STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355078	A. BUILDING _____ B. WING _____	12/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVENTIDE JAMESTOWN	1300 2ND PL NE JAMESTOWN, ND 58401

(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 survey started on 12/02/19 and concluded on 12/05/19	F 000		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;	F 623		1/9/20

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

Electronically Signed | 12/22/2019

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F 623	Continued From page 1 (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the	F 623		

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F 623	Continued From page 2 agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and staff interview, the facility failed to notify the resident and/or the resident's family/legal representative, and the Office of the State Long Term Care (LTC) Ombudsman in writing of transfer outside of the facility, including the destination, and reason for transfer, and the resident's right to appeal the action for 1of 5 sampled residents (Resident #95) transferred to the hospital. Failure to provide a notice of transfer does not allow the resident and/or the family/legal representative the right to make an informed choice regarding the residents right or inform the Ombudsman of all transfer/discharges.	F 623	F623 Notice Requirements Before Transfer/Discharge 1. Resident #95 representatives and the ombudsman were notified of the transfer and provided with the written notice. 2. All residents who have a transfer or discharge have the potential to be affected. 3. Nursing and Social Work staff will be educated on the requirements for completion and documentation of the Notice of Transfer or Discharge. Staff education occurred on December 17th,	

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F 623	Continued From page 3 Findings include: Review of the facility policy titled "Discharge and Transfer Regulations" occurred on 12/04/19. This policy, dated June 2017, stated, ". . . Facility Initiated Notice of Transfer/Discharge. Emergency Transfers: Notice of transfer will be provided to the resident and resident representative as soon as practicable. . . . Notice of transfer will be provided to the Ombudsman when practicable. . . ." Review of Resident #95's medical record occurred on all days of survey and identified a hospitalization from October 27-29, 2019. The record lacked evidence the facility provided the resident and/or the family/legal representative and State LTC Ombudsman written notice of transfer for this hospitalization. During an interview on the afternoon of 12/04/19, an administrative staff member (#1) verified the facility failed to provide a written notice of transfer to the resident/resident's representative or the Ombudsman.	F 623	2019. 4. QA monitoring will be implemented following completion of mandatory education. QA will be initiated on December 31st, 2019. The Director of Social Services or Designee will audit completion of the Notice of Transfer or Discharge for all residents with a transfer or discharge for one month, five residents with a transfer or discharge for three months, and five residents per quarter for a year with additional audits as recommended by the QA committee. Results will be reported to the Executive Director. If concerns are identified, immediate corrective action will be implemented. The Director of Social Services will submit a report of the monitoring results to the QA committee at each scheduled meeting. 5. Date of correction: January 9th, 2020	
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 that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.	F 684		1/9/20

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F 684	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to provide necessary care to promote the highest practicable physical well-being for 1 of 4 residents (Resident #42) observed during dressing change/wound cares. Failure to provide timely and appropriate treatment for Resident #42's surgical wound may contribute to further skin breakdown, an increased risk for infection, and pain. Findings include: Review of Resident #42's medical record occurred on all days of survey and included diagnoses of a surgical wound and diabetes mellitus. A physician's order, dated 11/26/19, stated, "Coccyx Wound: Cleanse wound with NS [normal saline]. Apply Tena cream to macerated [white] wound edge, then apply gauze soaked in 0.25% Dakin's solution [antiseptic solution used to cleanse wounds] in wound bed, being sure to lightly pack area of undermining, place 4x4 gauze over that, secure with Mefix tape -change BID [twice a day] and PRN [as needed] (if saturated/loose). . . ." Resident #42's current care plan stated, ". . . I have actual impairment to skin integrity r/t [related to] surgical incision to coccyx S/P [status post] Pilonidal cyst [abnormal skin growth located at the tail bone] removal . . ." Observation on 12/03/19 at 8:34 a.m. showed Resident #42 in bed and a certified nurses aide (CNA) (#9) providing morning cares for Resident #42. The CNA noticed the resident's coccyx	F 684	F684 Quality of Care – Wound Care 1. Dressing was applied correctly and assessment completed for resident #42. 2. All residents who have dressings have the potential to be affected 3. Director of Nursing communicated to travel agency that nurse #7 will not be working at this location for not abiding by facility policy and procedures. 4. QA monitoring will be implemented following completion of mandatory education. QA will be initiated on December 31st, 2019. The DON or designee will audit timely dressing changes, three changes weekly for three months, and three changes per quarter for a year with additional audits as recommended by the QA committee. Results will be reported to the Executive Director. If concerns are identified, immediate corrective action will be implemented. The Director of Nursing will submit a report of the monitoring results to the QA committee at each scheduled meeting. 5. Date of correction: January 9th, 2020	

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F 684	Continued From page 5 dressing was soiled and loose. The CNA (#9) informed the floor nurse (#7) the dressing to the residents coccyx needed to be changed. The nurse (#7) stated she did not have time to change Resident #42's dressing and stated, "I will change the dressing after breakfast." The nurse removed the soiled dressing including the packing and placed two telfas [specialized gauze pads that contain a coating to keep the material from sticking to the wound] over coccyx wound. Observations on 12/03/19 from 9 a.m. to 1:09 p.m. showed Resident #42 in her room or the dining room in her wheelchair. Observation on 12/03/19 at 1:09 p.m. showed a CNA (#9) assisted Resident #42 to lie down in the bed. Observation on 12/03/19 at 1:23 p.m. showed a nurse manager (#8) removed the telfa pads from Resident #42's surgical wound and provided wound care as ordered. During an interview on 12/04/19 at 2:16 p.m. an administrative nurse (#1) agreed the facility failed to provide timely surgical wound care for Resident #42.	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 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.	F 880		1/9/20

