STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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. 28611 Based on observation, review of facility policy, and resident interview, the facility failed to provide care in a manner that maintains or enhances resident dignity for 1 of 1 sampled resident (Resident #7) observed during toileting. Failure to offer toileting in a dignified manner does not enhance the resident's quality of life and may result in decreased self-esteem, skin breakdown, and urinary tract infections. Findings include: Review of the facility policy titled Dignity occurred on 10/11/22. This policy, dated 2018, stated, . Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect, and individuality. Demeaning practices and standards of care that compromise dignity are prohibited. During a resident interview on 10/10/22 at 1:40 p.m., Resident #7 stated she used to have a smaller bed pan, but the staff got rid of it. The resident stated, Now they put a brief under me. They [staff] tell me to pee in the brief. [It] takes them awhile to come back, then I have to sit here in my mess. Next thing you know, I'll have an infection. The resident further identified the only bed pans offered to her are too tall/thick, and it hurts her back to use them. During an observation on 10/10/22 at 1:52 p.m. two certified nursing assistants (CNAs) (#1 and #2) entered Resident #7's room. The resident identified she needed a brief, and the CNAs placed an incontinence brief under the resident as she lie in bed. The resident stated, Now when I put my light on, you'll come back right? To clean me up? A CNA (#2) stated, I didn't know you wanted to pee. We should have used a bed pan. The resident stated, I've told you I can't use those bed pans. They hurt my back. The CNAs then left the room without further intervention. The facility staff failed to provide options for toileting assistance that would enhance or maintain Resident #7's dignity. Refer to F690

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Reasonably accommodate the needs and preferences of each resident. 46477 1. Based on information provided by the complainants, observation, review of Resident Council meeting minutes, and confidential resident and staff interviews, the facility failed to provide reasonable accommodation of needs regarding call lights for 22 of 26 sampled and confidential residents (Resident #4, #6, #7, A, B, C, D, E, F, G, H, I, K, L, M, N, P, Q, R, S, V, and W) with call light concerns. Failure to answer call lights in a timely manner may result in falls/injury, discomfort, incontinence, and/or skin breakdown. Findings include: Information provided by the complainants' indicated staff failed to answer call lights in a timely manner resulting in incontinence. The facility failed to provide a copy of their call light policy when requested. Review of the May-July 2022 Resident Council meeting minutes identified residents had concerns with the following: * 06/29/22, . Call light[s are] not being left within reach [of residents] . * 07/28/22, . Call light times . During confidential interviews on 08/15/22, when asked questions regarding call light response times, residents responded as follows: * 08/15/22 at 6:25 p.m., Resident I stated, I don't like when they [staff] leave me on that toilet in [the bathroom]. They get busy, until they get the other people done. * 08/15/22 at 6:35 p.m., Resident H stated, Sometimes, if they [staff] are busy, you have to wait 30 or more minutes. * 08/15/22 at 6:45 p.m., Resident K stated, I try to call as soon as I can, in case I have to wait. Sometimes it takes a very long time. I have urinated and had BM [bowel movement] accidents and they [staff] have to clean me up. * 08/15/22 at 7:00 p.m., Resident F stated, We have to wait a lot. We have to wait for a long time. They [staff] are busy and can't always take me to the bathroom. I don't like peeing in my bed either. Then, I have to lay in it. * 08/15/22 at 8:06 p.m., Resident G stated, They [staff] are not good with [answering call lights]. For three days, they gave me medicine, so I could have a bowel movement. They didn't come when I called. I had to wait twenty some minutes. I hadn't gone for three days, so it was all over. * 08/15/22 at 7:10 p.m., Resident N reported waiting up to an hour for staff assistance to the bathroom and stated, I feel bad about myself when I have to wait so long and soil myself. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	* 08/15/22 at 7:10 p.m., Resident Q reported waiting longer during the night shift for staff to assist him. * 08/15/22 at 7:25 p.m., Resident R stated, It takes longer [for staff to respond to my call light] during the night shift. * 08/15/22 at 7:30 p.m., Resident B reported the average call light wait time is 30 minutes to an hour, depending on staffing. He said staff frequently tell him I'll be back with help, but they don't come back. Resident B stated, I'll be laying in my own urine and feces for some time, sometimes over an hour. * 08/15/22 at 7:30 p.m., Resident P stated, There is just not enough people working. It can take an hour [for staff to respond to my call light]. He reported he has been incontinent a few times while waiting for staff to assist him. * 08/15/22 at 7:50 p.m., Resident C reported that it can take up to 30 minutes for someone to assist him to the bathroom. He said staff tell him I'll be back, but they don't come back.* 08/15/22 at 7:57 p.m., Resident V stated, the biggest problem is they don't have enough help here. I don't need much help, but when I do, I wait 30-45 minutes for them [staff] to come.* 08/15/22 at 8:15 p.m., Resident D reported waiting up to 30 minutes to an hour for staff to respond to his call light. He said staff tell him We'll be right back, but they don't come back. He reported calling again, and he stated, [by then] I have had an accident on the floor. * 08/15/22 at 8:35 p.m., Resident A stated, Call lights can go off for an hour and then, when answered, you're told, 'I'll be back,' but they [staff] don't come back. * 08/16/22 at 8:38 a.m. Resident S stated, The average time to wait is 30 minutes. He reported needing help with the urinal and indicated he has had an accident while waiting for staff to assist him. * 08/16/22 at 9:20 a.m., Resident E described staff as slow to respond at times. He said he will fall asleep, but they [staff] don't wake me so he [has] to put [his] call light on again. * 08/16/22 at 11:30 a.m., Resident W stated she sometimes waits an hour or more during the night when she puts her call light on and they don't have enough help at night. She stated she has urinated in her bed while waiting for staff to come help her. * 08/16/22 at 2:49 p.m., Resident L reported waiting an average of 45 minutes for staff to respond to his call light. He stated, If they [staff] would communicate more, this wouldn't happen, and we wouldn't wait so long. * 08/16/22 at 3:38 p.m., Resident M stated, Well, it could definitely be better. Usually, I wait half an hour or more. Observations on 08/16/22 showed the following: - Resident #4's call light alarmed from 9:25 a.m. to 9:51 a.m., 26 minutes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- Resident #6's call light alarmed from 9:25 a.m. to 9:58 a.m., 33 minutes. - Resident #7's call light alarmed from 11:05 a.m. to 11:28 a.m., 23 minutes. During an interview on the afternoon of 08/17/22, an administrative nurse (#1) stated she expects staff to answer call lights in a timely manner. The administrative nurse (#1) failed to define timely manner. Failure of the facility to make reasonable accommodations and assist residents in maintaining their highest level of functioning negatively affected their feelings of well-being and resulted in some residents experiencing incontinence. 2. Based on observation, record review, and resident and staff interviews, the facility failed to provide reasonable accommodation of needs for 1 of 1 sampled resident (Resident #8) who was unable to activate her call light. Failure to ensure residents are able to activate their call lights may result in incontinence, falls/injury, and/or decreased quality of life. Findings include: The facility failed to provide a copy of their call light policy when requested. During an interview on 08/15/22 at 7:00 p.m., when asked questions pertaining to call light response times, Resident #8 stated, We have to wait a lot. We have to wait for a long time. Sometimes, I'm not sure if the light goes on, when I push the button. My fingers are bad. She also indicated she asks her roommate to activate her call light when she needs assistance. Observation showed a bandage on Resident #8's right hand and her left hand showed blackened fingertips. Review of Resident #8's medical record occurred on all days of survey. The record identified diagnoses of muscle atrophy (wasting away), necrotic (dead) tissue to bilateral fingers/toes, surgical amputation, and need for assistance with personal cares. The comprehensive skills assessment, dated 08/08/22, identified, . surgical wound care . resident c/o [complains of] pain to right hand not resolved . tips to all digit[s] to upper left hand and bilateral lower extremities blackened, shriveled, and hard . The current care plan identified, . Resident has physical functioning deficit related to: Eschar/necrotic [dead] tissue to bilateral fingers/toes . Call bell within reach . Observation on 08/16/22 at 3:10 p.m. showed Resident #8 holding the call light with her bandaged right hand and pushing the call button with her left hand. Resident #8 failed to activate the call light after multiple attempts. During an interview on 08/16/22 at 5:03 p.m., when asked if she notified staff of her inability to activate her call light, Resident #8 stated, Oh yeah. I've told a couple CNAs [certified nursing assistants]. Then, they try the call light and it works. Nothing happens after that. During an interview on the afternoon of 08/17/22, an administrative nurse (#1) agreed staff should have reported Resident #8's concerns regarding her call light and suggested she may benefit from a soft touch call light. 46259 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	27221 19410

