STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355082	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Smp Health - Ave Maria	501 19th St NE Jamestown, ND 58401

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 40489 Based on observation, review of the North Dakota Long Term Care Ombudsman Program Guide to Resident Rights, and staff interview, the facility failed to provide care in a manner that promoted, maintained, or enhanced the resident's dignity for 1 of 2 sampled residents (Resident #3) with a wound vacuum. Failure to cover a wound vacuum collection container does not preserve the resident's personal dignity and/or enhance their quality of life and has the potential to affect the resident's psychosocial well-being. Findings include: The North Dakota Long Term Care Ombudsman Program's Guide to Resident Rights, updated 03/21/23, page 16, stated, . The facility must treat you courteously, fairly and with dignity. Observation on 09/10/24 at 11:21 a.m. showed Resident #3 sitting in the hallway in front of the television with the wound vacuum and its contents visible. Observation on 09/10/24 at 11:44 a.m. showed Resident #3 sitting in the hallway in front of the television with a hand towel partially covering the wound vacuum canister, however, the contents of the wound vacuum canister remained visible. During an interview on 09/11/24 at 3:25 p.m., an administrative nurse (#2) stated wound vacuum containers should be covered when residents are out of their room.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 47896 Based on observation, review of facility policy, and staff interview, the facility failed to ensure accurate labeling of medications for 1 of 4 residents (Resident #70) observed receiving medication from an injector pen. Failure to obtain a label for an insulin pen may result in a resident receiving the wrong medication or an incorrect dose. Findings include: Review of a policy titled Medication Storage/Labeling occurred on 09/11/24. This policy, revised July 2024, stated, . Medications are labeled by pharmacy. If receiving medications from any mail order pharmacies that are not labeled individually, label with resident identification information . Observation on 07/10/24 at 8:17 a.m. showed a nurse (#1) prepared Resident #70's Novolog insulin pen for administration. The pharmacy label on the pen lacked a legible label with the resident's name or other identifying information. During an interview on 09/11/24 at 2:44 p.m., an administrative nurse (#2) confirmed Resident #70's Novolog insulin pen lacked a legible label.

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NAME OF PROVIDER OR SUPPLIER Smp Health - Ave Maria		STREET ADDRESS, CITY, STATE, ZIP CODE 501 19th St NE Jamestown, ND 58401	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31725 Based on observation, record review, facility policy review, and staff interview, the facility failed to follow standards of infection control for 2 of 9 sampled residents (Resident #3 and #25) and 2 supplemental residents (Resident #50 and #70) observed during cares/dressing change and glucose monitoring. Failure to follow infection control practices during resident cares related to hand hygiene, enhanced barrier precautions (EBP), and cleaning of a glucometer has the potential to spread infection throughout the facility. Findings include: HAND HYGIENE Review of the facility policy titled Hand Hygiene occurred on 09/11/24. This policy, revised July 2024, stated, . Hand Hygiene Should Be Practiced: . Before applying and after removing gloves. Review of the facility policy titled Dressing: Clean occurred on 09/11/24. This policy, dated June 2024, stated, . [NAME] [put on] clean gloves and remove the dressing. Dispose of the gloves, perform hand hygiene and don a clean pair of gloves. Apply dressing to the area as ordered. - Observation on 09/09/24 at 4:30 p.m. showed two certified nurse aides (CNAs) (#5 and #6) assisted Resident #50 into bed and removed the soiled brief. The CNA (#5) performed perineal care, removed her gloves, adjusted the resident's clothing, arranged the resident's blankets, applied the resident's glasses, and adjusted the pillow. The CNA (#5) failed to perform hand hygiene after removing her gloves and prior to completing other tasks. - Observation on 09/10/24 at 1:35 p.m. showed a nurse (#1) changed Resident #25's dressing. The nurse removed the old dressing, removed her right glove, donned a clean glove, cleansed the wound with a perineal wipe, removed the right glove, donned a clean glove, and applied the clean dressing. The nurse (#1) failed to perform hand hygiene after removing soiled gloves and prior to donning clean gloves. During an interview on 09/11/24 at 3:15 p.m., an administrative nurse (#2) stated she expected staff to perform hand hygiene after glove removal when doing perineal care and a dressing change. 40489 ENHANCED BARRIER PRECAUTIONS Review of the facility policy titled Enhanced Barrier Precautions occurred on 09/11/24. This policy, dated March 2024, stated, . It is the policy of SMP [Sisters of the [NAME] Presentation] Health-Ave [NAME] to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. PPE [personal protective equipment] for enhanced barrier precautions is only necessary when performing high-contact care activities . High-contact resident activities include: a. Dressing . c. Transferring d. Providing hygiene . f. Changing briefs . h. Wound care . (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 09/10/24 at 8:14 a.m. showed an EBP sign on Resident #3's door and isolation carts inside the resident's room. Observation showed a CNA (#7) wore gloves and assisted Resident #3 with changing her brief, personal hygiene, and dressing. At 8:17 a.m., a second CNA (#6) entered the resident's room, donned gloves and assisted with transferring the resident from bed to the wheelchair. The CNAs (#6 and #7) failed to wear a gown as required. During an interview on 09/11/24 at 3:25 p.m., an administrative nurse (#2) stated she expected staff to wear a gown when providing cares to residents in enhanced barrier precautions. CLEANING OF GLUCOMETER Review of policy titled Testing Blood Glucose and Meter Use occurred on 09/11/24. This policy, revised July 2024, stated, . In between uses, clean the Glucose meter using a Oxivir [disinfectant] wipe, allow surface to remain wet for one minute to ensure kill time and allow to air dry. Place monitor back in Ziploc bag. - Observation on 09/10/24 at 11:56 a.m. showed a nurse (#1) performed a glucose check on Resident #70. The nurse failed to disinfect the glucose meter using a Oxivir wipe prior to placing it back in the Ziploc bag. During an interview on 09/11/24 at 2:44 p.m., an administrative nurse (#2) confirmed she expected staff to disinfect the glucose meter prior to placing back in the Ziploc bag. 47896