

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  355034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  Tioga Medical Center Ltc		STREET ADDRESS, CITY, STATE, ZIP CODE  810 N Welo St Tioga, ND 58852	

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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37620</p> <p>42397</p> <p>46964</p> <p>Based on record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.19.1), and staff interview, the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 5 of 12 sampled residents (Resident #3, #8, #9, #17 and #20) and one supplemental resident (Resident #6). 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.</p> <p>Findings include:</p> <p>SECTION H: BLADDER AND BOWEL</p> <p>The Long-Term Care Facility RAI User's Manual, revised October 2024, page H-6, stated, . H0200: Urinary Toileting Program . Steps for assessment: H200C, Current Toileting Program . 1. Review the medical record for evidence of a toileting program being used to manage incontinence during the 7-day look-back period. Note the number of days during the look-back period that the toileting program was implemented or carried out. Coding Instructions . Code 1, yes: for residents who are being managed during 4 or more days of the 7-day look-back period, with some type of systematic toileting program (i.e., bladder rehabilitation/bladder retraining, prompted voiding, habit training/scheduled voiding).</p> <p>- Review of Resident #9's medical record occurred on all days of survey. An annual MDS, dated [DATE], showed facility staff coded H200C 1, indicating a daily toileting program. The medical record lacked evidence of an individualized/resident-centered toileting program.</p> <p>- Review of Resident #20's medical record occurred on all days of survey. A quarterly MDS, dated [DATE], showed facility staff coded H200C 1, indicating a daily toileting program. The medical record lacked evidence of an individualized/resident-centered toileting program.</p> <p>During an interview on 03/12/25 at 1:15 p.m., an administrative staff member (#2) confirmed Residents #9 and #20 did not have an individualized/resident-centered toileting program.</p> <p>SECTION P: RESTRAINTS AND ALARMS</p> <p>(continued on next page)</p>

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:  355034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  Tioga Medical Center Ltc		STREET ADDRESS, CITY, STATE, ZIP CODE  810 N Welo St Tioga, ND 58852	
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)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Long-Term Care Facility RAI User's Manual, revised October 2024, pages P1-5, 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. P0100: Physical Restraints . Coding Instructions: . After determining whether or not an item . is a physical restraint and was used during the 7-day look-back period, code the frequency of use: Code 0, not used: if the item was not used during the 7-day look-back or it was used but did not meet the definition. Code 2, used daily: if the item met the definition and was used on a daily basis during the look-back period.</p> <p>- Review of Resident #3's medical record occurred on all days of survey. A Bed Rail Assessment, dated 02/05/25, stated, . Would the side rail be considered a restraint? . 'No.' If no the side rails do not meet the definition of a restraint for this resident. A quarterly MDS, dated [DATE], showed facility staff coded section P0100A, bed rail as 2 used daily.</p> <p>- Review of Resident #17's medical record occurred on all days of survey. A Bed Rail Assessment, dated 02/05/25, stated, . Would the side rail be considered a restraint? . 'No.' If no the side rails do not meet the definition of a restraint for this resident. A quarterly assessment MDS, dated [DATE], showed facility staff coded section P0100A, bed rail as 2 used daily.</p> <p>During an interview on 03/12/25 at 1:15 p.m., an administrative staff member (#2) confirmed bed rails were not a restraint for Residents #3 and #17 and staff failed to code the quarterly MDSs correctly.</p> <p>The Long-Term Care Facility RAI User's Manual, revised October 2024, pages P-9 through P-11 stated, An alarm is any physical or electronic device that monitors resident movement and alerts the staff when movement is detected. Code 2, used daily: if the device was used daily during the look-back period [seven days]. Other alarm includes devices, such as alarms on the resident's bathroom and/or bedroom door, toilet seat alarms or seatbelt alarms.</p> <p>- Review of Resident #6's medical record occurred on all days of survey. A significant change assessment MDS, dated [DATE], showed the facility coded other alarm used daily. The record lacked evidence the resident used an alarm the RAI manual defined as other.