STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355031	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Minot Health and Rehab, LLC	600 S Main St Minot, ND 58701

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 46964 1. Based on record review, review of facility policy, and staff interview, the facility failed to notify the resident representative for 1 of 1 sampled resident (Resident #2) reviewed for care conferences. Failure to notify the resident representative of the care conferences does not allow the representative to be fully informed of the resident's current status. Findings include: Review of the facility policy titled, Comprehensive Care Plan occurred on 05/16/24. This policy, dated 09/23/2022, stated, Policy: . The comprehensive care plan will be prepared by an interdisciplinary team, that includes, but is not limited to: . e. the resident and the resident's representative, to the extent practicable. 7. The facility will attempt alternate methods for refusal of treatment and services and document such attempts in the clinical record, including discussions with the resident and/or resident representative. Review of Resident #2's medical record occurred all days of survey. The record identified resident representative (A) as the primary power of attorney for medical and financial decisions and listed as first emergency contact. The record lacked evidence the facility notified the resident representative (A) of a care conference. During an interview on the morning of 05/14/24, resident representative (A) stated, I haven't been contacted by anyone regarding the plans for my mom's care or anything since she's been in there. I just found out in March that she's been there. During an interview on 05/15/24, at 11:30 a.m., an administrative staff member (#5) confirmed that he/she failed to notify the resident's representative (A) to attend the care conferences. 2. Based on record review, review of facility policy, and staff interview, the facility failed to notify the physician of a change in condition for 1 of 1 supplemental resident (Resident #137) who experienced high blood sugars. Failure to notify the physician of blood sugar results above the ordered parameters may result in complications to the resident and prevent the physician from evaluating/prescribing an appropriate treatment plan. (continued on next page)

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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Findings include: Review of the facility policy titled Change in Condition of the Resident occurred on 05/16/24. This policy, revised 09/20/22, stated, . When a resident presents with a possible change of condition . Assess/evaluate the resident. The assessment/evaluation could include . blood glucose levels . Notify resident's physician . include date, time, what was conveyed, any orders received (each time notified) . - Review of Resident #137's medical record occurred on all days of survey. Diagnoses included type 2 diabetes mellitus with hyperglycemia. Medications included, . Levemir . inject . two times a day . Metformin . by mouth every morning and at bedtime . Novolog . Inject as per sliding scale . Contact MD [medical doctor] if BS is >[greater than] 300 and < [less than] 80 . The current care plan stated, . Endocrine system r/t [related to] DM II [Diabetes Mellitus Type 2] . Administer medication per MD orders . Obtain glucometer readings and report abnormalities as ordered . Report symptoms of hyperglycemia . Review of the blood sugars log, dated January 20-March 9, 2024, showed the following: * 01/27 354 milligrams per deciliter (mg/dL) * 01/28 369 mg/dL * 01/29 303 mg/dL and 329 mg/dL * 01/31 315 mg/dL * 02/02 312 mg/dL * 02/03 343 mg/dL * 02/19 343 mg/dL * 02/20 316 mg/dL * 03/03 397 mg/dL * 03/06 321 mg/dL * 03/08 381 mg/dL Review of the medical record showed the facility failed to notify Resident #137's physician of the high blood sugar readings. During an interview on 05/15/24 at 10:30 a.m., two administrative nurses (#1 and #4) confirmed facility staff failed to notify Resident #137's physician of the high blood sugar readings. The record lacked evidence the facility notified the resident representative. (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on the morning of 05/14/24, Resident representative (A) stated, I haven't been contacted by anyone regarding the plans for my mom's care or anything since she's been in there. I just found out in March that she's been there. I found out because my sister sent me a note attached to a bill. The note said, 'By the way, mom fell and hurt herself and is now at this place'. During an interview on 05/15/24, at 11:30 a.m., an administrative staff member (#5) confirmed that he/she failed to notify the resident's representative to attend the care conferences and regarding the significant change in Resident #2's status. Provider Notification Based on record review, review of facility policy, and staff interview, the facility failed to notify the physician of a change in condition for 1 of 1 supplemental resident (Resident #137) reviewed who experienced high blood sugars. Failure to notify the physician of blood sugar results above the ordered parameters may