STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355057	A. BUILDING _____ B. WING _____	12/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEMBILIER NURSING CENTER	500 DELANO AVE WALHALLA, ND 58282

(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 The Standard Medicare/Medicaid recertification survey started on 12/15/19 and concluded 12/17/19.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, resident interview and staff interview, the facility failed to provide documentation, necessary treatment and care for 1 of 1 sampled residents (Resident #6) with skin bruising. Failure to assess, monitor, document, and implement interventions may result in delayed healing or the development of additional skin breakdown. Findings include: Review of the facility policy titled "Bumps and Bruises Policy and Procedure" occurred on 12/17/19. This undated policy, stated, ". . . Bumps and bruises noticed by staff are reported to the charge nurse as soon as possible . . . The charge nurse will then observe the area . . . and record findings in the resident's nurses notes. . . ."	F 684	1. Resident #6 will have a weekly skin assessment beginning the week of 12/30/19 for 1 month to identify all skin issues. 2. All residents will continue to have weekly skin reviews by nursing staff and CNA's will be required to alert nursing staff of all bruising/skin issues immediately upon discovery for assessment and documentation. 3. All staff will be re-educated with review of policies and procedures related to skin issues by January 10th, 2020 4. The Director of Nursing will continue to monitor skin documentation for compliance. A QA will be conducted monthly for 6 months on all skin issues and bruises to ensure they have been properly documented and investigated.	1/10/20

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

Electronically Signed | 12/30/2019

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F 684	Continued From page 1 Review of Resident #6's medical record occurred on all days of survey. The current care plan identified, "At Risk for Skin Breakdown . . . Skin assessments weekly and prn [as needed] . . . Charge nurse to assess skin upon report and start treatment if necessary . . . Observe skin with cares and report to nurse any skin concerns - red areas, open areas, bumps/bruising, rash, discoloration, warm areas, blisters, etc. . . ." Observation on 12/15/19 at 4:25 p.m., showed Resident #6 with purplish discoloration and a flexible fabric 1 x 3 bandage on his left hand from his knuckles to his wrist. When asked what happened, Resident #6 stated the bruise happened two days ago. Observation on 12/17/19 at 8:37 a.m., showed a CNA (certified nurse assistant) #3 assist Resident #6 with the bedside commode. When asked about the bruise on Resident #6's left hand, the CNA stated she did not know how he got the bruise. During an interview on 12/17/19 at 9:40 a.m., a nurse (#2) when asked about the bruise on Resident #6's left hand, did not know about the bruise. The medical record lacked evidence of documentation, assessment, and monitoring of the resident's bruised left hand. During an interview on 12/17/19 at 11:40 a.m., a supervisory nurse (#4) stated she expected staff to report skin issues to the nurse, the nurse to monitor and record Resident #6's left hand	F 684	All results will be reviewed quarterly at the scheduled QA meeting. 5. January 10th, 2020	

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F 684	Continued From page 2 bruising in his medical record.	F 684		
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: 1. Based on observation, record review, review of facility policy, and staff interview, the facility failed to provide adequate assistive devices necessary to prevent accidents for 2 of 2 sampled residents (Resident #2 and #3) observed during transfer. Failure to ensure proper use of wheelchair foot pedals placed the residents at risk for accidents and injuries. Findings include: Review of the facility policy titled "Proper use of wheelchair pedals" occurred on 12/17/19. This undated policy, stated, ". . . 3. Wheelchair pedals will be used during staff mobility to promote safety if: . . . Resident is unable to self-propel wheelchair . . . Resident is unable to hold feet up during transport and unable to express refusal or consent to wheelchair pedals verbally, due to cognitive deficit. If unable to verbalize choice and resident cannot hold up feet, wheelchair pedals will be used. . . ." - Review of Resident 2's medical record	F 689	1. The care plan team reviewed the plan of care for residents #2 and #3 and the utilization of wheelchair pedals on the wheelchair. All staff were informed on 12/17/19 of the need to use wheelchair pedals when transporting residents in the wheelchairs if they have been assessed for use. The stride cleaner was placed in locked cabinet on 12/17/2019. 2. All residents were reviewed by the care plan team for wheelchair pedals and proper safety intervention while using wheelchairs on 12/23/2019. All cleaning agents throughout the building will continue to be kept in locked cabinets at all times. 3. An in-service will be held on January 10th, 2020 by the DON on safety intervention when utilizing wheelchairs with residents. The housekeeping supervisor along with the DON educated staff on the proper storage of cleaning/chemical agents on 12/17/2019. A sign was placed in the soiled utility	1/10/20