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to organize and participate in resident/family groups in the facility. 27221 Based on information provided by the complainants, record review, review of facility policy, review of monthly Resident Council meeting minutes, and confidential resident interviews, the facility failed to act upon grievances expressed by 10 of 10 confidential residents (Resident G, H, I, J, T, V, W, X, Y, and Z), and 1 resident discharged from the facility (Resident #28). Failure to act upon the grievances regarding staffs' failure to serve meals and/or snacks in a timely manner resulted in the residents continued dissatisfaction. Findings include: Information provided by the complainants' indicated staff failed to provide residents with meals and/or snacks in a timely manner. The complainants' also reported staff failed to serve meals and/or evening snacks to some of the residents. Review of the policy Frequency of Meals occurred on 08/16/22. This policy, dated Quarter 3, 2018, stated, . Each resident shall receive at least three (3) meals daily . in accordance with resident needs, preferences, requests and the plan of care. Meals will be served four (4) to six (6) hours apart to help assure that residents receive nutritional requirements. Nourishing snacks will be available for residents who need or desire additional food between meals. Evening snacks will be offered routinely to all residents. Review of the policy Snacks (Between Meal and Bedtime), Serving, occurred on 08/16/22. This policy, dated Quarter 3, 2018, stated, . The purpose of this procedure is to provide the resident with adequate nutrition. Place the snack on the overbed table or serving area. Arrange the supplies so that they can be easily reached by the resident. Place beverages within easy reach. Assist the resident as necessary. However, encourage the resident to feed himself or herself as much as possible. Place the call light within easy reach of the resident. Once the resident has received adequate assistance, exit the room and allow the resident to eat his or her snack. Remove the snack tray when the resident has finished his or her snack. The person performing this procedure should record the following information in the resident's medical record . The date and time the snack was served. The name and title of the individual(s) who served the snack. The amount of snack eaten by the resident (i.e., 50%, 75%, etc.) . If the resident refused the snack, the reason(s) why and the intervention taken. Notify the supervisor if the resident refuses the snack and why. Review of the May-July 2022 Resident Council meeting minutes identified the following: * 06/29/22, . people gave snacks at 5:15 [p.m.] . switch ways [the snack carts] go so [residents on the last unit served] have a chance at good snacks . * 07/28/22, . Snack carts aren't being rotated . Residents also discussed concerns regarding food arriving cold. During an interview on 08/15/22 at 6:15 p.m., a dietary staff member (#3) stated breakfast is served from 7:30 a.m. to 9:15 a.m., lunch from 11:00 a.m. to 1:00 p.m., and dinner from 5:00 p.m. to 7:00 p.m. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Confidential resident interviews identified the following: * 08/15/22 at 6:25 p.m., Resident I stated, Yeah, I demand [snacks]. * 08/15/22 at 6:35 p.m., Resident H stated, Sometimes we have to wait twenty minutes or more. The food is cold.* 08/15/22 at 6:49 p.m., Resident W stated meal trays are brought to her room and the food is cold. * 08/15/22 at 7:06 p.m., Resident G stated, There is a little bit of a wait with trays. Hot foods are not hot, more like warm. * 08/15/22 at 7:42 p.m., Resident X stated he eats in his room and the food is sometimes cold.* 08/15/22 at 7:50 p.m., Resident V stated, Sometimes the snack cart comes, and sometimes it doesn't, one night it came at 8:30 [p.m.], that is too late. Resident V reported some of the food is cold when brought to her room and she was told there is no microwave to heat the food up.* 08/16/22 at 8:10 p.m., Resident Y stated sometimes I get a snack and sometimes not. Resident Y stated that one of the staff members told him if the cart goes by and the resident's door is closed, they won't knock, as they will think you are sleeping. * 08/15/22 at 8:23 p.m., Resident J stated, Timely, no. One night they [staff] didn't come [with my meal] until 7:00 p.m. Sometimes it's [the food is] hot, sometimes it's cold. Another night, I didn't get any [snacks].* 08/15/22 at 8:34 p.m., Resident Z stated he eats in his room and the food is not the best. The resident stated the food is not hot when it arrives to his room, it is warm. * 08/16/22 at 9:19 a.m., Resident T stated, [I] very seldom [get snacks]. - Review of Resident 28's medical record occurred on all days of survey. The record identified diagnoses of diabetes, end stage renal disease (ESRD), and severe malnutrition. The physician's orders identified, . RENAL, DIABETIC diet . The nutritional assessment, dated 07/08/22, identified, . In need of increased nutrition related to HD [hemodialysis] . Will add Liquacel [supplement] daily 1 oz [ounce] for additional protein . The care plan identified, . I am at risk for Alteration in Blood Glucose due to: Diabetes Mellitus Type 2 . Educate patient . related to Diabetes management, following nutritional recommendations . Alteration in Kidney Function r/t [related to] ESRD, on HD . Encourage patient to follow nutritional and hydration program interventions . Provide diet as ordered . The facility failed to provide a record of Resident 28's meal intake upon request. Resident 28's snack record, dated June 29-July 31 2022, identified staff failed to consistently offer/provide snacks. Documentation identified staff offered snacks as follows: * No snacks: on 9 days * Once a day: on 9 days * Twice a day: on 10 days (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	* Three times a day: on 4 day Staff indicated resident not available on fourteen occasions, not applicable on three occasions, and resident refused on eleven occasions. Staff failed to indicate whether attempts were made to offer snacks at a later time when unavailable earlier in the day. 19410

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 19410 1. Based on observation, record review, review of facility policy, and resident and staff interviews, the facility failed to ensure all alleged violations involving possible abuse were reported immediately to the administrator of the facility and to other officials (including the State Survey Agency) for 1 of 1 sampled resident (Resident #19) who sustained a skin tear to her arm during cares. Failure to immediately report alleged violations to the State agency per the facility's policy, placed Resident #19 and other residents at risk for at risk for possible abuse and/or further injury. Findings include: Review of the facility policy titled Abuse Investigation and Reporting occurred on 08/17/22. This policy, dated 2018, stated, . All reports of resident abuse . mistreatment . shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. All alleged violation of abuse . mistreatment . will be reported immediately, but not later than . Twenty-four (24) hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury. - Observations showed the following: * 08/15/22 at 6:50 p.m., A protective sleeve over a bandage on Resident #19's right lower forearm. When asked about the bandage, Resident #19 stated it happened a couple of weeks ago, when a certified nurse assistant (CNA) yanked on [her] while assisting her to turn in bed. Resident #19 reported staff are not careful when turning her, they sometimes yank the drawsheet, and she has asked them not to do that as she gets sores on her bottom from it. She also told one of the night nurses she wanted to talk to someone about her care, but thinks the nurse did not tell anyone. * 08/16/22 at 11:30 a.m., Resident #19 asked a staff nurse (#4) to cut the protective sleeve over the bandage on her right lower forearm to a smaller size. Observation showed a gauze dressing over the wound with dried drainage. The nurse moistened the gauze with saline, removed the soiled gauze, and placed a new gauze bandage over the v-shaped skin tear. The nurse then cut the protective sleeve to a smaller size and placed it over the gauze bandage. Resident #19 stated she also got a skin tear on her bottom this morning from the bed pan. Observation showed a small bandage on the resident's right buttock. On 08/16/22 at 12:45 p.m., when asked about Resident #19's skin tear, an administrative nurse (#1) stated she was not aware of any skin issues and said she would talk to the resident and assess her skin. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Nurses Notes, dated 08/16/22 at 2:28 p.m., identified, . resident reported to nurse that they had a skin tear to right forearm and right buttock. The forearm skin tear, they state was caused when 'they were turning me a couple weeks ago.' On assessment, this skin tear is covered with gauze and a small tubigrip [a tubular protective bandage]. The wound appears to be no older than a day or too. Skin flap is flush, and edges clean. Slight sangiouneous [bloody] drainage from distal end. Cleansed and covered with gauze and tubigrip, as resident does not want tape to skin due to skin tearing. Resident states skin tear to right buttocks caused by bed pan. on assessment, author finds a skin tear 1.5 cm [centimeters] x 1 cm. Author cleansed, covered with small xeroform and mepilex [foam dressing] sbar [communication] left for provider. During interview on 08/16/22 at 3:00 p.m., an administrative nurse (#1) confirmed staff should have reported the injury. 2. Based on record review and review of facility policy, the facility failed to ensure the results of 2 of 2 final investigations of alleged neglect (Resident #27 and #28) were reported to the State agency within five working days of each incident. Failure to report the results of each investigation to the State agency per the facility's policy placed all residents at risk for possible abuse and/or further injury. Findings include: Review of the facility policy titled Abuse Investigation and Reporting occurred on 08/17/22. This policy, dated 2018, stated, . All reports of resident . neglect . mistreatment . shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. The Administrator, or his/her designee, will provide the appropriate agencies . with a written report of the findings of the investigation within five (5) working days of the occurrence of the incident. Review of alleged violations showed the facility failed to report the results of each investigation to the State agency within five working days of each incident. * Resident #27's representative reported staff failed to reposition him and he was found in same position, greatly soiled, possible neglect: initial report submitted 07/26/22. * Resident # 28 reported staff failed to pass meal trays/snacks, possible neglect: initial report submitted 07/25/22. 27221

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 27221 Based on record review, policy and procedure review, and staff interview, the facility failed to thoroughly investigate falls with injury for 1 of 1 sampled resident (Resident #26) and 1 resident discharged from the facility (Resident #28). Failure to thoroughly investigate falls with injury does not allow the facility to determine causative factors of the injury and has the potential to place residents at risk for falls, mistreatment, neglect, or abuse. Findings include: Review of the facility policy titled Abuse Investigation and Reporting occurred on 08/17/22. This policy, dated 2018, stated, . All reports of resident abuse, neglect . mistreatment . shall be . thoroughly investigated by facility management. The individual conducting the investigation will, at a minimum . Review the completed documentation forms, Review the resident's medical record to determine events leading up to the incident . Interview any witnesses to the incident . Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident . Review all events leading up to the alleged incident. - Review of Resident #26's medical record occurred on all days of survey. Diagnoses included Alzheimer's dementia and history of falls. Resident #26's current care plan stated, . I am at risk for falls . Activities of daily living and Level of Assistance: 2 Person Assist, Total Assist, Hoyer lift [full body mechanical lift] . Wheelchair for locomotion . Review of the fall incident report, dated 07/31/22, identified, . Incident Description: Resident was found lying on the floor next to his wheelchair in the hallways when CNA [certified nursing assistant] called writer to come over quickly. When writer asked the CNA how the resident got on the floor, CNA told her, He tried to stand immediately after stopping wheelchair and felt [sic] to the floor. Resident was assessed . helped back to his wheelchair by 3 CNAs using the Hoyer lift. Resident has a little cut on the size [sic] of head. During interviews on 08/16/22 at 3:54 p.m. and 4:12 p.m., an administrative nurse (#1) stated, [Resident #26] can't propel himself. They push him everywhere. He always has his feet on the foot pedals. He is transferred with a Hoyer lift. The administrative nurse (#1) acknowledged information documented under the incident description section of the report contradicted her personal knowledge/observations of Resident #26. The facility failed to thoroughly investigate/determine the causative factors of Resident #26's fall. Failure to question/investigate how Resident #26 could stand when he requires total assistance from two staff members and a Hoyer lift to transfer, may result in future falls and has the potential to place Resident #26 and other residents at risk for neglect. - Review of Resident #28's medical record occurred on all days of survey. Diagnoses included absence of right upper limb below elbow, difficulty walking, muscle wasting/atrophy, muscle weakness. Resident #28's care plan stated, . I have physical functioning deficit . Bed mobility assistance of (1) . Transfer assistance of (1) . [Resident #28] is at risk for falls . Bed in low position . Call light and personal items available and in easy reach . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the fall incident report, dated 07/31/22, identified, . Incident Description: At 3:55 pm heard a loud frantic scream for help x [times] 2 from down the hall. Arrived at pt [patient] room and found her lying on her rt [right] side with blood all around her, in her hair, on floor mixed in with spilled milk, on sheet and blanket that was on floor with her. Immediately assessed where blood was from and noted approx [approximately] 2-3 cm [centimeter] laceration in chin. Pressure applied and pt head assessed for further areas of injury. Pt crying and moaning, asked her what happened, stated that she slid off the bed onto the floor, that it was slippery. Said she was sitting at side of bed and tried to push herself back on bed and fell , and the only thing that hurt was her chin. Noted bed was in higher position like pt usually has it. Told her we would be sending her to ER [emergency room] for eval [evaluation] and probable sutures to her chin. O2 [oxygen] on per nasal cannula. Blood noted in nose and mouth. Called for help and had someone call 911 . Predisposing Environmental Factors: . wet floor . bed position . During an interview on 08/17/22 at 2:05 p.m., an administrative nurse (#1) acknowledged information documented under the incident description section of the report failed to address the location of the call light, the position of the bed, the resident's footwear and/or cleanliness of the floor. The facility failed to thoroughly investigate/determine the causative factors of Resident #28's fall. Failure to question/investigate the location of the call light, the position of the bed, the resident's footwear and/or cleanliness of the floor, has the potential to place residents at risk for falls and/or neglect.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46259 Based on observation, record review, review of facility policy, and resident and staff interviews, the facility failed to review and revise comprehensive care plans to reflect the current status for 5 of 26 sampled residents (Resident #8, #11, #13, #14, and #21) and 1 resident discharged from the facility (Resident #27). Failure to review and revise the care plan limited staffs' ability to communicate needs and ensure continuity of care. Findings include: Review of the facility policy titled Care Plans, Comprehensive Person-Centered occurred on 08/17/22. This policy, dated 2018, stated, The comprehensive, person-centered care plan will. Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being . Incorporate identified problem areas. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' condition change . - Review of Resident #8's medical record occurred on all days of survey. The current care plan identified, . Personal Hygiene assistance of (IND) [independent] . Toileting assistance of (one) . The current care card [summary of care plan provided to staff] contradicted the care plan, identifying, . Toileting assistance of (2) . Observation on 08/16/22 at 3:05 p.m. showed a partially full urinal hanging from Resident #11's bed rail. During an interview on the afternoon of 08/17/22, an administrative nurse (#1) agreed Resident #11's urinal should be part of the care plan. - Review of Resident #11's medical record occurred on all days of survey. The current care plan failed to address the resident's bathing/shower needs and use of a urinal. Observation on 08/15/22 at 6:40 p.m. showed a partially full urinal hanging from Resident #13's garbage can. - Review of Resident #13's medical record occurred on all days of survey. The current care plan stated, Toileting assistance of 1. Toilet riser in place. The current care plan failed to address Resident #13's use of a urinal. - On 08/16/22 at 2:18 p.m., observations showed Resident #14 wearing a yellow Fall Risk bracelet on his wrist. Review of Resident #14's medical record occurred on all days of survey. A Fall Assessment-Post Incident, dated 03/03/22, identified the resident as a moderate risk for falls. The current care plan failed to identify Resident #14 as a fall risk. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 08/17/22 at 2:05 p.m., an administrative nurse (#1) confirmed staff failed to revise Resident #13 and Resident #14's care plans to reflect their current care needs. - During an interview on 08/15/22 at 8:00 p.m., Resident #21 stated he/she has an insulin pump (computerized medical device that delivers insulin through a thin tube that goes under the skin). The resident stated he/she manages the pump and administers insulin through the pump according to the amount of carbohydrates eaten. Review of Resident #21's medical record occurred on all days of survey. The current care plan failed to address the insulin pump, the fact she manages the pump independently, and administers insulin via the pump based on carbohydrate intake. During an interview on the afternoon of 08/16/22, an administrative nurse (#1) agreed Resident #21's insulin pump should be part of the care plan. - Review of Resident #27's medical record occurred on all days of survey. The care plan identified, . I am at risk for pressure injury . Turning and repositioning schedule per assessment . The care plan failed to delineate the repositioning schedule. 27221 19410 - During an interview on 08/15/22 at 7:47 p.m., Resident #? ([NAME] H) state

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28611 Based on resident interview, record review, review of professional reference, and staff interview, the facility failed to administer medications in accordance with professional standards for 1 of 1 sampled resident (Resident #8) with medication concerns. Failure to administer the correct medications and/or address potential medication errors may result in adverse health effects for residents. Findings include: [NAME], [NAME], and Frandsen's Kozier & Erb's Fundamentals of Nursing: Concepts, Process, and Practice, 11th ed., Pearson Education, Inc., New Jersey, page 835-836, stated, . Certain aspects of medication administration are important for the nurse to check each time a medication is administered. These are referred to as the rights. Right Medication . The medication given was the medication ordered . Right Client . Medication is given to the intended client . Page 840 stated, . If the client says that the medication you are about to give is different from what the client has been receiving, do not give the medication without first checking the original order. Stay with the client until all medications have been swallowed. Review of Resident #8's medical record occurred on October 10-11, 2022. The current Minimum Data Set (MDS), dated [DATE], identified intact cognition. During an interview on 10/10/22 at 3:30 p.m., Resident #8 identified that on Saturday (10/08/22) a nurse gave her morning pills and left her room. She stated there were two unfamiliar pills in her cup, so she looked them up by the imprint code online. The pills she identified were oxycodone hydrochloride (a narcotic pain medication) and methylphenidate hydrochloride (i.e., Ritalin, used to treat attention deficit and hyperactivity disorder). Resident #8 stated she should receive Gabapentin (used to treat nerve pain) and tramadol (a narcotic pain medication). Resident #8 stated, I called the nurse back in and told [him/her] they were the wrong pills. [He/she] said no, but I insisted. [The nurse] went back out to check and sure enough, they were the wrong pills. During an interview on the morning of 10/11/22, an administrative staff member (#3) stated Resident #8 knows her pills and knows the numbers on them. Resident #8's medical record and the facility incident reports lacked identification of this incident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide care and assistance to perform activities of daily living for any resident who is unable. 27221 Based on information provided by the complainants, record review, review of facility policy, and confidential resident/family and staff interviews, the facility failed to assist with activities of daily living (ADLs) for 13 of 26 sampled and confidential residents (Resident #8, #10, #11, #12, #14, #20, F, G, H, I, J, P, and V) who required staff assistance for bathing and expressed concerns regarding showers/bathing. Failure to provide assistance to residents who cannot perform the bathing task independently may result in poor personal-hygiene and decreased self-esteem. Findings include: Information provided by the complainants' indicated staff failed to bathe residents as scheduled. Review of the facility policy titled Supporting Activities of Daily Living (ADLs) occurred on 08/17/22. This policy, dated 2021, stated, . Appropriate care and services will be provided for residents who are unable to carry out ADLs independently . in accordance with the plan of care, including appropriate support and assistance with . Hygiene (bathing, dressing, grooming, and oral care) . Confidential resident and family interviews identified the following: * 08/15/22 at 6:25 p.m., Resident I stated, I give myself a bath. * 08/15/22 at 6:35 p.m., Resident H stated, [Baths/Showers] are very sporadic. There doesn't seem to be any schedule. * 08/15/22 at 7:00 p.m., Resident F stated, They [staff] are busy and can't always take me to the bathroom. I don't like peeing in my bed either. Then, I have to lay in it. I'm supposed to have a bath two days a week, but maybe it needs to be more often. Resident F's family member (sitting in the room at the time of the interview) stated, When I came, [Resident F's] bedding was soaked, and her brief was ripped. She was in a soaking wet bed. I'm not sure if she would have gotten a shower, if I hadn't been here. * 08/15/22 at 7:06 p.m., Resident G stated, I got a shower last Wednesday. Other than that, I got a pan with soapy water, and I washed myself. * 08/15/22 at 7:30 p.m., Resident P stated, I have maybe had one bath since I have been here, otherwise they just bring in a tub of water or clean me up in the bathroom. * 08/15/22 at 7:50 p.m., Resident V stated sometimes they don't come in to take me to the shower until late, one time they gave me a shower at 10:00 at night. Resident V stated the other day they came in at 8:30 p.m. to shower her, but she refused because she already had her pajamas on and ready for bed. * 08/15/22 at 8:23 p.m., Resident J stated, I'm supposed to have a shower on Tuesdays and Fridays. They haven't asked me for a while now. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- Review of Resident #8's medical record occurred on all days of survey. The record identified a diagnosis of muscle atrophy (wasting away). The current care plan identified, . Personal Hygiene assistance of (IND) [independent] . The current care card identified, . Bathing/Shower - Monday/Thursday PM [afternoon/evening] . Resident #8's bathing/shower record (indicating the type of bath provided), dated August 01-15, 2022, identified staff failed to bathe (in a bathtub)/shower her for 15 days. Staff documented bed/towel bath on two occasions, resident not available on two occasions, and not applicable on one occasion. - Review of Resident #10's medical record occurred on all days of survey. The record identified a diagnosis of muscle weakness. The current care plan identified, . Personal Hygiene assistance of (1) . The current care card identified, . Bathing/Shower - Tuesday/Friday NOC [night] . Resident #10's bathing/shower record, dated July 19-August 15, 2022, identified staff provided a bath/shower on three occasions. Staff documented bed/towel bath on one occasion, not applicable on one occasion, and resident refused on one occasion. Staff failed to make an entry on two occasions, and failed to indicate whether attempts were made to reschedule missed baths/showers. - Review of Resident #11's medical record occurred on all days of survey. The record identified diagnoses of compression fractures, muscle weakness, and myasthenia gravis [disorder causing rapid muscle fatigue and weakness]. The current care plan failed to address bathing/shower needs. The current care card identified, . Bathing/Shower - Mon/Thurs [Monday/Thursday] PM . Resident #11's bathing/shower record, dated July 26-August 15, 2022, identified staff failed to bathe (in a bathtub)/shower him for 21 days. Staff documented bed/towel bath on two occasions, not applicable on three occasions, and resident refused on one occasion. Staff failed to indicate whether attempts were made to reschedule missed baths/showers. - Review of Resident #12's medical record occurred on all days of survey. The record identified diagnoses of arthritis, muscle weakness, and pain. The current care plan identified, . Bathing extensive assist of 2 . The current care card identified, . Bathing/Shower - Monday/Thursday AM . Resident #12's bathing/shower record, dated July 19-August 15, 2022, identified staff provided a bath/shower on one occasion. Staff failed to bathe (in a bathtub)/shower him for 25 days. Staff documented bed/towel bath on two occasions, not applicable on two occasions, and resident refused on four occasions. Staff failed to indicate whether attempts were made to reschedule missed baths/showers. - Review of Resident #14's medical record occurred on all days of survey. The record identified diagnoses of generalized weakness and polyneuropathy. The current care plan failed to address bathing/shower needs. The current care card identified, . Bathing/Shower - Tuesday/Friday NOC [night] . Resident #14's bathing/shower record, dated July 26-August 12, 2022, identified staff provided a bath/shower on one occasion. Staff documented not applicable on two occasions and resident refused on two occasions. Staff failed to indicate whether attempts were made to reschedule missed baths/showers. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- Review of Resident #20's medical record occurred on all days of survey. The record identified diagnoses of difficulty walking and generalized muscle weakness. The current care plan failed to address bathing/shower needs. The current care card identified, . Bathing/Shower - Tuesday/Friday AM . Review of Resident #20's bathing/shower record, dated July 22 - August 12, 2022, identified staff provided a shower on two occasions and a bed/towel bath on one occasion. Staff documented not applicable on two occasions and Resident Not Available on two occasions. Staff failed to indicate whether attempts were made to reschedule missed baths/showers. During an interview on 08/16/22 at 2:36 p.m., when asked questions pertaining to the bathing/shower records, an administrative nurse (#1) was unable to explain the not applicable notations in the records. The administrative nurse (#1) also stated, There is no way [some residents incontinent of bowel] would get clean without a bath. 46259 19410

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 46477 THIS IS A REPEAT DEFICIENCY FROM THE SURVEY COMPLETED ON 04/21/22. Based on information provided by the complainant, record review, review of facility policy, and staff interview, the facility failed to provide services to prevent skin breakdown and minimize the potential for the development of pressure ulcers for 1 of 2 sampled residents (Resident #2) and 1 resident discharged from the facility (Resident #27). Failure to consistently reposition residents for pressure relief may result in delayed healing of current pressure ulcers and/or the development of new pressure ulcers. Findings include: Information provided by the complainants' identified the facility failed to reposition residents in a timely manner. The complainants' reported observing residents in the same position throughout the day and/or sitting in heavily soiled clothing and/or bedding. Review of the facility policy titled Supporting Activities of Daily Living (ADLs) occurred on 08/17/22. This policy, dated 2021, stated, . Appropriate care and services will be provided for residents who are unable to carry out ADLs independently . in accordance with the plan of care, including appropriate support and assistance with . Mobility . - Review of Resident #2 medical record occurred on all days of survey. The record identified diagnoses of obesity and pressure ulcers. The current care plan, dated 08/16/22, stated, . [Resident] is at risk for increased presence of pressure ulcers d/t [due to] the current presence of wounds and pressure ulcers r/t [related to] immobility and obesity . Resident #2's repositioning record, dated July 20-August 15, 2022, identified staff failed to consistently reposition the resident. Documentation identified the time span between repositioning attempts varied from approximately three hours to fifteen hours. - Review of Resident #27's medical record occurred on all days of survey. The record identified diagnoses of cerebral infarction with hemiplegia/hemiparesis [partial paralysis on one side of the body], muscle atrophy [wasting], and sacral pressure ulcer. The care plan identified, . I am at risk for pressure injury due to: incontinence, cognitive loss, weakness and debility, med [medication] side effects, hx [history] PU [pressure ulcer] to sacrum at hospital . Turning and repositioning schedule per assessment . Resident #27's care plan and care card failed to address the need for repositioning assistance or delineate the recommended repositioning schedule. Resident #27's bed mobility record, dated June 23-July 26, 2022, identified staff failed to consistently reposition the resident. Documentation identified staff repositioned Resident #27 as follows: * Not repositioned: on one day (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	* Once a day: on eight days * Twice a day: on seventeen days * Three times a day: on five days * Four times a day: on three days Documentation further identified the time span between repositioning attempts varied from approximately one hour to 22 hours and 45 minutes. During an interview on the afternoon of 08/17/22, an administrative nurse (#1) stated she expects staff to reposition residents within an appropriate time frame to prevent skin breakdown, in general every two hours. 27221

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 27221 Based on information provided by the complainants, observation, record review, review of facility policy, and confidential resident/family and staff interviews, the facility failed to provide appropriate services and assistance to maintain bowel/bladder continence for 16 of 26 sampled and confidential residents (Resident #4, #7, #8, #11, #13, #15, #16, #19, #20, #25, F, G, I, K, P and W) and 1 resident discharged from the facility (Resident #27). Failure to provide toileting assistance may result in unnecessary incontinence and a loss of dignity. Findings include: Information provided by the complainants indicated staff failed to toilet residents and/or empty urinals in a timely manner. The complainants reported observing residents sitting in soiled clothing, chairs, and/or bedding. Review of the facility policy titled Supporting Activities of Daily Living (ADLs) occurred on 08/17/22. This policy, dated 2021, stated, . Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with . Elimination (toileting) . TOILET USE Confidential resident and family interviews identified the following: * 08/15/22 at 6:25 p.m., Resident I stated, I don't like when they leave me on that toilet in there [bathroom]. They get busy, until they get the other people done. * 08/15/22 at 6:45 p.m., Resident K stated, I try to call as soon as I can, in case I have to wait. Sometimes it takes a very long time. I have urinated and had BM [bowel movement} accidents and they [staff] have to clean me up. * 08/15/22 at 7:00 p.m., Resident F stated, They [staff] are busy and can't always take me to the bathroom. I don't like peeing in my bed either. Then, I have to lay in it. Resident F's family member (in the room at the time of the interview) stated, When I came, [Resident F's] bedding was soaked, and her brief was ripped. She was in a soaking wet bed. She has sores on her bottom. It's just my opinion, but it smelled like old pee. Like she was sitting in it for a while. I know they are short staffed, but I feel like they are training her to be incontinent. * 08/15/22 at 7:06 p.m., Resident G stated, For three days, they gave me medicine so I could have a bowel movement. They didn't come when I called. I had to wait 20 some minutes. I hadn't gone for three days, so it was all over. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	* 08/15/22 at 7:30 p.m., Resident P stated, There is just not enough people working. It can take an hour [for staff to respond to my call light]. He reported he has been incontinent a few times while waiting for staff to assist him. * 08/16/22 at 11:30 a.m., Resident W stated she sometimes waits an hour or more during the night when she puts her call light on and they don't have enough help at night. She stated she has urinated in her bed while waiting for staff to come help her. - Review of Resident #8's medical record occurred on all days of survey. The record identified diagnoses of difficulty walking and urinary incontinence. The current care plan stated, . Toileting assistance of (one) . Transfer assistance of (one with FWW) . Pressure Ulcer . risk . The current care card contradicted the care plan and stated, . Toileting assistance of (2) . Resident #8's toilet use record (indicating when staff provided toileting cares), dated August 01-16, 2022, identified the following: * Not toileted: on two days * Once a day: on four days * Twice a day: on four days * Three times a day: on one day * Four times a day: on four days * Five times a day: on one day Documentation further identified the time span between toileting attempts varied from three hours thirty minutes to eleven hours thirty minutes. Staff also indicated resident not available on five occasions and not applicable on four occasions. - Review of Resident #15's medical record occurred on all days of survey. The record identified a diagnosis of prostatic hyperplasia [age-associated prostate gland enlargement that can cause urination difficulty]. The current care plan and care card stated, . Check and change . Provide assistance to toilet . Monitor and report S&S [signs and symptoms] of UTI [urinary tract infection] . Resident #15's toilet use record, dated August 01-16, 2022, identified the following: * Once a day: on one day * Twice a day: on four days * Three times a day: on two days * Five times a day: on one day (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Documentation further identified the time span between toileting attempts varied from two to fifteen hours. Staff also indicated not applicable on one occasion. - Review of Resident #19's medical record occurred on all days of survey. The current care plan stated, . I have a potential for self-care deficit r/t . impaired mobility or transfer ability, pain . two person assist with bed mobility, toileting and transfers . Resident #19's toilet use record, dated August 01-16, 2022, identified the following: * Twice a day: one day * Three times a day: seven days * Four times a day: five days * Five times a day: none * Six times a day: one day Documentation further identified the time span between toileting attempts varied from two hours to sixteen hours. Staff also indicated not applicable on two occasions. - Review of Resident #20's medical record occurred on all days of survey. The record identified diagnoses of difficulty in walking and generalized muscle weakness. The current care plan stated, . I have Potential for complications r/t incontinence . Assist to toilet resident requests, reminded and as needed . I have a potential for self care deficit r/t [related to] energy deficit, s/p [status post] L [left] toe amp [amputation], pain . decreased mobility . Assist to transfer as needed . Call light near and answered . Resident #20's toilet use record, dated August 01-16, 2022, identified the following: * Once a day: two days * Twice a day: five days * Three times a day: three days * Five times a day: one day Documentation further identified the time span between toileting attempts varied from two hours to sixteen hours. Staff also indicated resident not available on nine occasions and not applicable on four occasions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- Review of Resident 27's medical record occurred on all days of survey. The record identified diagnoses of cerebral infarction with hemiplegia/hemiparesis [partial paralysis on one side of the body], muscle atrophy [wasting], and sacral pressure ulcer. The care plan stated, . Assist with pericare . Assist of 2 with . toileting, transfers . Notify MD [medical director] if . s/sx infection/UTI . at risk for pressure injury due to: incontinence . hx [history] PU [pressure ulcer] to sacrum at hospital . Resident 27's toilet use record, dated July 19-26, 2022, identified the following: * Once a day: on one day * Twice a day: on two days * Three times a day: on three days * Four times a day: on one day * Five times a day: on one day Documentation further identified the time span between toileting attempts varied from two to twenty-three hours. Staff also indicated not applicable on one occasion. During an interview on 08/16/22 at 2:36 p.m., when asked questions pertaining to the toileting record, an administrative nurse (#1) stated, I made a rounding sheet for everybody. [Staff] should have more eyes on [the residents], like every couple of hours to see if they need anything. URINAL USE - Review of Resident #11's medical record occurred on all days of survey. The record identified diagnoses of myastinia gravis [disorder causing rapid muscle fatigue and weakness] and UTI. The current care plan stated, . Peri cares as needed . The current care card failed to address Resident #11's use of a urinal. Observation on 08/16/22 at 3:05 p.m. showed a partially full urinal hanging from the bed rail. Resident #11 stated, They need to come in and empty this. Resident #11's toilet use record for 08/16/22 identified staff provided cares at 2:54 p.m. Staff provided cares, but failed to empty the urinal while they were in his room. - Review of Resident #13's medical record occurred on all days of survey. The record identified diagnoses of difficulty walking and generalized weakness. The current care plan stated, Toileting assistance of 1 . The care plan failed to address Resident #13's use of a urinal. Observation on 08/15/22 at 6:40 p.m. showed a partially full urinal hanging from the resident's garbage can. Resident #13 reported staff empty the urinal when they have time. - Random observations showed the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	* 08/15/22 at 6:29 p.m., a partially full urinal on Resident #25's bedside table. * 08/15/22 at 6:33 p.m., a partially full urinal on Resident #7's bedside table, next to food containers and a water mug. * 08/15/22 at 8:15 p.m., a partially full urinal hung on Resident #4's garbage can. He stated, They need to empty that (pointing at the urinal) and clean up the urine on the floor. They never clean the floor, it smells like urine in here. * 08/15/22 at 8:35 p.m., a dirty urinal on Resident #16's bedside table surrounded by papers. * 08/16/22 at 2:10 p.m., a partially full urinal on Resident #7's bedside table, next to a water mug. * 08/17/22 at 10:06 a.m. and 11:07 a.m., a partially full urinal on Resident #7's bedside table, next to a water mug. 46259 46477 19410

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. 19410 THIS IS A REPEAT DEFICIENCY FROM THE SURVEYS COMPLETED ON 02/25/21 and 04/21/22. Based on record review, resident interview, and staff interview, the facility failed to ensure residents maintain acceptable parameters of nutritional status related to carbohydrate intake and blood glucose levels for 1 of 1 (Resident #21) resident with an insulin pump. Failure to provide carbohydrate counting information to a resident who manages his/her insulin pump doses according to carbohydrate intake has the potential to result in adverse affects from high or low blood glucose levels. Findings include: During an interview on 08/15/22 at 7:50 p.m., Resident #21 stated she has diabetes and has an insulin pump. The resident stated she has asked the dietary staff to provide her with the carbohydrate counts of the food so that she can dose her insulin according to her intake (carbohydrate counting is counting the number of grams of carbohydrates in a meal and matching that to the dose of insulin). Resident #21 stated no one has given her any information about the carbohydrate counts for the food provided in the facility. Review of Resident #21's medical record occurred on 08/17/22. The facility admitted the resident in June 2022 and medical diagnoses included Type 1 Diabetes mellitus with diabetic nephropathy. Physician's orders included the following: 06/01/22 - Diabetic diet regular texture 06/08/22 - OK for pt [patient] to self manage insulin with input from endocrinology 06/16/22 - Accuchecks TID [three times a day] - call provider if <60 or >500 when meal comes pt [patient] does BS [blood sugar] and doses insulin after eating with meals Review of Resident #21's initial nutritional assessment identified the diagnoses of diabetes mellitus, but did not include any information regarding the resident's use of an insulin pump. Resident #21's care plan failed to identify the use of an insulin pump and that the resident checks her own blood sugar and administers insulin via the insulin pump based on her blood sugar level. Review of Resident #21's blood glucose level checks from August 01-16, 2022 identified blood glucose levels ranging from 61 to 288 milligrams per deciliter (normal range for fasting blood sugar [the amount of glucose in your blood six to eight hours after a meal] is between 70 and 100 milligrams per deciliter.) An interview with a nutrition staff member (#5) occurred on the afternoon of 08/17/22. When asked about Resident #21's insulin pump and carbohydrate counting, the staff member stated she was not aware the resident had an insulin pump, dosed her own insulin, or that the resident had inquired about carbohydrate counting.