

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

PRINTED: 02/02/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/22/2015
NAME OF PROVIDER OR SUPPLIER SUNQUEST HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1345 MICHIGAN AVENUE SW HURON, SD 57350	
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F 281	<p>Continued From page 1</p> <p>(MDS) (a comprehensive assessment tool used to assess a resident's care needs) for 10/21/14 and 4/30/14 revealed he had received kidney dialysis.</p> <p>*The certified nursing assistant care sheets listed kidney dialysis on Monday, Wednesday, and Friday.</p> <p>*His current 1/7/15 signed and noted physician's orders revealed there had been no orders for kidney dialysis.</p> <p>Interview on 1/22/15 at 11:30 a.m. with registered nurse (RN) A confirmed the resident had no current signed orders for kidney dialysis in his 1/7/15 physician's orders.</p> <p>Review of the provider's 5/23/11 Nursing Home/Dialysis Agreement revealed a referral (or order) was required to have received kidney dialysis.</p> <p>Review of the provider's 10/14/13 Care of Resident Receiving Dialysis Services policy revealed it had not addressed the need for a physician's order for kidney dialysis.</p> <p>Preceptor 28057 Surveyor: 35237</p> <p>2. Observation on 1/22/15 at 11:15 a.m. of resident 11 revealed she had an indwelling Foley catheter in place that was labeled Rochester Medical size 18 French (Fr) 30 milliliter (ml) (indicates size of catheter).</p> <p>Review of the resident 11's medical record revealed: *A 2/14/14 nurse's note at 3:00 p.m. stated "see new orders for 18Fr Silver tipped catheter." *An 8/20/14 nurse's note at 3:30 a.m. stated</p>	F 281	<p>meetings for 3 months by the DON and/or designee.</p> <p>F281 2. Resident #11's foley catheter was changed to the correct type and size per physician's order on 2-9-2015. The foley catheters on all other resident's in the facility were verified to be the correct type and size as ordered by their physician on 2-9-2015.</p> <p>The facility's Catheter Policy was updated on 2-9-2015 to include that the proper type and size is used as the physician orders. The updated policy also includes the interventions to use in case the correct type or size is not available in the facility.</p> <p>The facility nurses were educated on the revised catheter policy on 2-10-2015. Resident #11's foley catheter orders and all other residents with foley catheters orders will be audited monthly for 3 months to verify that the correct type and size of catheter is used as ordered.</p> <p>The DON and/or designee will be responsible for conducting audits and for overall compliance.</p> <p>The DON and/or designee will report audit findings to Client Care and CQI meetings for 3 months.</p> <p>F281 3. Resident #9's physician's order regarding physician's notification every 8 hours if urine</p>	

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F 281	Continued From page 2 "removed catheter, reinserted 18Fr silver tipped catheter...immediate return of small amount dark yellow urine." *An 8/20/14 nurse's note at 1:45 p.m. stated "removed 18 silver tipped cath [catheter] due to no measureable output since 3:00 a.m., Attempted to reinsert # [number]18 silver tipped cath, no urine return after attempt, No other silver tipped cath in facility. Will discuss with H.C. [health care] representative when rounds." *An 8/20/14 nurse's note at 2:30 p.m. stated "PA-C [physician assistant-certified] here. Discussed cath problems. Will check with Dr. to see if we may use regular cath until silver tipped available. To call with decision." *An 8/20/14 nurse's note at 3:15 p.m. stated "spoke with PA-C. May use #18 coude cath [special type of catheter with a curved tip for easier insertion] for now and replace with silver tip when available. #18 Fr coude tip cath placed." *An 8/21/14 nurse's note at 2:30 a.m. stated "Attempted to replace catheter with silver tip catheter as it arrived this shift. Resident refused cath change..." *An 8/24/14 Omnicare Receipt for Returned Products form that revealed a fill date of 8/20/14 from the pharmacy for the silver tipped catheter that was returned to the pharmacy on 8/24/14 from the provider. *An 8/29/14 nurse's note at 3:45 p.m. stated "Received silver tipped cath from RCC [resident care coordinator] - stated we received in mail. #18 Fr coude removed...reinserted #18 silver tip cath." *A 11/25/14 nurse's note stated "clarified type of catheter to use...Dr said don't use a coude use only a straight 18 Fr cath, change when needed." *A 12/3/14 nurse's note at 1:00 a.m. stated "Foley catheter attempted to irrigate with no	F 281	output of less than 240cc was reviewed and verified with the physician. A cue was added to the Electronic Medication Administration Record (E-MAR) to prompt the charge nurse to contact the physician if urine output doesn't meet the necessary parameters. Physician's orders regarding notification of urine output were reviewed on all other facility residents with foley catheters as well on 2-9-2015. The facility policy for Urinary Catheter Care was reviewed and updated on 2-9-2015 to include specifics on recording and reporting urinary output. All nursing staff was educated on updated policy and procedure on 2-10-2015. Audits will be conducted on recording and notifying physician if necessary on resident #9's urine output every 8 hours weekly for 1 month and then monthly for 2 months . 2 random audits will be conducted on 2 other facility residents with foley catheters monthly for 3 months to ensure proper physician notification on urine output. The Director of Nursing and/or designee will be responsible for	

