North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8105	A. BUILDING: _____ B. WING _____	C 01/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUFTE MANOR	3300 CHERRY ST GRAND FORKS, ND 58201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
B 000	INITIAL COMMENTS An unannounced onsite complaint investigation was completed on January 30-31, 2023. One concern identified by the complainant was substantiated and another was unsubstantiated.	B 000	Plan of Correction Basic Care Complaint Survey Tufte Manor Survey Date: 1/30/23-1/31/23	
B1400	33-03-24.1-14 PERSONAL CARE SERVICES 33-03-24.1-14. Personal care services. The facility shall provide personal care services to assist the residents to attain and maintain their highest level of functioning consistent with the resident assessments and care plans. These services must include assistance with: This state licensing rule is not met as evidenced by: Based on review of facility policy, record review, and staff interview, the facility failed to provide personal care services consistent with the assessment and care plan for 1 of 1 sampled closed record resident (Resident #7) who went outside of the building to smoke. Failure to provide supervision as identified in the care plan may have led to Resident #7 experiencing falls outside. Findings include: Review of the "Resident Smoking" policy occurred on 01/30/23. This policy, revised 10/22/19, stated, ". . . Policy Explanation and Compliance Guidelines: 1. Smoking is prohibited in all areas except the designated smoking area . . . 5. Residents who smoke will be further assessed, using the Resident Safe Smoking Assessment . . ." Review of Resident #7's medical record occurred on January 30-31, 2023. A Smoking-Safety	B1400	B1400 The Resident #7 is no longer living in this facility. Policy # 1642.4a Elopement and Unsafe Wondering was reviewed and revised. Policy # 1642.21 Resident Smoking and Assessment was reviewed and revised. Policy # 1642.1 was reviewed and revised regarding Resident Assessments and Care Plans. All residents who utilize the door to the smoking area have been assessed and demonstrated safe use of the door from the smoking designated area except for one resident who only uses the area while family is present. All Personal Care Service staff will be educated on 3/2/23 and 3/7/23 regarding policies # 1642.4a, # 1642.21 and #1642.1 on changes and including the assessment and follow through of care plan interventions. The residents will continue to be assessed upon move in, quarterly and during a significant change. The Resident smoking assessment was updated to specifically address if the resident is able to use the key fob and doorbell to the door. A sign was placed explaining the door is locked 24/7 and a picture of the doorbell if assistance is needed to reenter the building that shows both inside and outside of the door. The date of correction will be on or before March 17th, 2023. Audits will be conducted by the Director of Personal Care Services or designee weekly X 1 month, monthly X3, quarterly x2 then annually to ensure compliance. Attachments: 1) Policy # 1642.4a Elopement and Unsafe Wondering policy 2) Policy #1642.21 Resident Smoking Policy and Assessment. 3) Policy #1642.1 Resident Assessments and Care Plans.. 4) A copy of the sign posted for view inside and outside of the door. 5) Audit Forms to Ensure the Resident is safe in smoking designated area and care plan is followed.	

Health Response and Licensure
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Angie Goulet — Administrator — 2/24/23

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B1400	Continued From page 1 Screen (assessment), dated 12/12/21, identified Resident #7 as "Safe to smoke without supervision." Review of Resident #7's care plan identified a focus, dated 12/30/21, which stated, "Resident requires staff supervision/adaptations when using tobacco products." The interventions include, "Requires staff to monitor to get back into building from smoking." and "The resident's smoking supplies are stored in nurse's office or at front desk." The resident record contained a letter sent to the resident, dated 01/04/22, which stated, "There have been documented concerns of inability to return to the building at Tufte Manor when you have left the building. Due to the concerns of your wellbeing, we are unable to meet the needs in the Basic Care level. Several occasions of reeducation with you have occurred without you consistently safely reentering the building. Consider this letter a written 30-day notice of the need to move to a higher level of care . . ." The facility also sent a similar letter to Resident #7's family. Review of falls information found Resident #7 experienced four falls outside the building while smoking in February 2022: * 02/02/22: "Another resident . . . reported resident knocking on door and went to let him in and resident gone. Notified staff & staff found outside on ground . . ." * 02/12/22: "Resident asked for a cigarette @ 5:30 pm. Instructed resident to use his fob to get back in building. At 5:45 p[m] had not heard from resident so concluded that he must have used fob to re-enter. Decided to check on him to make sure he was back in his room. He was not in his apt. [apartment]. Notified staff et [and] started search. At about 6:15 pm notified administration.	B1400		

