, osteoarthrosis, and a history of falls. Resident #5's current Minimum Data Set (MDS), dated 04/07/11, identified a Brief Interview for Mental Status (BIMS) score of 3 (indicating severe cognitive impairment) and extensive assistance from one person needed for transfers and locomotion. Resident #5's current care plan, dated 01/17/11, stated, ". . . Problem . . . [Resident name] requires extensive assist with . . . locomotion . . . Approach(s) . . . He requires a cane and gait belt for ambulation with one assist. He primarily uses his wheelchair . . ." The care plan also stated, ". . . [Resident name] enjoys walking. He will be walked with staff and a gait belt, also with [a visitor's name] who has been advised to use a gait belt and declines. . . ." Observations on 04/18/11 at 1:05 p.m. and 04/19/11 at 12:50 p.m. showed a visitor assisted	F 323	staff to use gait belts, to observe the interactions with the resident to confirm that the resident is aware of what the staff wants them to do and how. Eg. To stand up, to sit down, to walk. After the staff has informed the resident what they are going to do, continued observation will be done to monitor that the resident has had enough time to think about what they are to do and that they are not rushing the resident. Corrective action has been started and will continue throughout the year on a monthly basis. A Quality Assurance sub-committee will be formed with the goal of evaluating and monitoring the environment to help promote the well being of residents to live in a facility that is free of accident hazards and that each resident receives adequate supervision and assistance devices with the end result of preventing accidents.	5/25/11

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F 323	Continued From page 2 Resident #5 to ambulate. The resident used a cane, while the visitor grasped the resident's hand and used his other hand to hold onto the back of Resident #5's pants. Observation showed the visitor assisted the resident to ambulate from the dining room, down the hallway, and into the resident's room without the use of a gait belt. During both observations, Resident #5 ambulated with a shuffling gait, and the resident's shoes caught on the floor, making a squeaking sound. During an interview on 04/20/11 at 8:35 a.m., an administrative nursing staff member (#2) stated the visitor comes several times a day to visit Resident #5 and walk with him. During an interview on 04/20/11 at 10:05 a.m., a certified nursing assistant (CNA) (#3) stated, "I've never seen [the visitor] use a gait belt. He hangs on to his belt loop. We [the staff] use one." A second CNA (#7) stated she has never seen the visitor use a gait belt with Resident #5 either. Observation on 04/19/11 at 7:48 a.m. showed an unidentified CNA propelled Resident #5 in his wheelchair from the TV lounge to the dining room without the use of foot pedals. Observation showed Resident #5's feet brushed along the floor. At 8:59 a.m., a CNA (#3) propelled Resident #5 from the dining room, down the hallway, and into the resident's room without using foot pedals. The resident's feet again brushed along the floor. Observation on 04/20/11 at 7:25 a.m. showed a CNA (#6) propelled Resident #5 in his wheelchair from the TV lounge to the dining room without the use of foot pedals. Observation showed Resident #5's feet brushed along the floor. At 8:39 a.m., a	F 323		

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F 323	Continued From page 3 CNA (#6) propelled Resident #5 from the dining room, down the hallway, and into the TV lounge. Observation showed Resident #5's legs crossed at the ankle, and his right heel scraped along the floor. Observations throughout the survey showed no foot pedals in Resident #5's room or in the bag attached to the back of his wheelchair (where staff usually keep foot pedals). During an interview on 04/20/11 at 8:50 a.m., a CNA (#3) stated, "I've never seen him [Resident #5] have foot rests on [his wheelchair]." During an interview on 04/20/11 at 1:45 p.m., an administrative staff member (#1) agreed the above transfers and ambulation were unsafe.	F 323		