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SEP 21 2022
Division of Health Facilities

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
	8101	A. BUILDING _____ B. WING _____	C 08/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE VIEW	4217 MONTREAL ST BISMARCK, ND 58503

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B 000	INITIAL COMMENTS For the unannounced licensure and complaint survey, started on 08/15/22 and completed on 08/17/22, the sample included 5 residents for complete review and 2 closed record for review. The complaint survey was not substantiated. Tier II citations included B927, B930, B1220, B1540, and B1800.	B 000	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of Federal and State law require it.	
B 927	33-03-24.1-09,2,g GOVERNING BODY g. Resident rights which comply with North Dakota Century Code chapter 50-10.2. This state licensing rule is not met as evidenced by: Based on record review, review of the Resident's Right Booklet, and staff interview, the facility failed to provide residents/their representatives with a written advanced notice of transfer or discharge for 1 of 1 sampled resident (Resident #3) and 1 closed record resident (Resident #6) who were transferred from the facility to the emergency department (ED). Failure to provide residents and families/guardians with a notice of transfer/discharge is an infringement of resident's rights and does not ensure the safe and orderly transfer/discharge from the facility. Findings include: Review of the Resident's Rights Booklet occurred	B 927	B 927 The corrective action will be: the facility will implement a new form(s) of notice of transfer and/or notice of discharge that will be used upon any transfer or discharge from the facility. The policy for discharge planning has been updated to include transfer and/or discharge rights. This new policy and new form(s) will be used for all residents of the facility to ensure no other residents will be negatively affected by this deficient practice. The deficiency will be corrected by implementation of the form(s), updating of policy, and providing education to the staff responsible for discharge and transferring of residents. The facility director will monitor the corrective action for the plan of correction for this deficiency. Monitoring will be done on a monthly basis for a minimum of quarterly to ensure an understanding of this corrective action is sufficient and the new form(s) and policy is being followed. The date of correction will be no later than October 1, 2022.	~~9/19/22~~

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B 927	Continued From page 1 on 08/16/22. This booklet, dated January 2019, stated, "Transfer & Discharge: In cases of transfer or discharge, you must receive a 30 day written notice. A facility cannot transfer or discharge you from the facility against your wishes, unless it is for the following reasons: 1. Your doctor documents your needs cannot be met by the facility. . . . Notice of Transfer or Discharge may be less than 30 days if: 1. The resident has urgent medical needs that require a more immediate transfer or discharge . . ." The facility transferred the following residents to the ED with subsequent admission to the hospital on these dates: * Resident #3 - 2/18/22 * Resident #6 - 08/08/22 The records of the above listed residents lacked evidence staff completed a Notice of Transfer and provided a copy to the resident/representative. During an interview on the afternoon of 08/16/22, an administrative nurse (#2) stated the facility did not use the transfer forms.	B 927		
B 930	33-03-24.1-09,2,j Governing Body Reporting a significant medication error to officials in accordance with state law. A significant medication error by a medication assistant 1 or 11 shall be reported to the department of health. This ELEMENT is not met as evidenced by:	B 930		

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B 930	Continued From page 2 Based on review of facility policies and staff interview, the facility failed to develop protocols for reporting significant medication errors to the Department of Health. Findings include: Review of the facility's policies occurred on 08/16/22. The policies failed to include protocols for reporting significant medication administration errors to the Department of Health. During an interview on the morning of 08/17/22, an administrative staff member (#1) confirmed the facility lacked a policy for reporting medication errors to the Department of Health.	B 930	B 930 The corrective action will be: amendment of the facility policy on reporting of significant medication errors. The amended policy will include reporting of significant medication errors to the ND DOH. The Medication Error Report now includes the notification of the ND DOH for significant medication errors made by a CMAI or CMAII and/or a pattern of more than three medication errors that have the potential for causing a negative impact or harm to a resident. The Medication Error Policy has been amended to include the process of reporting significant medication errors to the ND DOH. The amended form and policy will be used for all residents of the facility to ensure that no other residents will be negatively affected by this deficient practice. The deficiency will be corrected with changes to the report form, and amendment of policy, along with provision of education on these changes to all CMAs and licensed nurse staffing. Education will be provided by the nurse manager. The nurse manager will monitor the corrective action for this deficiency plan of correction. Monitoring will be done on a monthly basis for a minimum of quarterly to ensure continued correction. The date of correction will be no later than October 1, 2022.	~~9/19/22~~
B1220	33-03-24.1-12,2 RESIDENT ASSESSMENTS/CARE PLANS 2. The assessment must be completed in writing by an appropriately licensed professional. The assessment must include: a. A review of health, psychosocial, functional, nutritional, and activity status. b. Personal care and other needs. c. Health needs. d. The capability of self-preservation. e. Specific social and activity interests. This state licensing rule is not met as evidenced by:	B1220		

