

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER North Dakota Veterans Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 Veterans Drive Lisbon, ND 58054	

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** 40488</p> <p>Based on record review and review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.18.11), the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 1 of 15 sampled residents (Resident #34). 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>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 #34's medical record occurred on all days of survey and identified the facility transferred the resident to the hospital after a fall on 05/06/24. The resident returned to the facility on [DATE].</p> <p>Review of Resident #34's MDSs showed the facility completed the following:</p> <ul style="list-style-type: none"> * 05/06/24, Discharge Return Anticipated (an OBRA assessment) * 05/10/24, Entry (back to the facility) * 05/17/24, Significant Change (an OBRA assessment) <p>Review of the 05/17/24 significant change MDS identified the facility coded A0310E as 0, no rather than 1 yes as the first assessment since reentry on 05/10/24. Review of J1700A identified the facility coded 0, no falls in the last month prior to reentry. Resident #34's medical record identified a fall on 05/06/24.</p> <p>The facility failed to accurately code A0310E and J1700A on Resident #34's significant change MDS.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<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>40489</p> <p>Based on observation, review of facility policy, and staff interview, the facility failed to follow infection control practices for 1 of 1 sampled resident (Resident #32) observed during a dressing change. Failure to perform hand hygiene during and after a dressing change may result in an infection or worsening of the affected area and a delay in healing.</p> <p>Finding include:</p> <p>Review of the facility policy titled CLEAN DRESSING CHANGE occurred on 06/27/24. This policy, dated May 2023 stated, . 9. Loosen the tape and remove existing dressing. 10. Remove gloves . 11. Complete hand hygiene and put on clean gloves. 16. Discard disposable items and gloves into appropriate trash receptacle and wash hands.</p> <p>Observation on 06/25/24 at 9:49 a.m. showed a nurse (#2) performed hand hygiene and donned gloves. The nurse removed the old dressing from the resident's foot, cleansed the wound with saline, applied a barrier cream and rubbed lotion on the resident's legs. The nurse (#2) then removed the soiled gloves, and without performing hand hygiene donned new gloves, applied a clean dressing to the wound, and wrapped the resident's foot with a protective dressing. The nurse, removed her gloves, and without performing hand hygiene exited the resident's room.</p> <p>During an interview on 06/27/24 10:16 a.m., an administrative staff member (#1) stated she expected staff to follow infection control practices and perform hand hygiene after removing dirty gloves and applying new gloves and following a dressing change.</p>