</p> <p>- Review of Resident #8's medical record occurred on all days of survey. A significant change assessment MDS, dated [DATE], showed the facility coded other alarm used daily. The record lacked evidence the resident used an alarm the RAI manual defined as other.</p> <p>- Review of Resident #20's medical record occurred on all days of survey. A quarterly MDS, dated [DATE], showed the facility coded other alarm used daily. The record lacked evidence the resident used an alarm the RAI manual defined as other.</p> <p>During an interview on 03/12/25 at 9:55 a.m., an administrative staff member (#2) confirmed, the facility staff coded the facility's exit doors as the other alarm and verified the MDSs for Residents #6, #8 and #20 were coded incorrectly.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  355034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  Tioga Medical Center Ltc		STREET ADDRESS, CITY, STATE, ZIP CODE  810 N Welo St Tioga, ND 58852	
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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>42397</p> <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, record review, and resident and staff interview, the facility failed to ensure appropriate care and services for 1 of 2 sampled residents (Resident #26) reviewed for edema (fluid retention). Failure to ensure consistent implementation and resident refusals of support stockings may result in worsening edema.</p> <p>Findings include:</p> <p>Review of Resident #26's medical record occurred on all days of survey and identified a diagnosis of congestive heart failure. A physician's order, dated 01/23/25, stated, [NAME] Hose [support stockings to control edema] on in the AM and Off at HS [bedtime] . for Edema. The current care plan stated, . I have a diagnosis of . congestive heart failure . edema . I will remain free of complications related to diagnosis through next review date. I would like staff to monitor for and document any edema and notify my provider as needed.</p> <p>A nursing progress note, dated 01/24/25 at 9:37 a.m., stated, . Does have edema noted to bilateral [both] lower legs at which time resident stated her legs feel itchy at those times .</p> <p>A provider progress note, dated 02/25/25, stated, . Doing ok. Also wondering if her LE [lower extremities] edema will ever resolve. Plan . 3. Regarding her edema - encouraged to elevate legs as much as possible.</p> <p>Observation on 03/10/25 at 10:56 a.m., showed Resident #26 seated in the recliner with her feet on the floor, visible swelling to both lower legs, and no support stockings present. The resident stated, I'm supposed to wear them [support stockings] but I refuse because they hurt. A note on the resident's dresser stated, Put your feet up when in your chair. The resident stated, I forget, when asked about elevating her feet.</p> <p>Observation on 03/11/25 at 7:47 a.m., showed Resident #26 seated on the toilet in the bathroom, dressed, visible swelling present, and without support stockings present. A certified nurse aide (CNA) (#4) stated, She refused to wear them [support stockings].</p> <p>Review of Resident #26's medication administration record (MAR) dated March 10-11, 2025, showed the ted hose documented as applied on both days.</p> <p>During an interview on 03/11/25 at 4:50 p.m., an administrative nurse (#1) confirmed she expected the CNAs to inform the nurse if the resident refused to wear the ted hose, the nurse to visualize the ted hose are in place prior to documenting on the MAR, and document any refusals.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  355034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  Tioga Medical Center Ltc		STREET ADDRESS, CITY, STATE, ZIP CODE  810 N Welo St Tioga, ND 58852	

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)
<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>37620</p> <p>Based on observation, record review, facility policy, and staff interview, the facility failed to ensure posting of staff information on 2 of 3 days of survey (March 10-11, 2025). Failure to post staffing data does not allow residents and visitors information related to the number of licensed and unlicensed staff on duty each shift.</p> <p>Findings include:</p> <p>Review of the facility policy titled Nurse Staffing Posting Information dated 10/01/24, stated, . The Nurse Staffing Sheet will be posted on a daily basis . The facility will post the Nurse Staffing Sheet at the beginning of each shift. Nursing schedules and posting information will be maintained in the Human Resources Department for review.</p> <p>Observation on all days of survey showed a Nurse Staffing Posting Information form posted on a board in the hall by the residents' dining room. Review of the staffing form on 03/10/25 and 03/11/25 showed the staffing form dated 03/07/25. The facility failed to post a current staffing form for March 10th and 11th, 2025.