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 _____	01/25/2018

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 The standard Medicare/Medicaid recertification survey started on 01/23/18 and concluded on 01/25/18.	F 000		
F 604 SS=D	Right to be Free from Physical Restraints CFR(s): 483.10(e)(1), 483.12(a)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints. This REQUIREMENT is not met as evidenced	F 604		2/26/18

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

Electronically Signed | 02/09/2018

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F 604	Continued From page 1 by: Based on observation, record review, and review of facility policy, the facility failed to assess the use of a seatbelt as a possible restraint for 1 of 1 sampled resident (Resident #62) observed with a seat belt while in a wheelchair. Failure to assess the seatbelt as a possible restraint, monitor its use, and evaluate the need for continued use placed Resident #62 at risk for an unnecessary restraint and injury related to its use. Findings include: The facility policy titled "Physical Restraints," revised March 2017, stated, ". . . A physical restraint is any physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. . . . Seatbelt release will be done at every meal supervised by a staff member. This task will be placed on the eTAR [electronic treatment administration record] . . ." Review of Resident #62's medical record occurred on all days of survey. Diagnoses included dementia. The resident's current care plan stated, ". . . Self care deficit related to dementia. *I can be resistive and combative with cares-hits out. . . . Resident uses seatbelt in chair for positioning . . ." Nursing progress notes identified the following: *05/05/2017 at 6:45 p.m.: ". . . Fall . . . Description of event: Resident in big lounge by TV and he slid from his geri-chair seat and was	F 604	1. For resident 62 the facility will complete an assessment to determine appropriate need and use of a seatbelt. As indicated according to assessment and as appropriate a physician order and consent obtained. Appropriate evaluation and monitoring of use has been implemented along with Resident and/or resident representative education on the risks and benefits. 2. Any resident with a seatbelt has the potential to be affected. Facility will complete appropriate assessments for seatbelt usage as needed and complete monitoring and evaluation for continued indications of use if assessment warrants. Resident and/or representative will be educated on the risk and benefits associated with seatbelt use. 3. Education will be completed for seatbelt assessment, monitoring and evaluation prior to February 20th, 2018. 4. The DON or designee will be responsible to monitor the use of seatbelts with required monitoring and evaluation. QA monitoring will be implemented February 21st, 2018. The DON or designee will monitor seatbelt usage weekly for a month, monthly for six months and then random audits per QA committee recommendations. Results will be immediately reported to the Executive Director. If concerns are identified, immediate corrective action will	

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F 604	Continued From page 2 sitting on the padded front rest on the chair. Was the fall witnessed?: Another resident seen him do it. . . . Action Plan/Intervention: Do not leave alone while in geri-chair . . ." *07/09/2017 at 10:44 a.m.: ". . . Fall . . . Description of event: CNA was pulling down residents shirt in back, when resident leaned forward and tipped wheelchair forward, landed on all four's. . . . Action Plan/Intervention: . . . going to leave in bed today d/t resident continued attempt to slide out of wheelchair. New wheelchair is on order. *09/18/2016 at 3:50 p.m.: ". . . Fall . . . Description of event: Resident trying to transfer self from wheelchair to his bed. Fell to floor landing on right side. Did not hit his head. was witnessed by cna. . . . Action Plan/Intervention: have staff assist him when transferring and remind him to call for assistance. . . ." An occupational therapy (OT) note, dated 07/11/17, stated, ". . . New wheelchair has a positioning seatbelt which is a necessary device for positioning resident properly as he is a hip thruster and his hips do not stay in proper position putting him at risk of falling out of his wheelchair. . . ." Observations of Resident #62 throughout the days of survey showed the following: *Resident #62 seated in his wheelchair with a seat belt across the lap. *During lunch on 01/23/18 and breakfast on 01/24/18, staff assisted Resident #62 with eating, and the seatbelt remained in place. *01/25/18 at approximately 8:00 a.m., Resident #62 moving his feet and sliding down in his wheelchair. Two staff members then repositioned	F 604	be implemented. The DON will submit a report of the monitoring results to the QA Committee at each scheduled meeting. 5. Date of Correction: 26th February 2018	

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F 604	Continued From page 3 Resident #62 in his wheelchair. The record lacked evidence of an assessment regarding the use of the seatbelt as a possible restraint, as well as ongoing monitoring and evaluation of its continued indications for use. The record also lacked evidence of education provided to the resident/his representative regarding the risks and benefits of seatbelt use.	F 604		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.	F 656		2/26/18

