

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  355122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/23/2024
NAME OF PROVIDER OR SUPPLIER  Richardton Health Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 8885 Highway 10 Richardton, ND 58652	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31725</b></p> <p>Based on observation, record review, review of facility policy, review of professional literature, and staff interview, the facility failed to ensure 1 of 5 sampled residents (Resident #23) received the services necessary to attain the highest degree of safety possible while receiving fluids. Failure to ensure staff provided proper positioning when providing water placed Resident #23 at risk for aspiration and choking.</p> <p>Findings include:</p> <p>Review of the policy titled Meal Supervision and Assistance occurred on 10/23/24. This undated policy stated, . The resident should be positioned so his or her head and upper body are as upright as possible. in bed, use wedges and pillows to achieve a nearly upright position.</p> <p>[NAME] B. Swigert's The Source for Dysphagia; Third Edition, LinguiSystems, Inc., Illinois, 2007, page 125 and educational handouts identified, . During the oral intake of . foods and/or liquids, it is optimal for a patient to be seated at a 90 degree angle, whether in a bed or in a chair.</p> <p>Review of Resident #23's medical record occurred on all days of survey. Diagnosis included dementia and difficulty swallowing. The resident's current care plan and a physician order, dated 06/08/24 stated, . 90 degrees for all intake .</p> <p>Observation on 10/22/24 at 10:10 a.m. showed two certified nurse aides (CNAs) (#3 and #4) transferred Resident #23 into bed. While in bed at an approximate 50 degree angle the CNA (#3) provided the resident with a drink of water. The resident coughed, held his breath, and his face turned red until the CNAs positioned him to a 90 degree angle. The resident then continued to cough and the CNAs called for the nurse.</p> <p>Nursing progress notes for 10/22/24 stated:</p> <p>*11:52 a.m. Resident was seen by [nurse practitioner] on rounds, new orders received . bedside swallow evaluation to be completed. Son, [name] at facility and updated on orders and episode of resident coughing on water.</p> <p>*2:51 p.m. Resident had a choking episode while laying in bed this AM. The episode was witnessed and CNA was able to repositioned [sic] to 90 degree angle and CN [charge nurse] assessed resident immediately. Resident back to baseline respiratory rate.</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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NAME OF PROVIDER OR SUPPLIER  Richardton Health Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  8885 Highway 10 Richardton, ND 58652	

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/23/24 at 4:25 p.m., an administrative nurse (#1) stated she expected staff to position Resident #23 to a 90 degree angle before providing the resident with a drink of water.</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, review of facility policy, and staff interview, the facility failed to follow standards of infection control and prevention for 1 of 1 sampled resident (Resident #22) observed during a dressing change. Failure to practice infection control standards related to enhanced barrier precautions (EBP) 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 10/23/24. This policy, dated 03/22/24, stated, . Enhanced barrier precautions refer to the use of gown and gloves for certain residents during specific high contact care activities . High-contact resident care activities . Wound care: any skin opening requiring a dressing.</p> <p>Observation on 10/22/24 at 9:40 a.m. showed an EBP sign on Resident #22's door. A nurse (#2) donned gloves and changed Resident #22's heel dressing. The nurse failed to wear a gown during the dressing change.</p> <p>During an interview on 10/23/24 at 4:25 p.m., an administrative nurse (#1) stated she expected staff to wear a gown during a dressing change.</p>