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
	1058	A. BUILDING _____ B. WING _____	C 11/21/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL LUTHERAN NURSING & REHABILITA	1515 2ND AVE WEST WILLISTON, ND 58801

(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
L 000	INITIAL COMMENTS For the complaint investigation, conducted November 20-21, 2012, the sample included (4) four current residents for review and (1) one closed record for review.	L 000		
L 732	33-07-03.2-07,3b GOVERNING BODY Provisions for checking state registries and licensing boards for current licensure or registry status and history of disciplinary actions prior to employment. This state licensing rule is not met as evidenced by: Based on review of the state nurse aide registry and staff interview, the facility failed to ensure an individual working with residents in the facility was certified as competent to provide nursing related services since employment in February 2012. Findings include: Individual A Individual A contacted the state nurse aide registry on 12/06/2012 to inquire about her CNA certification. The state nurse aide registry was reviewed and identified Individual A was not identified as having "Active Status" and had not been issued a certification number. The facility had checked the state nurse aide registry on 02/23/2012 to verify Individual A's status. This check revealed Individual A was not on the registry as a certified nursing assistant, however the facility permitted Individual A to work in their skilled nursing facility from 02/23/2012 to 12/06/2012 without the appropriate certification.	L 732	L732 1. No residents were identified in this deficiency. 2. Any resident may have the potential to be affected. 3. Certified Nursing Assistant class participants will be identified on the master schedule when attending class and clinical. Once these class participants have completed the class and clinical training, the time and attendance will be printed off of Kronos to assure the 75 hours of training. After staff have filled out the application form for testing this will be reviewed by the DON (or designee) to assure form is completed appropriately. Testing date will be scheduled and identified on the master schedule. Staffing Coordinator (or designee) will print off CNA certification test (skills and/or written), the Staffing Coordinator will inform DON (or designee), and as required retesting will be scheduled. 4. December 28, 2012 5. The DON (or designee) will be responsible for monitoring each Certified Nursing Assistant class for time and attendance (assuring 75 hours of training), appropriate completion of application form for testing, review of test results, and printing off CNA certification (or rescheduling of testing/class if required). The above will be monitored monthly for 3 months then quarterly for 3 quarters. Results will be reported to QA committee by DON.	
L1200	33-07-03.2-12 EDUCATION PROGRAMS The facility shall design, implement,	L1200		

Health Resources Section

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Administrator

(X6) DATE 12/28/12 1/7/13

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L1200	Continued From page 1 and document educational programs to orient new employees and keep all staff current on new and expanding programs, techniques, equipment, and concepts of quality care. The following topics must be covered with all staff annually: 1. Safety and emergency procedures, including procedures for fire and other disasters. 2. Prevention and control of infections, including universal precautions. 3. Resident rights. 4. Advanced directives. 5. Care of the emotionally disturbed and confused resident. This state licensing rule is not met as evidenced by: Based on review of staff orientation forms, review of the Licensing Rules for Nursing Facilities in North Dakota, and staff interview, the facility failed to ensure 2 of 3 staff members (#1 and #2) and 3 of 3 agency staff members (#3, #4, and #5) received the necessary education. Failure to ensure staff receive the necessary training regarding the facility's policies and procedures, new and expanding programs, techniques, equipment, and concepts of quality care placed residents at risk for neglect, harm and/or injury. Findings include: The Licensing Rules for Nursing Facilities in North Dakota: North Dakota Administrative Code Chapters 33-07-03.2 and 33-07-04.2, update:	L1200	5. Agency staff who have worked at the facility have orientation checklists completed, which include the above requirements, prior to working on the neighborhood. The DON (or designee) will monitor on a monthly basis for 3 months, then quarterly for 3 quarters. The results will be reported to QA committee by the DON. Human Resources Director (or designee) will monitor on a monthly basis for 3 months then quarterly for 3 quarters to assure that staff have completed the required education prior to orientating in their department. Human Resources Director (or designee) will monitor to assure that employee checklists are turned in within one month from date of hire (and two months from date of hire for Licensed Nursing staff). The results will be reported to QA committee by DON.	

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L1200	Continued From page 2 July 2004, page 7, stated, "33-07-03.2-12 EDUCATION PROGRAMS The facility shall design, implement, and document educational programs to orient new employees and keep all staff current on new and expanding programs, techniques, equipment, and concepts of quality care. . . ." During an interview on 11/20/12 at 3:45 p.m., an administrative staff member (#1) provided a copy of one of three staff members' skills competency checklist. During interview, she confirmed she was unable to locate the orientation forms for the remaining two staff members and the three agency staff members.	L1200	L1200 1. No residents were identified in this deficiency. 2. Any resident may have the potential to be affected. 3. Agency staff: Travel agencies were notified that agency staff are to arrive to the facility at least 2 hours prior to the start of their shift. Agency staff will meet with DON (or designee) to complete checklist and orientation on neighborhood. Checklist updated to include all required information. Updated checklists were completed on the agency staff that were working at the facility. Permanent staff: During new employee paperwork staff will complete the required education, which will include, but not limited to safety and emergency procedures, prevention and control of infections, resident rights, advance directives, and care of emotionally disturbed and confused residents prior to beginning orientation in their department. On an annual basis staff will complete the health care academy education which will include the above items. Human Resources Director (or designee) presently is in the process of scanning new employee files into the computer to assure easy access to employee personnel records. 4. December 28, 2012	