STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355129	A. BUILDING _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FARGO ELIM HEALTH CARE CENTER	**3534 UNIVERSITY DRIVE 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 The standard Medicare/Medicaid recertification and complaint survey started on 12/18/23 and concluded 12/20/23. Investigation into the complaint issues resulted in regulatory noncompliance.	F 000		
F 554 SS=D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to assess a resident for self-administration of medications for 1 of 2 sampled residents (Resident #29) observed with medications at bedside. Failure to evaluate the resident's ability to safely self-administer medications may result in medication errors and/or harm to the resident. Findings include: Review of the policy titled, "Self administration of medication" occurred on 12/19/23. This policy, last reviewed February 2023, stated, ". . . Upon admission and PRN [as needed], the licensed nursing staff informs every resident of his/her rights to self-administer medications and explains the self-administration of medication program. If the resident wishes to self-administer medications, complete the applicable observation/assessment in the EHR [electronic health record]. . . . If the nurse determines through this assessment that the resident is able	F 554	1. For Resident #29, the Nurse Manager completed an assessment to determine if resident would be appropriate for the Self Administration of Medication (SAM) Program. Michelle determined that the resident was safe to participate in the SAM Program. On the same day, the Certified Nurse Practitioner wrote an order for resident to keep the Refresh eye drops at bedside and self-administer. The Vitamin B6 was removed from the resident's room. Resident #29 is being monitored to ensure no other medications were being kept at bedside. 2. All residents who express desire to self-administer medications have the potential to be affected. 3. Licensed nursing staff will be in-serviced regarding the SAM Program Policy/Procedure on 1/17/2024.	1/24/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		01/16/2024

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F 554	Continued From page 1 to self-administer medications . . . Obtain an order from the provider that the resident may self-administer medications. . . ." Review of Resident #29's medical record occurred on all days of survey. The record lacked an assessment for self-administration of medications and a physician's order for resident to self-administer medications. Observation on 12/18/23 at 10:45 a.m., identified a bottle of Vitamin B6 and multiple unlabeled individual eye drop vials on the resident's bedside table. During an interview on 12/19/23 at 12:40 p.m., an administrative nurse (#1) confirmed the facility failed to complete an assessment and obtain a physician's order for Resident #29 to self-administer medications, and stated she would expect the facility to assess the resident's ability to independently administer eyedrops.	F 554	4. The Quality Improvement and Performance Improvement (QAPI) Nurse, or designee, will be responsible to monitor/audit. The QAPI Nurse, or designee, will monitor to assure any resident expressing desire to administer their own medications, will have an assessments completed and an order from their primary provider. Quality Assurance/monitoring were implemented on 12/20/2023. The QAPI Nurse will monitor weekly for one month, monthly for three months and quarterly thereafter for up to one year. Results will be reported to the Director of Nursing. If concerns are identified, immediate corrective action will be implemented. The QAPI Nurse will submit a report of the monitoring results to the QA Committee at each scheduled meeting. 5. Date of Correction: 1/24/2024.	
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);	F 580		

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F 580	Continued From page 2 (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: This citation is considered past non-compliance based on review of the corrective action	F 580	Past noncompliance: no plan of correction required.	

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F 580	Continued From page 3	F 580		

implemented by the facility immediately following the incident.

Based on information from the complainant, record review, review of professional reference, review of facility policy, and staff interview, the facility failed to promptly notify the physician to maintain the resident's highest level of well-being for 1 of 5 sampled residents (Resident #1) transferred to the emergency room (ER) for a change in health status. Failure to notify a provider of a residents change in condition and implement provider orders timely may have resulted in worsening respiratory symptoms and a delay in treatment.

Findings include:

Review of the facility policy titled "Change in condition" occurred on 12/20/23. This policy, revised May 2022, stated, ". . . The nurse will notify the resident's Attending Physician or physician on call when there has been a(an) . . . significant change in the resident's physical/emotional/mental condition . . . notifications will be made within twenty-four (24) hours of a change occurring in the resident's condition or status . . ."

Kozier & Erb's "Fundamentals of Nursing, Concepts, Process and Practice," 11th Edition eText, 2021, Pearson, Boston, Massachusetts, page 538, stated, ". . . Normal oxygen saturation [SpO2] is 95% to 100% . . ."

