

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355108	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Smp Health - Maryhill		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Hillcrest Dr Enderlin, ND 58027	
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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>45873</p> <p>Based on record review and staff interview, the facility failed to comply with the North Dakota Administrative Code (NDAC), Chapter 33-43-01-20 Medication assistant I and II initial registration and renewal for 1 of 1 staff member (#4) administering medications to residents as a medication assistant (MA). Failure to ensure qualified staff administered medication increases the risk for adverse consequences.</p> <p>Findings include:</p> <p>NDAC, Section 33-43-01-20 Individuals may not be employed as a medication assistant I or medication assistant II or hold themselves out to be a medication assistant I or medication assistant II unless the individual holds a registration as a medication assistant I or medication assistant II on the department's nurse aide registry. Individuals with delegated responsibility for administration of medication to a client as a medication assistant II must hold a current status on the department's registry as a certified nurse aide . 3. Individuals may obtain initial medication assistant II registration by successfully completing a department-approved medication assistant II program.</p> <p>Review of staff member #4's employee file occurred on 04/03/24 and lacked verification of a current North Dakota MA registry.</p> <p>Review of facility schedules for the dates of October 29, 2023, to December 02, 2023, showed staff member (#4) scheduled as a MA on 17 shifts and for the dates of January 28, 2024, to February 24, 2024, for 12 shifts.</p> <p>Review of facility electronic medication administration records (MAR) showed staff (#4) administered medications from July 2023, through February 2024 to residents.</p> <p>During an interview on 04/03/24 at 4:45 p.m., an administrative staff member (#1) confirmed staff member (#4) administered medications and the facility failed to verify medication assistant registration.</p> <p>Based on the following information, non-compliance at F836 is considered past non-compliance. The facility addressed the corrective action accomplished for the MAII and all facility residents affected by the deficient practice by:</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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>* The facility pursued a Human Resources portal through their payroll company to ensure staff licensing/registration information tracked for license/registry verification/expiration. This process began on 02/05/24.</p> <p>* On 02/23/24 the facility found staff member #4 lacked a current North Dakota MA registry. Facility management immediately removed staff member #4 from MAII duty.</p> <p>* On 02/26/24 facility management revised the policy/procedure titled License Verification. This policy, currently dated March 2024, stated, . All personnel that require a license of certification shall be verified through the appropriate issuing agency upon employment and renewal thereafter during the term of employment. The policy outlined the process and responsibility for license verification effective 03/01/24.</p> <p>* On 02/27/24 and 02/28/24 clinical staff education regarding License Verification policy/procedure.</p> <p>* On 03/21/24 all staff education regarding License Verification policy/procedure.</p> <p>The surveyor determined the facility discovered the deficient practice on 02/23/24. The facility implemented corrective action on 02/23/24 and completed clinical staff education on 02/27/24 and 02/28/24, and all staff education on 03/21/24.</p>		