

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

ORIGINAL

PRINTED: 10/15/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435059	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2014
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - LAKE NORDEN	STREET ADDRESS, CITY, STATE, ZIP CODE 803 PARK STREET POST OFFICE BOX 139 LAKE NORDEN, SD 57248
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F 000	<p><i>Addendums noted with an asterisk per 11/3/14 telephone to facility administrator. JKSDOH/MF</i></p> <p>INITIAL COMMENTS</p> <p>Surveyor: 32355 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 9/30/14 through 10/2/14. Golden LivingCenter - Lake Norden was found not in compliance with the following requirements: F281.</p>	F 000	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.	
F 281 SS=E	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 32335 Based on record review, interview, and policy review, the provider failed to have in place and to follow a consistent policy for completing neurological (nervous system) assessments for three of three fall incidents for one of one resident (4) who had fallen and hit her head in the memory support unit. Findings include:</p> <p>1. Review of resident 4's neurological assessments and verification of investigation reports revealed: *On 7/9/14 at 1:00 a.m. she had "slid out of bed and hit her head." *A neurological assessment was started on 7/9/14 at 1:00 a.m. -Neurological documentation was completed again on 7/9/14 at 1:00 p.m., 7/10/14 at 1:00 p.m., and 7/11/14 at 2:30 p.m. -There were no other neurological assessments completed for that fall.</p>	F 281	<p>F 281</p> <p>1. A neurological assessment policy was created for Golden Living- Lake Norden.</p> <p>All residents have the potential to be affected by this practice.</p> <p>2. Any resident who hits their head after a fall or incident will have a neurological assessment that follows the GLC- Lake Norden policy. <i>* ON 10/28/14 JKSDOH/MF</i> An in-service was held for the nurses on the new neurological assessment policy. Casual nurses that were unable to attend the in-service will review the new policy with the Director of Nursing or designee prior to working a shift <i>* BY 11/14/14 JKSDOH/MF</i></p> <p>3. The Director of Nursing or designee will perform an audit of resident falls or</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Meresa DeBilco</i>	TITLE <i>Administrator</i>	(X6) DATE <i>10/28/14</i>
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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.

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F 281	<p>Continued From page 1</p> <p>*On 7/13/14 at 1:42 p.m. she had "lost balance and fell to bottom, then back onto floor, bumping occipital (back of head) on floor."</p> <p>*A neurological assessment was started on 7/13/14 at 1:30 p.m.</p> <p>-Neurological documentation was completed every fifteen minutes the first hour, every thirty minutes the next two hours, and one time in the following hour.</p> <p>-The next entry had no date and the time entered was 8:00 p.m.</p> <p>-The following entry was on 7/13/14 at 1830 (6:30 p.m.) which would have been earlier then the previous entry.</p> <p>-There was no neurological documentation completed for 7/14/14 on the neurological assessment.</p> <p>*On 7/24/14 at 9:00 p.m. she was found on the floor. Another resident had informed staff she had "hit her head on the wall."</p> <p>*A neurological assessment had been started on 7/25/14 at 11:00 a.m.</p> <p>-The next assessment was done on 7/26/14 at 8:00 a.m. and again at 4:00 p.m.</p> <p>-On 7/27/14 there was one entry but no time had been documented.</p> <p>*None of the above neurological assessments followed any consistent policy or procedure.</p> <p>Interview on 10/1/14 at 1:15 p.m. and again at 2:20 p.m. with the director of nursing services revealed:</p> <p>*They had no policy on completing neurological assessments for when a resident hit their head after a fall.</p> <p>*They used a standard of practice that was to document every shift for seventy-two hours.</p> <p>*She had no reference book in the facility to verify that standard of practice.</p>	F 281	<p>incidents to determine if neurological assessments were needed, and if they were completed according to policy. The Director of Nursing or designee will complete audits of all falls weekly for 4 weeks, and then monthly for 3 months. Results of these audits will be presented at the monthly QAPI meeting by the Director of Nursing or designee for review and recommendation every month for 4 months.</p>	4. 11/1/14

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F 281	<p>Continued From page 2</p> <p>*The shifts in the unit included: -One nurse working ten hours in the unit. -The other fourteen hours were covered by the charge nurse working in the main area of the facility.</p> <p>*Based on her standard of practice neurological assessments would have been done two times per day for 72 hours.</p> <p>Review of the provider's January 2011 Falls Management policy revealed: *After a fall the nurse should have assessed the resident for injuries including neuro (neurological) checks if indicated. **"Ongoing assessments including neurological, pain and alert charting documentation shall occur per center policy." *There were no specific guidelines for when a resident hit their head after a fall.</p> <p>Review of Sharon L. Lewis et al., Medical-Surgical Nursing: Assessment and Management of Clinical Problems, 7th Ed., Mosby Elsevier, St. Louis, Mo., 2007, p. 1481, revealed: **"Head injury includes any trauma to the scalp, skull, or brain. *Deaths occurring within a few hours of the trauma are caused by progressive worsening of the head injury or internal bleeding. *Immediately recognizing changes in neurologic status and rapid surgical interventions are critical in the prevention of deaths at this point. *Deaths occurring 3 weeks or more after injury result from multisystem failure. *Expert nursing care in the weeks following the injury is crucial in decreasing mortality and in optimizing patient outcome."</p>	F 281			

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F 281	Continued From page 3 Review of Sharon L. Lewis et al., Medical-Surgical Nursing: Assessment and Management of Clinical Problems, 7th Ed., Mosby Elsevier, St. Louis, Mo., 2007, p. 1486, revealed "The nurse should perform neurologic assessments at intervals based on the patient's condition."	F 281			

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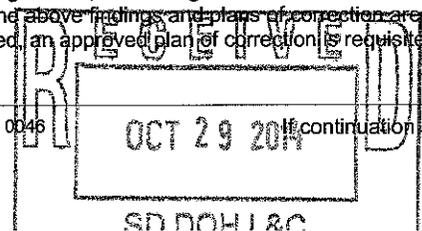
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 10/01/14. Golden LivingCenter - Lake Norden was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.</p> <p>The building will meet the requirements of the 2000 LSC for Existing Health Care Occupancies in conjunction with the provider's commitment to continued compliance with the fire safety standards.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Theresa DeB...</i>	TITLE <i>Administrator</i>	(X6) DATE <i>10-28-14</i>
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South Dakota Department of Health

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S 000	<p>Initial Comments</p> <p>Surveyor: 32355 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted from 9/30/14 through 10/02/14. Golden LivingCenter - Lake Norden was found in compliance.</p>	S 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Theresa DeB...</i>	TITLE <i>Administrator</i>	(X6) DATE <i>10/28/14</i>
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