STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355034	A. BUILDING _____ B. WING _____	C 01/12/2023

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F 000	INITIAL COMMENTS The standard Medicare/Medicaid recertification and complaint survey started on 01/09/23 and concluded 01/12/23..	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: THIS IS A REPEAT DEFICIENCY FROM THE SURVEY COMPLETED ON 08/11/21	F 657	1. Resident #9, 11 and 226 care plans were updated. Nursing staff were	2/16/23

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

Electronically Signed | 01/27/2023

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F 657	Continued From page 1 Based on observation, record review, review of facility policy, and staff interview, the facility failed to review and revise comprehensive care plans to reflect the residents' current status for 3 of 13 sampled residents (Resident #9, #11, and #226). Failure to review/revise the care plans to reflect residents' current status limited the staff's ability to communicate needs and ensure continuity of care for each resident. Findings include: Review of the facility policy and procedure title "Multidisciplinary Care Plan" occurred on 01/12/23. This policy, dated August 2003, stated, "An interdisciplinary team . . . will develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. . . . Assessment and care plan evaluation must be ongoing. . . Monitor the resident's response to care and adjust the care plan accordingly. . . . The care plan team/staff should attempt to manage risk factors whenever possible. ... Nursing staff will be [sic] review individual care plans at least monthly. . . ." - Observations of care for Resident #9 showed the following: * 01/09/23 at 3:11 p.m. showed two certified nursing assistants (CNAs) (#3 and #4) transferred Resident #9 from the bed to the bathroom with the mechanical sit to stand lift. * 01/10/23 at 7:46 a.m. showed a CNA (#2) transferred Resident #9 from the wheelchair to	F 657	educated on revising care plans and keeping them up to date. 2. All residents have the potential to be affected by the facilities ability to revise the care plan and ensure continuity of care for each resident. 3. Nursing staff were educated on how to properly revise and update a care plan to ensure continuity of care for each resident on 1-20-23. A mandatory all staff in-service will be held on POC□s on 2-1-23. 4. QI monitoring will be implemented using TMC care plan updated monitoring form, for residents #9, 11 and 226 care plans, along with random residents to equal a total of 20% of the resident census, to ensure that their care plan addresses current care needs; random areas of care plans will be used for the QI monitoring. QI monitoring will be done by DON/QI designee weekly x4, then monthly x2, then quarterly x 2 unless determined by the QI committee at the monthly meeting. 5. 2/16/2023	

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F 657	Continued From page 2 the bathroom with a gait belt and assist of one. Review of Resident #9's medical record occurred on all days of survey and included diagnoses of Dementia and weakness. The current care plan stated, ". . . Transfers assist of two and standing lift, due to knee weakness . . . 1-2 person pivot as knee can tolerate . . ." During an interview on 01/11/22 at 4:30 p.m., a nurse manager (#1) stated CNAs would decide if Resident #9 felt comfortable to pivot transfer. - Observation on 01/10/23 at 11:06 a.m. showed two CNAs (#5 and #6) transfer Resident #226 utilizing a full body mechanical lift. Review of Resident #226's medical record occurred on all days of survey and included a diagnoses of Dementia. The current care plan stated, ". . . May use a Hoyer lift and the assistance of two for transfer, but at times is able to transfer with the assist of two and a gait belt." The care plans lacked clear direction for resident transfers. During an interview on 01/11/23 at 5:10 p.m., a nurse manager (#1) stated the CNAs would make the decision of how to transfer Residents #9 and #226, "because the nurse is usually busy." The manager agreed a nurse should make the assessment not a CNA, and the care plan needed updating to reflect this. - Review of Resident #11's medical record occurred on all days of survey. Diagnoses included heart disease, weakness, and repeated	F 657		

