STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355036	A. BUILDING _____ B. WING _____	C 03/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARIAN MANOR HEALTHCARE CENTER	604 ASH AVE E GLEN ULLIN, ND 58631

(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 03/27/23 and concluded 03/29/23.	F 000		
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and resident and staff interview, the facility failed to provide reasonable accommadations for 1 of 1 sampled resident (Resident #24) who requested a bed positioning device. Failure to apply Resident #24's repositioning device in a timely manner may result in pain and place the resident at risk for falls. Findings include: Review of Resident #24's medical record occurred on all days of survey. Diagnoses included ankle fracture. The current care plan, dated 03/21/23, stated, ". . . at risk for falls due to: History of falls . . . maintain safe environment and free of falls related to injury . . . wear boot at all times on ankle except when resting in bed . . . elevate . . . reposition ankle as needed . . . administer pain medication . . ." Observation on 03/27/23 at 10:58 a.m. showed	F 558	Health survey 2023 F 558 – Reasonable Accommodations, Needs and Preferences. 1. Resident #24 had already received the requested assistive device at the time of the survey. Beginning on March 29th, the Maintenance Supervisor reviewed all open repair requests to ensure that those related to resident requests or have a safety impacted were dated on the exact date of completion and within 48 hours of the request. The Administrator reviewed the log and all “urgent” requests were completed within 48 hours or a notation was made that parts were on order. No additional exceptions were noted. 2. Residents who receive services in the facility and request an assistive device with reasonable accommodation have the potential to be affected by not receiving it in a timely manner. 3. The current policy for “Assistive	4/20/23

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

Electronically Signed | 04/19/2023

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F 558	Continued From page 1 Resident #24 lying in bed with the right leg elevated on two pillows and the foot touching the foot board on the bed. The resident complained of right leg and back pain while trying to move his foot away from the foot board. During an interview on 03/27/23 at 10:58 a.m., Resident #24 stated he requested staff apply the bed trapeze from the other bed in his room to his bed or to switch beds on 03/09/23. The resident stated he requires staff assistance to position his right leg and the trapeze would aid in his mobility. Observation on the afternoon of 03/27/23, showed staff installed a bed trapeze on Resident #24's bed. Review of the resident's progress notes, dated 03/28/23 at 01:57 p.m., stated ". . . a late entry for 03/09/23: Resident requesting a trapeze over his bed as had used one in the hospital and wanted it for repositioning . . . Physical Therapy placed a note in the maintenance book to have one placed . . ." Staff installed the bed trapeze 18 days after the resident request. During a interview on 03/28/23 at 2:01 p.m., an administrative nurse (#4) stated she expected staff to install Resident #24's positioning equipment timely. During a interview on 03/29/23 at 11:07 a.m., an administrative nurse (#3) stated the facility failed to make reasonable accommodations for Resident #24's mobility equipment and update the care plan and care card.	F 558	Device" and "Maintenance Department Repair Work Orders" were updated to ensure that residents of MMHCC have the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences. To prevent recurrence of this issue, Administrator met with Director of Nursing, Rehab Services Supervisor (Physical Therapist), AIT (Administrator in Training) candidate and Maintenance Supervisor on April 6th to revise the Assistive Device policy. The policy includes that "Upon resident request (if appropriate) or therapist recommendation, available equipment will be provided and resident will be educated on the usage of it. If equipment needs assembly or adjustment to be adequate for the resident, a notice is placed in the maintenance repair log. Maintenance will have equipment assembled/placed in 48 hours Monday through Friday or if request left on Friday will be completed by end of next business day. If item requires additional parts, maintenance will communicate that to therapist to determine another assistive equipment option is available until parts have arrived. Once equipment has been provided to resident, therapist will follow up with resident and deem if able to utilize correctly and safely." The Maintenance Repair Work Order Sheet was revised to add one column for "Urgent Issue' which was defined to include a patient request or safety concerns that could result in injury or	

