

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355076	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER Northwood Deaconess Health Cnt		STREET ADDRESS, CITY, STATE, ZIP CODE 4 N Park St Northwood, ND 58267	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42397</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 2 of 9 sampled residents (Resident #7 and #17). 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 I: ACTIVE DIAGNOSES</p> <p>The Long-Term Care Facility RAI User's Manual, revised October 2023, pages I-7 to I-8, stated, . Code diseases that have a documented diagnosis in the last 60 days and have a direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period.</p> <p>Review of Resident #17's medical record occurred on all days of survey. The annual MDS, dated [DATE], identified a multi-drug resistant organism (MDRO) infection as an active diagnosis.</p> <p>Resident #17's medical record lacked documentation of an MDRO in the past 60 days.</p> <p>SECTION M: SKIN CONDITIONS</p> <p>The Long-Term Care Facility RAI User's Manual, revised October 2023, pages M-8 stated, M0300: Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage . Determine Present on Admission For each pressure ulcer/injury, determine if the pressure ulcer/injury was present at the time of admission/entry or reentry and not acquired while the resident was in the care of the nursing home. Consider current and historical levels of tissue involvement. 1. Review the medical record for the history of the ulcer/injury. 2. Review for location and stage at the time of admission/entry or reentry. Pages M-12 through M-13 stated, . M0300B: Stage 2 Pressure Ulcers . Steps for Assessment . Identify the number of these pressure ulcers that were present on admission/entry . Coding Instructions for M0300B . M0300B1 . Enter the number of pressure ulcers that are currently present and whose deepest anatomical stage is Stage 2 . M0300B2 . Enter the number of these Stage 2 pressure ulcers that were first noted at the time of admission/entry . Enter 0 if no Stage 2 pressure ulcers were first noted at the time of admission/entry or reentry.</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
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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #7's medical record occurred on all days of survey. A nursing progress note, dated 06/17/24 at 8:35 p.m., stated, . Skin assessed: . Mepilex [a protective dressing] intact to right Heel [sic] wound noted with minimal yellow drainage, no tunneling, no eschar [a scab like covering over wounds], no slough [dead tissue] noted, surrounding tissue intact.</p> <p>The quarterly MDS, dated [DATE], identified one stage 2 pressure ulcer, present on admission.</p> <p>During an interview on 09/25/24 at 8:30 a.m., an administrative nurse (#9) confirmed Resident #7's pressure injury was acquired in the facility. She also confirmed Resident #17 did not have an active MDRO infection and staff failed to code Resident #7 and #17's MDSs correctly.</p>

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>45873</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on review of Quality Assurance and Performance Improvement (QAPI) meeting minutes, facility policy, and staff interview, the facility failed to ensure participation by the medical director for a minimum of quarterly of the facility's monthly meetings from January 2024 to September 2024. Failure to ensure the medical director participates in the facility's Quality Assurance activities deprived the committee of the physician's unique contributions for analyzing and correcting problems with identified resident care areas.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Quality Assurance and Performance Improvement occurred on 09/25/24. This policy, revised October 2022, stated, . The facility will maintain a Quality Assessment and Assurance (QAA) Committee to identify quality issues and develop appropriate plans of action to correct quality deficiencies through a interdisciplinary approach. The QAA committee will be composed of, at a minimum: . The Medical director or his/her designee.</p> <p>Review of QAPI meeting minutes occurred on 09/25/24. The QAPI meeting minutes failed to identify the medical director attended a meeting from January - September 2024, or reviewed meeting minutes.</p> <p>During an interview on 09/25/24 at 3:40 p.m. an administrative staff member (#1) confirmed the medical director failed to attend meetings and there is no process for the medical director to acknowledge the meeting minutes.</p>		

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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>42397</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 3 of 9 sampled residents (Resident #5, #7, and #18) observed during cares. Failure to practice infection control standards related to enhanced barrier precautions and hand hygiene 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 09/25/24. This policy, revised 03/21/24, stated, . Enhanced Barrier Precautions (EBP) expand the use of PPE [personal protective equipment]. refers to the use of gown and gloves during high-contact care activities. for transfer of Novel or Targeted MDRO's [multi drug resistant organisms] to staff hands and clothing. EBP are indicated for residents with any of the following: Infection. Wounds/and or indwelling medical devices.Wear gloves and a gown for the following High-Contact Resident Care Activities: Dressing, Bathing/Showering, Transferring, Changing Linens, Providing Hygiene, changing briefs or assisting with toileting. Device care or use: . Urinary Catheter. Wound Care: any skin opening requiring a dressing.</p> <p>Review of the facility's policy titled Hand Hygiene occurred on 09/25/24. This policy, dated 07/20/23, stated, . Hand hygiene will be performed by employees. Upon entering or leaving the patient/resident care area, isolation precautions. Before direct contact with patients. After contact with patient's intact skin, body fluids or excretions, mucous membranes. and wound dressings. Moving from contaminated body site to clean body site during patient care. After contact with contaminated surfaces and/or objects/medical equipment in the immediate vicinity of the patient. Donning . gloves. After removing gloves.</p> <p>- Review of Resident #5's medical record occurred all days of survey. The medical record identified a physician's order to transfer the resident with a full body lift and assist of two.</p> <p>Observation on 09/24/24 at 9:24 a.m. showed two certified nurse aides (CNAs) (#6 and #7) performed hand hygiene and donned gloves prior to transferring Resident #5 from the wheelchair to the bed to provide incontinent cares after a bowel movement. While providing cares, a CNA (#6), without removing the soiled gloves, retrieved new pants from the closet, opened a bedside table drawer to retrieve wipes, and retrieved a garbage bag. The CNA (#6) removed the soiled gloves, and without performing hand hygiene, applied clean gloves and finished dressing Resident #5. Both CNAs (#6 and #7) transferred the resident back to the wheelchair. The CNA (#7) removed soiled gloves, and without performing hand hygiene, exited the room.</p> <p>- Review of Resident #7's medical record occurred on all days of survey and identified an open stage two pressure ulcer to the right heel.</p> <p>(continued on next page)</p>		

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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>Observation on 09/23/24 at 4:05 p.m. showed an EBP sign and supply cart outside of Resident #7's room. A CNA (#4) donned a gown and gloves and took a full body mechanical lift into the room. A nurse (#2) entered the room without donning a gown or gloves and both staff transferred Resident #7 from the wheelchair to the toilet with the full body mechanical lift.</p> <p>The nurse (#2) failed to don appropriate PPE to transfer a resident on EBP.</p> <p>- Review of Resident #18's medical record occurred on all days of survey and identified a surgical wound dressing to the left hip.</p> <p>Observation on 09/24/24 at 10:30 a.m. showed an EBP sign and a supply cart outside of Resident #18's room. While in the bathroom, the CNA (#7) performed morning cares and handed a wet washcloth to the resident to wash his face. The CNA (#7) then removed her gloves, and failed to complete hand hygiene or don clean gloves, took the washcloth from the resident, wet/applied more body wash, and continued to wash Resident #18's back, chest, both underarms with ungloved hands, and then dried the areas. The CNA (#7) continued cares, without performing hand hygiene and/or donning gloves, shaved Resident #18 with an electric razor, and dressed Resident #18.</p> <p>During an interview on the morning of 09/25/24, an administrative nurse (#3) stated he expected staff to don PPE and perform hand hygiene per policy.</p> <p>46964</p>		