Information provided by the complainant identified concerns with timely notification of a change in a resident's condition and delays in

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F 580	Continued From page 4 initiating treatment. Review of Resident #1's medical record occurred on all days of survey. Diagnoses included acute hypoxic respiratory failure and bacterial lung infection. Resident #1's nurses' notes identified the following: *10/08/23 at 7:00 am: "Resident is noted to have SOB [shortness of breath] evidenced by grunting with breathing. Oxygen sats [saturation] has been fluctuating between upper 80's and lower 90's, Resident was repositioned and HOB [head of bed] . . . oxygen sats from 89% to 92% on RA [room air]." *10/09/23 at 2:57 p.m.: ". . . O2 [Oxygen] sats 88-92% on RA . . . upper lobes with Rhonchi [low pitched rattling sound] . . . resident is making a grunt when breathing in . . . Nurse and Nurse Manager listened to lungs, will leave a note to provider . . ." *10/10/23 at 2:31 p.m: "Resident has been coughing more with meals have noticed it more the last couple of days . . . today at dinner she coughed a lot . . ." *10/10/23 at 3:55 p.m.: "Resident was lying flat while being changed, she was struggling to breath on her side, check O2 Sats were 77-80% . . . when sat up were 90% . . . Orders for O2 per nasal cannula per standing order on 2 L [Liters] . . . will continue to observe, and update provider." *10/11/23 at 4:25 a.m.: "Respiratory Assessment: . . . O2 [saturation] 91% on 2 L . . . there is a grunting sound when resident is inhaling . . . staff will continue to monitor." 10/11/23 at 6:34 p.m.: "Supplemental oxygen at 2 L via NC [nasal cannula] and sats at 91% . . .	F 580		

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F 580	Continued From page 5 Lung sounds . . . diminished at the bases . . . will monitor." *10/12/23 at 10:15 a.m.: ". . . the provider was notified via the note left in her folder at facility. Imaging and labs were ordered. Results came back and CXR [chest x-ray] showed pneumonia and labs showing organ involvement with acute onset chronic kidney failure. The timeline regarding the resident changes and timely notification were discussed with nursing staff and administration. nursing discussed provider's recommendations with family . . . family elected to hospitalization." *10/12/23 at 3:05 p.m.: ". . . X-ray results received, Levaquin [antibiotic] 250 mg for 4 days . . ." *10/13/23 at 1:11 a.m.: ". . . Resident sent to [hospital name] on 10/12/23 and admitted at 9:27 p.m." *10/17/23 at 2:28 p.m.: ". . . resident passed away . . ." During an interview on 12/20/23 at 3:12 p.m., an administrative nurse (#1) stated she expects nursing staff to notify the provider as soon as possible when there is a resident's change of condition and when initiating standing orders for oxygen administration. Resident #1 showed signs and symptoms of a deteriorating respiratory status on 10/08/23, and facility staff failed to notify the provider until 10/12/23 (four days after signs and symptoms began) which may have contributed to the resident's hospitalization and death. Based on the following information, non-compliance at F684 is considered past	F 580		

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F 580	Continued From page 6 non-compliance. The facility implemented the corrective action for the resident affected by the deficient practice by: *Completing an investigation with interviews of staff responsible for the resident's care on 10/13/23. *Determining the investigation showed staff failed to notify the provider timely of a change in condition and implement provider's orders as soon as possible. *Providing 1 on 1 education immediately after the incident with involved staff regarding notification of providers and implementation of orders. The facility addressed measures put in place and implemented systemic changes to ensure the deficient practice does not recur by: *Providing education to all nursing staff stating, "Any changes in condition must be reported to provider via phone," on 10/24/23 and 10/25/23 *Auditing 24-hour notification on one resident per week on each unit (if applicable) with a change in condition. The facility completed audits weekly on all four units starting on 10/16/23 and continuing. The survey team determined a deficient practice existed on 10/13/23. The facility implemented corrective action on 10/13/23 and completed nursing education on 10/13/23, 10/24/23, and 10/25/23.	F 580		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure	F 684		

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F 684	Continued From page 7 that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: This citation is considered past noncompliance based on review of the corrective action implemented by the facility immediately following the incident. Based on information from the complainant, record review, review of professional reference, review of facility policy, and staff interview, the facility failed to provide care and services to maintain the resident's highest level of well-being for 1 of 5 sampled residents (Resident #23) transferred to the emergency room (ER) for a change in health status. Failure to implement provider orders timely may have resulted in worsening respiratory symptoms and a delay in treatment. Findings include: Kozier & Erb's "Fundamentals of Nursing: Concepts, Process, and Practice," 11th Edition eText, 2021, Pearson, Massachusetts, page 63, stated, ". . .Carrying Out a Physician's Orders. . . . If the order is neither ambiguous nor apparently erroneous, the nurse is responsible for carrying it out. . . . The nurse is considered responsible for notifying the primary care provider of any significant changes in the client's condition, whether the primary care provider requests notification or not. . . ." Information provided by the complainant	F 684	Past noncompliance: no plan of correction required.	

