

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

ORIGINAL

PRINTED: 05/21/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>43A072</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/14/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>PLATTE CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>609 EAST 7TH POST OFFICE BOX 200 PLATTE, SD 57369</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  Surveyor: 32335 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 5/12/14 through 5/14/14. Platte Care Center was found not in compliance with the following requirements: F241, F283, and F323.	F 000		
F 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY  The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.  This REQUIREMENT is not met as evidenced by: Surveyor: 18560  Surveyor: 34030 Preceptor: 18560 Based on observation and interview, the provider failed to ensure a dignified and homelike dining experience for three of three meal observations. Findings include:  1. Observations from 5/12/14 through 5/14/14 revealed: *On 5/12/14 during the evening meal the desserts had been served in paper bowls. *On 5/13/14 during breakfast the fruit had been served in paper bowls. *On 5/13/14 during the noon meal the deviled eggs and cheese cubes had been served in paper bowls. The three bean salad and fruit had been served in plastic cups.	F 241	We acknowledge that staff was consistently using disposable products to serve residents during meals and that this is their home and the dignity of their dining experience was compromised. Staff will be educated on June 4, 2014 at an in-service on the importance of the residence having a great dining experience at every meal. Staff will also be educated as to when it is appropriate to use single use products and when it is not appropriate. According to policy single use items can be used when the department's dishwasher is broke down, when we are having a special event and we do not have enough regular dishes available to cover all visitor and staff that are attending (e.g. Resident family picnic, resident birthday parties, and special cook outs for residents and family) and if we have a resident that is on isolation precautions. Staff is not to use disposable items on a daily basis. More dessert dishes, plates, and fruit bowls have been ordered to cover the need for daily use.	06/10/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

*ebo*

(X6) DATE

6/11/14

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.

JUL 03 2014 JUN 11 2014

Facility ID: 0030

SD DOH L&C SD DOH L&C

If continuation sheet Page 1 of 4

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F 241	Continued From page 1  Interview on 5/14/14 at 10:15 a.m. and at 2:30 p.m. with the dietary manager revealed: *She agreed food served in paper or plastic containers had not provided a dignified and homelike experience. *There was no policy on dishware for serving food.	F 241	We will do periodic checks at meal time to insure that staff are being compliant with policy and not using single use products when it is not acceptable. The CDM will do Quarterly reviews, starting on June 1 2014. She will report these findings to the QA committee starting in July 2014, and quarterly thereafter. She will also record the finding on the nursing home dash board for the next year.	
F 283 SS=D	483.20(l)(1)&(2) ANTICIPATE DISCHARGE: RECAP STAY/FINAL STATUS  When the facility anticipates discharge a resident must have a discharge summary that includes a recapitulation of the resident's stay; and a final summary of the resident's status to include items in paragraph (b)(2) of this section, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or legal representative.  This REQUIREMENT is not met as evidenced by: Surveyor: 29354 Based on record review and interview, the provider failed to ensure one of one discharged resident (11) had a recapitulation (recap) (summary) of stay. Findings include:  1. Review of resident 11's closed record revealed: *He had been discharged to his own home on 4/8/14. *There was no documentation of a recap of his stay had been completed.  Interview on 5/14/14 at 8:45 a.m. with registered nurse/assistant Minimum Data Set coordinator A confirmed a recap of resident 11's stay had not	F 283	It is recognized that when a resident is discharged from the facility the discharge summary should include a recapitulation of stay. It is acknowledged that a recapitulation of stay was not included in resident 11 discharge paperwork. An intervention entitled recapitulation of stay has been added to the Platte Care Center's Meditech system. The staffs were educated and provided with written guidance on completing this portion of the discharge paperwork at a Nurses meeting on 5/27/14. In addition, at the same staff meeting, the nurses were educated on the discharge process and provided with a checklist that includes every intervention and piece of paperwork that is required to be completed upon resident discharge from facility. This discharge checklist will be kept in the Meditech Cheat sheet book for nurses. Starting June	07/02/14 <i>MM</i>