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F 281	<p>Continued From page 3</p> <p>results,...catheter removed. 18 Fr coude tip removed,... New 18 Fr. catheter inserted,... Silver tip catheter not available at time of change so regular cath placed. New silver tip catheter ordered from Omnicare."</p> <p>*A 12/6/14 nurse's note at 2:30 p.m. stated "when removing slacks from resident to lay down #24 Fr foley came out. Will put in another 24 Fr foley."</p> <p>*No documentation in resident 11's nurse notes or on the treatment administration record (TAR) that a silver tipped catheter was replaced or used after 12/3/14.</p> <p>Interview on 1/21/15 at 5:15 p.m. with licensed practical nurse D revealed catheter changes or concerns should have been documented in the nurses notes or on the TAR when completed.</p> <p>Interview on 1/21/15 at 5:30 p.m. with RN A revealed:</p> <p>*Documentation of a catheter change would be in the resident's nurses notes or on the TAR.</p> <p>*The silver tipped catheter was special ordered by the provider.</p> <p>*She agreed they should have had the correct supplies available.</p> <p>*She agreed the physician's order was not followed for resident 11 when using the incorrect catheter and not replacing it with the correct catheter when it had been available as identified above.</p> <p>Interview on 1/22/14 at 10:45 a.m. with the director of nursing (DON) revealed she would have expected the nurses to follow the physician's order and notify the physician if supplies were not available. The orders should have been followed as written.</p>	F 281	<p>conducting audits and for overall compliance. Audit findings will be reported by the DON and/or designee at monthly Client Care and CQI meetings for 3 months.</p> <p>F281 4. The following facility policies – "Writing Orders – General Principles"; "Physician Services" and "Charting and Documentation Policy"; were reviewed with facility nurses on 2-10-2015 to ensure they will be followed appropriately. Audits conducted on #'s 1, 2 and 3 above will be reviewed as stated to ensure compliance. The DON and/or designee will be responsible for audits and overall compliance. The DON and/or designee will report audit findings at monthly Client Care and CQI meetings for 3 months.</p>	

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F 281	<p>Continued From page 4</p> <p>Surveyor: 35121 Preceptor: 33488</p> <p>3. Review of resident 9's medical record revealed: *A current physician's order to "measure urine output every 8 hours and notify physician if less than 240 cc in 8 hours." *From 1/1/15 through 1/20/15 urine output was less than 240 cubic centimeters (cc) (unit of liquid measurement) ten times. *There was no documentation the physician was notified any of those ten times.</p> <p>Interview on 1/2/15 at 3:25 p.m. with the DON revealed she had expected the physician to have been notified as ordered regarding the fluid output.</p> <p>4. Review of the provider's 10/15/12 Writing Orders General Principles policy revealed "if the physician order is unable to be fulfilled the physician shall be informed."</p> <p>Review of the provider's 1/21/13 Physician Services Policy revealed "The resident's Attending Physician participates in the resident's assessment and care planning, monitoring changes in resident's medical status, and providing consultation of treatment when called by the facility."</p> <p>Review of the provider's 10/14/12 Charting and Documentation Policy revealed: **All observations, medications administered, services performed, etc., must be documented in the resident's clinical records." *Documentation "shall include at a minimum</p>	F 281		