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B1400	Continued From page 2 Called 911. Dispatch stated that someone else had already called et they were on there (sic) way. Staff had found him away from smoking area in a snow back (sic). Got him into building. Ambulance here and taken to ER [emergency room]." A General Event Report related to this incident identified Corrective Action Taken: "Resident will require staff supervision to go outside for a cigarette . . . Resident was taken to . . . Hospital by EMS [emergency medical services] staff and was treated for cold exposure." * 02/19/22: "[Resident #7] went out for a smoke, got a call from a resident [in nearby apartment building] saying [Resident #7] fell in the snow around the corner. After the call I went after him. Once I found [Resident #7], he was bent over in the snow and didn't appear hurt. He was shaking from the cold. I helped him up and walked him back to the building." * 02/21/22: "Resident went outside to smoke and was walking fast hit compacted snow/ice then slipped and fell into the snow bank." Resident #7 moved out of the facility on 02/28/22. During an interview on 01/31/23 at 9:30 a.m., a supervisory nurse (#3) said staff kept Resident #7's cigarettes for him at his request. She indicated they knew when he was going out to smoke because he would have to request a cigarette from staff. During an interview later that morning, a different supervisory nurse (#2) confirmed staff did not always provide the supervision as identified in Resident #7's care plan.	B1400		
B1540	33-03-24.1-15,4 PHARMACY/MED ADM SERVICES	B1540	B1540	

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B1540	Continued From page 3 4. All medications used by residents which are administered or supervised by staff must be: a. Properly recorded by staff at the time of administration. b. Kept and stored in original containers labeled consistently with state laws. c. Properly administered. This state licensing rule is not met as evidenced by: Based on review of facility policy, record review, and staff interview, the facility failed to ensure proper administration of medications for 2 of 2 sampled closed-record residents (Residents #6 and #7) reviewed. Failure to administer medications as ordered may cause adverse consequences for the residents. Findings include: Review of the facility policy titled "Pharmacy and Medication Administrative Programs" occurred on 01/30/23. This policy, dated 10/09/19, stated, ". . . Regular and reliable pharmaceutical service is available to provide residents with prescription and nonprescription medications, services, and related equipment and supplies . . . Procedure: 1. Tufte Manor Nursing will provide assistance to residents in obtaining necessary medications and medical supplies . . . 4. Medication used by residents which are administered by Personal Care Services will be: . . . C. Properly administered . . . " - Record review for Resident #6 occurred on all	B1540	Resident # 6 and #7 are no longer living in this facility. Policy #1641.1 Pharmacy and Medication Administrative Programs was reviewed. Policy # 1641.6 Medication Administration- General Guidelines was reviewed and revised. All resident medication records were reviewed for any unavailable medications. **All staff will be educated on 3/2/23 and 3/7/23 regarding properly administering medications that included reporting and ensuring medications are available per policy # 1641.1 Pharmacy and Medication Administration Programs and #1641.6 MedicationAdministration-General guidelines.** **All Licensed staff to receive education on reviewing dashboard and other means of review in Point Click Care platform for reviewing MARS which will be required at the end of the shift by a Licensed Nurse on 3-2-23. A task has been added in Point Click Care.** **The correction will be completed on or before March 17th, 2023.** **Audits will be conducted by the Director of Personal Care Services or designee daily X1 week, weekly x1 month, monthly X3, quarterly X2, and then annually to ensure compliance.** **Attachments:** **Policy # 1641.1 Pharmacy and Medication Administrative Programs.** **Policy # 1641.6 Medication Administration- General guidelines.** **Audit forms to ensure reviewing MARs and that Current Medications ordered are available to ensure compliance.**	

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B1540	Continued From page 4 days of survey. A progress note dated 12/29/21 stated, "Communication with Provider . . . call from Neurology [provider name] to increase Trileptal (Also called Oxcarbazepine, used to treat pain) to 375mg [milligrams] (twice a day) . . ." Review of Resident #6's Medication Administration Record (MAR) found staff failed to administer this medication as prescribed for eight consecutive days in January (17-24) 2022. An interview occurred on 01/31/23 at 10:30 a.m. with three administrative staff members (#1, #2, and #3). One staff member (#3) said Resident #6's family had the responsibility to order the Oxcarbazepine for Resident #6. When asked to provide evidence to indicate the family accepted this responsibility, facility staff failed to provide such evidence. - Record review for Resident #7 occurred on all days of survey. Resident #7 had an order for Latanoprost (treats glaucoma) one drop in each eye at bedtime. Review of Resident #7's MAR for December 2021, and January and February 2022 found staff failed to administer Resident #7's Latanoprost a total of 30 times in those three months: * December: Staff failed to administer 13 times * January: Staff failed to administer 14 times * February: Staff failed to administer 3 times An interview occurred on 01/31/23 at 10:30 a.m. with three administrative staff members (#1, #2, and #3). Upon learning of Resident #7's missed doses of Latanoprost, these staff members indicated they were unaware of these errors and could provide no further information.	B1540		