| 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 _____ | 08/08/2019 |

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

| (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<br><br>The Standard Medicare/Medicaid recertification survey started 08/05/19 and concluded 08/08/19. | F 000 | | |
| F 658 SS=D | Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)<br><br>§483.21(b)(3) Comprehensive Care Plans<br>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-<br>(i) Meet professional standards of quality.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, review of facility policy, staff interview and review of professional reference, the facility failed to follow professional standards of practice regarding physician's orders for 1 of 1 sampled resident (Resident #19) with physician's order for Lasix (diuretic). Failure to administer Lasix for Resident #19's weight gain may result in fluid overload causing shortness of breath or edema (swelling).<br><br>Findings include:<br><br>Berman, Snyder, and Frandsen's "Kozier & Erb's Fundamentals of Nursing: Concepts, Process, and Practice," 10th ed., Pearson Education, Inc., Massachusetts, page 68, states, ". . . Carrying Out a Physician's Order . . . If the order is neither ambiguous nor apparently erroneous, the nurse is responsible for carrying it out. . . ."<br><br>Review of the facility policy titled, "Nursing Policy and Procedure" occurred on 08/08/19. This policy, revised October 2017, stated, ". . . Medications are administered in accordance with written orders of the attending physician . . ." | F 658 | This plan of correction constitutes our written allegation of compliance for the deficiency cited. Submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet the requirements established by state and federal law.<br><br>It is the policy of Fargo Elim care to ensure that the services are provided to professional standards of quality.<br><br>F658 - 1.) Resident #19 physician's order for PRN Lasix has been discontinued. 2.) All current prn Lasix orders with administration parameters related to weight gain will be changed to a new order entry, the information will be entered into the eMAR as a treatment order to more specifically address the current daily weight and the need to assess for prn Lasix. This will include direction to document if it was/was not given with rationale. All residents have | 9/11/19 |

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

Electronically Signed | 08/23/2019

| 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 _____ | 08/08/2019 |

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

| (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 658 | Continued From page 1<br><br>Review of Resident #19's medical record occurred all days of survey. Diagnoses included congestive heart failure and hypertension (high blood pressure). The physician order stated, "Daily weights - Special Instructions: Give PRN [as needed] Lasix if gain of 2 lbs [pounds] in a day or 5 lbs in a week. Once A Day."<br><br>Review of Resident #19's weight record identified the following:<br>07/03/19 - 231.90 lbs.<br>07/04/19 - 235.20 lbs. (increased 3.3 lbs in one day)<br>07/13/19 - 232.30 lbs.<br>07/20/19 - 238.70 lbs. (increased 6.4 lbs in one week)<br>07/21/19 - 232.40 lbs<br>07/22/19 - 238.10 lbs. (increased 5.7 lbs in one day)<br>07/24/19 - 234.90 lbs.<br>07/25/19 - 236.90 lbs. (increased 2 lbs in one day)<br>08/02/19 - 232.00 lbs.<br>08/03/19 - 234.60 lbs (increased 2.6 lbs in one day)<br><br>The record lacked evidence staff provided Resident #19's PRN Lasix according to the physician's order.<br><br>During an interview on 08/08/19 at 10:19 a.m., an administrative nurse (#1) agreed the staff nurse should have administered the PRN Lasix on the above occasions. | F 658 | the potential to be affected by this deficient practice. 3.) The nurses and unit clerks will be in-serviced on the protocol for entering these orders. 4.) The nurses will be in-serviced on the appropriate monitoring of daily weights, follow through of the orders in regards to weight gain and medication administration as directed by a physician. 5.) The Director of Nursing, the Nurse Managers, or the Quality Assurance nurse will ensure that all current orders for PRN Lasix in regards to weight gain are changed as described. They will audit for appropriate documentation, administration & follow through per physician's orders of prn Lasix for all residents with a current order. These audits will take place weekly x4, bi-weekly x2 and monthly x2 to ensure compliance monitoring of daily weights and administering correlating prn mediations as directed. Irregularities will be documented on the audits and further education will be provided. The results of the audits will be presented to the QAPI committee for further guidance. 6.) Correction will be in place and completed no later than 9/11/2019 and will be on-going until completion. | |