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F 657	Continued From page 3 falls. The physician's orders included Eliquis (an anticoagulant) 2.5 milligrams twice a day. The care plan lacked a problem, goals, and interventions related to use of an anticoagulant. During an interview on 01/12/23 8:30 a.m., a nurse manager (#1) stated she would expect anticoagulant use addressed in Resident #11's care plan.	F 657		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, professional reference, and staff interview, the facility failed to provide appropriate supervision by a licensed nurse to prevent accidents for 2 of 2 residents (Resident #9 and #226) who had two different transfer modes noted on their care plan. Failure to provide supervision of certified nurse aides by a licensed nurse regarding resident transfer modes may result in resident falls and/or injury. Findings include: Review of the North Dakota Administrative Code (NDAC) online at www.ndlegis.gov/information/acdata/pdf/54-05-0	F 689	1. Residents #9 and 226 care plans were updated. Nursing staff were educated on appropriate assessment of transfers and supervision of CNA's regarding transfer modes. PT/OT were educated on regulation, care plans and communication of changed to care plans for therapy. 2. All residents have the potential to be affected by the facilities failure to provide appropriate supervision of CNAs by a licensed nurse to prevent accidents with transfers. 3. Care plans will specify specific transfer modes for CNA's to follow, if another mode is optional care plan will	2/16/23

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F 689	Continued From page 4 2.pdf stated, ". . . Standards related to registered nurse scope of practice. . . . Develop a plan of care based on nursing assessment and diagnoses that prescribe interventions to attain expected outcomes. 5. Revise nursing interventions consistent with the client's overall health care plan. . . . ." Review of the NDAC online at www.ndlegis.gov/information/acdata/pdf/33-43-01.pdf stated, ". . . 33-43-01-12. Supervision and delegation of nursing interventions. An individual on the department's nurse aide registry [CNA] may perform nursing interventions which have been delegated and supervised by a licensed nurse. . . ." - Observations of care for Resident #9 showed the following: * 01/09/23 at 3:11 p.m. showed two CNAs (#3 and #4) transferred Resident #9 from the bed to the bathroom with the mechanical sit to stand lift. * 01/10/23 at 7:46 a.m. showed a CNA (#2) transferred Resident #9 from the wheelchair to the bathroom with a gait belt and assist of one. Review of Resident #9's medical record occurred on all days of survey and included diagnoses of Dementia and weakness. The current care plan stated, ". . . Transfers assist of two and standing lift, due to knee weakness . . . 1-2 person pivot as knee can tolerate . . ." During an interview on 01/11/22 at 4:30 p.m., a nurse manager (#1) stated CNAs would decide if Resident #9 felt comfortable to pivot transfer. - Observation on 01/10/23 at 11:06 a.m. showed	F 689	state for nursing assessment to be done prior to use. Any changes to care plans made by PT/OT for transfers will be communicated to nurse to update the care plan and via a communcation means such as white board or daily CNA communication book to the CNA. Nursing staff were educated on care plans and supervision of the CNA□s regarding transfer modes on 1-20-23. A mandatory all staff in-service will be held on POC□s on 2-1-23. 4. QI monitoring will be implemented using TMC transfer mode QA monitoring form, for residents #9, and 226 care plans, along with random residents to equal a total of 20% of the resident census, to ensure that their care plan addresses current transfer needs, CNA's are following the transfer mode in care plan and the nurses is assessing prior to any transfer modes as needed and commuication did get updated. QI monitoring will be done by DON/QI designee weekly x4, then monthly x2, then quarterly x 2 unless determined by the QI committee at the monthly meeting. 5. 2/16/2023	

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F 689	Continued From page 5 two CNAs (#5 and #6) transfer Resident #226 utilizing a full body mechanical lift. Review of Resident #226's medical record occurred on all days of survey and included a diagnosis of Dementia. The current care plan stated, ". . . May use a Hoyer [full body] lift and the assistance of two for transfer, but at times is able to transfer with the assist of two and a gait belt." The care plans lacked clear direction for CNAs during resident transfers without first requiring a licensed nurse assessment. During an interview on 01/11/23 at 5:10 p.m., a nurse manager (#1) stated the CNAs would make the decision of how to transfer Residents #9 and #226, "because the nurse is usually busy." The manager agreed a nurse should make the assessment not a CNA.	F 689		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or	F 757		2/16/23

