STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355085	A. BUILDING _____ B. WING _____	C 08/27/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIM CARE CENTER	**3534 UNIVERSITY DR S FARGO, ND 58104**

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F 000	INITIAL COMMENTS For the standard Medicare/Medicaid recertification and complaint surveys started on August 24, 2015 and completed on August 27, 2015, the sample included five (5) residents for complete review, sixteen (16) residents for focused review, and three (3) closed records for review. The sample included one (1) additional resident to verify specific concerns during the survey.	F 000		
F 278 SS=E	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment.	F 278		9/30/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/18/2015

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F 278	Continued From page 1 Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on record review, review of the RAI [Resident Assessment Instrument] User's Manual, review of facility policy, and staff interview, the facility failed to complete Minimum Data Sets (MDSs) which accurately reflected the residents' status for 12 of 21 sampled residents (Resident #4, #6, #7, #8, #13, #14, #15, #16, #17, #18, #19, and #21) and 1 closed record reviewed (Resident #22). Failure to accurately code turning and repositioning programs, behaviors, nutrition interventions and restorative nursing does not allow the residents assessment to reflect their current status/needs and may result in inaccuracy of the facility's Resident Level Quality Measure Reports. Findings include: The Long-Term Care Facility RAI User's Manual, October 2014, pages 1-8, stated, ". . . While CMS [Centers for Medicare and Medicaid Services] does not impose specific documentation procedures on nursing homes in completing the RAI, documentation that contributes to identification and communication of a resident's problems, needs, and strengths, that monitors their condition on an on-going basis, and that records treatment and response to treatment, is a matter of good clinical practice and an expectation of trained and licensed health care professionals. Good clinical practice is an expectation of CMS. As such, it is important to	F 278	1. The most current MDS was reviewed for resident's #4,#6,#7,#8,#13,#14,#15,#16,#17,#18,#19,and #21 regarding coding in the following sections: Turning and Repositioning, Behaviors, Nutritional Interventions and Restorative Nursing. Corrected (i.e., modified, etc.)MDS's have been resubmitted to CMS and the North Dakota Department of Human Services. If the correction(s) affect payment the facility will do billing adjustments accordingly. An MDS correction will not be done for resident #22 as that was a closed record. 2. All residents coded under Turning and Repositioning, Behaviors, Nutritional Interventions and Restorative Nursing on the MDS have the potential to be affected. 3. Current policies related to Turning and Repositioning, Nutritional Interventions, MDS Completion,and Restorative Nursing were reviewed with no changes noted. A new Behavior policy was written. All Nursing staff will be educated at a meeting on September 23, 2015 at 3:30pm regarding deficiency F278. Current policies as mentioned above and the new Behavior policy will be reviewed. The Behavior policy will be implemented	

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F 278	Continued From page 2 note that completion of the MDS does not remove a nursing home's responsibility to document a more detailed assessment of particular issues relevant for a resident. . . ." BEHAVIORS The RAI Manual, Section E0200 (Behavioral Symptoms), page E-1; E0800 (Rejection of Care), page E-15; and E0900 (Wandering), page E-18, all stated, ". . . Coding Instructions . . . Code 1, behavior of this type occurred 1-3 days . . . Code 2, behavior of this type occurred 4-6 days, but less than daily . . . Code 3, behavior of this type occurred daily . . ." - Review of Resident #7's medical record occurred on all days of survey. The resident's current MDS, dated 05/26/15, identified wandering which occurred one to three days during the seven day look back period. A social service progress note, dated 05/26/15, stated, ". . . Staff did note the following behaviors during this assessment period . . . 5/25 [May 25] - wandering . . ." The record lacked evidence/documentation of the wandering episode on 05/25/15. - Review of Resident #8's medical record occurred on all days of survey. The resident's current MDS, dated 06/22/15, identified physical behaviors and rejection of cares which occurred four to six days during the seven day look back period. A social service progress note, dated 06/22/15, stated, ". . . Resident was resistive to care and physically aggressive toward staff x 5 during the observation period. . . ." The record lacked evidence/documentation to verify five episodes of physical aggression and five	F 278	from the date of education forward. 4. The Quality Assurance Coordinator will audit the next MDS's on residents listed in #1 to assure correct coding was completed. Random audits will be done on 4 residents a week to assure correct coding. These audits will be conducted weekly X4 weeks, monthly X3 months and quarterly thereafter. The Elim Corporate Quality Assurance Nurse will perform 8 full MDS audits per quarter to ensure overall MDS accuracy. Results will be immediately reported to the Director of Nursiing. If concerns are identified immediate corrective action will be taken. The quality Assurance Coordinator will report to the Quality Assurance Committee at each scheduled meeting.	