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F 283	Continued From page 2 been documented.  Interview on 5/14/14 at 10:00 a.m. with the director of nursing revealed: *She agreed a recap of his stay had not been documented. *There was no policy for recap of stay upon discharge from the facility.	F 283	1, 2014, DON will perform chart audits using the discharge checklist on all residents discharged from the facility. DON will report compliance on the care center dashboard monthly and report to the Platte Health Center Quality Team monthly beginning on July 2013.	
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by: Surveyor: 32335 Based on observation, interview, and manufacturer's maintenance checklist review, the provider failed to ensure safety tabs were in place on three of three EZ lifts (mechanical lift used to transfer) used for residents. Findings include:  1. Observation and interview on 5/15/14 at 9:20 a.m. with plant operations staff C and restorative aide B revealed: *Three EZ lifts had been in the short hall. *Five of the six safety tabs that held the slings in place had been missing on the lifts. *Plant operations staff C had not been aware the safety tabs needed to be on the lifts. *Plant operations had been responsible for the	F 323	It is recognized that when maintenance staff did their monthly checks on the LTC lifts, they ignored manufacture check #5, which states safety tabs need to be checked to make sure they are installed correctly, not missing or torn.  Maintenance staff members are responsible for doing the safety checks. They received instruction from supervisor on May 23 to do monthly safety checks, according to mfg. check list. Maintenance staff is instructed to check safety tabs weekly and log it. The supervisor has added this to his QA plan beginning the new fiscal year on July 1, 2014.  All Certified Nursing Assistants who utilize the EZ lifts received in-service on the need for black safety clips on the lifts at monthly in-service meeting on May 27 and May 28, 2014. Staff were instructed to inform the maintenance staff and complete a maintenance requisition if they notice something missing or wrong with the mechanical lifts.	06/10/14

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F 323	<p>Continued From page 3</p> <p>maintenance of the lifts for the past year.</p> <p>*Restorative aide B had known the safety tabs were supposed to be on the lifts.</p> <p>*Restorative aide B had not informed anyone the safety tabs were missing.</p> <p>Interview on 5/14/14 at 10:20 a.m. with the director of nursing revealed they had not been using the manufacturer's maintenance checklist for the EZ lifts.</p> <p>Review of the undated EZ Way stand Safety and Maintenance Checklist revealed:</p> <p>*Inspections should have been completed "at intervals not greater than one month."</p> <p>*Safety tabs needed to be checked to make sure they were "installed correctly, not missing or torn."</p>	F 323	<p>Addendum 6/2/14, G.F.</p> <p>1. Safety tabs were installed on all lifts on 5/19/14 using the factory recommended procedure of gluing them in place on one style lift and using needle nose pliers to install on other style.</p> <p>2. Completion date of repair on 5/19/14 will be entered into QA starting 6/1/14</p> <p>3. Gordon Feenstra the Director of Maintenance, will be the responsible person for reporting the results to QA on a Quarterly time frame.</p> 	07/02/14

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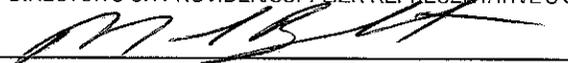
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 5/13/14. Platte Care Center was found in compliance with 42 CFR 483.70 (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 	TITLE <b>CEO</b>	(X6) DATE <b>6/11/14</b>
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SD DOH L&C  
JUN 11 2014  
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SOUTH DAKOTA DEPARTMENT OF HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10664</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/14/2014</b>
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NAME OF PROVIDER OR SUPPLIER <b>PLATTE CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 EAST 7TH, PO BOX 200 PLATTE, SD 57369</b>
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S 000	Initial Comments  Surveyor: 32335 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted from 5/12/14 through 5/14/14. Platte Care Center was found in compliance.	S 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

*M. B. U.*

*CEO*

STATE FORM

021199

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RECEIVED	(X6) DATE
	6/11/14
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