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	355078	A. BUILDING _____ B. WING _____	01/14/2016

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

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F 000	INITIAL COMMENTS For the standard Medicare/Medicaid recertification survey started on 01/11/16 and completed on 01/14/16, the sample included 5 residents for complete review, 15 residents for focused review, and 3 closed records for review.	F 000		
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation, and staff and resident interview, the facility failed to provide housekeeping and maintenance services to maintain a clean environment in 3 of 6 resident care units (300, 400, and 500 wings), 1 of 1 activity room, and 1 of 1 therapy room. Failure to ensure fans are cleaned regularly does not promote a homelike environment and may negatively impact residents' quality of life. Findings include: - Observations during the initial tour, on 01/11/16 at 10:00 a.m., showed the following personal fans with a heavy layer of dust/debris on the blades/casing: *Room 312 (two fans) *Room 405 *Room 409 *Room 413 *Room 506 (two fans)	F 253	F253: Housekeeping & Maintenance Services 1.Facility was assessed for proper cleanliness in relation to fans. 2.Entire facility has the potential to be affected by dirty fans. 3.Fans identified in room's 312, 405, 409, 413, 506, activity room and therapy room were cleaned on 1/15/16. Facilities and Support Services Staff will be educated on proper cleaning of fans. A schedule for routine cleaning of fans has been developed and implemented into the facilities and support services duties. 4.The Director of Facility & Support Services or designee will be responsible to monitor cleanliness of fans. QA auditing was implemented on 1/18/16.	2/12/16

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

Electronically Signed | 01/27/2016

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F 253	Continued From page 1 - Observations throughout the day on 01/12/16 showed the following fans with a heavy layer of dust/debris on the blades/casing: *Room 305 *Room 413 *Activity room *Therapy room *Room 506 (two fans): Observation showed the resident in bed with oxygen via nasal cannula and the two dirty fans blowing directly on him. - Observations throughout the day on 01/13/16 showed the following fans with a heavy layer of dust/debris on the blades/casing: *Room 305 *Room 312 (two fans) *Room 405 *Room 413 *Room 506 (two fans): Observation showed the resident in bed with oxygen via nasal cannula and the two dirty fans blowing directly on him. *Activity Room *Therapy Room Observations during the environmental tour on 01/13/16 at 4:15 p.m. showed the above fans were still dirty. During the tour, a resident in Room 305 stated, "It [the fan] needs to be cleaned." A maintenance supervisor (#4) confirmed the above fans were dirty, and stated the facility does not have a schedule for cleaning fans.	F 253	The Director of Facilities & Support Services or designee will monitor weekly for one month, monthly for three months, and random audits as needed. Information will be immediately reported to the Executive Director. If concerns are brought forward, immediate corrective action will be implemented. The Director of Facility & Support Services or designee will submit a report of the monitoring results to the QA Committee at each scheduled meeting. 5.Date of Correction: 12th February 2016	
F 328 SS=E	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services:	F 328		2/12/16

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F 328	Continued From page 2 Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based record review, observation, review of facility policy and procedure, and staff interview, the facility failed to provide necessary care and services for 6 of 7 sampled residents (Resident #3, #5, #13, #17, #19, and #20) receiving oxygen therapy. Failure to monitor and document saturations, document liter flow, and clarify health care providers orders regarding liter flow does not allow the facility or the health care provider to assess the effectiveness of the resident's oxygen therapy. Findings include: Review of the facility policy titled "Oxygen Use & Storage" occurred on 01/14/16. This policy, revised May 2013, stated, "Policy: Oxygen will be administered per practitioner orders . . . Procedure: I. Oxygen Concentrator: . . . 6. Set the ordered liter flow. . . . Documentation: Document use on eTAR [electronic Treatment Administration Record]. Document initiation, discontinuation, and other pertinent information in progress notes." - Review of Resident #13 medical record	F 328	F 328: Treatment/Care for Special Needs 1. Physician orders will be obtained for Resident's 3, 5, 13, 17, 19 and 20 to clarify liters of oxygen needed. 2. All residents who use oxygen have a potential to be affected. 3. Nursing and staff CNA's will be educated on the need to obtain specific orders from providers for oxygen use. Nursing staff will monitor and document oxygen saturation and liter usage on a daily basis. CNA's will be educated on not adjusting oxygen liter flow. 4. The DON or designee will be responsible to monitor compliance for appropriate oxygen orders from providers' as well as oxygen saturations and oxygen liter usage. QA Monitoring was implemented on 1/28/16. The DON or designee will monitor weekly for a month, monthly for three months and then	