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F 281	Continued From page 5 notification of physician if indicated."	F 281		
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - , ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Surveyor: 35121 Preceptor: 33488 Based on observation, interview, and policy review, the pharmacy consultant failed to maintain two of two emergency medications kits located in the medication room by the central reception area and the E-wing medication room. Findings include: 1. Observation on 1/21/15 at 10:42 a.m. of the	F 425	F425 1. The facility policy on "Storage of Medications" which includes the E-Kit policy, was reviewed and revised on 2-9-2015 to include that the Consulting Pharmacist will check all E-Kits monthly and the E-Kits will be replaced at least quarterly. The E-Kit found to be deficient during the survey was replaced on 1-22-2015. The other E-Kit in the facility was checked on 1-22-2015 to ensure that all medications are in compliance. The updated policy was reviewed with facility nurses on 2-10-2015 and it was emailed to the facility's consulting pharmacy and pharmacist to ensure compliance. Both of the facility E-Kits will be audited monthly for 3 months to ensure compliance by the DON and/or designee who will also be responsible for overall compliance. Audit finding will be reported by the DON and/or designee at monthly Client Care and CQI meetings for 3 months.	02-12-15

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F 425	<p>Continued From page 6</p> <p>medication room on the E-wing revealed: *The emergency kit (E-kit) was labeled with an inspection date of 9/26/14. *The E-kit contained clindamycin (antibiotic) and Haldol (antipsychotic) medication that had expired in December 2014.</p> <p>Interview on 1/22/15 at 2:30 p.m. by phone with the consultant pharmacist revealed she: *Had not checked the E-kits monthly. *Was unaware she was to monitor the E-kits monthly. *Stated the E-kits were exchanged every two months. *Stated the E-kits had a label placed on them that showed they were inspected prior to leaving the pharmacy every two months.</p> <p>Interview on 1/22/15 at 3:25 p.m. with the director of nursing revealed: *It was her expectation the consultant pharmacist checked the E-kits monthly. *She stated she had a phone conversation with the consultant pharmacist's supervisor. It was that supervisor's expectation the consultant pharmacist had checked the E-kits monthly.</p> <p>Review of the provider's May 2010 Emergency Medication Supplies policy revealed the emergency medication supply should have been maintained either by a mechanism of replacement or exchange, as mutually agreed upon.</p>	F 425		
F 441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a</p>	F 441		

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F 441	Continued From page 7 safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Surveyor: 34030 Based on observation, interview, manufacturer	F 441	F 441 1. The facility's "Shower, Tub and Bath" policy was reviewed and revised on 2-9-2015 to include where the cleaning and disinfection procedures will be located within the bathing and shower areas. The facility's "Whirlpool Tub Disinfection" procedures were reviewed on 2-9-2015 and found to be compliant. C.N.A. B was educated by the Staff Development Nurse on 2-9-2015 to review the Whirlpool Tub Cleaning policy and procedure. All other nursing staff was educated on the updated policies and procedures for whirlpool tub cleaning and disinfecting on 2-10-2015. Audits will be conducted on C.N.A. B cleaning and disinfecting a whirlpool tub 1 time per week for 1 month and then monthly for 2 months. 2 random audits on 2 other facility C.N.A.'s cleaning and disinfecting a whirlpool tub will be conducted weekly for 1 month and then monthly for 2 months. The DON and/or designee will be responsible for conducting audits and overall compliance. Audit findings will be reported by the DON and/or designee will be reported to Safety and CQI meetings for 3 months. F441 2. A new cleaning and disinfecting product was put into	02-12-15	

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F 441	<p>Continued From page 8</p> <p>guidelines review, and procedure review, the provider failed to:</p> <p>*Follow the manufacturer's guidelines and the provider's procedure to disinfect one of two observed whirlpool bathtubs (wing B).</p> <p>*Have two of two observed housekeepers (housekeeping supervisor and C) follow the manufacturer's guidelines to disinfect all residents' bathroom surfaces to prevent the spread of infection.</p> <p>Findings include:</p> <p>1. Observation and interview on 1-21-15 at 5:45 p.m. of certified nursing assistant (CNA) B on wing B disinfecting the whirlpool tub revealed:</p> <p>*She had worked at the facility for one year.</p> <p>*The disinfecting procedure for the tub was posted on the wall along with a clock.</p> <p>*She did the following:</p> <p>-Closed the drain to the tub and pushed a button on the tub to dispense disinfectant into it.</p> <p>-Filled the tub with water about half full, then turned on the whirlpool jets.</p> <p>-Scrubbed all surfaces of the inside of the tub with a brush, then rinsed it with water.</p> <p>*She was unsure how to tell how much disinfectant needed to be added to the water in the tub.</p> <p>*She thought the total time the disinfectant needed to be on the surface of the tub was the time it took to do the whole cleaning procedure.</p> <p>Review of the disinfecting procedure for the above whirlpool tub revealed:</p> <p>***"While disinfectant is running into the tub, turn on jets and watch for the solution to discharge from both jet outlets. (This provides an adequate amount of cleaning solution.)"</p> <p>***"Turn off jets and release the silver disinfectant</p>	F 441	<p>service for use on sinks and toilets 2-11-2015. The policies and procedures for cleaning and disinfecting sinks and toilets with the new product were reviewed and updated and placed on all housekeeping carts on 2-10-2015. All Housekeeping staff was educated on the new policies and procedures on 2-10-2015. 10 random audits on housekeepers cleaning sinks and toilets will be conducted by the Plant Operations Supervisor weekly for one month and then monthly for 2 months. The Plant Operations Supervisor and/or designee will be responsible for overall compliance and will report audit findings to monthly Safety and CQI meetings for 3 months.</p>		

