STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355033	A. BUILDING _____ B. WING _____	07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CATHERINES LIVING CENTER	1307 N 7TH ST WAHPETON, ND 58075

(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 07/15/19 and concluded 07/17/19.	F 000		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, resident interview, and staff interview, the facility failed to provide the necessary care and services for 1 of 3 sampled residents (Resident #41) receiving supplemental oxygen. Failure to provide oxygen as ordered may compromise a resident's respiratory status. Findings include: Review of the facility policy titled, "Oxygen Therapy" occurred on 07/17/19. This policy, dated May 2018, stated, ". . . Oxygen therapy is provided to residents in a safe manner as identified by a prescribed provider. . . ." Review of Resident #41's medical record occurred on all days of survey. Diagnoses included hypoxemia (low level of oxygen in the blood) and heart failure. A physician's order,	F 695	F 695 1. The facility must ensure that residents receive respiratory care consistent with professional standards of practice, the comprehensive person-centered care plan, residents' goal s/ preferences and as a subpart of 483.65. Resident #41's empty portable oxygen tank was removed and resident was connected to the in room oxygen concentrator at 5:36PM on 7/15/2019; additionally, an assessment was completed and resident's oxygen saturation was 94% on room air with no distress observed per Registered Nurse with surveyor present. A new (full) oxygen tank was brought to resident #41's room to be used when she leaves the room. 2. The Registered Nurse will review doctor's orders to identify all residents	8/16/19

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

Electronically Signed | 07/31/2019

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F 695	Continued From page 1 dated 7/15/19, stated "Oxygen [O2] 2 liters [L] per nasal cannula [NC] to maintain saturation [greater than] > or [equal to] = 90%. . . ." Observation on 07/15/19 at 4:45 p.m., showed Resident #41 seated in her wheelchair in her room with her NC in place and the tubing connected to a portable oxygen tank on the back of her wheelchair. Inspection of the portable oxygen tank showed the regulator set at "2" L and the regulator gauge showed the needle in the red "refill" zone. During an interview on 07/15/19 at 4:58 p.m., Resident #41 (when asked about her oxygen) stated, "Yes I had to start wearing oxygen when I was in the hospital." Observation on 07/15/19 at 5:36 p.m. showed a staff nurse (#1) inspected Resident #41's oxygen tank per surveyor request as tank gauge continued to read "refill." The staff nurse (#1) agreed the oxygen tank regulator showed "refill" and switched the oxygen tubing from the portable tank to the in room oxygen concentrator. During an interview on 07/15/19 at 5:40 p.m., a staff nurse (#1) stated Resident #41's oxygen saturation was checked at 2:44 p.m. upon return from her clinic appointment, and it was 95% on two liters of oxygen. During an interview on the morning of 07/16/19, an administrative nurse (#2) confirmed the portable oxygen tank should not have been empty.	F 695	that use oxygen and have portable tanks. All employees were educated on July 30, 2019 on the proper use of oxygen delivery system, interfaces, safety/fire hazard, how to read a regulator and when to communicate to the nurse. All licensed nursing employees will do a 30 minute Educare (online education platform) module on Oxygen Management. 3. The facility provided tags to identify the liter flow from doctor’s order, and have placed them on the oxygen tanks and concentrators being used by the residents in the facility to easily identify what liter flow it should be set at. Education was given to the certified transportation aides to visually inspect that the tag and regulator match and that the tank has adequate oxygen to make it through the appointment. The nurse will inspect the resident’s oxygen tank before the resident is taken to the appointment and directly after returning to the facility to visually inspect the oxygen tank for proper liter flow and adequate oxygen available. 4. The RN Case Manager will do daily audits for two weeks, then weekly random audits for three months, to assure the residents identified using oxygen tanks and concentrators have the tags in place, the regulator liter flow and the tag “match” and that there is adequate oxygen in the tank when attending appointments, activities and meals. The audits will be reviewed by the Director of Nursing and will be compiled monthly and reviewed at	

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F 695	Continued From page 2	F 695	the Quality Assurance Committee meeting each month. The Director of Nursing will follow up on further training on an as needed basis. 5. August 16, 2019	