North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8032	A. BUILDING: _____ B. WING _____	09/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HI SOARING EAGLE RANCH	3731 117TH R AVE SE VALLEY CITY, ND 58072

(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) COMPLETE DATE
B 000	INITIAL COMMENTS The announced licensure survey completed 09/22/15, included a complete review of 5 current residents and 1 closed record. The survey identified no Tier I findings and three Tier II deficiencies.	B 000		
B1210	33-03-24.1-12,1 RESIDENT ASSESSMENTS/CARE PLANS 1. An assessment is required for each resident within fourteen days of admission and as determined by an appropriately licensed professional thereafter, but no less frequently than quarterly. This state licensing rule is not met as evidenced by: Based on record review and staff interview, an appropriate licensed professional failed to complete the initial assessment within fourteen days of admission for 2 of 2 residents (Resident #2 and #4) admitted in the prior twelve months. Failure to complete an assessment, inclusive of the resident's health, psychosocial, functional, nutritional, activity status, personal care, health needs, capability of self-preservation, and specific social and activity interests, has the potential for the lack of timely identification and response/intervention to individual resident needs, problems and concerns. Findings include: Review of Resident #2 and #4's record occurred on 09/21/15, and showed the following: *The facility admitted Resident #2 on 05/20/15, completed an initial health assessment on 06/22/15 and the complete assessment on	B1210	The agency will assure that all assessments will be completed within 14 days of admission. The agency disagrees with this timeline as it is much too short to receive a true reflections of the individual's psychosocial functioning, activity level, personal care ability as well as specific social and activity interests. Thirty days provides more opportunity to develop a rapport with a new resident as well as assist them with the transition that at times is quite traumatic. With other programs under the auspices of the Open Door Center and through our national accreditation 30 days is available for this timeline. Additionally time is given if the guardian is not able to be present at the meeting. It was never the intention of the Center not to follow policy but the Ranch has used the thirty day period for the past 25 years without any comment from the Health Department.	10/31/15

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B1210	Continued From page 1 07/01/15 (41 days after admission). *The facility admitted Resident #4 on 09/02/15, and completed the health assessment on 09/14/15. The remaining areas requiring assessment had not been completed as of 09/22/15 (20 days after admission). During an interview with two administrative/management staff members (#1 and #2) on the afternoon of 09/21/15, the staff members indicated they thought they had thirty days to complete the assessment, and did not provide any additional information supporting the competition of the assessments for Resident #2 and #4 within the required timeframe.	B1210	However, the agency will change its timeline at the Ranch to adhere to the regulation. This will be assured through training of staff. This was completed on September 23, 2015 at the agency's staff meeting. Ranch staff were also informed of this timeline through a staff memo on October 6, 2015 and it will be reiterated at the next Ranch staff meeting as well. This will assure that the deficiency should not recur. Persons Responsible: Kari Shape, Resident Coordinator and Mary Simonson, Administrator	
B1230	33-03-24.1-12,3 RESIDENT ASSESSMENTS/CARE PLANS 3. A care plan, based on the assessment and input from the resident or person with legal status to act on behalf of the resident, must be developed within twenty-one days of the admission date and consistently implemented in response to individual resident needs and strengths. This state licensing rule is not met as evidenced by: Based on record review and staff interview, the facility failed to develop and implement an individual plan of care within twenty-one days of admission for 1 of 1 resident (Resident #2) admitted in the prior twelve months and had resided in the facility for at least three weeks. Based on the assessment and input from the resident and/or person with legal status to act on behalf of the resident, the lack of an individualized plan of care within twenty-one days	B1230		

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B1230	Continued From page 2 of admission results in a potential for delay in response and consistency in the delivery of care and required services to the resident. Findings include: Review of the records for Resident #2 occurred on 09/21/15, and identified the following: * The facility admitted Resident #2 on 05/20/15, and did not complete the initial plan of care until 07/01/15 (41 days after admission). During an interview with two administrative/management staff members on the afternoon of 09/21/15, the staff members did not provide any additional information.	B1230		
B1540	33-03-24.1-15,4 PHARMACY/MED ADM SERVICES 4. All medications used by residents which are administered or supervised by staff must be: a. Properly recorded by staff at the time of administration. b. Kept and stored in original containers labeled consistently with state laws. c. Properly administered. This state licensing rule is not met as evidenced by: Based on record review and staff interview, facility staff failed to administer "standing order" and/or PRN (as needed) medications consistent with the signed physician orders, and failed to	B1540	The agency will assure that all medications that are administered and supervised by staff shall be properly recorded, kept and stored in original containers and properly administrated including the reason for the medication as well as the result of the Standing Order/ PRN medication. This will be assured by placing documentation in the daily record so staff have the ability to record both the administration reason and the effect of the medication. Additionally training will be provided to all agency staff regarding the need to provide the above recordings. This	11/2/15