result in complications to the resident and prevent the physician from evaluating/prescribing an appropriate treatment plan. Findings include: Review of the facility policy titled Change in Condition of the Resident occurred on 05/16/24. This policy, revised 09/20/22, stated, . When a resident presents with a possible change of condition . Assess/evaluate the resident. The assessment/evaluation could include . blood glucose levels . Notify resident's physician . include date, time, what was conveyed, any orders received (each time notified) . - Review of Resident #137's medical record occurred on all days of survey. Diagnoses included type 2 diabetes mellitus with hyperglycemia. Medications included, . Levemir . inject . two times a day . Metformin . by mouth every morning and at bedtime . Novolog . Inject as per sliding scale . Contact MD [medical doctor] if BS is >[greater than] 300 and < [less than] 80 . The current care plan also stated, . Endocrine system r/t [related to] DM II [Diabetes Mellitus Type 2] . Administer medication per MD orders . Obtain glucometer readings and report abnormalities as ordered . Report symptoms of hyperglycemia . Review of the Blood Sugars Log, dated January 20-March 9, 2024, showed the following: * 01/27 354 milligrams per deciliter (mg/dL) * 01/28 369 mg/dL * 01/29 303 mg/dL and 329 mg/dL * 01/31 315 mg/dL * 02/02 312 mg/dL * 02/03 343 mg/dL * 02/19 343 mg/dL (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	* 02/20 316 mg/dL * 03/03 397 mg/dL * 03/06 321 mg/dL * 03/08 381 mg/dL Review of the medical record showed the facility failed to notify Resident #137's physician of the high blood sugar readings. During an interview on 05/15/24 at 10:30 a.m., two administrative nurses (#1 and #4) confirmed facility staff failed to notify Resident #137's physician of the high blood sugar readings. 27221

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37620 Based on record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.18.11), and staff interview, the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 4 of 12 sampled residents (Resident #2, #18, and #28). 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. Findings include: SECTION A: Identification Information The Long-Term Care Facility RAI Manual, revised October 2023, pages A-30 through A-32, stated, . A1500: Preadmission Screening and Resident Review (PASRR). Coding Instructions . Code 1. yes: if PASRR Level II screening determined that the resident has a serious mental illness and/or ID/DD [intellectual disability/developmental disability] or related condition, and continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions. Review of Resident #18's medical record occurred on all days of survey. A PASRR Level II Outcome, dated 06/06/23, stated, . PASRR Determination Explanation: You meet PASRR including criteria for Serious Mental Illness because you have been diagnosed with the following: Bipolar II Disorder. Resident #18's Significant Change MDS, dated [DATE], showed the facility failed to code yes for A1500. During an interview on 05/15/24 at 2:00 p.m., a social services staff member (#5) stated facility staff coded A1500 incorrectly. SECTION N: Medications The Long-Term Care Facility RAI Manual, revised October 2023, page N-2 and N-3 stated, . N0300: Injections. Record the number of days during the 7-day look-back period. that the resident received any type of medication. by injection. Insulin injections are counted in this item . Count the number of days that the resident received any type of injection while a resident of the nursing home. N0350: Insulin . Count the number of days insulin injections were received . Review of Resident #2's medical record occurred on all days of survey. Physician orders included Trulicity Subcutaneous Solution, a medicine used to control high blood sugar, once a week. Resident #2's quarterly MDS, dated [DATE], showed the facility coded N0300 for 7 days rather than one day and coded N0350 for 7 days. Trulicity is not an insulin and is not coded at N0350. During an interview the afternoon of 05/15/24, an MDS coordinator (#1) confirmed facility staff coded the MDS incorrectly. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Long-Term Care Facility RAI Manual, revised October 2023, page N-7 stated, . N0415G1. Diuretic: Check if a diuretic medication was taken by the resident at any time during the 7-day look-back period (or since admission/entry or reentry if less than 7 days) . Review of Resident #28's medical record occurred on all days of survey. Physician orders included Chlorthalidone, a diuretic, daily for high blood pressure. Resident #28's admission MDS, dated [DATE], showed the facility failed to code the use of a diuretic for N0415G. During an interview the afternoon of 05/15/24, an MDS coordinator (#1) confirmed the facility staff coded the MDS incorrectly. 39687 46964