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F 684	Continued From page 8 identified concerns with delays in initiating treatment. - Review of Resident #23's medical record occurred on all days of survey. Diagnoses included chronic respiratory failure with hypoxia and chronic obstructive pulmonary disease with (acute) exacerbation. Resident #23's nurses' notes/medical record identified the following: *10/08/2023 at 1:00 p.m. "Increase [sic] congestion noted this shift with intermittent nonproductive cough, fine crackles to bilateral lung fields with diminished bases. Resident voiced c/o [complaint of] chest discomfort when he coughs, resident's weight appears stable with no increase edema or [shortness of breath] noted. Scheduled nebulizers given et [and] helpful, will leave a note to update provider." The medical record identified staff updated the provider (via a note left in the provider's inbox at the facility) regarding Resident #23's condition on 10/08/23 at 12:00 p.m. *10/09/23 at 08:45 a.m. - The provider ordered a COVID test, complete blood count (CBC) and chest X-ray (CXR) with the note: "Do today" *10/09/23 - A chest x-ray report showed x-ray completed at 4:15 p.m. and results faxed to facility at 4:36 p.m. The record failed to identify staff notified the provider of the x-ray findings. *10/10/23 at 09:00 a.m. - The provider submitted an order to start the resident on Levaquin (an oral antibiotic) 500 milligrams (mg) daily for seven days. *10/10/2023 at 9:44 a.m. "Resident was agitated and confused this morning when this nurse came on shift. . . . T- [temperature] 99.6 [degrees	F 684		

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F 684	Continued From page 9	F 684		

Fahrenheit] O2- 90% on 4 L [liters] O2 via nasal cannula. Resident has been needing more assistance. . . Has been resting in bed all day. Appetite is poor but did take fluids. Will continue to monitor and update physician as needed."
*10/11/23 - Resident #23's medication administration record (MAR) showed staff administered the first dose of Levaquin between 4:00 a.m. and 7:30 a.m. with no exact time recorded. The MAR showed staff failed to administer the Levaquin for approximately 19 to 22.5 hours from the date/time of the order.
*10/11/2023 at 3:19 p.m. "Increase [sic] confusion, congestion, lethargy and desaturation on 4 L of supplemental oxygen low 70's noted. . . . This nurse called et [and] updated [provider name], an order received to send resident to [hospital name] ER [emergency room] for evaluation of hypoxia [low oxygen level, encephalopathy [brain dysfunction/confusion] and pneumonia. Resident left via non-emergent ambulance to [hospital name] medical center at 1310 [1:10 p.m.] . . ."

Observation on 12/20/23 at 3:15 p.m. showed the emergency medication kit (E-kit) contained Levaquin tablets available for immediate use.

The facility failed to report results of the chest x-ray to the provider and initiate the prescribed antibiotic timely, which may have contributed to Resident #23's subsequent hospitalization.

During an interview on 12/20/23 at 12:45 p.m., an administrative nurse (#1) stated she expects nursing staff to initiate orders and prescribed medications as quickly as possible and agreed there was a delay in treatment.

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F 684	Continued From page 10 Based on the following information, non-compliance at F684 is considered past non-compliance. The facility implemented the corrective action for the resident affected by the deficient practice by: *Completing an investigation with interviews of staff responsible for the resident's care on 10/13/23. *Determining the investigation showed staff failed to notify the provider timely of a change in condition and implement provider's orders as soon as possible. *Providing 1 on 1 education immediately after the incident with involved staff regarding notification of providers and implementation of orders. The facility addressed measures put in place and implemented systemic changes to ensure the deficient practice does not recur by: *Providing education to all nursing staff stating, "Any changes in condition must be reported to provider via phone," on 10/24/23 and 10/25/23 *Auditing 24-hour notification on one resident per week on each unit (if applicable) with a change in condition. The facility completed audits weekly on all four units starting on 10/16/23 and continuing. The survey team determined a deficient practice existed on 10/13/23. The facility implemented corrective action on 10/13/23 and completed nursing education on 10/13/23, 10/24/23, and 10/25/23.	F 684		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an	F 880		1/24/24

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F 880	Continued From page 11 infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation,	F 880		

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F 880	Continued From page 12 depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of the facility policy, and staff interview, the facility failed to ensure staff followed infection control practices for 3 of 18 sampled residents (Resident #7, #15, #47) observed during cares. Failure to follow infection control practices related to catheter cares, wound care, and wearing proper personal protective equipment (PPE) has the potential for the transmission of communicable diseases and infections to residents and staff.	F 880	1. For Resident #7, #15, and #47, the Infection Prevention Certified (IPC) Nurse, attended shift/shift report on the evening of 12/19/23, morning and evening of 12/20/23 and morning of 12/21/23. She reviewed the importance of hand hygiene and when it needs to be done. She also reviewed the importance of donning and doffing PPE and when it needs to be done. Residents #7, #15 and #47 were monitored for signs and	