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F 278	Continued From page 3 episodes of resisting care. - Review of Resident #17's medical record occurred on August 26-27, 2015. The resident's current MDS, dated 07/10/15, identified daily wandering during the seven day look back period. A social service progress note, dated 07/10/15, stated, ". . . Resident wanders about Cherished Lane daily. . . ." The record lacked evidence/documentation to verify daily wandering. - Review of Resident #18's medical record occurred on August 26-27, 2015. The resident's current MDS, dated 07/24/15, identified "other" behaviors which occurred on one to three days during the seven day look back period and wandering which occurred on four to six days during the seven day look back period. A social service progress note, dated 07/23/15, stated, ". . . Resident continues to wander (4-6x/week) . . . Staff noted resident to be socially inappropriate (2x), which can be difficult to redirect at times. . . ." The record lacked evidence/documentation to verify socially inappropriate behavior or wandering. - Review of Resident #21's medical record occurred on August 26-27, 2015. The resident's current MDS, dated 07/31/15, identified physical behaviors occurred on one to three days during the seven day look back period. A social service progress note, dated 07/31/15, stated, ". . . Resident was physically aggressive with cares on 07/31/15 . . ." The record lacked evidence/documentation to verify the physically aggressive behavior.	F 278		

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F 278	Continued From page 4 During an interview on the afternoon of 08/26/15, a social service staff member (#3) stated direct care staff sometimes note behaviors in a "communication book," which is used to give report to the oncoming shift; however, the communication book is not part of the resident's permanent medical record. TURNING AND REPOSITIONING PROGRAMS * Section M1200C (Turning/Repositioning Program) of the RAI Manual, page M-38, stated, "The turning/repositioning program is specific as to the approaches for changing the resident's position and realigning the body. The program should specify the intervention (e.g. [exampli gratia] reposition on side, pillows between knees) and frequency (e.g. every 2 hours). Progress notes, assessments, and other documentation (as dictated by facility policy) should support that the turning/repositioning program is monitored and reassessed to determine the effectiveness of the intervention." Review of the facility policy titled "CNA [certified nursing assistant] - Standards of Care" occurred on 08/27/15. This policy, dated August 2015, stated, " . . . All residents are turned and repositioned every 2 hours. . . . " Review of Resident #4, #6, #7, #8, #13, #14, #15, #16 and #19's current MDSs identified staff coded these residents for a turning and repositioning program under Section M. Review of these residents' medical records identified staff failed to develop/implement individualized turning and repositioning programs, and the residents' care plans identified skin care per the CNA	F 278		

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F 278	Continued From page 5	F 278		

standards of care (i.e., repositioning every 2 hours). Staff failed to correctly code the MDS regarding turning and repositioning schedules for the following residents:
*Resident #4: Significant change MDS dated 07/10/15
*Resident #6: Annual MDS dated 07/15/15
*Resident #7: Quarterly MDS dated 05/26/15
*Resident #8: Quarterly MDS dated 06/22/15
*Resident #13: Admission MDS dated 08/18/15
*Resident #14: Admission MDS dated 08/10/15
*Resident #15: Annual MDS dated 05/08/15
*Resident #16: Quarterly MDS dated 04/22/15
*Resident #19: Quarterly MDS dated 07/24/15

RESTORATIVE NURSING

- Review of Resident #7's medical record occurred on all days of survey. The resident's current MDS, dated 05/26/15, identified four days of passive range of motion during a seven day look back period; however, the record lacked documentation to verify the range of motion was provided.

- Review of Resident #8's medical record occurred on all days of survey. The resident's current MDS, dated 06/22/15, identified seven days of walking with restorative nursing. The documentation for the seven day look back period identified five days of walking.

During an interview on the afternoon of 08/26/15, an administrative nurse (#4) stated there was no documentation regarding passive range of motion for Resident #7, and staff documented ambulation with Resident #8 on only five days.

