STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355077	A. BUILDING _____ B. WING _____	R 07/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEYENNE CARE CENTER	979 CENTRAL AVE N VALLEY CITY, ND 58072

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F 000	INITIAL COMMENTS An on-site revisit was conducted July 23, 2014 to determine compliance with the deficiencies identified during the June 2-5, 2014 survey. The revisit sample included 16 residents for focused review of the areas of non-compliance. The tag numbers enclosed { } denotes citation that remained not met as determined by the on-site revisit.	F 000		
{F 318} SS=E	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and staff interview, the facility failed to provide appropriate treatment and services to increase or maintain range of motion (ROM) for 8 of 16 sampled residents (Resident #2, #5, #8, #9, #11, #13, #15, and #16) who received a restorative therapy (RT) program. Failure to provide ROM exercises as ordered may result in functional declines. Findings include: Review of the facility policy titled "Range of Motion" occurred on 07/23/14. This policy, revised 05/12/14, stated, ". . . PURPOSE: To	{F 318}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Craig Gustafson | TITLE: CEO | (X6) DATE: 7-29-14

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.

PRINTED: 07/24/2014
FORM APPROVED
OMB NO. 0938-0391

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

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F 000	INITIAL COMMENTS An on-site revisit was conducted July 23, 2014 to determine compliance with the deficiencies identified during the June 2-5, 2014 survey. The revisit sample included 16 residents for focused review of the areas of non-compliance. The tag numbers enclosed { } denotes citation that remained not met as determined by the on-site revisit.	F 000	F 318 1. Residents 2, 5, 8, 9, 11, 13, 15, 16. A Restorative Exercise Log has been started and CRA's were educated on 7/29/14 and 7/30/14, on the new documentation to ensure residents are reaching their goals. Nurse management team will monitor logs and observe CRA's while doing the program weekly. 2. All residents on a restorative program are at risk.	
{F 318} SS=E	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and staff interview, the facility failed to provide appropriate treatment and services to increase or maintain range of motion (ROM) for 8 of 16 sampled residents (Resident #2, #5, #8, #9, #11, #13, #15, and #16) who received a restorative therapy (RT) program. Failure to provide ROM exercises as ordered may result in functional declines. Findings include: Review of the facility policy titled "Range of Motion" occurred on 07/23/14. This policy, revised 05/12/14, stated, ". . . PURPOSE: To	{F 318}	3. We have started a restorative log to track the minutes and explain why they did not receive therapy, so changes in program or program times can be made to ensure they are receiving what is needed to maintain their mobility. Education on log was done to improve tracking and follow-up. Nurse Management team will monitor logs and observe CRA's weekly, while they are doing the program. MDS Coordinators, CRA and Therapy meet weekly to discuss resident's on a program and if changes need to be made to the program. We have changed CRA helpers and Medication aides job descriptions to include assisting with Restorative Therapy after breakfast and brunch. 4. Out of all residents on a restorative program, 10 will be chosen randomly weekly for QA that will be done by Nursing Management team. Then monthly for 3 months and quarterly after that. RA Program QA will be discussed at monthly QA meetings. 5. Date of completion will be on 8/5/14.	

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

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{F 318}	Continued From page 2 #8's current RT program identified "3x/wk [three times per week] with cane and 2# wt. [weight]: Shoulder flex/ext x 10 and 2# wt.: Chest press x 10. Tricep press with green T-band x 10. Sitting: Hip Flex/Ext/Abd with 2# ankle wt x 10. Saratoga 5 mins. One Fine Motor Gross Motor Skills prn [as needed] (group activities)." Review of Resident #8's RT documentation from 07/08/14 through 07/22/14 (two weeks) identified the facility failed to provide Resident #8 with RT three days a week as scheduled. Resident #8 received RT on only one of six days and refused RT on one day. - Review of Resident #9's medical record occurred on 07/23/14. Diagnoses included a hip fracture (May 2014), abnormal gait, muscle weakness, and dementia. Resident #9's current RT program identified "6x/wk: Supine/Seated: PROM/AAROM [passive range of motion/active assisted range of motion] all motions 1 x 10 reps [repetitions] both sides. Perform PROM or AAROM depending on resident's ability to participate." Review of Resident #9's RT documentation from 07/08/14 through 07/22/14 (two weeks) identified the facility failed to provide Resident #9 with RT six days a week as scheduled. Resident #9 received RT on only five of 12 days. - Review of Resident #2's medical record occurred on 07/23/14. Diagnoses included spinal stenosis and osteoarthrosis. A physician's order, dated 12/27/13, stated, "Restorative program as outlined on kiosk [computer terminal]"	{F 318}		