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B1220	Continued From page 3 Based on record review, review of the North Dakota Administrative Code (NDAC) Rules, and staff interview, the facility failed to ensure appropriately licensed personnel completed comprehensive assessments for 5 of 5 sampled residents (Resident #1, #2, #3, #4, and #5). Findings include: The NDAC, Chapter 54-05-02-05, Standards related to registered nurse scope of practice, states: ". . . The registered nurse utilizes the nursing process to assess, diagnose, establish a plan with outcome criteria, intervene, evaluate, and document health problems in nursing practice settings. The registered nurse shall: . . . 2. Conduct a comprehensive nursing assessment determined by the knowledge, skills, and abilities of the registered nurse and by the client's immediate condition or needs . . ." Chapter 54-05-01-08, Standards related to licensed practical nurse scope of practice, states: ". . . The licensed practical nurse assists in implementing the nursing process. The licensed practical nurse practices under the supervision of the registered nurse, advanced practice registered nurse, or licensed practitioner. The licensed practical nurse shall: . . . 2. Conduct a focused nursing assessment and contribute data to the plan of care; . . ." Review of Resident #1 - #5's medical records identified the licensed practical nurse completed comprehensive assessments as follows: Resident #1: Admission assessment dated 08/03/22 Resident #2: Admission assessment dated 08/18/21 and Quarterly assessments dated 11/18/21, 2/18/22, and 05/18/22 Resident #3: Quarterly assessment dated	B1220	B 1220 The corrective action will be that the resident admission and quarterly assessment(s) will be as assessed and signed off by the registered nurse. We will identify all residents having the potential to be affected by ensuring that all new and current residents are assessed upon admission and then a minimum of quarterly thereafter and that the assessments will be assessed and signed off by the registered nurse. The implementation of this change in policy and the education to all of the licensed nurses will be done. The facility director will monitor this corrective action on a monthly basis for a minimum of quarterly until continued correction is ensured. The date of correction will be no later than October 1, 2022.	~~9/19/22~~

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B1220	Continued From page 4 05/11/22 Resident #4: Admission assessment dated 06/22/22 Resident #5: Admission assessment dated 09/21/21 and Quarterly assessments dated 12/8/21, 03/08/22, and 06/08/22 During an interview on 08/17/22 at 10:40 a.m., an administrative staff member (#1) confirmed the licensed practical nurse completed the residents' admission and quarterly assessments.	B1220		
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. This state licensing rule is not met as evidenced by: Based on observation, record review, review of facility policy, review of manufacturer's guidelines, and staff interview, the facility failed to ensure proper administration of medications for 3 of 5 sampled residents (Resident #1, #2, and #5) observed receiving medications or during record review. Failure to sign off medications immediately after administering, perform periodical reconciliation of controlled medications,	B1540	B 1540 The corrective action will include a change in policy and procedure for counting of controlled substances. The facility will count and double lock, any controlled substance that is indicated from pharmacy to be considered a controlled substance. Pharmacy will place an identifying sticker on the medication card. This sticker will indicate that the medication is a controlled substance. This process will be done on any new and/or existing controlled substance order. The facility will ensure that those medications are also double locked and counted as per policy change. Education on this will be provided to all certified medication assistants and licensed nurses. Education on the reading and transcribing of physician orders and prescriptions will be provided to all medication aides and licensed nurses This will be done to ensure that residents are not negatively affected by this deficient practice.	~~9/19/22~~

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B1540	Continued From page 5 properly prime and date opened insulin pens, correctly transcribe and follow physician's orders may result in medication errors, administration of expired insulin, and diversion of a controlled medication. Findings include: MEDICATION ADMINISTRATION Review of the policy titled "Controlled Substances" occurred on 08/17/22. This policy, dated January 2016, stated, ". . . When controlled substances are stored centrally in the facility, inventory will be verified 2x daily by 2 authorized personnel. This would include a licensed nurse and/or a CMA [certified medication assistant]. . . ." Review of the policy titled "Medication Administration Policy" occurred on 08/17/22. This policy, dated January 2016, stated, ". . . The MAR [Medication Administration Record] is to be initialed by the CMA immediately after the medication has been administered to the resident. . . ." Observation of medication administration for Resident #1 occurred on 08/15/22 at 11:05 a.m. with a CMA (#3). After verifying with the nurse, the CMA (#3) administered sertraline (an antidepressant) 50 milligrams (mg) and lorazepam (controlled medication for antianxiety) 0.5 mg. When asked about verifying the count of lorazepam, the CMA stated, "We only count narcotics and we do not have any." When asked about signing off medications after administration, the CMA (#3) stated she signed off (initialed) medications after the morning medication pass.	B1540	B 1540 (continued) A policy and procedure for insulin administration was created. Education will be provided to all CMAs and licensed nurses who provide medication administration. This policy and education will help to ensure that insulin administration competency is acceptable for each individual responsible for medication administration. This education will include the dated of opened insulin pens. The education and competency review will help ensure that residents are no longer affected by these deficient practices. Education will be provided by the Nurse Manager and the RN will monitor the corrective action and ensure that the deficient practices are remedied. Monitoring will be done on a weekly and monthly basis for a minimum of quarterly until continued correction is ensured. The date of correction will be no later than October 1, 2022.	9/19/22