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 37620 Based on observation and review of facility policy, the facility failed to follow professional standards of practice for 2 of 2 sampled residents (Resident #6 and #16) observed for insulin preparation and administrations. Failure to properly prepare insulin pens and administer the insulin correctly may result in residents receiving an inaccurate dose. Findings include: Review of the policy Insulin Administration occurred on 05/15/24. This policy, revised October 2022, stated . Holding pen with the needle pointing up, tap the cartridge. Press the injection button all the way in until the dose selector is back to 0. A stream or drop of insulin should appear at the tip of the needle. Insert the needle and press the injection button until the dose selector is back to 0. Continue to press the injection button until the needle has been pulled out from the skin. Keep the needle in the skin for up to 10 seconds . Observation on 05/14/24 at 7:46 a.m. showed a nurse (#2) prepared a NovoLog insulin pen for administration. The nurse inserted the needle into Resident #6's abdomen and pressed the injection button until the dose selector reached 0 and immediately removed the needle. The nurse (#2) failed to keep the needle in the skin up to 10 seconds. Observation on 05/14/24 at 11:47 a.m. showed a nurse (#3) prepared an Asepet insulin pen for Resident #16. The nurse (#3) dialed the pen to 2 and primed the pen horizontally. The nurse (#3) failed to prime the insulin pen as per facility policy.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 27221 Based on record review, review of facility policy, and staff interview, the facility failed to provide the necessary care and services to prevent the development of a pressure ulcer for 1 of 1 supplemental resident (Resident #138) identified as having a stage IV pressure ulcer and exposed hardware. Failure to evaluate risk factors that may impact the development of a pressure ulcer, and implement, monitor, and modify interventions to reduce those risk factors resulted in Resident #138 developing an avoidable, facility-acquired pressure ulcer. This citation is considered past non-compliance based on review of the corrective actions the facility implemented immediately following the incident. Findings include: Review of the facility policy titled Pressure Injuries and Non-pressure Injuries occurred on 05/16/24. This policy, revised 07/20/22, stated, . For those residents admitted with, or who subsequently developed a pressure injury or impaired skin integrity, they will receive care, treatment, and services that seek to promote healing, prevent infection, and prevent further development of pressure injuries/impaired skin integrity. Complete a head-to-toe skin check and document findings on the Skin Review - Weekly . Assess current wounds at least every seven days, or more frequently as needed (e.g., decline in wound, presence of infection, wound healed). Stage 4 Pressure Injury: Full-thickness skin and tissue loss with exposed or directly palpable fascia [connective tissue that surrounds cells, nerves, joints, and organs], muscle, tendon, ligament, cartilage, or bone in the ulcer. Slough and/or eschar [dark, crusty tissue that covers a wound] may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. Review of Resident #138's medical record occurred on all days of survey. The physician's orders identified, . Right lateral malleolus [ankle bone] non healing surgical wound - Using sterile technique, cleanse with NS [normal saline] and pat dry. Apply a bordered foam dressing. Change daily and PRN [as needed] when soiled more than 50% or dislodged until healed. Monitor for signs/symptoms of infection one time a day . Right lateral malleolus stage IV pressure ulcer - Using sterile technique, cleanse with NS and pat dry. Apply Calcium Alginate AG [dressing] cut to fit wound bed and secure with a bordered foam. Change every 3 days and PRN when soiled more than 50% or dislodged until healed one time a day every 3 days . CAM high tide boot [orthopedic device that limits ankle and foot movement and protects the area during recovery], rt [right] ankle. May remove at rest for ROM [range of motion]. every shift . Notify DON [Director of Nursing] immediately if resident has any of the following: 1. pain to right outer ankle, 2. elevated temp [temperature], 3. redness to wound, 4. odor to wound every shift . The most recent care plan identified, The resident has . pressure ulcer or potential for pressure ulcer development . Administer treatment as ordered and monitor for effectiveness . Monitor/document/report PRN any changes in skin status, appearance, color, wound healing, s/sx [signs/symptoms] of infection, wound size . stage . Do not massage over bony prominences . Actual surgical incision at right leg r/t [related to] ORIF [a type of surgery used to stabilize and heal a broken bone] . Administer treatment per MD [medical doctor] order . Report evidence of infection such as purulent drainage, swelling, localized heat, increased pain . At risk for alteration in skin integrity related to immobility and weakness . Observe skin condition with ADL [activities of daily living] care daily, report abnormalities . (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Resident #138's progress notes identified the following: * 11/14/23 at 8:19 p.m., Resident got admitted to the building from . hospital . Resident is .here for PT [physical therapy] OT [occupational therapy] and over all strengthening. He was admitted to . hospital, because of a fall and a Brocken [sic] rt ankle . currently post-surgery to rt ankle. * 11/20/23 at 4:33 p.m., Resident had an appointment with Dr. [doctor] . for his S/p [status post] ORIF rt ankle. He was placed in CAM high tide boot, rt ankle. The weekly skin reviews, dated November 17-December 22, 2023, addressed bruising to Resident #138's bilateral upper extremities and right thigh, scabs to the right lower leg, redness to the buttocks, groin, and scrotum, and a pressure ulcer to the coccyx. Staff failed to address the surgical incision to Resident #138's right ankle. Additional progress notes identified the following: * 12/23/23 at 4:44 p.m., Dr. in to see resident at this time to look at resident's right ankle. Orders received for sterile dressing change daily and to monitor for signs/symptoms of infection. Currently no infection noted. Wound bed is pink and intact with minimal serous drainage. * 12/24/23 at 11:06 a.m., . On 12/23/23, DON was [sic] notified wound nurse that resident had hardware visible to right ankle. The current status is Res [resident] seen by provider. New orders received. Res admitted to [Hospital] for assessment of surgical repair. The weekly skin review, dated 12/23/23, identified, Pressure injury acquired . in house . Stage IV PU [pressure ulcer] to right lateral malleolus 4.5 x 6 x -.7 cm [centimeters] 80% hardware exposure and 20% granulation, 10% crust along the wound edge from approximately 11 to 3 o'clock which may be epibole. Shiney [sic] epithelial edge from 4 to 6 [o'clock]. Mild to moderate serosanguinous drainage smeared across the bedsheets. The [sic] denies pain, chills, N/V [nausea/vomiting] or feeling feverish. Was to see Dr. about weight bearing status and healing post hardware placement on 12/21 but missed the appointment. As per facility policy and the Resident 138's care plan, the facility failed to: * Assess/monitor Resident #138's right lateral malleolus non-healing surgical wound during the daily dressing changes. * Document/report any changes in wound status, appearance, color, wound healing, signs/symptoms of infection, wound size, and stage. * Identify the facility acquired pressure ulcer prior to it developing into a stage 4 ulcer with the exposed hardware. During an interview on 05/15/24 at 10:30 a.m., two administrative nurses (#1 and #4) indicated they recognized the issue and addressed it by educating their staff and initiating a performance improvement project. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Based on the following information, non-compliance at F686 is considered past non-compliance. The facility implemented corrective actions for the resident affected by the deficient practice by: * Assessing the pressure ulcer to Resident #138 right ankle. * Completing an investigation into the facility acquired pressure ulcer. * Determining nursing staff failed to document wound measurements on the admission skin assessment. * Determining nursing staff failed to complete non-pressure weekly tracker assessments. * Determining nursing staff removed pressure relieving interventions from the care plan. The facility also put measures in place to ensure the deficient practice does not reoccur by: * Educating Resident #138 regarding the need for pressure relieving interventions. * Updating Resident #138's care plan. * Auditing other residents with surgical wounds and/or cam boots. * Updating other residents' care plans. * Educating staff regarding skin injuries and interventions. * Adding surgical skin areas and wounds to the wound tracker (computer program). * Completing weekly audits on skin injuries. This surveyor determined a deficient practice existed on 12/23/23. The facility implemented corrective action and completed all staff education by 12/27/23.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 37620 Based on observation, review of facility policy, and staff interview, the facility failed to ensure accurate labeling of medications for 1 of 2 residents (Resident #6) observed during medication administration. Failure to obtain a medication label for an insulin pen and identify and open date may result in a resident receiving an incorrect or ineffective dose of insulin. Findings include: Review of the facility policy Insulin Administration occurred on 05/15/24. This policy, revised October 2022, stated, . If a new pen is obtained from the refrigerator . document the date open on the pen body. Verify that the Medication/RX [prescription] Label matches the Medication Administration Record [MAR]. Right resident, medication, dose, dosage form, frequency, and route. Observation on 05/14/24 at 7:46 a.m., showed a nurse (#2) prepared insulin for Resident #6. The nurse removed a plastic bag labeled with Resident #6's name from the medication cart. The bag contained contained NovoLog and Tresiba insulin pens. The nurse (#2) removed the insulin pens from the bag. The NovoLog pen lacked a medication label with the resident's name and administration instructions. The Tresiba insulin pen lacked an open date. During an interview on 05/16/24 at 1:00 p.m., and administrative nurse (#4) confirmed she expected staff to follow facility policy and insure insulin pens have a label and an open date.