

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 355034	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OF SUPPLIER TIOGA MEDICAL CENTER LTC		STREET ADDRESS, CITY, STATE, ZIP 810 N WELO ST TIOGA, ND 58852	
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 0886 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on record review and staff interview, the facility failed to document required COVID-19 test documentation for 3 of 3 sampled residents (#1, #2, and #3) and failed to provide a policy/procedure required for resident and staff test refusals. Failure to document COVID 19 testing and results and failure to have a process in place for testing refusal may lead to a lack of further required interventions. Findings include: Review of medical records occurred on 10/13/20 and showed Resident #1, #2, and #3's records failed to contain documentation of COVID-19 testing offered and completed and interventions implemented to prevent the transmission of COVID-19. The facility failed to provide a policy/procedure for refusal of testing for staff and residents when requested. During an interview on 10/13/2020 at 11:35 a.m., an administrative staff member (#1) confirmed the facility failed to have a policy/procedure in place for staff and/or residents who refuse COVID-19 testing.		

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.