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 19410 THIS IS A REPEAT DEFICIENCY FROM THE SURVEYS COMPLETED ON 02/25/21, 03/25/21 and 04/21/22 Based on observation, record review, review of facility policy/procedure, and resident and staff interviews, the facility failed to provide respiratory care consistent with professional standards of practice for 3 of 3 sampled residents (Residents #19, #23, and #24) receiving oxygen by nasal cannula. Failure to administer oxygen according to the physician's order may result in complications and compromise of the residents' respiratory status. Findings include: Review of the facility policy titled Oxygen Administration occurred on 08/17/22. This policy, dated Qtr (quarter) 3, 2018, stated, Purpose: The purpose of this procedure is to provide guidelines for safe oxygen administration. Preparation 1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration. - Observation on 08/15/22 at 6:49 p.m. and on 08/16/22 at 11:30 a.m. showed Resident #19 receiving oxygen per nasal cannula at four liters per minute (LPM).Review of Resident #19's medical record on 08/16/22 identified a physician's order, dated 6/28/22, for oxygen at three LPM via nasal cannula. - Observation on 08/15/22 at 7:10 p.m. and in the afternoon of 08/16/22 showed Resident #23 receiving oxygen per nasal cannula at two and one half LPM. Review of Resident #23's medical record on 08/16/22 identified a physician's order, dated 03/15/22, for continuous oxygen at four LPM. - Observation on 08/15/22 at 8:34 p.m. and on 08/16/22 at 4:17 p.m. showed Resident #24 receiving oxygen per nasal cannula at four LPM. During an interview on 08/16/22 at 4:20 p.m., Resident #24 stated, They have the oxygen on at four liters. That is too high. Review of Resident #24's medical record on 08/16/22 identified a physician's order, dated 06/07/22, for oxygen at three LPM per nasal cannula at night and as needed during the day. During an interview the afternoon of 08/16/22, an administrative staff member (#1) confirmed staff should administer oxygen at the amount the physician ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 28611 Based on resident interview, record review, review of facility policy, and staff interview, the facility failed to provide effective pain management for 1 of 1 sampled resident (Resident #1) with unavailable pain medications. Failure to ensure the availability of pain medication resulted in Resident #1 experiencing increased, unresolved pain. Findings include: Review of the facility policy titled Administering Pain Medications occurred on 11/17/22. This policy, dated 2018, stated, . Pain management is defined as the process of alleviating the resident's pain to a level that is acceptable to the resident and is based on his or her clinical condition and established treatment goals. Conduct an abbreviated pain evaluation if there has been no change of condition since the previous assessment. The assessment may consist of at least the following components: a. Whether pain has improved or worsened since the last assessment; b. The general condition of the resident . 6. Administer pain medications as ordered. Review of Resident #1's medical record occurred on 11/16/22. Diagnoses included chronic pain and diabetic neuropathy (nerve damage). Current medications included Gabapentin (an anticonvulsant sometimes used to treat nerve pain) 200 milligrams (mg) two times a day (BID) and tramadol (a narcotic pain reliever) 50 mg BID. Resident #1's current care plain stated, . I am at risk for pain r/t [related to] debility, lymphedema [swelling in the body tissues], L [left] shoulder pain, neuropathy, anasarca [generalized swelling] . Administer analgesia medication as ordered . Review of Resident #1's nurses' notes identified the following: *11/13/22 at 7:52 p.m.: . Resident is alert and oriented x4 and able to make needs known. Resident is in a much better mood and rated shoulder pain 5/10; all pain meds [medications] administered as ordered. *11/14/22 at 8:14 p.m.: . Resident Reported 6/10 shoulder pain; pain meds administered as ordered. *11/15/22 at 9:31 p.m.: . Resident C/O [complained of] shoulder pain but couldn't administered tramadol due to the outage; was held per provider orders this evening. Review of Resident #1's pain scale ratings (1-10) identified a pain score of 7 on 11/15/22 at 8:40 p.m., and a pain score of 8 on 11/16/22 at 11:40 a.m. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0697 Level of Harm - Actual harm Residents Affected - Few	An interview with Resident #1 occurred on 11/16/22 at 11:05 a.m. The resident stated she had not received her tramadol since yesterday morning (11/15/22). She was supposed to have it on the evening of 11/15/22 and the morning of 11/16/22. She identified the evening nurse (on 11/15/22) told her she did not have a tramadol available for Resident #1 because they (the medication) did not get ordered. Resident #1 stated she had not received Gabapentin yet either, because she likes to take Gabapentin and tramadol together. Resident #1 stated, I know they'll say I 'refused' the Gabapentin, but I'm not. I just like to take both of them at the same time. She further stated, I've been so angry all day. You can tell when the pills are running low. If I forget to order my pills, they say I have dementia. But they [the staff] forget and it's ok. When asked if she was in pain, Resident #1 replied, Oh, yeah! I was in such pain at therapy [that morning]. It was just torture but I went ahead and did them [her exercises] anyway. She identified she was unable to complete one of her exercises due to her pain. An occupational therapy note, dated 11/16/22, stated, . Pre-Tx [pretreatment] . Pain Intensity = 9/10; Frequency = Constant; Location: L shoulder; Pain limits the following functional activities: ADL's [activities of daily living] and transfers; What relieves pain? = Prescribed Medications, Heat; . Post-Tx [posttreatment] Pain Intensity = 8/10; Frequency = Constant; Location: L shoulder . During an interview on the afternoon of 11/16/22, an occupational therapy staff member (#3) stated Resident #1 complained of pain during therapy that morning. During an interview on 11/16/22 at 11:50 a.m., a staff nurse (#2) stated she had to call the doctor and have a tramadol dose released from the Cubex (an automated medication dispensing system), so she [Resident #1] has just gotten it and her Gabapentin now. The nurse identified the tramadol did not get reordered soon enough by facility staff. Failure to ensure the availability of Resident #1's scheduled pain medication resulted in the resident experiencing increased, unresolved pain and decreased participation in therapy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. 40489 Based on record review and staff interview, the facility failed to ensure competent staff for 5 of 5 contract personnel files reviewed (Staff #8, #9, #10, #11, and #12). Failure to provide facility orientation may result in a lack of knowledge related to facility procedures, competencies and skill sets needed to care for residents and increase the risk of physical or psychological harm to the residents through improper care. Findings include: On 08/29/22, the survey team requested information regarding orientation of travel/contract staff for one travel nurse, and four certified nursing assistants (CNAs). Review of the facility's orientation files for travel/contract staff identified the facility failed to provide orientation to the travel/contract Staff #8, #9, #10, #11, and #12. During an interview on 08/29/22 at 5:00 p.m., an administrative nurse (#6) confirmed the facility failed to complete orientation with Staff #8, #9, #10, #11, and #12. Failure to provide orientation increased the potential for lack of appropriate care, services, and monitoring of residents consistent with their individualized plan of care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. 40489 Based on observation and staff interview, the facility failed to ensure posting of daily staffing information for 8 of 29 days (August 5 and 23-29, 2022) reviewed. Failure to post accurate staffing data does not allow residents and visitors knowledge of the number of licensed and unlicensed staff on duty each shift. Findings include: Observation on 08/29/22 showed staff failed to post staffing information. During an interview on 08/29/22 at 5:03 p.m., an administrative nurse (#6) verified the facility failed to post the daily staffing report.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 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. 