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	355129	A. BUILDING _____ B. WING _____	C 12/20/2023

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F 880	Continued From page 13 Findings include: Review of the facility policy titled "Transmission based precautions and enhanced barrier precautions [EBP]" occurred on 12/20/23. This policy, revised May 2023 stated, ". . . use enhanced barrier precautions . . . use enhanced barrier precaution sign . . . during high contact resident cares requiring gown and glove use . . . goal is to keep our skin/uniform from touching the resident during high contact activities so that we can avoid potential transfer of organisms to other residents . . . examples include . . . urinary catheter care . . . peri-care . . . changing briefs or assisting with to toileting . . . wound care . . ." Review of the facility policy titled "Urinary Indwelling Catheter Insertion and Management" occurred on 12/19/23. This policy, revised April 2022 stated, ". . . To empty a urine collection bag: 1. Perform hand hygiene and apply gloves. 2. Set graduate on paper towel . . . 6. Measure urine and empty in toilet . . . 8. Remove gloves and perform hand hygiene. . . ." -Observation on 12/18/23 at 11:55 a.m. showed a CNA (#6) entered Resident #15's room. The CNA donned gloved and emptied the resident's urine collection leg bag into a urinal. The CNA removed her gloves and adjusted Resident #15's clothing and urine collection bag. The CNA (#6) failed to don a mask and gown and perform hand hygiene after removing her soiled gloves and before assisting the resident with his/her clothing. -Observation on 12/19/23 at 11:35 a.m. showed a CNA (#2) entered Resident #7's room. The CNA masked, applied gloves, and placed alcohol	F 880	symptoms of infection with no negative outcome to date. 2. All residents in the facility are affected by the deficient practice. 3. The current policy for Enhanced Barrier Precautions was reviewed and updated by Nursing Leadership and the Corporate Clinical Coordinators. Licensed Nursing staff will be in-serviced regarding hand hygiene, gloving and PPE requirements on 1/17/24. All nursing staff will be required to attend a Skills Fair on 1/23/23 or 1/24/24. Topics of teaching will include: emptying of a foley catheter and when to perform hand hygiene, clean and sterile dressing changes and when to perform hand hygiene and policy review for handwashing as it relates to gloving. 4. The QAPI Nurse, or designee, will be responsible to monitor/audit. The QAPI Nurse, or designee, will monitor hand hygiene with any residents with a foley catheter or a dressing change. Quality Assurance/monitoring will be implemented on 1/17/24. The QAPI Nurse will monitor weekly for one month, monthly for three months, and quarterly thereafter for up to one year. Results will be reported to the Director of Nursing. If concerns are identified, immediate corrective action will be implemented. The QAPI Nurse will submit a report of the monitoring results to the QA Committee at each scheduled meeting.	

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F 880	Continued From page 14 wipes on the overbed table. The CNA opened the valve of the catheter tubing before placing the tip in the urinal and urine leaked onto the floor and onto the CNA's gloves. The CNA then placed the tip into the urinal and emptied the leg bag. With soiled gloves, the CNA obtained an alcohol wipe from the overbed table and cleansed the valve tip prior to closing it. The CNA removed her soiled gloves and without sanitizing her hands, donned new gloves and used another alcohol wipe to wipe off the lower portion of the leg bag. The CNA removed her gloves and emptied the urinal in the toilet. Without performing hand hygiene, the CNA donned clean gloves and wiped the urine spill on the floor with sanitizing wipe and removed her gloves. Without performing hand hygiene, the CNA pulled down the resident's pants and positioned the resident's overbed table. The CNA (#2) failed to don a gown and perform hand hygiene after removing soiled gloves and before applying clean gloves. -Observation on 12/20/23 at 10:26 a.m. showed a nurse (#5) donned gloves and entered Resident #47's room to change a dressing to a draining coccyx pressure ulcer. The room lacked EBP signage and PPE, per policy for resident contact. The nurse (#5) removed the dressing, cleansed the wound, removed his/her gloves, donned clean gloves, and applied a clean dressing to the wound. The nurse (#5) failed to perform hand hygiene after removing soiled gloves and before donning clean gloves and failed to don a mask and gown. During an interview in the afternoon of 12/18/23, an administrative nurse (#7) stated she expects staff to follow infection control practices.	F 880	5. Date of correction: 1/24/2024	

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