

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>355091</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ASHLEY MEDICAL CENTER NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>612 CENTER AVE N ASHLEY, ND 58413</b>	
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 0640  <b>Level of harm - Potential for minimal harm</b>  <b>Residents Affected - Some</b>	<b>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, staff interview, and review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.17), the facility failed to ensure resubmission of a required Minimum Data Set (MDS) assessment for 1 of 1 supplemental resident (Resident #1) whose MDS was rejected for submission. Failure to follow the MDS data submission specifications does not meet the intended regulatory requirements. Findings include: The Long-Term Care Facility RAI 3.0 User's Manual, page 5-5 stated, . Fatal Record Errors result in rejection of individual records by the QIES (Quality Improvement Evaluation System) ASAP (Assessment Submission and Processing) system. The provider is informed of Fatal Record Errors on the Final Validation Report. Rejected records must be corrected and resubmitted. Review of Resident #1's MDSs occurred on 03/03/20. The facility completed a quarterly MDS, dated [DATE], and QIES ASAP informed the facility of a fatal error for this MDS on the Final Validation Report. Review of the Center for Medicare and Medicaid Services (CMS) MDS reports for Resident #1 identified an annual MDS, dated [DATE], as the last accepted MDS by QIES ASAP. During an interview on 03/04/20 at 10:06 a.m., an administrative nurse (#1) confirmed the facility had received a fatal error report on the validation report for Resident #1 and had not resubmitted the CMS quarterly MDS.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.