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F 880	Continued From page 6 §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, 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.	F 880		

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F 880	Continued From page 7 (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, review of facility policy, and staff interview, the facility failed to ensure staff followed appropriate infection control practices for 3 of 11 sampled residents (Resident #1, #69, and #78) observed during cares and 1 of 2 medication carts (100/200 unit) reviewed. Failure to follow appropriate infection control practices during dressing changes (Resident #1), insulin administration (Resident #69), perineal cares (Resident #78), and medication administration/storage may result in the spread of infection to all residents, staff, and visitors. Findings include: Review of facility policy titled "Hand Hygiene"	F 880	F880 Infection Prevention & Control 1. Staff will be educated on proper infection control process with glove use with; (1) dressing changes & (2) blood sugar checks/insulin administration, appropriate basin usage and medication/supplement storage. Education was provided to staff who were working during the observations on 12/3/19 & 12/4/19. 2. All residents have the potential to be affected by improper infection control practices. 3. Facility staff will be educated on the proper infection control process for glove	

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F 880	Continued From page 8 occurred on 12/05/19. This policy, revised November 2019 stated, ". . . Hand hygiene will be done: a. Before and after resident contact (before you leave a room) b. Before every clean procedure c. After every dirty procedure d. As needed. . . ." DRESSING CHANGE - Observation on 12/03/19 at 10:30 a.m. showed a licensed nurse (#7) entered Resident #1's room with gloves on and supplies in her hands. The nurse then applied nystatin powder to the Resident's axilla and groin, removed her gloves, donned new gloves, removed the old dressing from the pressure ulcer, and dabbed the ulcer with a wet washcloth. The nurse removed gloves, donned new gloves, applied the prescribed solution to area, and then covered the wound with two telfa pads before removing her gloves and exiting Resident #1's room. The nurse (#7) failed to wash her hands before and after the dressing change. BLOOD SUGAR CHECK AND INSULIN ADMINISTRATION - Observation on 12/03/19 at 9:41 a.m. showed a licensed nurse (#7) entered Resident #69's room with gloves on and supplies to check blood sugar in her hands. After completing the blood sugar the nurse left the room with her gloves on and supplies in her hands, including the bloody cotton ball. The nurse (#7) failed to wash her hands prior to and after completing blood sugar check. - Observation on 12/03/19 at 9:53 a.m. showed a licensed nurse (#7) entered Resident #69's room	F 880	use with, dressing changes, blood sugar checks/insulin administration, appropriate basin usage and medication/supplement storage. Staff education will be provided by 12/30/19. 4. QA monitoring will be implemented following completion of mandatory education on 12/30/19. The DON or designee will be responsible for monitoring the proper infection control practices related to glove use with, dressing changes, blood sugar checks/insulin administration, appropriate basin usage and medication/supplement storage. Glove use with dressing changes and blood sugar checks/insulin administration will be audited five times weekly for one month, ten times monthly for three months, and then audits will be completed at least quarterly for one year with additional audits as recommended by the QA committee. Proper basin use will be audited five times weekly for one month, ten times monthly for three months, and then audits will be completed at least quarterly for one year with additional audits as recommended by the QA committee. Medication/supplement storage will be audited five times weekly for one month, ten times monthly for three months, and then audits will be completed at least quarterly for one year with additional audits as recommended by the QA committee. Results will be reported to the Executive Director. If concerns are identified, immediate corrective action will be implemented. The DON will submit a report of the monitoring results to the QA	

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F 880	Continued From page 9 with insulin. The nurse administered Resident #69's insulin, wiped up some water that was spilled on the floor, and then exited the resident's room. The nurse (#7) then proceeded to the medication cart in hallway, put the insulin pen away, and began to prepare the next resident's medication. The nurse (#7) failed to wash her hands before and after administering Resident #69's insulin. During an interview on 12/04/19 2:16 p.m., an administrative nurse (#1) stated she expects staff to wash their hands before, during, after and as needed during dressing changes, blood sugar checks and insulin administration. WASH BASIN USE - Observation on 12/03/19 at 9:11 a.m. showed two certified nursing assistants (CNAs) (#4 and #5) provided morning cares for Resident #78. The CNA (#4) obtained a basin of water from the bathroom and used one washcloth, rinsed several times in the basin, to cleanse the resident's perineal area. After cares, the CNA (#5) dumped the basin of dirty water in the handwashing sink used by other residents and staff members. During an interview on 12/04/19 at 2:29 p.m., an administrative nurse (#1) stated she expected staff to dump water used for perineal cares in the toilet and not the handwashing sink. MEDICATION/SUPPLEMENT STORAGE - Review of the medication cart on the 100/200 wing occurred on 12/04/19 at 4:12 p.m. with a	F 880	committee at each scheduled meeting. 5. Date of correction: January 9th, 2020	

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F 880	Continued From page 10 medication assistant (#6). Observation showed scoops inside two containers of Beneprotein powder (protein supplement) and one container of Cholestyramine powder (helps to lower cholesterol). During an interview on the afternoon of 12/04/19, an administrative nurse (#3) stated she expected staff to place scoops in a plastic bag and affix the bag to the containers of Beneprotein and Cholestyramine.	F 880		