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B1540	Continued From page 3 adequately identify the specific reason for administration of the medication and the effectiveness of the medication for 2 of 2 residents (Resident #1 and #2) who received PRN medications. Findings include: Signed/approved facility Standing Orders included the following: "Skin" 1. For minor abrasions or lacerations - clean with soap and water or wound wash. 2. May apply antibiotic ointment or cream if ordered by a nurse, may apply band aid or dressing." "Pain or fever 102 F. or greater. 1. Tylenol regular strength/Acetaminophen 325 mg [milligram]. Give two tablets every four hours. 2. Tylenol Extra Strength liquid/acetaminophen 500 mg. /tablespoon. Give up to 1000 mg. every 4 hours or as directed on label. 3. Tylenol extra strength tablets 500 mg. /Acetaminophen 500 mg. as directed on label. . . . 5. Ibuprofen 200 mg. give one or two tablets every 4 hours. No Ibuprofen if on blood thinners." During an interview with two administrative/management staff (#1 and #2) on the afternoon of 09/21/15, the staff members indicated staff are required to identify the results/effectiveness of PRN medications following administration. Staff did not provide a facility policy/procedure for the administration of PRN medications. - Review of Resident #1's medical record on 09/21/15 included the following instances when unlicensed staff administered medications from the standing orders without adherence to the approved standing orders and without indicating the effectiveness/results of the PRN medication	B1540	was accomplished at the agency all staff meeting on September 23, 2015 as well as in a memo outlining the requirements for recording of Standing Order/PRN medication. This should assure that the deficiency does not recur. Persons Responsible: Mary Simonson, Executive Director and Kari Shape, Resident Coordinator of HI Soaring Eagle Ranch	

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B1540	Continued From page 4	B1540		

following administration:
*05/14/15 - "Resident's Complaint - Triple antibiotic and band aid, Staff Action - Dry skin split open on left right. Results - Not indicated."
*05/15/15 - X2 - "Resident's Complaint - Dry skin split open on left ring finger. Staff Action - Triple antibiotic and band aid. Results - better x2."
* 05/17/15 - X2 "Resident's Complaint - Tip of finger pick a hang nail off. Staff Action - Applied triple antibiotic and band aid. Results - Same x1 and touch better x1."
*05/18/15 and 05/19/15 - "Resident's Complaint - Tip of finger pick a hang nail off [sic]. Staff Action - Applied triple antibiotic and band aid. Results- Same and no results indicated."
*Unlicensed staff administered antibiotic ointment to a cut on Resident #1's right elbow four times from May 29-31, 2015; and twelve times from June 01-24, 2015.

The record lacked evidence of a nurse order for the triple antibiotic being administered. The record also lacked assessment/description of the area being treated and resulted in the inability to follow the progress/regression of the healing process when results/effectiveness indicated only, "Same, better, worse, etc."

- Review of Resident #2's medical record on 09/21/15 included the following instances when unlicensed staff administered medications from the standing orders without indicating the effectiveness/results of the PRN medication following administration:
*06/16/15 - "Resident's Complaint - Tooth pulled. Staff Action - 2 - 200 mg Ibuprofen. Resident's Result - Not indicated."
*07/09/15 - "Resident's Complaint - Pain in right elbow. Staff Action - 1 Acetaminophen 500 mg caplet. Resident's Response - Not indicated."

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B1540	Continued From page 5 *067/12/15 - Resident's Complaint - Pain in left side. Staff Action - 1 Acetaminophen 500 mg caplet. Resident's Response - Not indicated."	B1540		

HI SOARING EAGLE RANCH

3731 117 R Avenue S.E., Valley City, ND 58072 ~ Phone: (701) 845-5114 Fax: (701) 845-1262

October 23, 2015

B1210:

1) **The Resident Coordinator has established a tickler system to assure that all required assessments are completed by the appropriate agency staff within the timeline of 14 days following the resident's admission to the facility. The Resident Coordinator duty is to gather the assessment information for the IHP/Care Plan. This information is then provided to the Executive Director for the meeting. The Coordinator will check every week during the assessments period to assure that the needed information is completed and ready for the IHP.**
The problem was not the completion of the assessments, but the fact that historical information provided staff indicated a 30-day period for assessment. We still advocate for this time period as it would offer a greater opportunity to become familiar with the health, safety and other needs and desires of the resident.

Completion date: 10/31/2015
Person Responsible: Resident Coordinator, Executive Director

B1230:

1) **An IHP will be developed within 21 days of admission. This will be coordinated by the Resident Coordinator as it has been in the past, however the date will be set 21 days after admission rather than 30 days after admission again with her established tickler system. This be**

completed but rather two factors: the Legal Decision Maker/Guardian was not available. Although the surveyor told us we should complete the IHP/care plan without the guardian, our national accreditation frowns on this practice. Also we believe that it is difficult for the guardian to make decisions when not present for all information. Nor is HI Soaring Eagle Ranch comfortable with making decisions for the guardian. Secondly, as with all our other programs a 30-day post-admission program plan is required rather than 21 days. However the Resident Coordinator will monitor to assure that the 21-day requirement is followed. The plan meeting will be coordinated with the Executive Director assuring another monitor for timeliness. The tickler system as well as monitoring by the Resident Coordinator and the Executive Director should assure that this deficiency does not recur.

Completion date: 11/1/2015
Persons Responsible: Resident Coordinator and Executive Director

B1540

Monitoring will be provided by the med checker who is responsible to review all medications within the hour of dispensing. The Med Checker assures that all medications are given and recorded correctly. It is attested to by the Med. Checker's initials/number. This procedure will assure that Standing Order medication recordings has the required documental and that the deficiency does not recur. The agency nursing staff has completed the procedure for Standing Orders and it has been signed by the consulting physician.

Completion date: 11/2/2015
Persons Responsible: All med certified staff including the Resident Coordinator.
Agency nursing staff