STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355039	A. Building B. Wing	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Griggs County Care Center	107 12th St S Cooperstown, ND 58425

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 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** Based on observation, record review, review of the Long-Term Care Facility 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 3 of 13 sampled residents (Resident #4, #26, and #33). 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 H: BOWEL AND BLADDER The Long-Term Care Facility RAI 3.0 User's Manual, revised October 2024, pages H-1 and H-2, stated, . H0100: Appliances . Coding Instructions Check next to each appliance that was used at any time in the past 7 days . H0100A, indwelling catheter . Observations on all days of survey showed Resident #4 with a foley catheter. Review of Resident #4's medical record occurred on all days of survey. The annual MDS, dated [DATE], identified facility staff failed to code H0100A, indwelling catheter. SECTION K: SWALLOWING/NUTRITIONAL STATUS The Long-Term Care Facility RAI User's Manual, revised October 2024, page K-4 stated, . K0300: Weight Loss. Loss of 5% or more in the last month or loss of 10% or more in last 6 months. 0, [for] No or unknown. 2, [for] Yes, [and] not on physician-prescribed weight-loss regimen . Page K-10 stated, . Nutritional Approaches . Check all the following nutritional approaches that apply. B. feeding tube (e.g., nasogastric or abdominal (PEG) [percutaneous endoscopic gastrostomy]) . -Review of Resident #33's medical record occurred on all days of survey. The significant change MDS, dated [DATE], showed staff coded K0300 as Code 2, yes, not on physician-prescribed weight-loss. The medical record lacked documentation Resident #33 lost weight. -Review of Resident #26's medical record occurred on all days of survey. A physician order, dated 04/09/2025, stated, . Enteral Feeding: Peg - Tube . The quarterly MDS, dated [DATE], failed to identify a PEG tube. During an interview on 08/05/25 at 2:18 p.m., an administrative staff member (#2) confirmed the facility failed to code the MDSs accurately.

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
	355039	A. Building B. Wing	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Griggs County Care Center	107 12th St S Cooperstown, ND 58425

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on record review, review of the North Dakota Provider Manual Preadmission Screening and Resident Review (PASARR) and Level of Care Screening Procedures for Long Term Care Services, and staff interview, the facility failed to complete a status change assessment for 1 of 1 sampled resident (Resident #2) reviewed for PASARR. Failure to complete a change in status assessment with a newly diagnosed mental illness may result in the delivery of care and services that are inconsistent with the resident's needs.Findings include: The North Dakota PASARR Provider Manual, revised December 2020, page 13, stated, . Change in Status Process . Whenever the following events occur, nursing facility staff must contact [the contracted agency] to update the Level I screen for determination of whether a first time or updated Level II evaluation must be performed. These situations suggest that a significant change in status has occurred: . If an individual with MI, ID, and/or RC [mental illness, intellectual disability, and conditions related to intellectual disability referred to in regulatory language as related conditions or RC] was not identified at the Level I screen process, and that condition later emerged or was discovered.Review of Resident #2's medical record occurred on all days of survey and identified a PASARR completed on 08/03/23. A provider progress note, dated 02/12/24, stated, . Psychotic disorder with delusions . The patient endorses a history of fixed false thoughts with disruptive behavior, not insightful when redirected by staff or reoriented by staff . Her psychotropic medications will be adjusted today. Discussed new diagnosis . psychotic disorder with delusions . increase quetiapine [an antipsychotic medication] . for psychosis . The record lacked evidence facility staff completed a PASARR related to the new diagnosis of psychotic disorder with delusions. During an interview on 08/06/25 at 3:00 p.m., an administrative nurse (#1) confirmed the facility failed to complete a change in status Level 1 screen for Resident #2.