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F 328	Continued From page 3 occurred on all days of survey. Diagnoses included pulmonary collapse. Physician's orders, dated 11/02/2013, stated, " . . . O2 [oxygen] to keep sats [oxygen saturation level] > [greater than] 90% every shift . . . " Resident #13's current care plan, stated, "Focus: O2 dependent r/t [related to] S/P [status post] pulmonary collapse, I don't wear my O2 when out of room and my sats drop below 90% . . . Goal : SPO2 [oxygen saturation] will remain above 90 while on O2. Interventions: . . . O2 per nasal canula, check sats every shift and as needed . . ." The care plan lacked a specific liter flow. Review of Resident #13's Treatment Administration Records (TARs) for November and December 2015 and January 2016 showed staff checked the resident's O2 sats every shift and showed the following ranges: * November 2015, O2 sats between 88-99% * December 2015, O2 sats between 78-99% * January 2016, O2 sats between 90-98% The record lacked documentation of the liter flow. During an interview on 1/14/16 at 9:15 a.m., an administrative nurse (#1) when asked about the expectation regarding the liter flow for a resident dependent on oxygen, indicated she would expect a specific range regarding liter flow. - Review of Resident #3's medical record occurred on all days of survey. A physician order, dated 01/10/15, stated, "O2 2L/min [liters per minute] prn [as needed] to keep sats greater [than] 88% every shift for SOB [shortness of breath]."	F 328	random audits as needed. Results will be immediately reported to the Executive Director. If concerns are identified, corrective action will be implemented. The DON will submit a report of the monitoring results to the QA Committee at each scheduled meeting. 5. Date of Correction: 12th February 2016	

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Resident #3's current care plan stated, "Focus: Alteration in respitory [sic] status r/t COPD [chronic obstructive pulmonary disease] *Recurrent pnuemonia [sic] . . . Interventions: . . . O2 per nasal canula to keep sats > 90% . . ." This intervention conflicted with the physician's order to keep sats >88%.

Review of Resident #3's vital sign records for December 2015 and January 2016 showed staff checked the resident's O2 sats every shift. Every O2 sat recorded was between 92-99% with oxygen. The record lacked documentation of the liter flow.

On 01/12/16 at 8:55 a.m., 12:15 p.m., and 3:50 p.m., observation showed Resident #3's oxygen on at 3L/min per the O2 concentrator. At 4:00 p.m., after two certified nurse aides (CNAs) (#5 and #6) assisted the resident into his wheelchair, observation showed the oxygen at 2.5L/min per the O2 tank. When asked how the aides know what liter flow to set the oxygen at, a CNA (#6) stated the nurses tell us or we set the O2 the same as it was on the concentrator. A licensed nurse (#7) stated, "We need to contact the doctor if we use more oxygen than is ordered." The nurse decreased Resident #3's O2 flow to 2L/min. Upon checking the resident's O2 sat at 4:47 p.m., the O2 sat read from 94-96%. Random observations on 01/13/16 and 01/14/16 showed Resident #3's oxygen set at 2L/min.

Failure to follow the physician orders and administer the oxygen flow rate at 2L/min, use oxygen even though Resident #3's O2 sats were >88%, and notify the physician/obtain an order to change the oxygen liter flow if the resident's

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condition warranted more oxygen, may have resulted in overuse of the oxygen.

- Review of Resident #19's record occurred on January 13-14, 2016. A physician order, dated 01/08/16, stated, "Check O2 sats q [every] shift. O2 per NC [nasal cannula] to keep O2 sat >90%."

Review of Resident #19's vital sign record for January 2016 showed all the O2 sats between 91-95% with oxygen. The record lacked consistent documentation of the liter flow.