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F 278	Continued From page 6 NUTRITIONAL INTERVENTIONS Section M1200D (Nutrition or Hydration Intervention to Manage Skin Problems) of the RAI Manual, page M-38 and M-39, stated, "The determination as to whether or not one should receive nutritional or hydration interventions for skin problems should be based on an individualized nutritional assessment. . . . If it is determined that nutritional supplementation, i.e. adding additional protein, calories, or nutrients is warranted, the facility should document the nutrition or hydration factors that are influencing skin problems and/or wound healing and 'tailor nutritional supplementation . . . and obtain dietary consultation as needed, . . ." - Review of Resident #22's medical record occurred on August 26-27, 2015. A significant change MDS, dated 06/07/15, identified nutrition or hydration interventions. The nutrition or hydration interventions to manage skin problems, established for Resident #22, failed to meet the criteria for coding item M1200D on the MDS. The medical record lacked an individualized nutritional assessment that determined whether or not this resident should receive nutrition or hydration interventions for the purpose of preventing or treating specific skin conditions.	F 278		
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	F 371		9/30/15

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F 371	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, manufacturer's recommendations, and staff interview, the facility failed to prepare and serve food under sanitary conditions on 2 of 4 days (08/24/15 and 08/26/15) of survey. Failing to ensure the correct concentration of sanitizing solution does not allow the facility to effectively clean/disinfect food surfaces. This practice has the potential to increase the risk of foodborne illness and can affect all residents who eat food prepared and served in this area. Findings include: Review of the facility's policy titled "Sanitation" occurred on 08/27/15. This policy, dated 02/26/15, stated, ". . . . 4. Sanitizing of environmental surfaces must be performed with one of the following solutions: . . . . b. 200-400 parts per million (ppm) quaternary ammonium compound (QAC). . . ." Review of Sunburst Chemicals manufacturer's recommendations stated ". . . . To sanitize the food contact surfaces, prepare a 200-400 ppm active quaternary solution. . . ." - Observation during a tour of the kitchen on 08/24/15 at 1:04 p.m. showed a three compartment sink with sanitizer in the third sink. Upon request, the dietary manager (#2) tested	F 371	1. All Dietary Staff, (on 9/14/15) have been instructed on Facility policy for Sanitation use of QAC solution, test strips, recording and reporting results, and the use of sanitizer towels. 2.All Residents have the potential to be effected. 3.Food Safety Audit updated to include: checking/logging QAC solution results, reporting of unacceptable results, no sanitizer/buckets to be left on serving stations when the designated meal service is complete, use of sanitizer, indicator towels are in use. 4.Staff will be observed using tests strips and their interpretation of results. Serving stations will be observed for absence of sanitizer solution/buckets when meal service complete. Audits of above areas will be completed by the LRD weekly for one month and continue to complete monthly. 5.Inservice for all Dietary staff on use of QAC solution, recording/reporting/interpretation of results and the use of sanitizer indicator towels.	

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F 371	Continued From page 8 the chemical concentration of the sanitizer by immersing a test strip in the solution for approximately 10 seconds. The test strip measured 100 ppm. - Observation of the kitchen occurred on 08/26/15 at 9:40 a.m. with two administrative dietary staff members (#1 and #2) and showed a three compartment sink filled with sanitizer in the third sink. Upon request, the dietary manager (#2) tested the chemical concentration of the sanitizer by immersing a test strip in the solution for approximately 10 seconds. Staff tested the solution 5 times with an unreadable test strip result. The dietary manager (#2) emptied and refilled the sink with sanitizer and retested the solution. The test strip measured 300 ppm. - Observation of the 5th Avenue kitchenette occurred on 08/26/15 at 10:05 a.m. and showed a red sanitizer bucket in the sink, when asked what the bucket contained, the dietary manager (#2) stated sanitizer solution. Upon request, the dietary manager tested the chemical concentration of the sanitizer by immersing a test strip in the solution for approximately 10 seconds. The test strip measured 100 ppm. - During an interview on 08/26/15 at 9:40 a.m. a dietary manager (#2) stated the sanitizer concentration should measure between 200-400 ppm.	F 371		

North Dakota Department of Health

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L9999	FINAL OBSERVATIONS Based on observation, record review, staff interview, and resident and family interview, the complaint issues investigated in conjunction with the standard Medicare/Medicaid survey were not substantiated.	L9999		

Health Resources Section
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Electronically Signed 09/18/15