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F 689	Continued From page 3 occurred on all days of survey and included diagnoses of Alzheimer's disease and Parkinson's disease. The current care plan identified, ". . . Mode of Locomotion - Primarily wheelchair propelled by staff. . . ." Observation on 12/16/19 at 8:39 a.m., showed a certified nurse aide CNA (#5) transported Resident #2 in the wheelchair from the dining room, to the bathroom and back to the front lobby. Both of the resident's shoes slid on the floor and made an audible noise. The CNA failed to place foot pedals on Resident #2's wheelchair and/or cue the resident to lift his feet. - Review of Resident #3's medical record occurred on all days of survey. The current care plan identified, ". . . becomes very short of breath with minimal exertion. . . ." A quarterly Minimum Data Set (MDS) dated 12/10/19 identified extensive assist with wheelchair locomotion on and off the unit. Observations on all days of the survey showed certified nurses aides (CNAs) transported Resident #3 in his wheelchair down the hall to and from his room to the dining room. Both of the residents shoes slid along the surface of the floor and made an audible noise. The CNA's failed to place foot pedals on Resident #3's wheelchair and/or cue the resident to lift his feet. During an interview on 12/17/19 at 11:03 a.m., an administrative nurse (#4) stated she expected staff to use foot pedals for residents who needed assistance when transported.	F 689	room indicating all cleaning agents must be kept n locked cabinet at all times. 4. The DON will perform QA study monthly for 6 months on wheelchair pedal usage, wheelchair mobility and positioning. The housekeeping supervisor/DON will perform a monthly QA for 6 months on the proper storage of cleaning agents. Finding will be reported at the quarterly QA meeting. 5. January 10th, 2020	

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F 689	Continued From page 4 2. Based on observation and staff interview, the facility failed to ensure the residents environment remained as free of accident hazards as possible for 2 of 2 soiled utility rooms (North and East). Failure to safely store hazardous chemicals placed cognitively impaired/wandering residents at risk for accidents and injury. Findings include: Observation of an ulocked soiled utility room on the north unit the morning of 12/17/19, showed a locked upper cabinet door with the key still in the lock. The cabinet contained the following chemicals: * Stride Citrus cleaner: Label stated, ""warning. causes serious eye irritation. Avoid contact with eyes, skin and clothing. . . . .May cause irritation to mouth, throat and stomach. Wear chemical-splash goggles and chemical-resistant gloves. . . ." * Halt cleaner: Label stated, ". . . in case of emergency, call poison control center or doctor for treatment advice. . . . If in eyes: Hold eye open and rinse slowly and gently with water for 15-20 minutes. . . . If on skin: Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. If swallowed: Have person sip a glass of water if able to swallow. Do not induce vomiting unless told to do so by a poison control center or doctor. . . . If inhaled: Move person to fresh air. If person is not breathing, call 911 or an ambulance, then give artificial respiration. . . DANGER: corrosive. Causes irreversible eye damage and skin burns. Harmful if swallowed or absorbed through the skin. Do not get in eyes, on skin, or on clothing. Wear goggles or face shield and rubber gloves	F 689		

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F 689	Continued From page 5 and protective clothing when handled. . . . " Observation on the morning of 12/17/19 showed a bottle of Stride Citrus cleaner seating on the shelf in an unlocked soiled utility room on the east unit. During an interview on 12/17/19 at 10:45 a.m., a facility staff member (#1) agreed the chemical stored in the east soiled utility room should be locked up, and the key for the locked cabinet in the north soiled utility room should not be stored in the key lock.	F 689		