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
	8035	A. BUILDING _____ B. WING _____	01/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDWOOD VILLAGE	213 7TH ST N WILTON, ND 58579

(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 For the announced licensure survey started on January 19, 2016 and completed on January 21, 2016, the sample included 5 residents for complete review and 1 closed record for review. In addition, the sample included 3 supplemental residents to verify specific concerns during the survey. Tier II citations included B920, B1120, B1140, B1540, and B1930.	B 000	2/22/16 (B920) Pride, Inc. Redwood Village is developing a fall policy and protocol to be included with the policies and procedures of Redwood Village, Wilton. Expected date of completion of the policy is Feb 22, and at that time it will be submitted to the CEO of Pride, Inc. who will then forward it to the Board of Directors of Pride, Inc. for review and approval. An In-service training will be done for the staff at our monthly staff meeting on 3/7 for training on the new fall policy and procedure. For Resident #1, fall precautions include: Resident reminded to wear supportive non-slip footwear when moving around the facility and not walking in stocking feet. Resident advised that side effects of many medications that they are taking can cause dizziness and to report to Staff and/or LPN if they feel dizzy and to sit down in a chair or bed if nearby. Resident instructed to use rail in hall when ambulating about for stability and safety. Resident was instructed on some other reasons why older people fall such as: lightheadedness with standing caused by postural hypotension, uneven surfaces, stairs, icy sidewalks, persistent pain in any part of the leg. If any of these	
B 920	33-03-24.1-09,2 GOVERNING BODY 2. The governing body is responsible for approval and implementation of effective resident care and administrative policies and procedures for the operation of the facility. These policies and procedures must be in writing, signed, dated, reviewed annually, and revised as necessary, and shall address: This state licensing rule is not met as evidenced by: Based on record review and staff interview, the facility failed to develop and implement a policy and procedure to address resident falls for 2 of 2 sampled residents (Resident #1 and #5) who fell in the facility. Failure to develop a policy/procedure for falls may lead to inconsistent staff processes and may result in delayed treatment for the resident. Findings include: - Review of Resident #1's record occurred on January 20-21, 2016 and identified the resident fell on 11/13/15.	B 920		

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B 920	Continued From page 1 Observation on the morning of 01/19/16 showed a sign on Resident #1's door which stated, "Fall Precautions." During an interview at 9:10 a.m. on 01/21/16, an administrative staff member (#2) stated, "I'm not exactly sure" when asked what Resident #1's fall precautions included. The staff member confirmed the facility lacked a policy and procedure for when a resident falls. - Review of Resident #5's record occurred on January 21, 2016 and identified the resident fell on 07/23/15. During an interview on 01/21/16 at 12:15 p.m., a staff member (#3) confirmed the facility lacked a policy/procedure for falls and stated if a resident fell, she would call the nurse for further guidance.	B 920	occur he was instructed to inform the staff and/or LPN so that it can be addressed by his MD. Patient was instructed on steps to prevent falls that might result in broken bones, have the vision and hearing checked regularly, and wear slippers or shoes with a nonskid sole. Do exercises with activities staff that improve balance and coordination. These precautions were implemented on 2/11 and placed in the resident care plan in Therap and printed to place in chart. Redwood Village nursing staff will implement the Morse Fall Scale for the evaluation of each resident at their quarterly Care conference and as needed with any medication changes. When the new policy and procedure is approved by the Board of Directors, the Administrator of Redwood Village will schedule an in-service training session with all staff members at Redwood Village. Documentation of in-service will be done and include: who attended, a synopsis of the topics covered, date, time and who taught the in-service. This in-service will be scheduled no later than 14 days from the date that the policy and procedure is approved. The Administrator of Redwood Village will keep record of the in-service in a binder in the administrative office at Redwood Village.	
B1120	33-03-24.1-11,2 EDUCATION PROGRAMS 2. On an annual basis, all employees shall receive inservice training in at least the following: a. Fire and accident prevention and safety. b. Mental and physical health needs of the residents, including behavior problems. c. Prevention and control of infections, including universal precautions. d. Resident rights. This state licensing rule is not met as evidenced by:	B1120		