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F 757	Continued From page 6 §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, review of professional reference, and staff interview, the facility failed to ensure resident's medication regimens were free of unnecessary medications for 2 of 5 sampled residents (#2 and #19) reviewed. Failure to monitor the resident's laboratory values may result in residents experiencing adverse consequences related to the medication and result in the resident receiving an unnecessary medication. Findings include: Review of the facility policy titled "Medication Regimen Review" occurred on 01/12/23. This policy, dated June 2017, stated, ". . . Medication Regime Review (MRR) is a thorough evaluation of the medication regimen of a resident with the goal of promoting positive outcomes and minimizing adverse consequences associated with medication. . . . Each residents' drug regimen remains free of unnecessary drugs. An unnecessary drug is any drug when used: . . . Without adequate monitoring. . . ." Prescriber's Digital Reference at https://www.pdr.net/drug-summary, accessed 01/19/23, stated, ". . . Geriatric patients . . . are	F 757	1. Residents #2 and 19 will have a pharmacy review done and lab work ordered (if applicable) by 2-16-23. MD and Pharmacy will be educated on regulation for pharmacy consultation and unnecessay drugs and labwork. New forms for monitoring lab work will be developed. New forms will be developed for monthly Pharmacy review. 2. All residents have the potential to be affected by the facilities failure to ensure residents medication regimes are free from unnecessary medication. 3. Nursing staff were educated on keeping resident medication regimes free of unnecessary drugs and lab work values needed. Pharmacy and MD will be educated by 2/3/23 on requirements. TMC Pharmacist monthly chart review form will be done by the consulting Pharmacist/reviewed with nursing with any recommendations for labwork reviewed with MD on residents rounds visit. A mandatory all staff in-service will be held on POC's on 2-1-23. 4. QI monitoring will be implemented for residents #2 and 19 along with random residents to equal a total of 20% of the	

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F 757	Continued From page 7 more likely to have reduced valproic acid clearance and higher serum concentrations of free valproic acid. The geriatric patient may require initial dosing reductions or close monitoring of serum concentrations.. . . Hematologic effects including leukopenia, neutropenia, and agranulocytosis [low white blood cells] have been associated with antipsychotic use. . . . may cause metabolic changes. Increased blood sugar, dyslipidemia (increased cholesterol and/or triglycerides) . . . Clinical monitoring of . . . serum [blood] lipid [fatty acid] profiles is recommended during aripiprazole [antipsychotic] treatment. . . . . Loop diuretics [furosemide] may induce metabolic alkalosis associated with hypokalemia [low potassium levels] and hypochloremia [low chloride levels] . . . Serum electrolytes . . . should be monitored frequently during furosemide therapy. . . . Thiazides [diuretic] may also worsen dilutional hyponatremia [low sodium level], especially in elderly individuals. Patients receiving diuretics should be monitored for clinical signs of acid/base, fluid, or electrolyte imbalances. . . . " - Review of Resident #2's medical record occurred on all days of survey. Diagnoses included Dementia and Bipolar Disorder. A significant change Minimum Data Set (MDS), dated 10/21/22, identified seven days of diuretic use, and seven days of antipsychotic use. Current physician's orders identified: * 10/01/21 Depakote ER (extended release) (valproic acid) 250 mg (milligrams) 1 tablet daily (seizure medication used for mood stabilization) * 12/09/22 Abilify (aripiprazole)10 mg 1 tablet at HS (bedtime) (antipsychotic medication)	F 757	resident census that lab work was ordered or note in chart as to why not done. Monthly Pharmacy review will be monitored on residents #2 and 19 along with random residents to equal a total of 20% of the resident census to ensure medications and labwork are addressed. QI monitoring will be done by DON/QI designee monthly x 6 then quarterly x 2 unless determined by the QI committee at the monthly meeting. 5. 2/16/2023	

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F 757	Continued From page 8 * 06/03/20 Potassium Cl ER 20 MEQ (milliequivalent) tablet BID (two times a day) (potassium supplement) * 06/03/20 Furosemide 20 mg daily (loop diuretic medication) Resident #2's medical record showed monthly pharmacist reviews with no recommendations made and lacked physician's orders for monitoring of laboratory values since 01/19/22. - Review of Resident #19's medical record occurred on all days of survey. Diagnoses included Dementia, Hypertension and Anxiety. A quarterly MDS, dated 01/06/22, identified seven days of diuretic use. Current physician's orders identified: * 10/03/22 Hydrochlorothiazide 12.5 mg daily (thiazide diuretic medication) this was a change from Benazapril-HCTZ 20-12.5 mg daily (a combination antihypertensive/thiazide diuretic medication) on 04/02/22. Resident #19's medical record showed monthly pharmacist reviews with no recommendations made and lacked physician orders for laboratory value monitoring since 12/28/21, prior to resident admission on 01/06/22. During an interview on 01/11/23 at 10:15 a.m., a nurse manager (#1) confirmed the pharmacist reviewed the medications monthly and failed to recommend lab monitoring for Resident #2 and #19. The nurse manager also confirmed both resident record lacked physician's orders for laboratory value monitoring.	F 757		
F 758	Free from Unnec Psychotropic Meds/PRN Use	F 758		2/16/23