Resident #19's admission assessment, dated 01/08/16 at 3:23 p.m., indicated no oxygen in use, with an O2 sat of "95%." The nurses' notes stated the following;
* 01/08/16 at 10:28 p.m., " . . . SpO2 [oxygen saturation] 85% on room air . . . put on oxygen per nasal cannula at 2L per standing orders and SpO2 increased to 92% . . ."
* 01/09/16 at 2:08 p.m., ". . . Removed O2 to see what sats would do, after 20 minutes sats had dropped to 82%. Re-applied O2 at 1.5 liters and sat came back up to 93% . . ."
* 01/10/16 at 12:03 p.m., ". . . SpO2 93% while on O2 at 1 liter . . ."
* 01/10/16 at 10:15 p.m., ". . . SpO2 95[%] at 1.5L O2 . . ."
* 01/11/16 at 2:13 p.m., ". . . O2 sats ranging 91%-93% @ [at] 2L . . ."

Failure to obtain a physician order for a minimum oxygen liter flow, setting the liter flow at different rates (1, 1.5, and 2L) even though each rate brought Resident #19's O2 sats above 90%, and document the oxygen liter flow with each O2 sat,

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may result in overuse of the oxygen.

- Review of Resident #5's medical record occurred on all days of survey. Physician's orders, dated 04/23/15, stated, "Ok to continue on O2 at 1-2 L [liters] per NC to keep sats above 90%" and on 05/04/15 stated, "O2 therapy to 2L . . . for comfort for COPD Check O2 when in use." Observations of Resident #5 throughout the day on January 11-14, 2016 showed her wearing oxygen per nasal cannula at 2 liters per minute.

Resident #5's current care plan stated, "Focus: The resident has altered respiratory status/difficulty breathing, COPD . . . Goal: The resident's pulse ximetry [oximetry] will remain > 90 through the review date . . ."

Review of Resident #5's TAR for the months of November - December 2015 and January 2016 stated, "O2 therapy to 2L/NC PER for comfort for COPD. Check O2 when in use as needed for COPD." The TARs for November and December 2015 and January 2016 lacked documentation staff monitored Resident #5's oxygen saturation. Review of the Oxygen Saturation checks in the EMR [electronic medical record] showed staff checked Resident #5's oxygen saturation in June 2015, and then once on December 19, 2015.

During an interview on 01/14/16 at 10:00 a.m., an administrative nurse (#1) stated it is the "facility's standard that if a person is on O2, staff should be checking the O2 saturation three times a day."

- Review of Resident #20's medical record occurred on January 11-12, 2016. Diagnoses included heart failure. The care plan stated, . . .

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F 328	Continued From page 7 "O2 as ordered. Encourage resident to wear. Resident has 02 therapy related to symptom management. Oxygen settings: the resident has 02 via nasal cannula 2-6L [liters]." A physician order, dated 11/28/15, stated, "Oxygen 2-6 liters for symptom management." Observation on 01/13/16 at 3:46 p.m. showed Resident #20 in his room in a wheelchair. An oxygen concentrator was running at 2L/min, the nasal cannula was hanging on the resident's half side rail. A note was hanging on the resident's closet door that stated, keep O2 on at all times. Review of Resident #20's TAR failed to identify the resident used oxygen. - Review of Resident #17's medical record occurred on January 11-12, 2016. The care plan stated, ". . . Resident has 02 at 2L nasal cannula to keep sats over 90%. . . ." A physician order on 01/01/16 stated, "O2 per nasal cannula to keep sats > 90%." Review of Resident #17's TAR from January 1-12, 2016 stated O2 per nasal cannula to keep sats greater the 90%. The TAR lacked the liters of oxygen used every shift.	F 328		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program	F 441		2/12/16

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F 441	Continued From page 8 The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) 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. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, record review, policy review, and staff interview, the facility failed to ensure staff followed infection control practices for 1 of 2 sampled residents (Resident #6) observed during a wound dressing change. Failure to perform hand hygiene after removing	F 441	F 441 Infection Control, Prevent Spread, Linens 1.Resident 6 was reassessed for proper infection control during wound cares.	

