| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355034 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 06/03/2026 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **TIOGA MEDICAL CENTER LTC** | **810 N WELO ST PO BOX 159, TIOGA, North Dakota, 58852** |

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| F0000 | INITIAL COMMENTS<br><br>The Standard Medicare/Medicaid recertification survey started on 06/01/26 and concluded on 06/03/26. | F0000 | | 06/30/2026 |
| F0578<br>SS = D | Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir<br><br>CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)<br><br>§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.<br><br>§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.<br><br>§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).<br><br>(i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.<br><br>(ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.<br><br>(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.<br><br>(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. | F0578 | F578<br><br>1. Resident #6 advanced directive was corrected and updated on 6.18.2026 using the ND POLST form.<br><br>2. All residents have the potential to be affected by the facilities failure to complete the ND POLST form upon admission and notify resident and resident representatives.<br><br>3. Providers and nursing staff were re-educated to ensure all adult residents have the right to be informed concerning the right to request, refuse, discontinue treatment, and to formulate an advanced directive.<br><br>4. QI will be implemented for resident #6 and 2 random other residents to ensure proper change in condition is reported to physician, resident, and resident representative. QI will be done by DON/QI designee weekly x4, monthly x2 then quarterly x2 unless otherwise noted by QI committee at the monthly QI meeting.<br><br>5. DATE 6/30/26 | 06/30/2026 |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F0578 SS = D | Continued from page 1<br>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on record review and staff interview, the facility failed to ensure the residents' right to request, refuse, and/or discontinue treatment for 1 of 12 sampled residents (Resident #6) reviewed for advanced directives. Failure to ensure the medical record accurately reflected each resident's code status limited the facilities ability to communicate to direct care staff and emergency personnel the residents' choice in the event of a medical emergency.<br><br>Findings include:<br><br>Review of facility policy titled "Advance Directives Policy" occurred on 06/03/26. This policy, dated June 2017, stated, "Policy: It is the resident's right to formulate an Advance Directive, and to accept or refuse medical or surgical treatment. . . . On admission, the facility will determine if the resident has executed an Advance Directive and if not, determine whether the resident would like to formulate an Advance Directive. . . . copies will be made and placed on the chart . . . facility will periodically assess the resident . . ."<br><br>Review of Resident #6's medical record occurred on all days of survey. The quarterly Minimum Data Set (MDS), dated 05/15/26, identified impaired cognition.<br><br>A physician's order signed on 05/12/25 stated code level: DNR (do not resuscitate). The health care directive, signed by Resident #6 on 04/04/21, stated, "Health Care Directive . . . 3. Regarding end of life matters: . . . (a) [Resident #6's initials] I do not want my life to be prolonged if, to a reasonable degree of medical certainty, my situation is hopeless. . . I direct that: I WOULD ACCEPT: CONTINUOUS CIRCULATION FOR CELL SALVAGE, HEART-LUNG MACHINE, DIALYSIS, FRACTIONS-DISCUSS, I HAVE A PACEMAKER, MEDICATIONS. . . ."<br><br>The medical record lacked documentation reflecting the accurate code status for Resident #6.<br><br>During an interview on 06/03/26 at 2:26 p.m., an administrative staff member (#1) confirmed staff failed to obtain an updated advance directive to | F0578 | | 06/30/2026 |

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| F0578 SS = D | Continued from page 2<br>reflect Resident #6's code status. | F0578 | | 06/30/2026 |
| F0580 SS = D | Notify of Changes (Injury/Decline/Room, etc.)<br><br>CFR(s): 483.10(g)(14)(i)-(iv)(15)<br><br>§483.10(g)(14) Notification of Changes.<br><br>(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-<br><br>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;<br><br>(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);<br><br>(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<br><br>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).<br><br>(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.<br><br>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-<br><br>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or<br><br>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.<br><br>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident<br><br>representative(s).<br><br>§483.10(g)(15) | F0580 | Nursing staff were educated on new nurse report communication workflow for all residents including resident #3 on the week of 6.17.2026.<br><br>2. All residents have the potential to be affected by the facilities failure to 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 change in condition.<br><br>3. Nursing staff were re-educated to ensure that all pertinent information is available and provided to the physician and will also be promptly provided to the resident and resident representative upon any significant change.<br><br>4. QI will be implemented for resident #3 and 2 random other residents to ensure proper change in condition is reported to physician, resident, and resident representative. QI will be done by DON/QI designee weekly x4, monthly x2 then quarterly x2 unless otherwise noted by QI committee at the monthly QI meeting.<br><br>5. DATE 6/30/26 | 06/30/2026 |