28611 Based on observation, record review, review of facility policy, review of prescribing information, and resident interview, the facility failed to ensure safe and secure storage of medications for 1 of 1 sampled residents with medications at the bedside (Resident #8) and 1 of 1 medication carts reviewed. Failure to securely store and label medications and properly dispose of controlled medications may lead to medication errors, unauthorized access, and/or drug diversion. Findings include: Prescriber information for the long-acting insulin Tresiba, found at https://www.mynovoinsulin.com/insulin-products/tresiba/home.html, stated, . Instructions for Use . Do not use TRESIBA(R) past the expiration date printed on the label or 56 days after you start using the Pen. The facility policy titled Self-Administration of Medications occurred on 10/11/22. This policy, dated 2018, stated, . Self-administered medications must be stored in a safe and secure place, which is not accessible by other residents. Staff shall identify and give to the Charge Nurse any medications found at the bedside that are not authorized for self-administration . Observation on 10/10/22 at 3:30 p.m. showed two insulin pens, a container of lancets, and a container of insulin needles on a bedside table in Resident #8's room. Observation also showed the Tresiba insulin pen lacked dates identifying when staff opened the pen and when they should discard it. When asked if she self-administers insulin, Resident #8 stated, No. I think they [staff] just leave them in here because they know I won't mess with them. Resident #8's medical record failed to identify an order or an assessment for self-administration. Observation of the medication cart on the transitional care unit occurred on 10/10/22 at approximately 5:00 p.m. The controlled medication lock box contained a card with oxycodone hydrochloride (a narcotic pain medication) for Resident #12. Review of Resident #12's physician's orders identified a discontinue date of 08/15/22 for the oxycodone (nearly two months prior).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0843 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have an agreement with at least one or more hospitals certified by Medicare or Medicaid to make sure residents can be moved quickly to the hospital when they need medical care. 40488 Based on staff interview, the facility failed to have a written transfer agreement with one or more hospitals approved for participation under the Medicare and Medicaid programs. Failure to ensure an agreement is in place may result in negative outcomes for residents who require admission to the hospital and/or the delay of information required for care and treatment when a transfer is necessary. Findings include: During an interview on 08/30/22 at 9:05 a.m., an administrative staff member (#7) stated the facility staff failed to locate any transfer contracts/agreements with the local hospitals. The staff member (#8) stated the facility contacted the local hospitals and they did not have a transfer contract/agreement on file with the facility either.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28611 Based on record review, review of professional reference, review of manufacturer's guidelines, and staff interview, the facility failed to ensure appropriate infection control standards during insulin administration for 1 of 1 sampled resident (Resident #2) reviewed for insulin use. Failure to ensure residents do not share insulin pens may result in the spread of bloodborne pathogens. During the on-site revisit survey, the team determined a potential Immediate Jeopardy (IJ) situation existed on 11/16/22 at 4:16 p.m. The IJ situation resulted from record review of Resident #2, who used insulin pens and was noted to have used another resident's insulin pen. This finding placed residents in immediate danger due to incorrect insulin pen use and the potential for the spread of bloodborne pathogens between residents. * 11/16/22 at 6:30 p.m. - The survey team notified the administrator and director of nursing of the IJ situation and requested they develop a plan for removal of the immediate jeopardy. * 11/17/22 at 8:53 a.m. - The facility submitted a written immediate action plan. * 11/17/22 at 10:31 a.m. - The survey team reviewed and accepted the facility's written plan of correction for the IJ situation. * 11/17/22 at 11:58 a.m. - The survey team removed and reduced the IJ situation from a scope/severity of J to a scope and severity of G. * 11/17/22 at 3:41 p.m. - The State Survey Agency (SSA) notified the regional office of the immediate jeopardy removal. Findings include: Review of the manufacturer's guidelines for the NovoLog FlexPen (a fast-acting insulin), found at https://www.novo-pi.com/novolog.pdf, stated, . WARNINGS AND PRECAUTIONS . NOVOLOG(R) FlexPen(R), NOVOLOG(R) FlexTouch(R), PenFill(R) cartridge, and PenFill(R) cartridge devices should never be shared between patients, even if the needle is changed. Sharing poses a risk for transmission of blood-borne pathogens. [NAME], [NAME], and Frandsen's Kozier & Erb's Fundamentals of Nursing: Concepts, Process, and Practice, 11th ed., Pearson Education, Inc., New Jersey, page 835-836, stated, . Certain aspects of medication administration are important for the nurse to check each time a medication is administered. These are referred to as the rights. Right Medication . The medication given was the medication ordered . Right Client . Medication is given to the intended client . Review of Resident #2's medical record occurred on 11/16/22. Diagnoses included Type II diabetes mellitus. An assessment for self-administration of medications (SAM), dated 10/12/22, identified Resident #2 as safe to self-administer insulin. Resident #2's nurses' notes identified the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	*11/01/22 at 2:34 p.m.: . Writer went to room [ROOM NUMBER] [Resident #2's room] because there was some arguing going on between this room and room [ROOM NUMBER]. Writer was told that Nurse gave him the wrong pen, but he still needed another pen to complete his full insulin dose. Nurse stated that incorrect pen was contained in the same bag/location of correct pens for this resident. This writer was notified by resident that he was provided another residents' insulin pen. Resident states that he was given 4 empty pens by overnight nurse and that he took 60 units out of another residents' pen. The medication was the same medication he takes. *11/03/22 at 12:51 p.m.: . Reason for alert charting: effects from another resident's pen Interventions: monitoring Resident Reaction to Interventions/Response to treatment: res [resident] doing well Pain Management: no c/o [complaints of] pain Improvement/Decline: res is stable . *11/4/22 at 7:51 p.m.: . Reason for alert charting: Medication error Interventions: triple check that it is the right med [medication] and the right resident Resident Reaction to Interventions/Response to treatment: No concerns from resident noted Pain Management: No complaint of pain or discomfort. Improvement/Decline: No decline noted. Resident is the same as before. The record lacked evidence of further action taken by facility staff (notification of the resident's doctor and representative, investigation of the potential bloodborne pathogen exposure etc.) During an interview on the afternoon of 11/16/22, a managerial nurse (#1) identified staff notified Resident #2's doctor, but the doctor did not order anything further, and the staff did not complete a bloodborne pathogen exposure investigation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. Building B. Wing	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on University	1315 S University Dr Fargo, ND 58103

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 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation. 40489 Based on review of the facility assessment, Nursing Orientation/Annual Skills/Competency Checklist form, personnel files, and staff interview, the facility failed to ensure all staff received training on abuse, neglect, exploitation, and misappropriation of resident property for 5 of 5 nurses (#22, #23, #24, #25, and #26) reviewed. Failure to ensure staff receive required training places residents at risk for abuse, neglect, exploitation, and misappropriation of resident property. Findings include: Review of the 2022 Facility Assessment The Meadows on University occurred on 08/29/22 and stated, . 3. C Staff training/education and competencies: Role: Licensed Nurses Training Requirements . Abuse . See Licensed Nurse Competency Checklist . Review of the Nursing Orientation/Annual Skills/Competency Checklist occurred on 08/29/22 and stated, . 31. Abuse: Definition, types, residents at risk including residents with Dementia/Alzheimer's: Prevention, Identifying, investigation, Reporting, Abuse Coordinator . Review of personnel files occurred on 08/29/22 and failed to include abuse, neglect, exploitation, and misappropriation of resident property training for five staff nurses (#22, #23, #24, #25, and #26). During an interview on 08/29/22, when asked about training records, an administrative staff member (#6) stated the facility lacked training records related to abuse, neglect, exploitation, and misappropriation of resident property for the nurses.