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 _____	09/19/2013

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

(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 09/16/13 and completed on 09/19/13, the sample included 2 residents for complete review, 7 residents for focused review, and 1 closed record for review. The sample included 2 residents added to verify specific concerns during the survey.	F 000		
F 164 SS=D	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.	F 164	1. The roommate's bed in Res.#5's room was moved away from the curtain and a shelf was placed between the bed and the curtain to decrease the likelihood of the roommate lifting the curtain in Res. #5's room. Staff was instructed to notify the roommate of Res. #5 before doing cares to decrease the likelihood of having the curtain lifted. Twelve (12) inch extender hooks were ordered to lengthen the privacy curtains in all double-occupancy resident rooms. Res.#5 and Res. #11 will have longer privacy curtains due to the installation of longer hooks. 2. All residents have the potential to be affected by inadequate length of privacy curtains. 3. All double-occupancy rooms will have extender hooks placed on the top of all privacy curtains to make them longer and allow for adequate privacy. (cont. on page 2)	10/23/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: President/CEO | (X6) DATE: 10/4/13

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.

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 _____	09/19/2013

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

(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 164	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation and resident and staff interview, the facility failed to ensure personal privacy during cares for 2 of 2 interviewable residents (Resident #5 and #11) who expressed concerns regarding personal privacy. Failure to ensure privacy during cares is an infringement on the residents' rights and may lead to a loss of dignity. Findings include: - An interview with Resident #5 occurred on 09/16/13 at 3:25 p.m. During the interview the resident expressed concerns regarding privacy. She stated the privacy curtain between her bed and her roommate's bed is "too short." Resident #5 stated when she is getting ready for bed her roommate lifts the curtain up and watches her. Observation showed the lower edge of the curtain approximately one inch above the top of the roommate's mattress. As the interview progressed, the resident returned to this subject and restated her concern three times. - During a resident interview on 09/17/13 at 9:10 a.m., Resident #11 stated, "My curtain is too short. My roommate can see me when I am in bed and I can see him in bed." Resident #11 explained the privacy curtain failed to prevent the resident and his roommate from seeing each other during private cares. Observation on the morning of 09/17/13 identified the lower edge of Resident #11's privacy curtain several inches above the top of his roommate's mattress. The facility failed to provide personal privacy for	F 164	(cont. from page 1) 4. A walk through will be done on all resident rooms after extender hooks are installed to make sure that privacy is able to be maintained for all residents. Thereafter, as needed checks will be done for any room changes and admissions x3 months to monitor for adequate privacy. 5. Privacy extender hooks will be in place by October 23, 2013.	

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 _____	09/19/2013

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

(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 164	Continued From page 2 Resident #11 and his roommate. An interview occurred with three administrative nurses (#1, #2, and #3) and a social worker (#4) on 09/17/13 at 3:30 p.m. The staff members stated they were unaware the length of the curtains allowed roommates to view each other during cares. The staff members agreed residents have the right to personal privacy during cares.	F 164		
F 460 SS=E	483.70(d)(1)(iv)-(v) BEDROOMS ASSURE FULL VISUAL PRIVACY Bedrooms must be designed or equipped to assure full visual privacy for each resident. In facilities initially certified after March 31, 1992, except in private rooms, each bed must have ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains. This REQUIREMENT is not met as evidenced by: Based on observation and resident interview, the facility failed to equip double occupancy resident rooms with privacy curtains that provided full visual privacy for 1 of 1 skilled nursing unit. Findings include: During the initial tour of the facility, on 09/16/13 at 11:50 a.m., observations of the privacy curtains between residents' beds in all double occupancy rooms identified the lower edge of the curtains at mattress level. For residents with lowered beds, the curtains did not reach the mattress level. The	F 460	1. Res.'s #5 and #11 will have longer privacy curtains due to the installation of longer hooks. Twelve (12) inch extender hooks were ordered to lengthen the privacy curtains in all double-occupancy resident rooms. 2. All residents have the potential to be affected by inadequate length of privacy curtains. 3. All double-occupancy rooms will have extender hooks placed on the top of all privacy curtains to make them longer and allow for adequate privacy. 4. A walk through will be done on all resident rooms after extender hooks are installed to make sure that privacy is able to be maintained for all residents. Thereafter, as needed checks will be done for any room changes and admissions x3 months to monitor for adequate privacy. (cont. on page 4)	10/23/13

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 _____	09/19/2013

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

(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 460	Continued From page 3 shorter length of the curtains allowed residents to view each other during cares. Interviews occurred with Resident #5 on 09/16/13 at 3:25 p.m. and Resident #11 on 09/17/13 at 9:10 a.m. Both residents expressed concerns with privacy and stated their roommates were able to view them during cares due to the length of the curtains (refer to F164).	F 460	(cont. from page 3) 5. Privacy extender hooks will be in place by October 23, 2013.	