STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355031	A. Building B. Wing	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Minot Health and Rehab, LLC	600 S Main St Minot, ND 58701

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 - Actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 37620 Based on information provided by the complainant, record review, and staff interview, the facility failed to ensure professional standards of practice 1 of 1 closed record (Resident #1) with physician's orders for laboratory blood testing. Failure to follow physician's orders for weekly hemoglobin blood testing contributed to the resident's transfer to the emergency department for a blood transfusion. Findings Include: Information provided by the complainant indicated the facility failed to complete hemoglobin blood testing weekly as ordered by the physician Review of Resident #1's medical record occurred on 02/01/22. Diagnoses included multiple fractures of the pelvis and iron deficiency anemia. A physician's order, dated 10/13//21, stated, Hemoglobin one time a day every 7 days. Review of Resident #1's medical record identified the following completed laboratory results: * 10/20/21 Hemoglobin of 7.3 * 11/05/21 Hemoglobin of 5.6 Resident #1's progress notes identified the following: * 10/25/2021 at 6:49 p.m., Resident c/o [complained of] nausea and vomited once during the day shift. Physician ordered 4mg [milligrams] of Zofran (anti-nausea medication) q [every] 6 hours prn [as needed], which was administered with good effect. * 10/25/2021 at 3:16 p.m., Resident refused lunch today. Had one episode of emesis this afternoon. MD [medical doctor] notified and order obtained for PRN Zofran. VS [vital signs] WNL [within normal limits]. Resident is now sleeping. * 10/28/2021 at 4:13 p.m., Resident had episode of N/V [nausea and vomiting] this afternoon. PRN Zofran given and found effective. Reported no ABD [abdominal] pain at the moment. Bowel sounds present and active x 4. No fever present. Will continue to monitor. (continued on next page)

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
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(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 - Actual harm Residents Affected - Few	* 11/04/2021 at 1:29 p.m., Physical therapy and staff CNA [certified nurse assistant] reported that resident has blood in stool when was toileted. This nurse did not observed [sic] this episode. Resident did not have another BM [bowel movement] on this shift. This nurse faxed physician with updated status and current vitals. No other concerns. * 11/05/21 at 4:02 p.m., Late Entry: Resident grand daughter called to report resident has seemed more fatigued. Resident Hgb [hemoglobin] results not received from lab 11/03/21. [Hospital name] lab called and they report they don't see any lab results at this time. Hgb drawn and transported to [hospital] lab . * 11/05/2021 at 9:24 p.m., [physician] phoned and stated resident has a critical hgb of 5.6, provider stated he would like to send resident to the ER [emergency room], he also stated he spoke with the family, resident is agreeable to be admitted for a blood transfusion. * 11/05/2021 at 9:47 p.m., Resident left with ambulance crew to the ER at this time. The facility failed to complete a hemoglobin laboratory draw on 10/27/21 and 11/03/21. During an interview on 02/01/22 at 5:30 p.m., an administrative nurse (#1) confirmed the hemoglobin laboratory test was not completed weekly as ordered.