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F 558	Continued From page 2	F 558	equipment failure if not corrected. Urgent matters should also be conveyed to maintenance via radio and to their supervisor to be completed within 24 to 48 hours. The supervisor will follow-up with the maintenance supervisor to ensure urgent request was completed within 48 hours of the request and sign-off on the Work Order Sheet when completed. If unable to meet deadlines such as waiting for parts, etc., the maintenance supervisor will communicate reason for delay to the requesting supervisor to determine if another option is available. Training was provided to staff at the All Staff meeting on April 19, 2023 regarding the updated process for requesting time-sensitive assistive devices from maintenance. 4. The Administrator will be responsible to monitor all Maintenance Repair Work Order Sheets completed by the maintenance supervisor and ensure that monitoring was implemented starting on March 30th. The Administrator will continue to monitor on a weekly basis from March 30 through April 27 and then monthly for May, June, July, and then quarterly for one year. Results are reported quarterly to the quality assurance committee beginning on April 13th. If concerns are identified, immediate corrective action will be implemented. 5. Corrective action will be completed by April 28th.	
F 812	Food Procurement,Store/Prepare/Serve-Sanitary	F 812		4/20/23

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F 812 SS=E	Continued From page 3 CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations, review of facility policies, and staff interviews, the facility failed to label and date food, and discard food beyond the use by date in 2 of 5 resident refrigerators (Residents #6 and #27) and 2 of 2 facility snack/nourishment refrigerator (100 wing and central nurses station). Failure to label and date food items and discard food beyond the use by date may result in the spread of foodborne illness to residents, staff, and visitors. Findings include: Review of the facility policy titled "Resident	F 812	Dietary Plan of Correction for 2023 1. F812 - Corrective action was taken immediately following the 2 East wing Health survey tour on 3/27/23. The CNA removed and discarded the dated food items from resident (#6) and resident (#27) refrigerators in their rooms and the 100 wing (2 East) refrigerator in the common area. The DON and Assistant DON contacted the family members of these residents and communicated to them that staff had to discard the dated food items, as they were expired beyond the 3 days. Dietary manager did review	

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F 812	Continued From page 4 Refrigerators" occurred on 03/28/23. This policy, dated March 2011, stated ". . . food is to be checked for spoilage." Review of the facility policy titled "Use and Storage of Food Brought in by Family or Visitors" occurred on 03/28/23. This policy, revised January 2023, stated ". . . food items . . . must be labeled with content and dated. . . . the facility may refrigerate labeled and dated prepared items . . . If not consumed within 3 days, food will be thrown away by facility staff. . . ." An observation of Resident #6's refrigerator, on 03/27/23 at 9:45 a.m., identified the following: * Labeled ham with a use by date of 03/19/23. (eight days past the use by date) * Labeled fleischkuekle (deep fried dumpling with seasoned ground beef) with a use by date of 03/18/23. (nine days past the use by date) An observation of Resident #27's refrigerator, on 03/27/23 at 10:17 a.m., identified a unlabeled and undated medium size plastic container containing unidentifiable food. An observation of the facility's snack/nourishment refrigerator/freezer (100 wing), on 03/27/23 at 11:18 a.m., identified the following: * Unlabeled and undated piece of cream type pie. * Three unlabeled and undated small plastic containers containing unidentifiable food. An observation of the facility's snack/nourishment refrigerator (by the central nurse's station), on 03/27/23 at 11:27 a.m., identified the following: * Labeled cheese with a use by date of 03/15/23. (12 days past the use by date)	F 812	the policy “Use and storage of food brought in by family or visitors” 3/27/23 with the nursing staff on 100 wing (2 East). The residents with refrigerators in their rooms were checked for dated food items. Corrective action was taken immediately following the final kitchen tour on 3/27/23. The Dietary Manager removed and discarded the dated foods from the snack/nourishment center at the central nurse’s station. Dietary manager provided immediate training to the day and evening staff about the importance of dating and labeling everything in the nourishment refrigerator and discarding expired food after 3 days. A note was put in the staff communication book notifying staff to use the proper procedures and check the refrigerator daily. The Dietary MMHCC policies “Date marking for food safety” and “Use and storage of food brought in by family or visitors” were updated and reviewed with staff. 2. Identify Potential: All residents, staff and visitors have the potential of receiving a foodborne illness due to improper labeling, dating and the use of expired food items. 3. Measures taken to prevent these recurrences: Housekeeping staff will check the refrigerators for outdated foods and discard them. Staff will check 100 wing (2 East) common area refrigerator daily and residents’ rooms with refrigerators every 3 days and discard food after 3 days. Dietary personnel/Dietary Manager will check the	

