



**INSPECTION REPORT FOR LICENSURE OF BASIC CARE FACILITIES**  
 NORTH DAKOTA DEPARTMENT OF HEALTH  
 DIVISION OF HEALTH FACILITIES  
 SFN 50163 (Rev. 06-2017)

**INFORMATIONAL ONLY**  
 Used by DoH surveyors  
 during Survey Process

Official Name of Basic Care Facility _____		State _____ Zip _____	
Address _____			
County _____	<input type="checkbox"/> Initial Survey <input type="checkbox"/> Resurvey <input checked="" type="checkbox"/> Annual Survey		
Name of Surveyor (s) _____		Date of Survey _____	

CODE	YES	NO	NA	RULES	EXPLANATORY STATEMENTS
B300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>33-03-24.1-03. Issuance of license.</b> A facility meeting the definition of a basic care facility as outlined in North Dakota Century Code chapter 23-09.3 and this chapter must obtain a license from the department in order to operate in North Dakota	
B370	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Once issued, the facility shall display the license in a conspicuous place. A license is not subject to sale, assignment, or other transfer, voluntary or involuntary. A license is not valid for any premises other than those for which originally issued.	
B400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>33-03-24.1-04. Waiver Provision.</b> The department may waive licensure requirements for specified periods of time in specific instances, provided compliance with the requirement would result in an unreasonable hardship upon the facility and lack of compliance does not adversely affect the health or safety of the residents.	
B500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>33-03-24.1-05. Plans of Correction.</b>	
B510	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. A basic care facility must submit a plan of correction within ten days of the receipt of the notification of deficiencies pursuant to this chapter.	
B520	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. The plan of correction must address how each deficiency will be corrected, what the facility will put in place to assure continued compliance, and the date upon which the corrective action will be completed.	
B530	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. The department may accept, reject, negotiate modifications to, or direct the plan of correction. A directed plan of correction is a plan of correction which has been developed in coordination with the department.	
B540	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Correction of deficiencies must be completed within sixty days of the survey completion date, unless an alternative schedule of correction has been approved by the department.	
B900	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>33-03-24.1-09. Governing Body.</b>	
B910	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. The governing body is legally responsible for the quality of resident services; for resident health, safety, and security; and to ensure the overall operation of the facility is in compliance with all applicable federal, state, and local laws.	

CODE	YES	NO	NA	RULES	EXPLANATORY STATEMENTS
B920	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. The governing body is responsible for approval and implementation of effective resident care and administrative policies and procedures for the operation of the facility. These policies and procedures must be in writing, signed, dated, reviewed annually, and revised as necessary, and shall address:	
B921	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. All services provided by the facility to meet the needs of the residents, including admission, transfer, discharge, discharge planning, and referral services.	
B922	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Protocols developed by appropriately licensed professionals for use in the event of serious health threatening conditions, emergencies, or temporary illnesses. These protocols must include provisions for: (1) Designation of a licensed health care practitioner for each resident and arrangements to secure the services of another licensed health care practitioner if the resident's designated licensed health care practitioner is not available. (2) Notification of an appropriately licensed professional in the event of an illness or injury of a resident.	
B923	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Provisions for pharmacy and medication services developed in consultation with a registered pharmacist, including: (1) Assisting residents in obtaining individually prescribed medications from a pharmacist of the resident's choice. (2) Disposing of medications that are no longer used or are outdated, consistent with applicable federal and state laws. (3) Allowing the resident to be totally responsible for the resident's own medication upon resident request and based on the assessment of the resident's capabilities with respect to this function by an appropriately licensed professional.	
B924	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Infection control practices, including provision of a sanitary environment and an active program for the prevention, investigation, management, and control of infections and communicable diseases in residents and staff members.	
B925	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Prohibition of resident abuse, neglect, and misappropriation of resident property, including investigation, reporting, and follow-up action.	
B926	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. A process for handling complaints made by residents or on behalf of residents.	
B927	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Resident rights which comply with North Dakota Century Code chapter 50-10.2.	
B928	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Personnel policies to include checking state registries and licensure boards prior to employment for findings of inappropriate conduct, employment, disciplinary actions, and termination.	
B929	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Personnel records to include job descriptions, verification of credentials where applicable, and records of training and education.	
B930	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. If the facility provides any clinical laboratory testing services to an individual, regardless of the frequency or the complexity of the testing the governing body is responsible to obtain and maintain compliance with the applicable parts of the clinical laboratory improvement amendments of 1988, 42 CFR part 493.	