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| F0580 SS = D | Continued from page 3<br><br>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).<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on record review, review of facility policy, and staff interview, the facility failed to notify the resident's provider of a change in condition for 1 of 1 sampled resident (Resident #3) reviewed for hospitalization. Failure to notify the provider timely of a change in condition delayed physician testing/treatment and contributed to Resident #3's hospitalization.<br><br>Findings include:<br><br>Review of the facility policy titled "Notification of Changes" occurred on 06/02/26. This undated policy, stated, ". . . The facility must inform the resident/patient, consult with the resident's/patient's physician . . . when there is a change requiring such notification. Circumstances requiring notification include: Significant change in the resident's/patient's physical, mental or psychosocial conditions such as deterioration in health, mental or psychosocial status. This may include: Life-threatening conditions, or Clinical complications. . . ."<br><br>Review of Resident #3's medical record occurred on all days of survey and identified current use of anticoagulants (a medication to thin the blood/prevent blood clots).<br><br>The nurse progress notes, dated Friday, 12/12/25, stated the following:<br><br>* 2:12 p.m., "CNA [certified nurse aide] reported that the resident had a black tarry stool. All four quadrants active upon auscultation. Resident reports no pain. Notified the DON [Director of Nursing]. Will continue to monitor. Stool sample will be collected with the next bowel movement."<br><br>* 3:40 p.m., "Obtained stool specimen, taken to lab for evaluation."<br><br>* 5:10 p.m., "D.O.N. spoke with the Provider on call | F0580 | | 06/30/2026 |

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| F0580 SS = D | Continued from page 4<br>and he didn't want to give any new orders regarding the positive stool specimen results. Provider suggested we wait for the Provider on Monday to give any orders. D.O.N. did mention to the Provider on call that resident was a full code, but Provider on call cont [sic] to suggest waiting for the Provider on Monday [12/15/25]."<br><br>A provider telephone encounter note, dated 12/17/25 (Wednesday), stated, “Patient notified to have dark tarry stools. Provider that was on ordered FOBT [fecal occult blood test] which is positive. Hgb [hemoglobin] drawn today shows 5.8 [normal range: 13.5 to 17.5 grams per deciliter]. Last Hgb was 8.6 on 10/23/25. . . . [Name of hospital] called. Accepting Attending is [name of physician]. Ground transport being set up.”<br><br>During an interview on 06/02/26 at 4:30 p.m. an administrative staff member (#2) confirmed the provider notification occurred on 12/17/25 and not on 12/15/25 as requested.<br><br>The facility failed to contact the provider on 12/15/25 as directed by the on-call provider, which resulted in delayed treatment and hospitalization. | F0580 | | 06/30/2026 |
| F0641 SS = D | Accuracy of Assessments<br><br>CFR(s): 483.20(g)(h)(i)(j)<br><br>§483.20(g) Accuracy of Assessments.<br><br>The assessment must accurately reflect the resident's status.<br><br>§483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.<br><br>§483.20(i) Certification.<br><br>§483.20(i)(1) A registered nurse must sign and certify that the assessment is completed.<br><br>§483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.<br><br>§483.20(j) Penalty for Falsification.<br><br>§483.20(j)(1) Under Medicare and Medicaid, an | F0641 | F641<br><br>1. Resident #22 MDS was corrected and resubmitted on 6.15.2026.<br><br>2. All residents have the potential to be affected by the facilities failure to ensure accurate coding of the MDS.<br><br>3. MDS Coordinator/DON will review Section P for correct coding of restraints. Staff will be educated on the accurate coding of the MDS at the mandatory all staff meeting on 6.26.2026<br><br>4. All current MDS section P will be reviewed to ensure it is accurately coded. All resident in the facility MDSs were reviewed and corrected according to CMS/QIES and ND Department of Human Services. QI will be implemented for resident #22 and 2 random other residents to ensure proper MDS coding of section P. QI will be done by DON/QI designee weekly x4, monthly x2 then quarterly x2 unless otherwise noted by QI committee at the monthly QI meeting. | 06/30/2026 |

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| F0641 SS = D | Continued from page 5<br>individual who willfully and knowingly-<br><br>(i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or<br><br>(ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than $5,000 for each assessment.<br><br>§483.20(j)(2) Clinical disagreement does not constitute a material and false statement.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, record review, and review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.20.1), the facility failed to complete a Minimum Data Set (MDS) that accurately reflected the resident's status for 1 of 1 sampled resident (Resident #22) with a restraint. Failure to accurately complete the MDS does not allow each resident's assessment to reflect their current status/needs and may affect the accurate development of a comprehensive care plan and the care provided to the residents.<br><br>Findings include:<br><br>The Long-Term Care Facility RAI User's Manual, revised October 2025, pages P-1 and P-5, stated, “. . . PHYSICAL RESTRAINTS: Any manual method or 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 . . . Coding Instructions . . . code the frequency of use: Code 0, not used . . . Code 2, used daily . . . .”<br><br>Review of Resident #22's medical record occurred on all days of survey. Diagnosis included Huntington’s disease (a disease that causes involuntary, irregular, and unpredictable muscle movements often affecting the arms and legs). The current care plan stated, “. . . I prefer to use Huntington’s package thigh belts [a belt attached to the chair and over the thighs] to provide safety and allow me to sit upright in my Broda chair. Staff will monitor belt use and ensure my comfort with this device. Please remove my thigh belt at my request . . .”<br><br>Observation on 06/01/26 at 12:40 p.m. showed | F0641 | Continued from page 5<br><br>5. 6/30/2026 | 06/30/2026 |

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| F0641 SS = D | Continued from page 6<br>Resident #22 seated in wheelchair with the straps of the thigh belt fastened behind the chair. When asked if the resident could release the strap, the resident stated, “No.”<br><br>Review of the Resident #22 quarterly MDS, dated 03/31/26, showed the facility failed to code the thigh belt as a restraint. | F0641 | | 06/30/2026 |