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F 441	<p>Continued From page 9 knob."</p> <p>*Scrub all surfaces with the disinfectant in the tub. "Leave disinfectant in contact with these surfaces for 10 minutes." Drain tub and rinse with water. *The above procedure had not been followed by CNA B.</p> <p>2. Observation and interview on 1/21/15 at 10:45 a.m. with the housekeeping supervisor on wing D revealed she:</p> <p>*Used an acid based cleanser marked #15 to disinfect the residents' sinks and toilet surfaces. *Would spray it on and leave it for ten to fifteen seconds before wiping it off with a dry cloth. *Had been told by the product representative that was the amount of time to leave it on to disinfect surfaces.</p> <p>Observation and interview on 1/21/15 at 12:20 p.m. with housekeeper C on wing A revealed she: *Used the same disinfectant as above to clean residents' sinks and toilet surfaces. *Also left it on for ten to fifteen seconds, then wiped it off with a dry cloth. *Stated that was how she had been taught to clean.</p> <p>Review of the manufacturer's guidelines for the #15 disinfectant revealed it should have been left on for ten minutes before wiping off to adequately disinfect surfaces.</p> <p>Interview on 1/22/15 at 2:40 p.m. with the infection control nurse revealed: *She had already spoken to the housekeeping supervisor about the disinfectant. *She agreed manufacturer's instructions had not been followed in the cleaning of residents bathrooms.</p>	F 441		

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F 441	Continued From page 10 *No contact time for the disinfectants had been specified in the facility's policy and procedures. Interview on 1/22/15 at 3:15 p.m. with the director of nursing revealed she agreed disinfecting had not been done correctly for the above whirlpool bathtub nor for residents' bathrooms.	F 441		

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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 1/21/15. SunQuest Healthcare Center was found not 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 and the Fire Safety Evaluation System (FSES) dated 1/21/15 upon correction of the deficiencies identified below.</p> <p>Please mark an "F" in the completion date column for those deficiencies identified as meeting the FSES to indicate the provider's commitment to continued compliance with the fire safety standards.</p>	K 000		
K 033 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit components (such as stairways) are enclosed with construction having a fire resistance rating of at least one hour, are arranged to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building. 8.2.5.2, 19.3.1.1</p> <p>This STANDARD is not met as evidenced by: Surveyor: 14180 Based on observation and document review, the provider failed to maintain a one hour fire resistive protected path of egress from the</p>	K 033		F

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Laurie L. Solem</i>	TITLE <i>Administrator</i>	(X6) DATE <i>2/12/2015</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.

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

PRINTED: 01/28/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435020	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2015
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NAME OF PROVIDER OR SUPPLIER SUNQUEST HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1345 MICHIGAN AVENUE SW HURON, SD 57350
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(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
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K 033	<p>Continued From page 1</p> <p>basement to the exterior of the building. One randomly observed basement stair enclosure (east) discharged onto the main level corridor system. Findings include:</p> <p>1. Observation at 1:30 p.m. on 1/21/15 revealed the east basement stair enclosure discharged onto the main level corridor near the Rushmore dining room. A continuous one hour enclosure was not provided to the exterior of the building. Review of previous survey reports confirmed that condition.</p> <p>The building meets the FSES. Please mark an "F" in the completion date column to indicate correction of the deficiency identified in K000.</p>	K 033		
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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10633	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/22/2015
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NAME OF PROVIDER OR SUPPLIER SUNQUEST HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1345 MICHIGAN AVE SW HURON, SD 57350
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(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) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Surveyor: 23059 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted from 1/21/15 through 1/22/15. SunQuest Healthcare Center was found in compliance.</p>	S 000		

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

Laurie L. Helm

TITLE

Administrata

(X6) DATE

2/12/2015

STATE FORM

3499 PUKF11

If continuation sheet 1 of 1