B950	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. The governing body shall ensure sufficient trained and competent staff are employed to meet the residents' needs. Staff must be in the facility, awake and prepared to assist residents twenty-four hours a day.
<b>B1100</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>33-03-24.1-11. Education programs.</b>
B1110	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. The facility shall design, implement, and document educational programs to orient new employees and develop and improve employees' skills to carry out their job responsibilities.
B1120	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. On an annual basis, all employees shall receive in-service training in at least the following: a. Fire and accident prevention and safety. b. Mental and physical health needs of the residents, including behavior problems. c. Prevention and control of infections, including universal precautions. d. Resident rights.
B1130	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. The administrator shall attend at least twelve continuing education hours per year relating to care and services for residents.
B1140	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. The staff responsible for food preparation shall attend a minimum of two dietary educational programs per year.
B1150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. The staff responsible for activities shall attend a minimum of two activity-related educational programs per year.
<b>B1200</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>33-03-24.1-12. Resident assessments and care plans.</b>
B1210	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. An assessment is required for each resident within fourteen days of admission and as determined by an appropriately licensed professional thereafter, but no less frequently than quarterly.
B1220	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. The assessment must be completed in writing by an appropriately licensed professional. The assessment must include: a. A review of health, psychosocial, functional, nutritional, and activity status. b. Personal care and other needs. c. Health needs. d. The capability of self-preservation. e. Specific social and activity interests.
B1230	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. A care plan, based on the assessment and input from the resident or person with legal status to act on behalf of the resident, must be developed within twenty-one days of the admission date and consistently implemented in response to individual resident needs and strengths.
B1240	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. The care plan must be updated as needed, but no less than quarterly.
<b>B1300</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>33-03-24.1-13. Resident records.</b>
B1310	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. The facility shall provide for secure maintenance and storage of all resident records.
B1310	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. The facility shall provide for secure maintenance and storage of all resident records.

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B1320	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>2. Resident records must include:</p> <ul style="list-style-type: none"> <li>a. The resident's name, social security number, marital status, age, sex, previous address, religion, personal licensed health care practitioner, dentist, and designated representative or other responsible person.</li> <li>b. The licensed health care practitioner's orders and report of an examination of the resident's current health status.</li> <li>c. An admission note.</li> <li>d. A copy of an initial and current assessment and care plan.</li> <li>e. Documentation of resident observations by authorized staff.</li> <li>f. Documentation of death, including cause and disposition of the resident's personal effects, money, or valuables deposited with the facility.</li> <li>g. A quarterly progress note documenting the resident's current health condition, level of functioning, activity involvement, nutritional status, psychosocial interactions, and needs.</li> <li>h. Documentation of review of prescribed diets.</li> <li>i. Transfer forms that are completed, signed, and sent with the resident when transferred to another facility.</li> <li>j. A medication administration record documenting medication administration consistent with applicable state laws, rules, and practice acts.</li> <li>k. Documentation of an annual medication regimen review.</li> <li>l. A written report of any funds kept at a resident's request. Such record shall show deposits to and withdrawals from the fund.</li> <li>m. Documentation of a fire drill walk-through within five days of admission.</li> <li>n. All agreements or contracts entered into between the facility and the resident or legal representative.</li> <li>o. A discharge note.</li> </ul>	
B1330	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. The facility shall maintain resident records for a period of not less than five years from the date of discharge or death.	
B1400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>33-03-24.1-14. Personal care services.</b> The facility shall provide personal care services to assist the resident to attain and maintain their highest level of functioning consistent with the resident assessments and care plans. These services must include assistance with:</p>	
B1410	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Activities of daily living and instrumental activities of daily living and observation and documentation of changes in physical, mental, and emotional functioning, as needed.	
B1420	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Arrangements to seek health care when the resident shows signs or describes symptoms of an illness or abnormality for which treatment may be indicated.	
B1430	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Arrangements for appropriate transfer and transport as needed.	
B1440	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Functional aids or equipment, such as glasses, hearing aids, canes, crutches, walkers, or wheelchairs.	