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B1120	Continued From page 2 Based on review of staff education records and staff interview, the facility failed to provide all staff members with annual training on fire, accident prevention, and safety for 3 of 3 aide records (#6, #7 and #8) reviewed. Failure to provide staff with relevant training does not ensure staff are equipped to provide safety to the residents. Findings include: Review of staff education records from January 2015 through December 2015 occurred on 01/20/16. This review identified the facility failed to provide fire, accident prevention, and safety education to three aides (#6, #7 and #8) reviewed. During an interview on the afternoon of 01/21/16, an administrative staff member (#1) confirmed the facility lacked evidence the three aides (#6, #7 and #8) received the required annual training on fire, accident prevention, and safety.	B1120	The Administrator will conduct in-service teaching with new staff as they are hired. The LPN at Redwood Village will conduct Morse Fall Scale Scoring for Residents as part of the Quarterly Assessments and Care Conference. LPN will communicate with RN/Administrator regarding communication and education of staff for specific residents affected by assigned Fall Precautions. LPN/RN will communicate with PCP for resident regarding concerns about medication changes that will contribute to increased fall risk, as well as any changes in mental status that will contribute to increased fall risk. Fall Risk stickers will be placed on the resident chart and on the MAR. 2/24/16	
B1140	33-03-24.1-11,4 EDUCATION PROGRAMS 4. The staff responsible for food preparation shall attend a minimum of two dietary educational programs per year. This state licensing rule is not met as evidenced by: THIS IS A REPEAT DEFICIENCY FROM THE STANDARD SURVEY COMPLETED ON 12/20/12. Based on review of personnel files and staff interview, the facility failed to ensure 3 of 3 staff members responsible for food preparation (#6, #7 and #8) attended a minimum of two dietary	B1140	(B1120) Pride Inc. has recertification training bi-annually for all staff to complete as it is required. The training provided by Pride, Inc. includes Mental & Physical Health needs of the resident, standard precautions, Abuse Neglect & Exploitation review, Positioning, Turning, and Training, Fire Safety and accident prevention, CPR and First Aid recertification, and Medication Administration recertification. The team trainer for Pride, Inc. currently keeps electronic records of training in the main	

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B1140	Continued From page 3 educational programs annually. Failure to ensure staff receive continued dietary education may result in residents experiencing foodborne illness and inadequate nutrition. Findings include: During an interview on 01/20/16 at 10:20 a.m., a dietary staff member (#4) stated the cook leaves for the day at 3:00 p.m. and the aides take over food preparation and serving duties. Review of staff education records from January 2015 through December 2015 occurred on 01/20/16. This review identified three aides (#6, #7 and #8) did not receive two dietary educational programs related to food preparation in 2015. During an interview on the afternoon of 01/21/16, an administrative staff member (#1) confirmed the facility lacked evidence the three aides (#6, #7 and #8) received education related to food preparation.	B1140	administrative offices for Pride, Inc. The Administrator of Redwood Village will keep updated copies of the training record after each bi-annual training session. This log will be checked quarterly as well for any overlooked or missed training classes. The Administrator will schedule training classes as needed. The classes are scheduled throughout the year by the team trainer for Pride, Inc. In order to correct the specific issue addressed with the 3 staff members, the Administrator has scheduled a training in-service on 2/24/2016 for training on fire, accident prevention, and safety. The Administrator will document in the in-service binder a sheet indicating the topics covered, when the in-service was performed, signatures of staff who attended, date and time of in-service. This record will also be forwarded to the team trainer for documentation in the electronic record. 3/6/2016 (B1140) On 2/12/2016 and 2/26/2016 there are in-service education sessions planned for the staff at Redwood Village who participate in food preparation. The first session will include information on proper food storage to prevent	
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.	B1540		

