STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355112	A. BUILDING _____ B. WING _____	05/21/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODSIDE VILLAGE	4000 24TH AVE S GRAND FORKS, ND 58201

(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 For the standard Medicare/Medicaid recertification survey, started on 05/19/13 and completed on 05/21/13, the sample included 5 residents for complete review, 16 residents for focused review, and 3 closed records for review. The sample included 2 additional residents to verify specific concerns during the survey.	F 000		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy and procedure, review of professional literature, and staff interview, the facility failed to follow professional standards of care including accurately transcribing physician orders and ensuring medication received from pharmacy identified the correct frequency of medication administration for 1 of 1 supplemental resident (Resident #26) observed during medication pass. Failure to follow professional standards during receipt of a physician order for a new medication and failure to identify discrepancies between medication labels and Medication Administration Records (MARs) placed the resident at risk for adverse health effects and has the potential to increase the risk of medication errors. Findings include: Kozier and Erb, "Fundamentals of Nursing,	F 281	The bottle of eye drops for resident #26 was returned to pharmacy for proper labeling. Communicated with pharmacy to remind them to call the facility with any clarification of medication orders. Audits will be completed on all residents of Woodside Village to compare the label on their medication to the current physician order sheet and the current MAR. Any discrepancies will be corrected. The policy on medication ordering was revised to reflect the standard of comparing the medication label to the physician order and the medication administration record. Nursing staff were informed at the licensed staff meeting about the policy change and the requirement to verify correct labels for all new and reordered medication. A communication was also given to each nurse of Woodside Village to inform them of this requirement.	5/20/13 6/7/13 6/6/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Yvette Bellard	Administrator	6/6/13

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 281	Continued From page 1 Concepts, Process, and Practice" 9th edition, Pearson Education, Inc., Upper Saddle River, New Jersey, page 867, stated " . . . Performance . . . 1. . . . While preparing the medication, recheck each prepared drug and container with the MAR again. Rationale: This second safety check reduces the chance of error." Page 904, stated "Administering Ophthalmic Instillations . . . Performance 1. Compare the label on the medication tube or bottle with the medication record . . ." Review of the policy titled "Nursing Department Procedure" occurred on 05/21/2013. This policy, dated 2/11, stated, " Medication Ordering: . . . 3. Check in medication by comparing it to the copy of the physician's order that was faxed to pharmacy. . . . Medication Ordering: New Medication (New Order or Order Change) 1. Fax original physician order to pharmacy. 2. When medication is received from the pharmacy, it will be checked in by the receiving nurse . . . ." - Observation on 05/20/13 at 8:30 a.m. showed a nurse (#3) administered Pataday 0.2% (an eye drop) in Resident #26's right eye. Observation of the label on Resident #26's bottle of eye drops identified administration of the eye drop four times daily for two weeks. Resident #26's MAR identified administration of the eye drop once daily. The nurse (#3) checked the original physician order, stated the physician ordered the eye drop once daily and then placed a sticker on the label of the eye drops directing staff to check the chart.	F 281	Continued from page 1 The ADON will be responsible for weekly random audits on a minimum of 5 new medications ordered for the next month. The audit will ensure that the medication label matches the physician order and the MAR. Based on the results of these audits we will determine the need or frequency of further audits. Audit results will be reported to the facility quality review team.	6/25/13

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F 281	Continued From page 2 At 12:55 p.m. on 05/20/13 the nurse (#3) showed the surveyor a new label for the Pataday eye drops for Resident #26 that identified the medication was to be administered once daily. Review of Resident #26's medical record occurred May 20-21, 2013. A Health Service Referral Form, dated 05/08/13 identified a diagnosis of conjunctival hemorrhage and an order for Pataday one drop "OD [right eye] qd [every day] "for two weeks. Review of the MAR identified the eye drop medication initialed as given daily for 13 days. Facility staff failed to identify the discrepancy in frequency of administration of the eye drop when comparing the label with the MAR for 13 days. During an interview on 05/21/13 at 4:00 p.m., the surveyor asked a staff nurse (#4) what her practice was when staff received a new medication from the pharmacy. This nurse stated she would compare the medication/label to the resident's MAR. During an interview on 05/21/13 at 4:15 p.m., an administrative nursing staff member (#5) agreed the facility staff did not compare the label with the MAR and identify the discrepancy between the label and the MAR. During an interview on 05/21/13 at 4:50 p.m., an administrative nursing staff member (#6) stated she checked with pharmacy and confirmed nursing staff transcribed the physician order for the Pataday eye drops from the Health Referral sheet to the physician order sheet in Resident #26's chart and faxed this order sheet to the pharmacy. Pharmacy identified the frequency as	F 281		

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F 281	Continued From page 3 QID (4 times per day) from the nurses handwriting instead of QD or every day which the physician ordered.	F 281		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide safety equipment to prevent backflow of contaminated water into 1 of 1 food preparation sink used to wash ready-to-eat foods in the kitchen. The lack of an air gap or a safety device has the potential to cause contaminated water to back up into the sink and can affect all residents who eat food prepared from this sink. Findings include: A tour of the main kitchen occurred on 05/21/13 at 3:15 p.m. with an administrative dietary staff member (#1). Observation showed the food preparation sink lacked an air gap on the drainpipe below the sink. The dietary staff member stated staff use the sink to prepare vegetables and fruits. During interview at 3:30	F 371	The food prep sink had an air gap installed. In an audit of the other sinks in the building, an air gap will be installed on each sink in which food is placed. The Dining Services Director is responsible to monitor the sanitation of areas in which food is prepared, stored, distributed, or served. Monthly audits are completed to ensure that sanitation practices are followed. Results of the audits are reported to the facility quality review team. If the purpose of a sink is changed to place food in it, the Dining Services Director is responsible to notify Maintenance to ensure that an air gap is installed.	5/22/13 6/14/13 6/25/13

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F 371	Continued From page 4 p.m., an administrative maintenance staff member (#2) stated the drainpipe below the sink did not have a backflow prevention device.	F 371		