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F 812	Continued From page 5 * Labeled white bread with use by date of 03/25/23. (two days past the use by date) * Labeled luncheon meat with use by date of 03/25/23. (two days past the use by date) During a interview on 03/27/23 at 9:45 a.m., a CNA (certified nursing assistant) (#2) stated the housekeeping staff, CNAs, and nurses are responsible for maintaining resident refrigerators and the snack/nourishment refrigerator/freezer (100 Wing). During a interview on 03/29/23 at 10:07 a.m., an administrative staff member (#1) stated that kitchen staff are responsible for monitoring and cleaning of the snack/nourishment refrigerator (by the central nurse's station).	F 812	refrigerator at the living area snack/nourishment center daily for unlabeled, undated and expired foods. Every three days dietary staff will remove dated foods, wash containers and refill with fresh food items. Food items will be properly labeled and dated with the present date. Staff will return food items to the refrigerator at the nourishment /snack area. The Policy was reviewed for “Date marking for food safety.” The facility adheres to a date marking system to ensure the safety of ready to eat, time/ temperature control for food safety. The Policy was reviewed for “Use and storage of food brought in by family or visitors.” Food items must be labeled with content and dated. The facility may refrigerate labeled and dated prepared items. If food items are not consumed within 3 days, the facility staff will throw it away. The Dietary Manager and Administrator provided training during the all staff meeting 4/19/23 to remind staff about the importance of dating and labeling everything in the resident’s refrigerators and discarding expired food after 3 days. Dietary and housekeeping personnel will continue to train at monthly in-services for any new policy or practice about labeling and dating food guidelines, documentation and the prevention of foodborne illness. The Policy for “Use and storage of food brought in by family and visitors,” will be sent to the resident’s family members on 5/2/2023	

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F 812	Continued From page 6	F 812	4. Frequency of QA monitoring: A signing/dating log will be kept daily on the housekeeping cart for the refrigerator to be checked daily on 100 wing (2 East) common area and a signing/dating log will also be completed every 3 days for the residents with refrigerators in their rooms. Dietary staff will monitor and document a signature log at the nutrition center every 3 days with their initials and the date of removal of dated foods and drinks. To ensure that proper procedure is followed, Dietary manager will audit logs completed by dietary/ housekeeping staff weekly for four weeks (3/27/23) to (4/24/23) that is four full weeks. Monthly for 3 months (May, June, July 2023) and then quarterly (Oct 2023, Jan. 2024) with Q/A monitoring completed (1/26/24), If concerns are noted with the monitoring, immediate corrective actions will be taken (e.g. teaching with involved staff by Dietary Manager or Designee). The Dietary Manger will submit a report of deficiency along with the completed monitoring at Q/A meeting (4/13/2023) and at the quarterly meeting through (1/26/2024). In the absence of the Dietary manager if any monitoring needs to be completed that will be done by a designee. 5. Completion date 5/2/23	
F9999	FINAL OBSERVATIONS The complaint investigated in conjunction with the standard Medicare/Medicaid survey was unsubstantiated.	F9999		