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B1540	Continued From page 4 This state licensing rule is not met as evidenced by: 1. Based on observation, record review, facility policy/procedure review, and staff interview, the facility failed to properly administer medications to 1 of 6 residents (Resident #8) observed during medication administration. Failure to correctly measure medications may result in residents receiving inaccurate doses of medications and adverse side effects. Findings include: Review of the facility policy titled "Medication Monitoring" occurred on 01/20/16. This undated policy stated, ". . . Ensure that medications are taken by the individual as prescribed by the doctor by checking the '6 Rights' of medication monitoring . . . Right Dose . . ." Review of Resident #8's record identified a physician order for two teaspoonfuls of Benefiber mixed with liquid daily one hour before lunch and dinner. Observation on 01/19/16 at 11:02 a.m. identified a medication aide (#6) administered medications to Resident #8. The aide (#6) used a plastic spoon to scoop the resident's Benefiber powder out of the container. The medication aide (#6) mixed two half-filled plastic spoonfuls of powder with water and gave it to the resident to drink. The staff member failed to correctly measure and administer two teaspoonfuls of Benefiber, as ordered by the physician. Observation on 01/20/16 at 3:08 p.m. identified a medication aide (#5) administered medications to Resident #8. The aide (#5) used a plastic spoon	B1540	foodborne illness, the second session will include information on nutrition considerations of residents with dietary restrictions. The in-service will be taught by the head cook, with the assistance of the Administrator. Documentation will be performed for each teaching session and will include: what was taught, date and time of teaching, signature of who attended. A copy of the teaching notes will be attached to the documentation and kept in the in-service binder in the Administration office. Beginning with the staff meeting scheduled for 4/4/16, in-service training will be scheduled every 6 months by the head cook and will be documented appropriately and kept with the in-service binder in the Administrative office. The Administrator will follow-up with the head cook and any staff who did not attend the in-service and will schedule a teaching session as soon as possible with the staff, with proper documentation of the teaching kept in the in-service binder. The Administrator will check the in-service binder quarterly to insure that all required training is completed. 2/1/2016 (B1540) At the completion of the survey on 1/21/2016, both the LPN and	

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B1540	Continued From page 5 to scoop the resident's Benefiber powder out of the container. The medication aide (#5) mixed one heaping plastic spoonful of powder with water and gave it to the resident to drink. The staff member failed to correctly measure and administer two teaspoonfuls of Benefiber, as ordered by the physician. During an interview on the afternoon of 01/21/16, an administrative staff member (#2) stated she expected staff to measure the ordered Benefiber dose with the plastic medication cups available on the medication cart. 2. Based on observation, record review, review of North Dakota Administrative Code (NDAC), and policy/procedure review, the facility failed to ensure staff properly documented the medication administered to 3 of 5 sampled residents (Resident #1, #2 and #3). Failure to document the resident's response or outcome to an as needed (PRN) medication has the potential for residents to receive unnecessary or inappropriate medication and does not allow for the evaluation of the effectiveness of treatment. Findings include: NDAC 33-43-01-18. Pro re nata (PRN) medications stated, "1. The decision to administer pro re nata medications cannot be delegated in situations where an onsite assessment of the client is required prior to administration. 2. Some situations allow the administering of pro re nata medications without directly involving the licensed nurse prior to each administration. a. The decision regarding whether an onsite assessment is required is at the discretion of the licensed nurse. b. Written parameters specific to an individual client's care must be written by the	B1540	Administrator spoke with the staff working on the day the observation was completed and educated the staff on proper medication administration. This information included a reminder to use the provided medication cup with measurements clearly indicated on the side of the cup rather than using a plastic spoon. Staff acknowledged the error and agreed follow proper dosing protocol as indicated by the five rights of medication administration. At the staff meeting, scheduled on 2/1/2016, PRN medication administration and documentation was addressed with the staff. This education included how to properly administer medications using proper measuring tools to ensure proper dosing. As indicated by the surveyor, over the past five months multiple occurrences of PRN administration were done and no documentation of outcome was noted on the MAR. Redwood Village Med Assistants are instructed to not "assess" a resident post med administration, but to simply note any change the resident may indicate. At the staff meeting on 2/1/16, the LPN and Administrator addressed the issue of documentation of PRN medications. The staff were instructed in the proper documentation of PRN medication. On the back of the MAR	