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B1540	Continued From page 6 Review of Resident #1's medical record occurred on all days of survey. A physician's order, dated 08/04/22, stated, sertraline 50 mg daily. The August 2022 MAR stated sertraline 25 mg daily. During an interview at 2:00 p.m., a supervisory nurse (#2) stated the medication order for Resident #1 is for sertraline 50 mg and staff have administered 50 mg everyday. The MAR showed staff administering 25 mg since admission on 08/04/22. This nurse (#2) confirmed staff failed to transcribe the order correctly onto the MAR. During an interview on the morning of 8/17/22, an administrative nurse (#1) confirmed staff do not verify the count of lorazepam. RECORD REVIEW Review of Resident #2's medical record occurred on all days of survey. A physician's order, dated 08/02/22 stated, discontinue donepezil (dementia medication). Review of the August 2022 MAR showed Resident #2 received donepezil through 8/14/22. During an interview on 08/15/22 at 4:30 p.m. an administrative nurse (#2) confirmed staff failed to discontinue the donepezil as ordered. INSULIN The facility failed to provide a policy on insulin administration upon request. Review of manufacturer's guidelines for "Lantus SoloStar Pen" occurred on 08/17/22. The guidelines stated, ". . . Select a dose of 2 units . . . Take off the outer needle cap . . . take off the	B1540		

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B1540	Continued From page 7 inner needle cap . . . hold the pen with the needle pointing upwards . . . Press the injection button all the way in. Check if insulin comes out of the needle. . . . you can use it for up to 28 days. . . . Inject the insulin . . . Slowly count to 10 before you withdraw the needle from the skin. This ensures the full dose will be delivered. . . ." Review of manufacturers guideline's for "Levemir FlexTouch Pen" occurred on 08/17/22. Do not use Levemir past . . . 42 days after you open the pen . . ." - Observation of medication pass on 8/16/22 at 12:05 p.m., showed a CMA (#3) primed Resident #5's Lantus insulin pen holding it vertically with the cap on and failed to visualize insulin coming out of the needle. After injecting the insulin, the CMA (#3) failed to keep the needle in the skin for 10 seconds. - Observation of the medication cart occurred on the morning of 08/17/22 and showed two Levemir and one Lantus insulin pens lacked an open date.	B1540		
B1800	33-03-24.1-18 DIETARY SERVICES 33-03-24.1-18. Dietary services. The facility must meet the dietary needs of the residents and provide dietary services in conformance with the North Dakota sanitary requirements for food establishments. Dietary services must include: This state licensing rule is not met as evidenced by: Based on observation and staff interview, the facility failed to provide dietary services in	B1800		

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B1800	Continued From page 8 conformance with the North Dakota sanitary requirements for food establishments in 1 of 1 kitchen. Failure to ensure proper sanitation by the dish-washing machine and serve food in a sanitary manner may result in the spread of foodborne illness. Findings include: The facility failed to provide a dish-washing machine policy upon request. Observation on 08/15/22 at 12:15 p.m. showed an unidentified dietary assistant used gloved hands to place bread onto the resident's plate and delivered the food to the resident. The dietary assistant pushed the residents up to the table and without changing gloves continued to touch the bread to place it on the resident's plate. Observation on the morning of 08/17/22 showed an unidentified dietary assistant touching pancakes using gloved hands. The dietary assistant turned off the oven and later removed a pan from the oven and continued to touch the pancakes without changing gloves. Observation of the dish-washing machine occurred on the morning of 08/17/22 with an administrative nurse (#1). The dish-washing machine utilized the chemical chlorine to sanitize the dishes. The chlorine concentration measured between 175 and 200 parts per million (ppm). Review of the July and August 2022 dishwasher temperature and sanitizer logs identified the chlorine rinse tested continuously at 200 ppm. During an interview on 08/17/22 at 2:00 p.m., an administrative nurse (#1) stated she consulted with the representative from the dish-washer	B1800	B 1800 The corrective action for this deficient practice will be done by providing education to the dietary staff on handling of ready-to-eat foods and basic food safety sanitation. Also, the dietary policy on dietary food safety and infection control practices was amended to include dishwasher sanitation checks and the process. The daily dishwasher temperature and sanitizer check list was amended and updated as well. All residents have the potential to be affected by this deficient practice. Correction of this deficient practice will be implemented by the changes in policy, updated documentation forms, education to the dietary staff, along with monitoring by the facility director. The facility director will monitor this plan of correction on a weekly and monthly basis for a minimum of quarterly or until the deficient practice continues to be corrected. The date of correction will be no later than October 1, 2022.	~~9/19/22~~

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B1800	Continued From page 9 machine company and he said the chlorine level needs to measure "50-100" ppm. This administrative nurse planned to recheck the chemicals and add this information to the sanitizer log.	B1800		
B9999	FINAL OBSERVATIONS For the unannounced complaint survey, started 08/15/22 and completed 08/17/22, the process included observation, staff interview, family interview, review of facility policy, and review of five residents records and two closed records. The complaint survey was not substantiated.	B9999		