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F 656	Continued From page 4 (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on record review, staff and resident interview, and review of facility policy, the facility failed to develop a comprehensive care plan for 2 of 21 sampled residents (Resident #2 and #10). Care planning drives the type of care and services that a resident receives and failure to develop a care plan that includes the care and services to be provided to the resident may negatively impact the resident's quality of life. Findings include: Review of the facility policy titled "Care Plan" occurred on 01/25/18. This policy, revised 09/2017, stated, "Purpose: To develop a person-centered care plan in conjunction with the interdisciplinary team and resident/resident representative that reflects the actual care, condition, and preferences of each resident. Policy ; . . . The comprehensive care plan will be completed by the 14th day after admission and will be reviewed and updated monthly as as	F 656	1. Residents 2 and 10 care plans were assessed and updated to reflect person centered care and for accuracy of care provided on January 26th, 2018. 2. All residents have the potential to be affected. Care plans are reviewed to ensure accuracy and updated as appropriate to reflect person centered care. 3. Care Plans are initiated on admission and reviewed and revised as needed for each resident with every change of condition and MDS assessment by a nurse or nurse manager. Changes to the care plan will to be communicated to staff and will be done immediately and appropriately. Nursing will ensure the care plan accurately reflects the resident's current condition through assessment and by communicating all	

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F 656	Continued From page 5 needed. . . . The comprehensive care plan must include the resident's needs, strengths, goals . . . MDS findings . . . Each entry will include the focus, goals, and interventions. . . ." - Review of Resident #2's medical record occurred on all days of survey. Diagnoses include Type 2 Diabetes and chronic kidney disease. A quarterly Minimum Data Set (MDS), dated 10/17/17 identified Resident #2 as cognitively intact, independent with transfers and toileting with occasional incontinence of urine. A bladder assessment, dated 01/16/18, indicated urge incontinence identified by incontinent product or clothes being wet. During an interview on 01/24/18 and 01/25/18 at 1:44 p.m., Resident #2 stated she experiences occasional urinary dribbling and she wears an incontinent pad or brief as she sometimes is unable to make it to the bathroom in time. She also stated she occasionally needs assistance with changing of her incontinent product. Review of Resident #2's care plan occurred on 01/23/18. The care plan stated, "Focus: Alteration in ADL [activities of daily living] abilities r/t [related to] shoulder immobilization . . . Goal: will have no falls r/t non-compliance to ask for help. Interventions: . . . Toileting: Assist x 1. . . ." The resident's care plan failed to address her urinary incontinence, the use of incontinence products and the occasional need for staff assistance with changing her products. During an interview on 01/25/18 at 2:00 p.m.., an administrative nursing staff member (#1) confirmed Resident #2's care plan failed to	F 656	changes in condition to staff providing care. Education will be completed for staff completing care plans prior to February 20th, 2018. 4. The DON or designee will be responsible to monitor the Care Plan process to accurately reflect person centered care. QA monitoring was implemented on 2/21/18. The DON or designee will monitor thirty care plans weekly for a month, forty care plans monthly for three months, and then random audits as needed per QA committee recommendations. Results will be immediately 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 Committee at each scheduled meeting. 5. Date of Correction: 26th February 2018	

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F 656	Continued From page 6 address the resident's urinary incontinence. - Review of Resident #'10's medical record occurred on days of survey. Diagnoses included dementia, chronic kidney disease stage 3, and history of UTI (urinary tract infection). A quarterly MDS, dated 01/19/18, identified Resident #10 as cognitively intact, required extensive assist of 2 or more staff with toileting, and frequently incontinent of urine. A bowel and bladder assessment, dated 01/18/18, identified urge and stress incontinence. Medications included Bactrim Tablet 400-80 mg [milligrams] for recurrent UTI. Resident #10's hospitalization occurred 10/11/17 through 10/19/17 with a diagnosis of septic UTI. Review of Resident #10's care plan occurred on 01/25/18. This care plan stated, ". . . Frequent UTI - Hx [history] ESBL [extended spectrum beta-lactamases] . . . resident will be clean, dry, and odor free. . . . medication/abx [antibiotic] as ordered. . . . monitor for change in bowel/bladder functioning and contact practitioner as needed. . . . staff provided peri cares bid [twice per day] and prn [as needed]. . . ." Review of Resident #10's care plan lacked specific goals and approaches addressing recurrent UTI's and hospitalization due to sepsis.	F 656		