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B1540	Continued From page 6 licensed nurse for use by the medication assistant when an onsite assessment is not required prior to administration of a medication. The written parameters: . . . (2) Provide the medication assistant with guidelines that are specific regarding the pro re nata medication." Review of the facility policy titled "PRN Guidelines" occurred on 01/20/16. This undated policy stated, ". . . Chart the following information on the MAR (Medication Administration Record) . . . Medication . . . Effect the medication has . . ." Observation of medication pass on January 19-21, 2016 identified certified medication assistants (CMAs) administering medications to the residents. Review of the sampled residents' September 2015 - January 2016 medication administration records (MAR) occurred on all days of survey and identified the following PRN medications and times staff failed to identify the response to the medication: - Resident #1 - physician orders for PRN Tums and Maalox (used for stomach upset) and Tylenol (used for pain or fever) *November - no response of PRN Maalox on one occasion *December - no response of PRN Tums on two occasions *January - no response of PRN Tums on one occasion and of PRN Tylenol on one occasion - Resident #2 - physician orders for PRN Tylenol and ibuprofen (both used for pain or fever) *September - no response of PRN Tylenol on one occasion and of PRN ibuprofen on one occasion	B1540	there is a space for date, medication, initials of Med Assistant, and reason for administration. The staff were instructed to follow straight across and continue by documenting time and result of medication given with initials of Med Assistant. The LPN will perform checks of the MAR daily for the month of February and address any documentation issues directly with the Med Assistant affected. Starting March 1, LPN will do weekly checks and log them on a sheet to be kept in the nurses office in a log book for the administrator. This will continue for 8 weeks. On May 1, 2016 the MAR will be checked quarterly and entered into the log that will be kept by the LPN for the administrator to review. Written documentation of the daily, weekly, and quarterly checks will be kept in a folder in the Nurses office for the Administrator to review. The Administrator will review the documentation of checks and sign off on the monthly sheets in the folder indicating awareness of the documentation. The LPN will keep this log for the duration of the year, 2016. 3/7/2016	

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B1540	Continued From page 7 *January - no response of PRN Tylenol on one occasion - Resident #3 - physician order for PRN Tylenol *September - no response on one occasion *November - no response on one occasion	B1540	(B1930) All residents are affected by activities and unexpected changes to the calendar. The Administrator and Activities staff had a meeting on 2/1/16 to address problems in activity times. It was decided that if activities staff were not available to do a planned activity due to an event that takes them out of the facility, they will arrange for another activities staff member or a trained PCA to take over for that time period. They also indicated that PCA's should be trained to help with activities as the need arises. It was also decided that the activities staff will no longer escort a resident to a physician appointment. Only PCA's and/or nursing staff will accompany a resident to a medical/physician appointment. The Administrator will follow up with the LPN weekly to insure that all appointments are covered with the appropriate staff member going with the resident. It was agreed that, in regards to the resident who indicated that activities 'are lacking', the activities staff will seek out alternative activities that will please the residents. The activities staff will perform interviews with individual residents over the course of the month of February and will report their findings to the Administrator on 3/1/2016. The	
B1930	33-03-24.1-19,3 ACTIVITY SERVICES 3. Activities must be available and provided to meet the needs of all residents during the day, in the evening, and on the weekend. This state licensing rule is not met as evidenced by: Based on observation, review of the activity calendar, and resident and staff interview, the facility failed to provide activities to meet the needs of all residents on 1 of 3 days of survey (January 20, 2016). Failure to provide activities as reflected on the calendar may result in decreased quality of life for all residents. Findings include: During an interview on 01/20/16 at 9:50 a.m., Resident #1 stated activities "are lacking." Review of the activity calendar during the week of survey identified the following for January 20, 2016: *9:00 a.m. - One-on-one *10:00 a.m. - Resident Choice *1:30 p.m. - Yahtzee *3:00 p.m. - Open *7:00 p.m. - Dice Observations on January 20, 2016 identified the	B1930		

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B1930	Continued From page 8 scheduled 9:00 a.m., 10:00 a.m. and 1:30 p.m. activities did not occur. During an interview on 01/20/15 at 2:00 p.m., an activity aide (#9) stated the activities for the day did not occur because she took a resident to an appointment out of town. The staff member (#9) stated transporting residents to appointments is one of the duties she is assigned to from time to time. When this happens, she stated activities do not always occur as scheduled.	B1930	Administrator will use this information to seek out funding and adjust the activities budget as needed. On July 1, 2016 the administrator will reevaluate the activities calendar and budget and will hold a meeting with the residents and activities staff to plan for the new fiscal year. It was also decided that staff will be trained to do activities with the residents when no activity staff is available. This training will be performed as an in-service training session starting with the staff meeting scheduled for 3/7/16. Documentation will be performed, with the synopsis of the topic taught, date, time, who is in attendance, and signature of staff in attendance.	