</p> <p>Review of previous staff posting identified staff failed to complete the staffing form for March 8-11, 2025.</p> <p>During an interview on 03/12/25 at 9:51 a.m., an administrative nurse (#1) stated the night shift is responsible for staff posting, and confirmed the it had not been completed for March 8-11, 2025.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  355034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  Tioga Medical Center Ltc		STREET ADDRESS, CITY, STATE, ZIP CODE  810 N Welo St Tioga, ND 58852	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42397</p> <p>Based on observation, record review, policy review, and staff interview, the facility failed to follow standards of infection control and prevention for 2 of 2 sampled residents (Resident #3 and #26) observed in enhanced barrier precautions (EBP). Failure to practice infection control standards related to EBP, catheter care, and hand hygiene has the potential to spread infection throughout the facility.</p> <p>Findings include:</p> <p>Review of the facility policy titled Enhanced Barrier Precautions occurred on 03/12/25. This policy, dated April 2024, stated, . an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities. PPE [personal protective equipment] for enhanced barrier precautions is only necessary when performing high-contact care activities . High-contact resident care activities include: . dressing . providing hygiene . assisting with toileting . device care or use .</p> <p>Review of the facility policy titled Hand Hygiene occurred on 03/12/25. This policy, revised August 2022, stated, . All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, patients, and visitors. 'Hand hygiene' is a general term for cleaning your hands . The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves.</p> <p>- Review of Resident #3's medical record occurred on all days of survey. The current care plan stated, . I require Enhanced Barrier Precautions (EBP) related to my suprapubic catheter .</p> <p>Observation on 03/10/25 at 10:44 a.m. showed an enhanced barrier precaution sign outside of Resident #3's room.</p> <p>Observation on 03/11/25 at 10:24 a.m. showed Resident #3 seated in a wheelchair in his room. The certified nurse aide (CNA) (#4) entered Resident #3's room wearing a gown and gloves. The CNA (#4) emptied the resident's catheter collection bag into a urinal, changed gloves without performing hand hygiene, placed a barrier on the resident's side table next to the resident's water glass, and placed the urinal containing urine on the barrier to read the measurement. The CNA (#4) emptied the urinal into the toilet, rinsed and stored the urinal, and changed gloves without performing hand hygiene. The CNA (#4) applied a gait belt to Resident #3 and assisted the resident to bed. The CNA removed her gloves, and without performing hand hygiene, covered the resident with a blanket and adjusted the side table.</p> <p>The CNA (#4) failed to perform hand hygiene when changing or removing gloves and touching other surfaces, and failed to follow infection control practices when emptying the catheter.</p> <p>- Review of Resident #26's medical record occurred on all days of survey. The current care plan stated, . I require Enhanced Barrier Precautions (EBP) related to my Jackson Pratt (JP) Drain [a closed-suction medical device used to collect fluids from surgical sites] .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  355034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  Tioga Medical Center Ltc		STREET ADDRESS, CITY, STATE, ZIP CODE  810 N Welo St Tioga, ND 58852	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 03/10/25 at 10:56 a.m. showed an enhanced barrier precautions sign outside Resident #26's room.</p> <p>Observation on 03/11/25 at 7:47 a.m. showed Resident #26 seated on the toilet, a JP drain present, and the CNA (#4) wore gloves and performed perineal cares. After cares, the CNA removed her gloves and adjusted the resident's brief and pants.</p> <p>Observation on 03/11/25 at 10:55 a.m. showed Resident #26 seated in the recliner. A nurse (#5) washed her hands, donned gloves, and emptied the resident's JP drain.</p> <p>The CNA (#4) and the nurse (#5) failed to don a gown when performing high-contact resident care activities.</p> <p>During an interview on 03/12/25 at 8:40 a.m., an administrative nurse (#3) confirmed she expected staff to wear proper PPE when performing high-contact resident care activities, perform hand hygiene when removing gloves and before applying new gloves, and follow proper infection control techniques when emptying a catheter.</p>