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F 758 SS=D	Continued From page 9 CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is	F 758		

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F 758	Continued From page 10 appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and staff interview, the facility failed to ensure residents who use psychotropic medications receive gradual dose reductions (GDRs), unless clinically contraindicated, for 1 of 5 sampled residents (Resident #2) reviewed for psychotropic medication. Failure to attempt a GDR, or document the reason a GDR is clinically contraindicated, placed residents at risk for receiving unnecessary medications and experiencing adverse consequences. Findings include: Review of the facility policy titled "Use of Psychoactive Medication" occurred 01/12/23. This policy, dated June 2017, stated, ". . . Patients/residents on antipsychotic medication will have a gradual dose reduction or "drug holiday" attempted twice in a 12-month period, unless medication documentation shows such an attempt would be harmful to the patient/resident. . . . All patient/residents on psychoactive medications will undergo a gradual dose reduction or "drug holiday" at least once every four months unless medically contraindicated as	F 758	1. Resident # 2 medications will be reviewed by Psych Nurse Consultant and MD on 2/3/23. Policy on use of psychoactive medications will be updated by 2/3/23. 2. All residents have the potential to be affected by the facilities failure to ensure residents who use psychotropic medications receive gradual dose reductions (GDR), unless clinically contraindicated. 3. Nursing staff were educated on psychotropic medications and GDR on 1-20-23. MD will be educated by 2/3/23. TMC antipsychotic tracking form will be used to document review dates to include last GDR or assessment date. TMC mental health progress evaluation form will be used by Psych consultant at time of resident follow up/visit with any recommendations given to MD. A mandatory all staff in-service will be held on POC□s on 2-1-23. 4. QI monitoring will be implemented for resident #2 along with random residents to equal a total of 20% of the resident	

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F 758	Continued From page 11 documented in the clinical record. . . . Gradual dose reduction should be attempted before concluding that a gradual dose reduction is clinically contraindicated. If the gradual dose reduction is causing adverse effects, it is discontinued. Documentation of the decision and reason should be included in the medical record. . . ." Review of Resident #2's medical record occurred on all days of survey. Diagnoses included Dementia, Bipolar Disorder and Depression. A significant change Minimum Data Set (MDS) dated 10/21/22, identified seven days of antipsychotic and antidepressant medications used. Current medication orders identified: * 10/01/21 Depakote ER (extended release) 250 mg (milligrams) for dementia with behaviors * 12/09/22 Abilify (an antipsychotic medication) 10 mg for depression with behaviors, increased from a dose of 5 mg started on 10/01/21. * 08/14/20 Escitalopram (an antidepressant medication) 30 mg for depression Resident #2's medical record lacked evidence of a GDR or documentation for clinical contraindication for the Depakote ER, Abilify, or Escitalopram at any time the medications were prescribed. During an interview on 01/11/23 at 10:15 a.m., a nurse manager (#1) confirmed the facility failed to perform GDRs for Resident #2's psychoactive medications.	F 758	census on Psychoactive medications that GDR's are done or noted otherwise in clinical record. QI monitoring will be done by DON/QI designee monthly x 6 then quarterly x 2 unless determined by the QI committee at the monthly meeting. 5. 2/16/2023	
F9999	FINAL OBSERVATIONS	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355034	A. BUILDING _____ B. WING _____	C 01/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIOGA MEDICAL CENTER LTC	**810 N WELO ST TIOGA, ND 58852**

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F9999	Continued From page 12 Based on observation, resident, family, and staff interviews, the complaint investigated in conjunction with the standard Medicare/Medicaid survey was not substantiated.	F9999		