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F 441	Continued From page 9 soiled dressings, failure to cut sterile dressings with a sterile scissors, and ensure the resident performed hand hygiene after contact with soiled dressings may contribute to delayed wound healing or the spread of infection within the facility. Findings include: Review of the facility policy titled "Dressing Changes/Bandages" occurred on 01/14/15. The policy, dated May 2013, stated, "Policy: All dressing changes will be completed in a clean and/or sterile technique as appropriate for wound care. Purpose: To avoid cross-contamination of wounds. . . . Procedure: Refer to Perry & [and] Potter Clinical Nursing Skills & Techniques for the following dressing change procedures: Dry . . ." Pages 948-951 of Perry & Potter Clinical Nursing Skills & Techniques stated, "Skill 39-1 Applying a Dressing (Dry and Moist-to-Dry): . . . Implementation: . . . 4. . . . Perform hand hygiene and apply clean gloves. . . . 6. With gloved hand . . . remove dressing one layer at a time . . . 8. Fold dressings with drainage contained inside and remove gloves inside out. . . . perform hand hygiene. . . . 14. Apply dressing . . . a. Dry sterile dressing: (1) Apply clean gloves . . . (2) Apply loose woven gauze as contact layer . . . (5) Apply thicker woven pad . . . Clinical Decision Point: If using 'packing strips,' use sterile scissors to cut the amount of dressing that you will use to pack the wound. . . . (15) Secure dressing. . . . (19) Perform hand hygiene." Review of Resident #6's medical record occurred on all days of survey. Diagnoses included right knee joint replacement and revisions. A final	F 441	2.All residents who require wound treatment have the potential to be affected. 3.Nurse #3 was educated on the proper infection control process associated with wound cares with a return demonstration. All nursing staff have been educated on the proper infection control process associated with wound cares. 4.The Director of Nursing or designee will be responsible to monitor proper infection control process during wound cares. QA auditing was implemented on 1/28/16. The DON or designee will monitor weekly for one month, monthly for three months, and random audits as needed. Information will be immediately reported to the Executive Director. If concerns are brought forward, immediate corrective action will be implemented. The DON or designee will submit a report of the monitoring results to the QA Committee at each scheduled meeting. 5.Date of Correction: 12th February 2016	

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culture report, dated 11/22/15, of the right knee wound showed infection with Enterococcus faecalis bacteria and Staphylococcus aureus bacteria. A nursing progress note, dated 11/23/15, stated, "Wound clinic started Levaquin [antibiotic] . . ." A physician order, dated 12/22/15, included "Minocycline hydrochloride [an antibiotic] 100 mg [milligrams] by mouth two times a day for infection to the knee. No stop date at this time."

- Observation on 01/12/16 at 1:50 p.m. showed a nurse (#3) performed a dressing change on Resident #6's right knee. Resident #6 removed the outer dressings herself, which were saturated with a large amount of yellowish-tan drainage. The nurse (#3) washed her hands, donned gloves, and then removed the remaining dressings - one thin dressing which covered the top of three open areas, and the dressings packed in each of the three openings. After discarding the dressings, the nurse sprayed the wound with saline wash wound spray. Without changing her gloves, the nurse (#3) then used scissors, (which she obtained from a wicker basket on the resident's bedside table) to cut "Aquacel Ag" [dressing with antimicrobial property for draining wounds] dressings to fit the size of each of the three openings. The nurse failed to clean/sanitize the scissors prior to use. The nurse then placed the "Aquacel Ag" dressings in the three openings, covered the area with a thin "Adaptic" [occlusive non-adherent] dressing, then covered the area with two more layers of dressings. After the dressing change, the nurse gathered the left-over supplies (dressings, tape, etc) and placed them in a bag. Without cleaning/sanitizing the scissors,

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F 441	Continued From page 11 the nurse (#3) returned them to the wicker basket on the resident's bedside table. The wicker basket contained napkins, pens, a letter opener, lotions, etc. The nurse then removed her gloves and washed her hands. The nurse then began to wheel Resident #6 out of the room to take her to the activity area to work on a puzzle with another resident. The surveyor stopped the nurse and requested she have Resident #6 wash or sanitize her hands, as the resident had touched the saturated dressings when she removed them. During an interview on the afternoon of 01/13/16, two administrative nurses (#1 and #2) confirmed the nurse (#3) should remove gloves, perform hand hygiene and don clean gloves after removing the saturated dressings, should clean/sanitize the scissors, and should have the resident perform hand hygiene after touching the soiled dressings.	F 441		