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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355079 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/13/2024 |
| NAME OF PROVIDER OR SUPPLIER Smp Health - St Catherine South | | STREET ADDRESS, CITY, STATE, ZIP CODE 3102 S University Dr Fargo, ND 58103 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (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** 40488</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 20 sampled residents (Resident #35 and #79). 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 A: IDENTIFICATION INFORMATION & SECTION J: HEALTH CONDITIONS</p> <p>The Long-Term Care Facility RAI User's Manual, revised October 2023, page A6, stated, . Coding Instructions for A0310E, Is This Assessment the First Assessment (OBRA, Scheduled PPS, or OBRA Discharge) since the Most Recent Admission/Entry or Reentry? . Code 1, yes: if this assessment is the first of these assessments since the most recent admission/entry or reentry. Pages J-30 and J-31, stated, . J1700. Fall History on Admission/Entry or Reentry. Complete only if . A0310E = 1 . Coding Instructions for J1700A, Did the Resident Have a Fall Any Time in the Last Month Prior to Admission/Entry or Reentry? . Code 1, yes: if resident or family report or transfer records or medical records document a fall in the month preceding the resident's entry date item (A1600).</p> <p>Review of Resident #79's medical record occurred on all days of survey and identified the resident experienced a fall on 04/22/24. An X-ray performed on 05/03/24 identified a left femoral neck fracture. The resident transferred to the hospital on 05/03/24 and returned to the facility on [DATE].</p> <p>Review of Resident #79's completed MDSs are as follows:</p> <ul style="list-style-type: none"> * 05/03/24, Discharge Return Anticipated (an OBRA assessment) * 05/07/24, Entry (back to the facility) * 05/13/24, Quarterly (an OBRA assessment) <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.

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| 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 the 05/13/24 quarterly MDS identified the facility coded A0310E as 0, no even though this is the first assessment since reentry on 05/07/24. Review of J1700A identified the facility coded 0, no falls in the last month prior to reentry. Resident #79's medical record identified a fall on 04/22/23.</p> <p>The facility failed to accurately code A0310E and J1700A on Resident #79's quarterly MDS.</p> <p>SECTION N: MEDICATIONS</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual, Version 1.18.11, revised October 2023, pages N-6 and N-7, stated, . N0415: High-Risk Drug Classes: Use and Indication . Coding Instructions . N0415E1. Anticoagulant (e.g., [for example] warfarin, heparin, or low-molecular weight heparin): Check if an anticoagulant medication was taken by the resident at any time during the 7-day look-back period .</p> <p>Review of Resident #35's medical record occurred on all days of survey and showed a physician's order for Eliquis, an anticoagulant. The annual MDS, dated [DATE], showed staff failed to identify Resident #35 received an anticoagulant during the look-back period.</p> <p>During an interview on 06/13/24 at 10:01 a.m., an administrative staff member (#8) confirmed staff failed to code the MDS for an anticoagulant.</p> <p>46963</p> | | |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>40488</p> <p>Based on observation, record review, review of facility policy, and staff interview, the facility failed to ensure residents received the necessary services to maintain oral hygiene for 1 of 3 sampled residents (Resident #28) dependent on staff for oral cares. Failure to provide oral care for a dependent resident may result in poor hygiene, increased oral/dental problems, and potential for adverse health effects.</p> <p>Findings include:</p> <p>Review of the facility policy titled STANDARDS OF CARE occurred on 06/13/24. This policy, dated May 2023, stated, Each of the following is part of the routine care provided by caregivers . Oral care will be done in the morning and at bedtime. Daily Morning Cares . Provide oral care .</p> <p>Review of Resident #28's medical record occurred on all days of survey. The current care plan stated, . I have ADL [activities of daily living] deficit related to: inability to communicate needs, Impaired mobility . ORAL CARE: I require complete help with mouth care.</p> <p>Observation on 06/11/24 at 8:51 a.m. showed two certified nurse aides (CNAs) (#3 and #4) provided Resident #28's morning cares. The CNAs failed to provide oral cares.</p> <p>Observations on 06/12/24 at 8:23 a.m., 8:52 a.m., and 11:21 a.m. showed a nurse (#5) provided cares to Resident #28. A dry white substance covered part of the resident's upper and lower lips and a wet white substance on the inside of the lips when he/she opened his/her mouth on each of these observations. The nurse failed to provide oral cares.</p> <p>During an interview on 06/12/24 at 3:18 p.m., an administrative staff member (#1) stated she expects staff to provide oral cares twice a day and as needed.</p> |

