

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  355068	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/25/2024
NAME OF PROVIDER OR SUPPLIER  Towner County Living Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  228 1st Ave Cando, ND 58324	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>39685</p> <p>Based on observation, record review, review of facility policy, and staff interview, the facility failed to ensure accurate labeling of medications for 1 of 2 sampled residents (Resident #22) with a gastrostomy tube (G-tube)observed during medication pass. Failure to ensure appropriate labeling of medications placed residents at risk for medication errors and/or injury.</p> <p>Findings include:</p> <p>Review of the facility policy titled Labeling of Medications occurred on 09/24/24. This policy, dated July 2024, stated, . 1. All medications will be labeled in accordance with applicable federal and state requirements and current accepted pharmaceutical principals and practices . 2. Labels for individual drug containers must include: . i. The route of administration . 10. The pharmacy must be informed of any order changes or changes in directions for the use of the medications .</p> <p>- Review of Resident #22's medical record occurred on all days of survey and included a physician's order to administer medications via G-tube.</p> <p>- Observation during medication pass on 09/24/24 at 2:49 p.m. showed a staff nurse (#2) administered five medications to Resident #22, via G-tube. Review of the instruction on the medication cartridge for Resident #22, . give by MOUTH, crushed, in pudding .</p> <p>During an interview on 09/24/24 at 2:06 p.m., an administrative nurse (#1) confirmed medications need to be labeled according to physician's orders.</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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>31725</p> <p>39685</p> <p>Based on observation, review of facility policy, and resident and staff interviews, the facility failed to serve beverages at palatable temperatures in 1 of 2 meals observed. Failure to serve foods at palatable temperatures to residents may result in decreased intake, weight loss, and inadequate nutrition.</p> <p>Findings include:</p> <p>Review of the facility policy titled Food Storage occurred on 09/24/24. This undated policy, stated, .Purpose: to store food under sanitary conditions to protect it from contamination and outdating . 11. dairy products . must be stored at temperatures between 33-40 degrees Fahrenheit .</p> <p>During an interview on 09/23/24 at 2:15 p.m., Resident A stated, The cold drinks are warm.</p> <p>Observation of the breakfast meal occurred on 09/24/24 at 8:38 a.m. showed staff served residents their milk from three half gallon cartons sitting in a pan of water. Temperatures obtained showed the following:</p> <ul style="list-style-type: none"> <li>* Whole milk at 50 degrees Fahrenheit</li> <li>* 2% milk at 49 degrees Fahrenheit</li> <li>* Chocolate milk at 60 degrees Fahrenheit</li> </ul> <p>During an interview on 09/24/24 at 08:56 a.m., a dietary staff (#3) confirmed she expected staff to serve food at an acceptable temperature.</p>