STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355066	A. BUILDING _____ B. WING _____	02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WISHEK LIVING CENTER	400 S 4TH ST WISHEK, ND 58495

(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 02/20/18 and concluded on 02/22/18.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to follow professional standards of care for 1 of 1 resident (Resident #10) observed during administration of an inhaled medication. Failure to prompt the resident to rinse her mouth out with water after administration of inhaler has the potential to cause side effects in the oral cavity related to the medication. Findings include: Review of the facility policy titled "Spacing and Proper Sequence of Inhaled Medications" occurred on 02/22/18. This undated policy stated, ". . . Rinse the mouth out following use (do not swallow the water) to help prevent oropharyngeal [mouth/throat] fungal infections. . . ." Review of Resident #10's medical record occurred on February 21-22, 2018. Diagnoses included chronic obstructive pulmonary disease (COPD). Medications included Symbicort (steroid inhaler) two puffs twice daily.	F 658	1. Regarding resident #10, standards of practice regarding administration of inhalers containing corticosteroids have been reviewed and a new policy has been created, which includes rinsing mouth after administration. 2. Residents receiving corticosteroid inhalers have a potential to be affected. 3. The following measures will be put into place as outlined below: a. A new policy has been created. b. Nursing and CMA staff will receive training regarding the new policy and demonstration, by DON, of the proper procedure for inhaler use per the new policy at the next nurse/CMA meeting. Meeting is scheduled for 3/19/18. 4. QA nurse will observe administration of 3 inhalers weekly x4, monthly x2, and quarterly x3. Irregularities noted will be reported to the DON for further education. Results will be reviewed quarterly by the QA committee. QA monitoring will begin 3/13/18.	3/19/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/05/2018

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.

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F 658	Continued From page 1 Observation on 02/21/18 at 9:25 a.m. showed the nurse (#1) provided Resident #10 with her Symbicort inhaler. After the resident used the inhaler, the nurse failed to encourage Resident #10 to rinse her mouth. During an interview on 02/22/18 at 9:30 a.m., an administrative nurse (#2) confirmed facility nurses are expected to ensure residents rinse their mouths after administration of inhalers.	F 658		
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: Based on observation, record review, review of the manufacturer's guidelines, and staff interview, the facility failed to provide appropriate and sufficient supervision and/or assistive devices for 1 of 4 residents (Resident #17) who required extensive assistance with transfers. Failure to provide sufficient supervision and utilize assistive devices appropriately placed Resident #17 at risk for falls with or without injury. Findings Include: Review of manufacturer's guidelines titled "Using Your Sara 3000 [stand lift]" occurred on 02/22/18.	F 689	1. Regarding resident #17, Physical Therapy will complete an evaluation of resident□s transfer ability with the stand up lift. If she continues to be appropriate for this type of lift, therapy will then assess CNA staff completing resident transfer using the stand-up lift for proper use of lift including placement of feet as well as placement of sling and tightness of support strap per manufacturer□s guidelines. 2. All residents using a stand-up lift have the potential to be affected. Nursing or therapy will complete a transfer	3/20/18

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F 689	Continued From page 2 These guidelines stated, ". . . The patient's feet should always remain in full contact with the foot support. When lifting, check to ensure that the patient's feet do not lift from the support . . . Position the sling around the patient's back so that it lies 50 mm [millimeters] (2"[inches]) or so, horizontally above the patient's waistline . . . Fasten the support strap securely; the strap should be tight, but comfortable for the patient . . ." Review of Resident #17's medical record occurred on all days of survey. The quarterly Minimum Data Set (MDS), dated 01/11/18, and current care plan both identified extensive assistance from one person required for transfers and toilet use. Observation on 02/21/18 at 3:40 p.m. showed a CNA (certified nursing assistant) (#3) utilized a standing lift (Sara 3000) and transferred Resident #17 to and from the toilet. The CNA applied the harness sling under the axilla (underarms) area. As the CNA (#3) lifted Resident #17 into an upright position, the harness sling slid upward and caused the resident's arms to bow upward. Observation also showed Resident #17's heels hung off the back of the foot support. The CNA (#3) failed to position the sling slightly above the resident's waistline, ensure the strap was tight as per manufacturer's guideline, and ensure Resident #17's feet remained on the foot support. During an interview on 02/22/18 at 9:48 a.m., an administrative nurse (#2) confirmed the CNA (#3) used the Sara lift incorrectly and stated Resident #17 may need to be re-evaluated.	F 689	assessment for every resident upon admission, annually, and as needed for any change in resident status. Therapy will educate COTA/L on proper use of the stand-up lift according to the manufacturer□s guidelines. COTA/L will in turn educate CNA staff on proper use of the stand-up lift according to the manufacturer□s guidelines. After all education is complete COTA/L may observe CNA staff completing transfers of residents using the stand-up lift and will report any irregularities noted to nursing or therapy. For all new CNA staff, education will be provided by COTA/L during general orientation pertaining to proper placement of sling and general use of lifts. CNA and COTA/L are instructed to report to nursing or therapy with any change noted in resident status. 3. The following measures will be put into place as outlined below: a. Education will be provided to CNA staff, by DON and COTA/L, during the next scheduled CNA meeting on 3/20/18 to ensure proper technique and use of the stand-up lift. Nursing and COTA/L will demonstrate and answer general questions about proper technique, according to the manufacturer□s guidelines, for the stand-up lift. b. CNA staff and COTA/L will be instructed to report to nursing/therapy any change in resident condition that might affect safe transfers with the stand-up lift for further evaluation and change of care plan if needed. 4. After completion of education by nurse	

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F 689	Continued From page 3	F 689	or therapist, COTA/L will observe 3 CNA staff completing a transfer using the stand-up lift weekly x4, monthly x2 and quarterly x3. Any irregularities noted during observation will be reported to nursing or therapy for further evaluation/education. Findings will be reported to QA nurse and results to be reviewed quarterly at QA meeting. Monitoring will begin 3/13/18.	