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| <p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that residents are free from significant medication errors.</p> <p>40488</p> <p>Based on observation, record review, review of facility policy, and staff interview, the facility failed to ensure residents remained free from significant medication errors for 1 of 3 sampled residents (Resident #28) observed receiving insulin. Failure to administer insulin according to a physician's order may result in adverse health effects for the residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled Insulin Pen occurred on 06/13/24. This policy, revised June 2024, stated, . Prime the insulin pen . Set the insulin dose: a. Turn the dose selector to ordered dose. A click will be heard for each unit dialed. Check the dose a second time.</p> <p>Review of Resident #28's medical record occurred on all days of survey. Diagnoses included type-2 diabetes mellitus with hyperglycemia (high blood sugar). Physician's orders included 46 units of aspart insulin at 12:00 p.m.</p> <p>Observation on 06/11/24 at 11:39 a.m. showed a nurse (#6) primed Resident #28's aspart insulin pen by the medication cart in the hallway outside the resident's room. The nurse entered the resident's room, cleansed an area of the abdomen, and without dialing up the ordered dose of insulin (46 units), removed the insulin pen needle cover, inserted the needle into the resident's abdomen, and pushed the pen's plunger. When asked by the surveyor, the nurse (#6) acknowledged she failed to prepare and administer the ordered 46 units of insulin. The nurse (#6) then attached a new needle to the pen, primed the pen, dialed up the 46 units of insulin, and administered the insulin.</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>31725</p> <p>Based on observation, record review, review of facility policy, review of professional reference, and staff interview, the facility failed to follow standards of infection control and prevention for 2 of 12 sampled residents (Resident #28 and #79) and one supplemental resident (Resident #43) observed during cares. Failure to practice infection control standards related to use of personal protective equipment (PPE) 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 06/13/24. This policy, revised April 2024, stated,. Enhanced barrier precautions will be implemented for residents with any of the following . indwelling medical devices (e.g. [for example], . feeding tubes [G-tube, a tube inserted into the gastrointestinal tract], tracheostomy [a surgical opening in the trachea that allows a tube to assist with breathing] .) . Infection or colonization with a CDC [Centers for Disease Control and Prevention]-targeted MDRO [multidrug resistant organism] . face protection may also be needed if performing activity with risk of splash or spray (i.e. [that is], . tracheostomy care). PPE for enhanced barrier precautions is only necessary when performing high-contact care activities . High-contact resident care activities include . Device care or use . feeding tubes, tracheostomy .</p> <p>Review of the facility policy titled Hand Hygiene occurred on 06/12/24. This policy, dated May 2024, stated, . Hand hygiene is indicated and will be performed . after assistance with personal body functions (e.g. elimination .) .</p> <p>Kozier & Erb's Fundamentals of Nursing, Concepts, Process and Practice, 11th Edition eText, 2021, Pearson, Boston, Massachusetts, page 678, stated, . Hand hygiene is important in every setting . It is important for both the nurses' and the clients' hands to be cleansed . after the hands have come in contact with any body substances .</p> <p>ENHANCED BARRIER PRECAUTIONS</p> <p>Review of Resident #28's medical record occurred on all days of survey. The current care plan stated, I am on enhanced barrier precautions r/t [related to] indwelling device: Tracheostomy, G-Tube, and a history of a MDRO. Use appropriate PPE when providing high levels of ADLs [activities of daily living].</p> <p>Observation on 06/12/24 at 8:52 a.m. showed a nurse (#5) gathered supplies to complete Resident #28's G-tube dressing change. The nurse donned gloves, and without donning a gown, removed the soiled G-tube dressing, cleansed the G-tube site with warm soapy water, removed his/her gloves, performed hand hygiene, donned new gloves, and emptied the basin. The nurse (#5) then donned a gown and acknowledged he/she forgot to apply it earlier and continued with cares.</p> <p>Observation on 06/12/24 at 11:21 a.m. showed a nurse (#5) performed tracheostomy cares for Resident #28. During the cares, the resident began to cough and expelled mucus through the cannula (tube inserted into the tracheostomy hole) across the foot of his/her bed. The nurse (#5) failed to apply face protection before providing tracheostomy cares.</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>During an interview on 06/12/24 at 3:18 p.m., an administrative staff member (#1) stated she expected staff to follow enhanced barrier precaution as stated in the facility policy.</p> <p>HAND HYGIENE</p> <p>Review of Resident #79's medical record occurred on all days of survey. The record identified a colostomy and dependence on staff for colostomy cares.</p> <p>Observation on 06/10/24 at 12:50 p.m. showed a certified nurse aide (CNA) (#7) performed colostomy cares for Resident #79. The resident periodically assisted the CNA by touching/positioning the colostomy bag and the graduate the bowel emptied into. After completing the cares, the CNA removed his/her gown and gloves and performed hand hygiene. The CNA failed to offer/provide hand hygiene to Resident #79.</p> <p>Observation on 06/11/24 at 11:22 a.m. showed a CNA (#2) performed incontinence cares for Resident #43 after a bowel movement. The CNA (#2) transferred the resident to a recliner, unhooked the leg straps and the mechanical lift sling, collected the garbage, and then removed the soiled gloves and performed hand hygiene.</p> <p>During an interview on 06/12/24 at 3:18 p.m., an administrative staff member (#1) confirmed she expected staff to provide Resident #79 hand hygiene after the colostomy cares and expected staff to remove gloves and perform hand hygiene after incontinence cares.</p> <p>40488</p> | | |