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 _____	C 10/12/2022

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 and complaint survey started on 10/10/22 and concluded 10/12/22.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.17.1) and staff interview, the facility failed to complete a Minimum Data Set (MDS) that accurately reflected the residents' status for 3 of 3 sampled residents (Resident #19, #23, and #30) reviewed for Preadmission Screening and Resident Review (PASRR). Failure to accurately code the MDS may negatively affect the development of a comprehensive care plan and the care provided to the residents. Findings include: The Long-Term Care Facility RAI Manual, revised October 2019, page A22-A23, stated, ". . . A1500: Preadmission Screening and Resident Review (PASRR) . . . Review the Level I PASRR form to determine whether a Level II PASRR was required. Review the PASRR report provided by the State if Level II screening was required. . . . Code 0, no: . . . if any of the following apply: PASRR Level I screening did not result in a referral for Level II screening, or Level II screening determined that the resident does not	F 641	F 641 1. Affected Resident #19, #23, #30: a. Resident #19, #23, #30's medical record was reviewed and a Level 2 PASRR was completed indicating a serious mental illness was present. The MDS failed to identify a Level 2 PASRR had been completed and resident has a serious mental illness. A modification MDS has been completed and submitted for sections A1500, A1510 and A1550. 2. Potential Affected Residents: a. All residents have the ability to be affected by the above deficient practice. A facility wide audit on all current in-house residents was completed to review most recent MDS assessment accuracy. The audit identified four additional in-house residents with inaccurate data in sections A1500, A1510, and A1550. A modification MDS was completed and submitted on all four. 3. Measures/Systemic Changes: a. Assigned responsibility of MDS completion of Section A1500, A 1510 and A1550 to Social Services Department	11/10/22

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

Electronically Signed | 10/25/2022

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F 641	Continued From page 1 have a serious MI [mental illness] . . . Code 1, yes: if PASRR Level II screening determined that the resident has a serious mental illness . . . continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions. . . ." - Review of Resident #19's medical record occurred on all days of survey and identified a Level 2 PASRR completed 08/03/18 with a diagnosis of major depression. The admission MDS, dated 08/10/22, failed to identify a Level 2 PASRR had been completed and the resident had a serious mental illness. During an interview on 10/11/22 at 3:25 p.m., a nurse (#1) confirmed the admission MDS was miscoded for A1500. - Review of Resident #23's medical record occurred on all days of survey and identified a Level 2 PASRR completed 10/19/15 with a diagnosis of major depression and a secondary diagnosis of dementia, due to traumatic brain injury (TBI). The annual MDS, dated 11/12/21, failed to identify a Level 2 PASRR had been completed and the resident had a serious mental illness. During an interview on 10/11/22 at 3:25 p.m., a nurse (#1) confirmed the annual MDS was miscoded for A1500. - Review of Resident #30's medical record occurred on all days of survey and identified a Level 2 Preadmission PASRR completed 05/21/08 with a diagnoses of anxiety disorder and schizoaffective disorder. The annual MDS,	F 641	and/or Designee. b. Education to be provided to Interdisciplinary Team on 11/01/2022 related to MDS accuracy of assessments and coding. 4. Monitoring: a. The Licensed Social Worker (LSW) will complete weekly audits for one month on all in-house residents and any new admissions with upcoming MDS assessments due. Then will complete audits every two weeks for three months to assure accuracy of MDS assessments. The audits will be reviewed by the Director of Nursing and/or designee and will be compiled monthly and reviewed at the Quality Assurance Committee meeting with ongoing frequency and duration determined through analysis and review of results. The Director of Nursing will follow up on further training and process improvements as needed. 5. Completion Date: 11/10/2022	

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F 641	Continued From page 2 dated 05/27/22 failed to identify a Level 2 PASRR had been completed and the resident had a serious mental illness.	F 641		
F9999	FINAL OBSERVATIONS The complaint investigated in conjunction with the standard Medicare/Medicaid survey was not substantiated.	F9999		