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{F 318}	Continued From page 3 The "PT Restorative Aide Program" form identified the physical therapist failed to complete the "Number of Days Per Week" staff should provide ROM. The care plan identified ". . . Restorative Program . . . assist with ROM exercises as outlined on kiosk. . . ." Resident #2's restorative therapy program identified, "3X's/Wk - 3 sets of 10 Seated: Hip flex/knee ext with 4# wts. Hip ext/abd and knee flex with green t-band. Upper body - 10 reps. If unable to complete using dowel, do AAROM Shoulder flex/ext and Chest press with 1# dowel Elbow flex/ext with 1-2# dowel. The "Documentation Survey Reports" identified the following: * July 9-22, 2014 (2 weeks): Resident #2 received RT on only one of six days and refused one day. - Review of Resident #11's medical record occurred on 07/23/14. Diagnoses included osteoarthrosis and chronic pain. The quarterly MDS, dated 07/02/14, identified impaired ROM in both lower extremities. A physician's order, dated 11/19/13, stated "RA [restorative aide] program as directed." The "PT Restorative Aide Program" form stated "Attempt resistance 2-3x/wk and PROM [passive range of motion] 4-5x/wk." The care plan stated ". . . RA Program . . . Active/passive ROM, walking RA program see detailed interventions kiosk . . ."	{F 318}		

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{F 318}	Continued From page 4 Resident #11's restorative therapy program identified 6 days/wk U/E AAROM all motions x 10. Elbow flex/ext 1# wrist or cane x10. Tricep press red T-band x15. Hand gripper at 10# x20. Theraputty or cone stacking. L/E [lower extremity] PROM hip flex/ext ankle plant/dorsal 5-10 reps. The "Documentation Survey Reports" identified the following: *July 9-22, 2014 (2 weeks): Resident #11 received RT on only seven of 12 days. - Review of Resident #13's record occurred on 07/23/14 and diagnoses included dementia, lumbago, and osteoarthritis. The current care plan identified ROM interventions as on kiosk. Resident #13's restorative program identified the following: " M-W-F [Monday, Wednesday, Friday] U/E cane exercise: Shld [shoulder] flex/ext, chest press 2# x 10. Elbow flex/ext 2# x 15. B) Tricep press, bicep curl green T- band x 15. Saratoga 10 min. [minutes] Pulleys 5 min." Resident #13's RT report from July 8-22, 2014 (two weeks) identified RT exercises were completed two of six times. Staff failed to complete RT exercises on M-W-F as scheduled. During an interview on the afternoon of 07/23/14 an administrative staff member (#1) reported at times staff are assigned to assist additional residents with cares and are unable to get the RT exercises completed. - Review of Resident #15's medical record occurred on 07/24/14. Diagnoses included cerebral palsy, lower leg fracture, hip fracture and	{F 318}		

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{F 318}	Continued From page 5 generalized pain. The care plan, initiated 06/28/14, identified, "Restorative program: CRAs to perform passive ROM exercises as outlined on kiosk 3 days per week." Resident #15's restorative program identified 3 PM's/Wk. T [Tuesday], TH [Thursday], SA [Saturday]: PROM-AAROM all motions x 10. Shoulder ext/flex/abd/add/int and ext rotation. Elbow flex/ext. Wrist flex/ext. Fingers and thumbs: flex/ext. gentle PROM - gentle partial ROM only; once resistance is felt, stop. Hip abd/add/flex/ext/int and ext rotation. Knee flex/ext. Ankle flex/ext." The "Documentation Survey Reports" identified the following: * July 8-22, 2014: two fifteen minute RT sessions, one six minute RT session, one five minute RT session, and one non-applicable session. According to Resident # 15's RT program, she should have received therapy seven times during the July 8-22 time period. - Review of Resident #16's medical record occurred on 07/24/14. Diagnoses included muscle weakness, spinal stenosis, osteoathrosis and pain. The care plan, initiated 05/26/14, identified, "Restorative program: Provide AROM or AAROM as outlined on kiosk." Resident #16's restorative program identified 3 days/wk. AAROM: left shoulder flex/ext/abd/add x 10. Right shoulder flex/ext with 2# wt. x 10. Both	{F 318}		

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{F 318}	Continued From page 6 sides: elbow flex/ext with 2# wrist wt. and dowel x 15. Forearm supination/pronation with 1# wrist wt x 10. Wrist flex/ext with 1# wrist wt. x 10. Tricep press with red t-band x 15. Lower body: 3 sets of 10: seated: hip flex with 4# wt. Knee flex with green theraband: 2 sets of 10 with 4WW [4 wheeled walker]: marching (high stepping), squats, heel raises, handgripper - 2 sets of 10." The "Documentation Survey Reports" identified the following: * July 8-22, 2014: four twenty minute RT sessions, and one resident not available session. According to Resident #16's RT program, she should have received therapy seven times during the July 8-22 time period. The facility failed to provide RT to these residents as ordered. This failure may result in increased pain and decreased ROM, strength, and mobility.	{F 318}		