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B1450	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Clothing and other personal effects as well as maintenance of personal living quarters.	
B1500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>33-03-24.1-15. Pharmacy and medication administrative programs.</b>	
B1510	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. The facility shall provide assistance to the resident in obtaining necessary medications and medical supplies.	
B1520	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. The facility shall provide a secure area for medication storage consistent with chapter 61-03-02. a. A specific system must be identified for the accountability of keys issued for locked drug storage areas. b. Residents who are responsible for their own medication administration must be provided a secure storage place for their medication.	
B1530	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Medication administration services must be available for residents.	
B1540	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. All medications used by residents which are administered or supervised by staff must be: a. Properly recorded by staff at the time of administration. b. Kept and stored in original containers labeled consistently with state laws. c. Properly administered.	
B1550	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. The resident's licensed health care practitioner, another licensed health care professional consistent with applicable state practice acts, or a consulting pharmacist shall review the medication regimen of each resident as needed, but at least annually.	
B1560	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. A medication record need not be kept for those residents for whom authorization has been given by the licensed health care professional to keep their medication in their rooms and to be fully responsible for taking the medication in the correct dosage and at the proper times.	
B1600	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>33-03-24.1-16. Social services.</b> Social services must be available to meet the needs of the residents either by the facility directly or arranged by the facility through an appropriate agency offering social services.	
B1700	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>33-03-24.1-17. Nursing services.</b> Nursing services must be available to meet the needs of the residents either by the facility directly or arranged by the facility through an appropriate individual or agency providing nursing services.	
B1800	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>33-03-24.1-18. Dietary services.</b> The facility must meet the dietary needs of the residents and provide dietary services in conformance with the North Dakota sanitary requirements for food establishments. Dietary services must include:	

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B1810	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. A minimum of three meals each day. Meals must be nutritious and well-balanced in accordance with the recommended dietary allowances of the food and nutrition board of the national research council, national academy of sciences.	
B1820	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. No more than a fourteen-hour span may exist between an evening meal and breakfast.	
B1830	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Snacks between meals and in the evening. These snacks must be listed on the daily menu. Vending machines may not be the only source of snacks.	
B1840	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Provisions for prescribed diets, if the facility accepts or retains individuals in need of such diets. a. The facility shall provide for preparation and serving of prescribed diets. b. Menus for prescribed diets must be planned and reviewed as needed by a professional consistent with North Dakota Century Code Chapter 43-44.	
B1850	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Menus of food serviced, which must be kept for at least three months.	
B1860	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Preparation of food by methods that will conserve nutritive value and enhance flavor and appearance, and be served at the proper temperatures and in a form to meet individual needs.	
B1870	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Meals must be served to all residents in a dining room, except for residents with a temporary illness.	
B1900	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>33-03-24.1-19. Activity services.</b> There must be a planned and meaningful activity program to meet the needs and interests of the residents and encourage self-care and continuity of normal activities. This program must:	
B1910	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Be developed based on the activity needs and interests of each resident identified through the initial and ongoing assessments.	
B1920	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Develop and post a monthly group activity calendar, based on the individual interests identified, which lists social, recreational, and other events available to residents.	
B1930	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Activities must be available and provided to meet the needs of all residents during the day, in the evening, and on the weekend.	
B1940	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Assist residents with arrangements to participate in social, recreational, religious, or other activities within the facility and the community in accordance with individual interests and capabilities.	
B2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>33-03-24.1-20. Housekeeping and laundry services.</b> The facility shall maintain the interior and exterior of the facility in a safe, clean, and orderly manner and provide sanitary laundry services, including personal laundry services, for residents.	
B2100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>33-03-24.1-21. Adult day care services.</b>	

