

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  355040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/10/2024
NAME OF PROVIDER OR SUPPLIER  Luther Memorial Home		STREET ADDRESS, CITY, STATE, ZIP CODE 750 Main St E Mayville, ND 58257	

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 - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>39685</p> <p>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 1 of 15 sampled residents (Resident #49). Failure to accurately complete the MDS does not allow the 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 resident.</p> <p>Findings include:</p> <p>Section K: SWALLOWING/NUTRITION STATUS</p> <p>The Long-Term Care Facility RAI Manual, revised October 2023, page K6, stated, . K0300 Weight Loss . Code 2, yes, not on physician-prescribed weight-loss regimen: if the resident has experienced a weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days, and the weight loss was not planned and prescribed by a physician.</p> <p>Review of Resident #49's medical record occurred on all days of survey. Two quarterly MDSs, dated 06/21/24 and 09/21/24, identified section K0300 coded as 2 for weight loss; however, record review failed to identify Resident #49 experienced a weight loss. Facility staff failed to accurately code the quarterly MDSs as 0 indicating Resident #49 did not have a 5% weight loss in 30 days or a 10% weight loss in 180 days.</p> <p>During an interview on 10/10/24 at 10:21 a.m., a dietary supervisor (#3) confirmed staff failed to code the MDS correctly for Resident #49.</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
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<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>39685</p> <p>Based on observation, record review, review of facility policy, and staff interview, the facility failed to follow standards of infection control and prevention for 1 of 5 sampled residents (Resident #16) on enhanced barrier precautions (EBP) observed during cares. Failure to practice infection control standards related to EBP has the potential to spread infection throughout the facility.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Enhanced Barrier Precautions occurred on 10/09/24. This policy, revised 04/01/24, stated, . Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms [MDRO] that employs targeted gown and gloves use during high contact resident care activities. 2. Initiation of Enhanced Barrier Precautions: . b. enhanced barrier precautions will be used for residents with any of the following: . i. Wounds (e.g., chronic wounds such as pressure ulcers. diabetic foot ulcers. unhealed surgical wounds, and chronic venous stasis ulcers) . 3. Implementation of enhanced Barrier Precautions: a. Make gowns and gloves available immediately near or upon entry of the resident's room . 4. High-contact resident care activities include: . c. Transferring. d. Providing hygiene . f. assisting with toileting . h. Wound care: any skin opening requiring a dressing . 9. enhanced barrier precautions should be used . until resolution of the wound .</p> <p>Review of Resident #16's medical record occurred on all days of survey and identified the onset of an open stage two pressure ulcer to the right buttocks on 10/05/24. The care plan stated, . Problem start date: 10/05/24 . Impaired skin integrity/Pressure sore to right buttocks-scarred area is now open . Enhanced Barrier Precautions (EBP) initiated .</p> <p>Observation on 10/07/24 at 4:23 p.m. showed no EBP sign or supply cart located outside/inside of Resident #16's room. A certified nurse aide (CNA) (#2) entered Resident #16's room and without donning a gown or gloves transferred the resident from the wheelchair to the toilet and performed perineal cares.</p> <p>During an interview on 10/08/24 at 3:30 p.m., an administrative nurse (#1) stated she expected signage, appropriate PPE available, and staff to follow the policy.</p>		