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B2110	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. A facility must obtain approval from the department to provide adult day care services.	
B2120	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Use of existing space and equipment to deliver adult day care services is acceptable if this does not diminish the services provided to the residents of the facility and their needs being met.	
B2130	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Medications and treatments must be administered only by order of a licensed health care practitioner.	
B2140	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Records must be maintained of services provided to individuals participating in adult day care services.	
B2150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. An area following privacy for adult day care individuals must be developed to allow for rest periods.	
B2300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>33-03-24.1-23 Optional end-of-life care services.</b> A facility that intends to retain residents who require end-of-life care must comply with the requirements of this section, apply on an application s specified by the department, and receive written approval from the department prior to providing the services. The facility must meet the following requirements:	
B2301	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. A facility may not retain residents who require more than intermittent nursing care unless resident requires and elects to receive end-of-life care from a licensed and Medicare-certified hospice agency and the facility is licensed to provide end-of-life care.	
B2302	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. A facility providing end-of-life care must employ or contract with a registered nurse to supervise resident care to meet the needs of the residents at all times, either directly or indirectly. The facility must employ a licensed nurse who is on the premises at least forty hours per week to identify and respond to the resident needs, care plan accordingly, provide oversight related to care, and review and document the resident's individual needs and care provided.	
B2303	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Individuals in need of end-of-life care who require skilled nursing care or are not capable of self-preservation may not be admitted.	
B2304	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. The facility and the licensed and Medicare-certified hospice agency shall enter into an agreement that delineates responsibilities, with the licensed and Medicare-certified hospice agency retaining the professional management responsibility for the hospice service.	
B2305	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. The facility and licensed and Medicare-certified hospice agency in consultation with the resident shall develop and implement an interdisciplinary care plan that identifies how the resident's need are met and includes the following: a. What services are to be provided? b. Who will provide the services, the facility or hospice agency? c. How the services will be provided. d. Delineation of the roles of facility staff and the hospice agency in the care plan process.	

				<p>e. Documentation of the care and services that are provided with the signature of the person who provided the care and services; and</p> <p>f. A list of the current medication or biologicals the resident received and who is authorized to administer the medications.</p>
B2306	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>6. The facility shall notify the department within forty-eight hours of election that the resident has elected hospice, the date the hospice was elected, and the name of the hospice agency serving the resident.</p>

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B2307	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>7. The facility shall notify the department within forty-eight hours of the hospice resident's discharge, transfer, death, or when the resident is no longer capable of self-preservation.</p>	
B2308	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>8. A facility that retains a resident requiring end-of-life care that is not capable of self-preservation shall be equipped with an approved automatic sprinkler system designed to comply with the national fire protection association standard 13 or 13R, or shall meet the national fire protection association 101 Life Safety Code, 2012 edition, health care occupancy requirements.</p>	
B2309	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>9. Facility evacuation or E scores shall be completed at a minimum of weekly and when there is a significant change in the resident's capability for self-evacuation when a resident is receiving end-of-life care. Facility staffing must be adjusted consistent with the E scores to maintain a slow evacuation capability. Hospice staff, family members, volunteers, or other non-facility staff cannot replace required facility staff.</p>	
B2310	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>10. A facility approved to provide end-of-life care shall ensure training and competency evaluation is completed for all nursing and personal care staff members specific to the care and services necessary to meet the need of the terminally ill resident, and the hospice philosophy and services. The training and competency evaluation may be completed, and the documented, by the facility registered nurse, a registered nurse consultant, or hospice agency nurse. Nursing and personal care staff members shall complete the above training and competency evaluation:</p> <p>a. Prior to facility approval from the department to provide end-of-life care;</p> <p>b. Within thirty days of employment; and</p> <p>c. Annually.</p>	
B2311	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>11. A facility that intends to retain residents who require end-of-life care shall comply with the additional requirements in this section and request and receive approval on a printed new license from the department, prior to providing end-of-life care to residents.</p>	
B2312	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>12. The facility approved and licensed to retain residents in need of end-of-life care remains responsible for the appropriate delivery of end-of-life care in coordination with the licensed and Medicare-certified hospice agency. If the facility is unable, or becomes unable to meet the needs of the resident requiring end-of-life, the resident rescinds election of the hospice benefit, or the</p>	



				<p>facility is unable to comply with these requirements, the facility shall promptly make arrangements to discharge or transfer the resident to a safe and appropriate placement consistent with the level of care required to meet the resident's needs.</p>
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Other Comments/Recommendations: