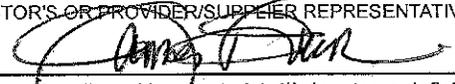


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| F 000 | INITIAL COMMENTS Surveyor: 26180 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 1/13/15 through 1/15/15. Bethel Lutheran Home was found not in compliance with the following requirements: F156, F280, F281, and F441. | F 000 | Addendums noted with an asterisk per 2/17/15 telephone to facility DON and administrator. CS/SDDDH/MF | |
| F 156 SS=C | 483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section. | F 156 | *involving residents 10, 18, & 19 CS/SDDDH/MF F 156: Each week, the Medicare Coordination Committee reviews the progress being made of each resident on Medicare. The committee either determines when the resident's Medicare stay will conclude or the resident will have reached their 100 th day of eligibility. The resident will either return to a private pay status or go on Medicaid. The team is the Administrator, Social Worker, Director of Nursing, MDS Coordinator, the Therapy RN and the Therapy Coordinator. The Social Worker has reviewed this deficiency with the Medicare Coordination Committee on the 2-day advance notice requirement. The Social Worker is responsible for contacting the responsible party at least two days before the Medicare coverage ends. In the absence of the Social Worker, the responsibility to do this notification is with the MDS Coordinator. The Social Worker will first attempt to give the written notice of non- | 2/6/15 |

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



TITLE

Administrator

(X6) DATE

2/6/2015

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.

101180

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| F 156 | <p>Continued From page 1</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the</p> | F 156 | <p>coverage to the responsible party to sign and document on the medical record at least two days before the Medicare stay ends. If the responsible party is unavailable, the date will be recorded when the responsible party was notified by phone and when the written notice was mailed. A self-addressed, stamped envelope will be included, and addressed to the Social Worker. Once returned to the Social Worker, the Social Worker will file the signed acknowledgement in the resident's medical record. In the absence of the Social Worker, the MDS Coordinator is responsible to see that the required 2-day advance notice is given and documented in the medical record.</p> <p>The Social Worker will report quarterly to the QA Committee the number of residents in the quarter whose Medicare coverage had ended, and whether the 2-day required notice period had been met for each resident.</p> | |

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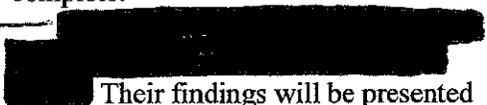
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| F 156 | <p>Continued From page 2</p> <p>name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 33265 Based on record review and interview, the provider failed to notify the resident or representative (responsible party) within the appropriate time frame of the the date when Medicare benefits would end (two days) for three of three randomly reviewed residents (10, 18, and 19) who received denial notices. Findings include:</p> <p>1. Review of resident 10's complete medical record revealed: *The resident's 100 days of benefits from Medicare ended after 8/20/14. *The resident's daughter was notified less than one day before benefits would end. She should have been notified by 8/18/14. *The documentation in the electronic medical record was made on 8/20/14 at 9:46 a.m. and noted the social worker spoke to the resident's daughter about the Medicare benefits ending and was mailing the form for the resident's daughter to sign. It was not identified whether this was a face-to-face or telephone conversation. *The Benefits Exhausted form identified a</p> | F 156 | | |

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| F 156 | <p>Continued From page 3</p> <p>telephone call had been made to the daughter on 8/20/14 but did not identify what date the form was actually signed by the daughter.</p> <p>b. Review of resident 18's complete medical record revealed: *The resident's Medicare coverage for therapy services ended after 11/14/14. *The resident's representative signed the Medicare Non-Coverage form on 11/19/14. *There was no documentation as to how or when the information was given to the representative. *The representative should have been notified by 11/12/14.</p> <p>c. Review of resident 19's complete medical record revealed: *The resident's Medicare coverage for nursing services ended after 12/11/14. *The resident's representative signed the Medicare Non-Coverage form on 12/15/14. *There was no documentation as to how or when the information was given to the representative. *The representative should have been notified by 12/9/14.</p> <p>2. Interview on 1/14/15 from 3:30 p.m. through 3:45 p.m. with the social worker revealed: *No policy was available for the process of notifying residents or their representative of the date Medicare benefits would end. *The social worker stated she would notify residents or their representative of the date Medicare benefits would end and then allow them to sign at the next convenient time. Or she would mail the form to the responsible party for signature. *She made an entry into the electronic medical record when she spoke with the resident or their</p> | F 156 | | | |

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| F 156 | Continued From page 4 representative concerning the end of their Medicare coverage date. *She had not realized that at least a two day notice for all residents who had been receiving Medicare benefits was required before the end of benefits date was reached. Further interview on 1/14/15 at 4:21 p.m. with the social worker revealed: *The documentation of how (face-to-face, telephone call, or mailed) or when the initial notice was given to the resident or their representative was not consistent. *There was no documentation as to when resident 18 and 19's representatives were made aware of the end of Medicare coverage date. | F 156 | | |
| F 280 SS=D | 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. | F 280 | <i>* Five care plans will be audited per week for 4 weeks by assigned charge nurses. CSKSDOH/MF</i> F 280: A nurse's meeting was conducted on 1/21/15 from 2:30pm to 4:00pm. One of the topics covered was "Review and revision of resident care plans." The MDS Coordinator/EHR Educator, presented a synopsis of the care plan EHR training she had conducted in 12/2014. Charge nurses were instructed to review and update care plans at the time they enter orders/progress note information into the EHR to insure revision is timely and complete.  Their findings will be presented to the MDS Coordinator/EHR Educator who will compile their findings and present a report to the QA Committee at their quarterly meetings. The DON or | 3/6/15 <i>* Weekly CSKSDOH/MF</i> |

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| F 280 | Continued From page 5 This REQUIREMENT is not met as evidenced by: Surveyor: 35237 Preceptor: 16385 Based on observation, interview, record review, and policy review, the provider failed to review and revise care plans as changes occurred in 4 of 13 sampled residents (2, 3, 4, and 13). Findings include: 1. Observation and interview on 1/13/15 at 8:00 a.m. of resident 13 revealed: *She had been in her room sitting in her wheelchair. *Her right leg had been elevated by the leg rest of the wheelchair. *There had been an immobilizer (brace) in place from her right ankle to mid-thigh. *She stated she had "broke it" and "I guess I fell down" when questioned about what had happened to her leg. Review of resident 13's medical record revealed: *A Health Status Nurse Note dated 8/31/14 at 1:58 p.m. which stated "found resident on the floor in the bathroom in front of the toilet. Resident denies hitting her head but c/o [complaint of] R [right] knee pain, legs appear slightly twisted." "Sent to ER for evaluation." *A Health Status Nurse Note dated 8/31/14 at 2:59 p.m. stated "MCH will be putting a knee immobilizer on [resident] and sending her back to Bethel." *An X-ray report of her right knee on 8/31/14 revealed a suspected medial tibial plateau | F 280 | her designee will review the ^{*monthly and} quarterly reports and counsel staff and/or assign re-training as needed to insure compliance. 1. Resident #13's care plan will be revised to include documentation of: Her 8/31/14 tibial plateau fracture of the right leg; and the physician's order for the right leg immobilizer and non-weight bearing status of the right leg/foot. The Northwoods Wing Caresheet was updated to include use of an immobilizer to her right leg. 2. Resident #2's care plan will be revised to include documentation of: Use of a Thera band to the resident's right foot during EZ stand transfers; fall risk; and the fall on 12/5/14. The Northwoods Wing Caresheet was updated to include use of a Thera band to the resident's right foot during the EZ stand transfer. 3. Resident #4's care plan was revised to include documentation of: The removal of Biofreeze and Silvadene from the care plan. The addition of Duoderm (a dressing used on the skin for wound healing) for an intervention. 4. Resident #3's care plan was revised to include documentation of: the area on his coccyx, which is now healed; and the Vasolex has been discontinued. Calmoseptine is now used on the fragile skin as protectant. The Calmoseptine has been added to the care plan. | |

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| F 280 | <p>Continued From page 6</p> <p>fracture with lipohearthrosis (critical weight bearing area at the top of the shin bone that was broken).</p> <p>*A Clinical Health Record dated 9/2/14 with physician's orders to "continue immobilizer to Right leg - remove daily X [times] 1 for skin care, return appointment 2 weeks with Dr. _____, and to not weight bear to Right leg/foot."</p> <p>*A Morse Fall Scale Assessment (an assessment to identify a person's risk of falling) dated 9/29/14 revealed the resident was at moderate risk for falling.</p> <p>Review of resident 13's current care plan with a last revision date of 12/30/14 revealed no documentation of:</p> <p>*Her 8/31/14 tibial plateau fracture of the right leg.</p> <p>*The physician's order for the right leg immobilizer and non-weight bearing status to the right leg/foot.</p> <p>Review of the Northwoods Wing Caresheet (sheet the certified nursing assistants [CNA] used for daily cares of the residents) on 1/14/15 at 2:45 p.m. revealed resident 13 needed two staff to assist with the ARJO lift (mechanical lift to move from one place to another). There was no documentation for the use of an immobilizer to her right leg.</p> <p>Interview on 1/14/15 at 10:45 a.m. with CNA B revealed resident 13 had a fall in the bathroom and broke her leg "a long time ago."</p> <p>Interview on 1/14/15 at 1:55 p.m. with registered nurse (RN) A revealed resident 13 had a fracture to her right leg. She agreed that a fall with a fracture should have been on the resident's care plan. She stated the nurses had been updating</p> | F 280 | The Interdisciplinary Team will review/revise the facility's 2004 Resident Plan of Care policy at their next Care Conference Session on 2/11/15. | | |

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| F 280 | <p>Continued From page 7</p> <p>the resident's care plans in the computer as of December 2014. She agreed the CNA would use the Care Sheet for how to take care of the resident.</p> <p>Interview on 1/14/15 at 2:05 p.m. with the Minimum Data Set (MDS) assessment coordinator confirmed resident 13's care plan had not mentioned the resident's fracture on 8/31/14 or the physician's orders for the immobilizer and no weight bearing to the right leg. The care plan had mentioned the use of the Arjo lift and 2 person assist to transfer. She agreed the care plan had not been reviewed and revised to reflect resident 13's current condition and changes.</p> <p>2. Observation and interview with CNA C on 1/14/15 at 10:15 a.m. of resident 2's transfer using the EZ stand lift (mechanical lift to assist with moving from one place to another) revealed: *CNA C had tied a blue Thera band (rubber band used in exercising) from the platform of the EZ stand around the backside of resident 2's right foot. *Staff had been using the Thera band during transfers with resident 2 since the end of December 2014. *She stated "Sometimes her foot would kick off the foot stand" and restorative therapy (RT) had suggested adding the Thera band to assist with holding her foot in place. *She confirmed the resident had a fall from the lift in the past.</p> <p>Review of resident 2's medical record revealed: *A diagnosis of multiple sclerosis (MS) (a disease affecting the brain and spinal cord that can cause muscle weakness, stiffness, numbness, and tingling) and paraplegia (an impairment in normal</p> | F 280 | | | |

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| F 280 | Continued From page 8 function of the lower body.) *A Restorative Program Nurse Note dated 11/4/14 at 2:56 p.m. stated "transfers with the ez [EZ lift] stand/hip strap/1 assist, which is still appropriate to use. Drives electric wheelchair. Limited ROM [range of motion] in legs r/t [related to] MS. Evening staff does report more knee spasms." *A Plan of Care Note by social services dated 11/5/14 at 10:24 a.m. stated "having more leg and knee spasms." *An Incident Note by nursing dated 12/5/14 at 9:14 p.m. stated "the Rt. (right) leg gave out and was unable to stand with the Lt. (left) leg. and she was hanging onto the e-z stand with her arms. Staff was able to move her legs and applied a gait belt to resident and got her w/c (wheelchair) and got resident into w/c." *A Health Status Note by RN dated 12/6/14 at 10:59 p.m. stated "When CNA got her into the w/c her right leg spasms and causes her foot to jerk and come off of pedal of w/c", "also noted that her right leg spasms more on the Eve [evening] shift when she is tired; if leg spasms when in the EZ lift, then this can cause her right knee to buckle. May need to use 2 assist with EZ stand transfers especially on Eve shift and PRN (as needed)." *A Health Status Note by licensed practical nurse [LPN] dated 12/13/14 at 10:38 p.m. stated "was being transferred from the Recliner with the E-Z stand. Hip strap on and the strap was around her lower legs as it was supposed to be. When her Rt. (right) leg just kicked back and the entire Rt. leg went off the platform of the E-z stand. Resident was standing as well as she could with the support of the hip strap and was transferred into bed at this time. States her leg will just do that all at once and the CNA also reported that that has happen before." | F 280 | | | |

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| F 280 | <p>Continued From page 9</p> <p>*A Morse Fall Scale Assessment by nursing dated 11/4/14 indicated resident at low risk for falling.</p> <p>Review of resident 2's current care plan revealed: *The section on transfers showed a last revision date of 2/7/14. *No documentation: -Related to using a Thera band to the resident's right foot during an EZ stand transfer. -Indicating the resident had a fall on 12/5/14. -To identify the resident was at risk for falls.</p> <p>Review of the Northwoods Wing Caresheet on 1/14/15 at 2:45 p.m. revealed resident 2 was a one person assist with the EZ stand lift using a hip and butt strap. There was no documentation for the use of a Thera band to her right foot.</p> <p>Interview on 1/14/15 at 1:55 p.m. with RN A revealed staff had been using a Thera band to hold resident 2's right foot in place during EZ stand transfers. This had been a recommendation from RT. She agreed interventions relating to transfers should have been on the resident's care plan. She stated the nurses had been updating the resident's care plans in the computer as of December 2014. Prior to December it was primarily done by the MDS coordinator.</p> <p>Interview on 1/14/15 at 2:05 p.m. with the MDS coordinator confirmed resident 2's care plan had not mentioned the use of the Thera band or recent changes related to EZ stand transfers.</p> <p>Interview on 1/14/15 at 2:20 p.m. with the director of nursing (DON) revealed she agreed falls and interventions should have been part of resident 2's care plan. She stated care plans were not as</p> | F 280 | | | |

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| F 280 | <p>Continued From page 10</p> <p>complete and updated since they started using Point Click Care software. The nurses recently had training done in December 2014 on updating care plans in Point Click Care.</p> <p>Surveyor: 35120 Preceptor: 18560</p> <p>3. Review of resident 4's medical record revealed: *The physician had discontinued his Biofreeze (a cream applied to the skin to help with pain) on 12/29/14. *The care plan with a revision date of 1/12/15 still had the Biofreeze listed as a current intervention/task. *Silvadene (a cream to prevent and treat skin infections) was listed as an intervention for the resident.</p> <p>Interview on 1/13/15 at 3:35 p.m. with RN D revealed all physicians' orders would be found in the computer or the residents' charts.</p> <p>Interview on 1/13/15 at 4:23 p.m. with the MDS coordinator revealed: *She was responsible for initiating the care plans when residents first came to the facility and after their quarterly and annual reviews. *If an order was changed by the physician before the quarterly or annual update then it was the responsibility of the charge nurse to update the care plan.</p> <p>Interview on 1/14/15 at 10:45 a.m. with RN A revealed: *The care plan should have been updated by the nurse who had received the physician's order. *She could not find an order for the Silvadene in</p> | F 280 | | | |

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| F 280 | <p>Continued From page 11</p> <p>the computer or in resident 4's chart. *She was unaware as to why it was on the care plan.</p> <p>Interview on 1/14/15 at 10:50 a.m. with the MDS coordinator revealed: *She did not know why the Silvadene was on resident 4's care plan. *It might have been entered on his care plan incorrectly. *The care plan should only state he was getting Duoderm (a dressing used on the skin for wound healing) for an intervention.</p> <p>Interview on 1/14/15 at 1:20 p.m. with the DON revealed: *The nurse who had received the physician's order should have updated the resident's care plan. *Silvadene was entered on resident 4's care plan incorrectly as the order was for another resident.</p> <p>Surveyor: 35121 Preceptor: 33265 4. Review of resident 3's complete medical record revealed: *He had a pressure ulcer (sore or open area of the skin caused by not relieving pressure to that area) on his coccyx (tail bone) since his admission on 10/29/14. *Vasolex ointment was ordered on 11/13/14 by his physician for treatment of his pressure ulcer. *The pressure ulcer was not addressed on his care plan.</p> <p>Interview on 1/14/15 at 5:10 p.m. with the DON revealed she agreed the pressure ulcer on his coccyx should have been addressed on his care plan and included the Vasolex order as a</p> | F 280 | | | |

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| F 280 | Continued From page 12 treatment for the pressure ulcer. 5. Review of the provider's July 2004 Resident Plan of Care policy revealed: **"An interdisciplinary team consisting of nursing, rehabilitation, social services, dietary, and activities will develop a care plan for each resident based on complete assessment information." **"Assessment information will be gathered following the RAI [Resident Assessment Instrument] process, with necessary monitoring and follow up." **"The care plan includes measurable objectives and timetable to meet a resident's medical, nursing, mental, and psychosocial needs that are identified in the assessment." **"The care plan reflects standards of current professional practice." **"The care plan will be reviewed and revised by an interdisciplinary team every three months or a significant change of resident condition or as needed." **"An interdisciplinary expertise is used to improve or maintain resident's functioning." **"The problems, needs, and strengths should be stated in functional or behavioral terms." **"The interdisciplinary team agrees on goals that would lead to an outcome." | F 280 | | |
| F 281 SS=D | 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: | F 281 | F 281: A charge nurse meeting was conducted from 2:30pm-4:00pm on 1/21/15. At this meeting the physician's order was reviewed for "the resident to rinse and spit following the administration of the Brovana nebulizer. Charge nurses were instructed to make sure they followed this order as written | 3/6/15 |

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| F 281 | <p>Continued From page 13 Surveyor: 35121 Preceptor: 33265 Based on observation, interview, record review, and policy review, the provider failed to: *Follow physician's order for the resident to rinse and spit following the administration of the Brovana nebulizer (medication administered by a machine that is inhaled through a mask) for one of one resident (3) on Brovana nebulizer. *Follow physician's order to administer the medication Reglan by the oral (by mouth) route for one of one resident (10) with a feeding tube (tube placed directly into stomach for administration of nutrition and/or medication). Findings include:</p> <p>1. Observation on 1/13/15 at 4:25 p.m. of registered nurse (RN) D administering medication to resident 3 revealed: *She had not instructed the resident to rinse and spit after the Brovana nebulizer treatment was administered. *The rinse and spit following the nebulizer treatment did not occur after the nebulizer treatment was completed..</p> <p>Review of resident 3's complete medical record revealed the Brovana was listed on the treatment administration record with instructions to "rinse and spit after" as ordered on 11-14-04.</p> <p>Interview with the director of nursing (DON) on 1/14/15 at 5:10 p.m. revealed she agreed the physician's order to have the resident rinse and spit and the nebulizer treatment was completed should have been followed.</p> <p>2. Review of resident 10's complete medical record revealed:</p> | F 281 | <p>*observed weekly for one month then CS/DOH/MF</p> <p>with each resident, and to "instruct" the resident to rinse and spit. Charge nurses were reminded that, if the resident was unable to rinse and spit, they were still to offer the resident a drink of water following the Brovana treatment.</p> <p>1. Resident #3: Charge nurses will be subject to monthly QA monitoring by the QA nurse or her designee, to insure the physician's order is followed, for the resident to rinse and spit following the administration of the Brovana nebulizer. The QA nurse or her designee will compile their findings in a report to be presented to the QA Committee at their quarterly meetings. At the charge nurse meeting listed above, charge nurses were reminded to follow the facility's Pharmacy General Dose Preparation and Medication Administration policy to "check each time a medication is administered that it is the correct medication, at the correct dose, at the correct route, at the correct rate, and the correct time, for the correct resident." The physician's order for "Reglan tablet 5mg give 1 tablet orally two times a day" was reviewed. All nurses present verbalized understanding of this order. The observation by the surveyor of the nurse administering the Reglan through the resident's feeding tube instead of by mouth was discussed. During the survey, clarification was obtained from</p> | |

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| F 281 | Continued From page 14 *The most recent physician's orders signed on 12/19/14 stated "Reglan tablet 5 mg give 1 tablet orally two times a day." *Reglan was listed on the medication administration record to be given "orally" as ordered 8/26/14. Observation on 1/14/15 at 4:45 p.m. of RN D during medication administration with resident 10 revealed: *She read the order for Reglan aloud as to be given orally. *She then administered the Reglan through the resident's feeding tube instead of by mouth. Interview with the DON on 1/14/15 at 5:10 p.m. regarding resident 10 revealed she agreed: *The Reglan should have been administered as ordered. *The physician's order for oral route should have been followed or clarified. Review of the provider's Pharmacy January 2013 General Dose Preparation and Medication Administration policy revealed the provider was to have checked "each time a medication is administered that it is the correct medication, at the correct dose, at the correct route, at the correct rate, at the correct time, for the correct resident." | F 281 | the physician for the Reglan, Cholecalciferol and Lisinopril regarding route of administration. The Reglan and Lisinopril were changed to "per g-tube route." The Cholecalciferol was changed to "per oral route" by the physician. Charge nurses were aware of this change at the charge nurse meeting, and were instructed to follow the physician's order as written. 1. <u>Resident #10: Charge nurses will be</u> subject to monthly QA monitoring by the QA nurse or her designee, to insure the physician's order for the administration of medications. The QA nurse or her designee will compile their findings in a report to be presented to the QA Committee at their quarterly meetings. <i>* observed weekly for one month then CS/SD/DH/MF</i> | |
| F 441 SS=E | 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. | F 441 | F 441: A charge nurse meeting was held on 1/21/15. At this meeting, the revised procedure for "Blood Glucose Monitoring" was presented. The revised procedure states, "Clean the resident's finger with alcohol swab. Allow to completely dry." The revised procedure | 3/6/15 |

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| F 441 | Continued From page 15 (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: 35120 Surveyor: 35121 Preceptor: 33265 Based on observation, interview, manufacturers' | F 441 | *observed weekly for one month then is 30 days for "cleaning of glucose meter" was also reviewed. The revised procedure states, "Clean the glucose meter with a disinfectant wipe, contact time is 30 sec. Allow to air dry." The disinfectant wipes utilized have been changed to "Hydrogen Peroxide Cleaner Disinfectant Wipes" by Clorox Professional Products Company. This replacement disinfectant was approved through Dianna Barri, Customer Care at Infopia USA Inc. 1. Resident #22, 17, 4: Charge nurses will be subject to monthly QA monitoring conducted by the QA nurse or her designee to insure the revised procedures for cleaning the resident's finger with an alcohol swab and cleaning the glucose meter with a disinfectant wipe, contact time being 30 sec. (keeping the glucometer wet for 30 sec.) and allowing to air dry, are followed. The QA nurse or her designee will compile their findings in a report to be presented to the QA Committee at their quarterly meetings. A charge nurse meeting was held on 1/21/15. At this meeting, the revised procedure for "Cleaning a Nebulizer" was reviewed. The procedure consists of "removing the tubing and mask from the nebulizer; disassemble and clean in hot, soapy water; rinse under a steady stream of warm water to remove oil; allow to | | |

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| F 441 | <p>Continued From page 16</p> <p>instruction review, record review, and policy review, the provider failed to ensure manufacturers' instructions for cleaning were followed for:</p> <p>*The appropriate cleaning of the residents' fingers with alcohol before obtaining a blood sugar for four of four random observations of three residents (4, 17, and 22) who had required blood sugar levels.</p> <p>*The cleaning of the glucometers (equipment to measure blood sugar level) after use for three of three randomly observed glucometer uses on two of two residents (17 and 22) who had required blood sugar levels.</p> <p>*The cleaning of the nebulizer (machine used to deliver inhaled medication) accessory pieces following each use for five of five randomly observed residents (3, 11, 19, 20, and 21) who received nebulizer treatments. Findings include:</p> <p>1. Observation on 1/13/15 at 11:50 a.m. of registered nurse (RN) E during a blood sugar check with resident 22 revealed she wiped the resident's finger with a facial tissue dampened with water prior to a finger stick for blood glucose monitoring.</p> <p>Observation on 1/13/15 at 4:28 p.m. of RN D during a blood sugar check with resident 17 revealed she wiped the resident's finger with a facial tissue dampened with water prior to a finger stick for blood glucose monitoring.</p> <p>Observation on 1/13/15 at 5:31 p.m. of licensed practical nurse (LPN) I during a blood sugar check with resident 22 revealed she wiped the resident's finger with a facial tissue dampened with water prior to a finger stick for blood glucose monitoring.</p> | F 441 | <p>air dry; mask and tubing change weekly; filter change every month.”</p> <p>1. Resident #21, 19, 3, 11, 20: Charge nurses will be subject to monthly QA monitoring conducted by the QA nurse or her designee to insure the revised procedures for cleaning the nebulizer accessory pieces are followed. The QA nurse or her designee will compile their findings in a report to be presented to the QA Committee at their quarterly meetings.</p> <p><i>x observed weekly for one month then CS/SDDO H/MF</i></p> | |

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| F 441 | <p>Continued From page 17</p> <p>Interview on 1/14/15 at 5:10 p.m. with director of nursing (DON) regarding the above observations revealed she agreed the manufacturer's instructions stated to use an alcohol prep pad to clean the finger area prior to testing.</p> <p>Surveyor: 35120 Preceptor: 18560 Observation on 1/14/15 at 8:33 a.m. of RN A revealed she used a wet tissue to wipe off resident 4's finger before sticking it to check his blood sugar.</p> <p>Interview on 1/14/15 at 8:35 a.m. with RN A revealed: *She always used water before checking blood sugars. *She was trained to do it that way when she first started working. *She did not know why they were not using alcohol wipes to clean the finger before checking a resident's blood sugar.</p> <p>Surveyor: 35121 Preceptor: 33265 Review of the provider's undated Blood Glucose Monitoring policy revealed to "wash resident's hand."</p> <p>Review of the manufacturer's instructions for the Element Compact blood glucose monitoring system revealed cleaning of the finger by "Use an alcohol prep pad to wipe the area before testing. Wait until the alcohol dries completely."</p> <p>2. Observation on 1/13/15 at 11:50 a.m. of RN E following the use of a glucometer revealed she had not kept the glucometer 's surface wet by</p> | F 441 | | | |

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| F 441 | <p>Continued From page 18</p> <p>wiping with the CaviWipe (cleaning wipe) for two minutes after completing resident 22's blood sugar check.</p> <p>Observation on 1/13/15 at 4:28 p.m. of RN D following the use of a glucometer revealed she had not kept the glucometer 's surface wet by wiping with the CaviWipe (cleaning wipe) for two minutes after completing resident 17's blood sugar check.</p> <p>Observation on 1/13/15 at 5:31 p.m. of LPN I following the use of a glucometer revealed she had not kept the glucometer 's surface wet by wiping with the CaviWipe (cleaning wipe) for two minutes after completing resident 22's blood sugar check.</p> <p>Interview on 1/14/15 at 5:10 p.m. with the DON regarding cleaning of the glucometers revealed she: *She expected the nurses to wipe the glucometer off with the CaviWipes for the required amount of time and then leave the glucometer to air dry. *She agreed the manufacturer's instructions stated to use CaviWipes to clean the glucometer and for the glucometer's surface to be kept wet for two minutes before being allowed to air dry. *She agreed the CaviWipes container stated to "ensure that the surface remains visibly wet for two minutes" before allowing to air dry.</p> <p>Review of the provider's undated Cleaning of Glucose Meter policy revealed the nurses should have cleaned the "glucose meter with a disinfectant wipe. Allow it to air dry. Return to carrying case."</p> <p>Review of the manufacturer's instructions for the</p> | F 441 | | | |

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| F 441 | <p>Continued From page 19</p> <p>Element Compact blood glucose monitoring system revealed: **"Use CaviWipes Towelettes for a cleaner and disinfectant." **"Allow it to remain wet for two minutes." **"Allow to air dry when done."</p> <p>Review of the CaviWipes Towelettes instructions label stated to "ensure that the surface remains visibly wet for two minutes."</p> <p>3a. Observation on 1/13/15 at 11:30 a.m. of RN E after a nebulizer treatment for resident 21 revealed she placed the used nebulizer accessory pieces back on the nebulizer machine without cleaning them.</p> <p>b. Observation on 1/13/15 at 3:45 p.m. of RN D after a nebulizer treatment on resident 19 revealed she placed the used nebulizer accessory pieces on the nebulizer machine without cleaning them.</p> <p>c. Observation on 1/13/15 at 4:35 p.m. of RN D after a nebulizer treatment on resident 3 revealed she placed the used nebulizer accessory pieces back on his nightstand without cleaning them.</p> <p>d. Observation on 1/13/15 at 5:05 p.m. of licensed practical nurse (LPN) I after a nebulizer treatment on resident 11 revealed she placed the used nebulizer accessory pieces back on the nebulizer machine without cleaning them.</p> <p>e. Observation on 1/13/15 at 5:10 p.m. of LPN I after a nebulizer treatment for resident 20 revealed she placed the used nebulizer accessory pieces back on the nebulizer machine without cleaning them.</p> | F 441 | | | |

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| F 441 | <p>Continued From page 20</p> <p>f. Interview on 1/14/15 at 5:10 p.m. with the DON revealed she agreed: *There were multiple different nebulizer machines used. *The nebulizer accessory pieces were not being cleaned according to the manufacturer's instructions after medication administration.</p> <p>Review of the provider's Pharmacy January 2013 General Dose Preparation and Medication Administration policy revealed to "Clean any reusable equipment or supplies."</p> <p>Review of the following nebulizer manufacturer's instructions revealed: *Devilbiss healthcare nebulizer system were to: "Clean after every use. Disassemble mouthpiece or mask from cap. Open nebulizer by turning cap counterclockwise and removing baffle. Wash all items, except tubing, in a warm water/dishwashing detergent solution. Rinse under warm tap water for 30 seconds to remove detergent residue. Allow to air dry..." *Respironics Inspiration Elite compressor nebulizer system were to "clean the medication nebulizer cup according to its instructions." *Stratos compact compressor nebulizer system were to "clean the nebulizer after each aerosol treatment."</p> | F 441 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435076 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 01/13/2015 |
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| NAME OF PROVIDER OR SUPPLIER BETHEL LUTHERAN HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 1001 S EGAN AVE MADISON, SD 57042 |
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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 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 1/13/15. Bethel Lutheran Home 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 ADMINISTRATOR | (X6) DATE 2/6/2015 |
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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.

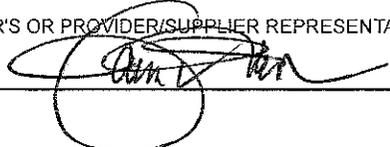
South Dakota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10644 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 01/15/2015 |
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| NAME OF PROVIDER OR SUPPLIER BETHEL LUTHERAN HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 1001 S EGAN AVE MADISON, SD 57042 |
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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 |
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| S 000 | Initial Comments Surveyor: 26180 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted from 1/13/15 through 1/15/15. Bethel Lutheran Home was found not in compliance with the following requirement: S236. | S 000 | <i>Addendums noted with an asterisk per 2/17/15 telephone to facility administrator. CSKSDOH/MF</i> | |
| S 236 | 44:04:04:08.01 TUBERCULIN SCREENING REQUIREMENTS Tuberculin screening requirements for healthcare workers or residents are as follows: (1) Each new healthcare worker or resident shall receive the two-step method of Mantoux skin test to establish a baseline within 14 days of employment or admission to a facility. Any two documented Mantoux skin tests completed within a 12 month period prior to the date of admission or employment shall be considered a two-step. Skin testing is not necessary if documentation is provided of a previous positive reaction of ten mm induration or greater. Any new healthcare worker or resident who has a newly recognized positive reaction to the skin test shall have a medical evaluation and a chest X-ray to determine the presence or absence of the active disease; This Administrative Rules of South Dakota is not met as evidenced by: Surveyor: 18560 Based on employee file review, interview, and policy review, the provider failed to ensure three of five newly hired employees (F, G, and H) reviewed had completed the two-step method of | S 236 | S 236: The date of employment is the date when the business office gives a new employee their time card and they are recorded in the accounting system of the facility. *see page 21. CSKSDOH/MF The Assistant Administrator is responsible for recording the date of employment on each new employee. Each new employee is required to have their TB two-step test done within 14 days of their date of employment, and if needed, a required medical evaluation and chest x-ray prior to the 14 th day of employment. If the TB two-step test is not done and reviewed by a staff RN prior to the 7 th day of employment, the Assistant Administrator will notify the immediate supervisor. If on the 10 th day of employment, the required TB two-step test has not been done and reviewed by a staff RN, the Assistant Administrator will remove the new employee from the work schedule until the required TB | 2/6/15 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE <i>Administrator</i> | (X6) DATE 2/6/2015 |
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South Dakota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10644 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/15/2015 |
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| NAME OF PROVIDER OR SUPPLIER BETHEL LUTHERAN HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 1001 S EGAN AVE MADISON, SD 57042 |
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| S 236 | <p>Continued From page 1</p> <p>Mantoux skin test for tuberculin (TB) screening within fourteen days of employment. Findings include:</p> <p>1. Review of employee files revealed: *Employee F had been hired on 12/5/14. His TB first-step had been administered on 1/2/15. *Employee H had been hired on 12/9/14. His TB first-step had been administered on 1/2/15. *Employee G had been hired on 12/22/14. No documentation was found that the TB screening had been completed.</p> <p>Interview on 1/15/15 at 9:00 a.m. with the infection control nurse revealed the above employees would not have had contact with residents until they had started their training. She confirmed the TB screenings should have been completed per their policy.</p> <p>Review of the provider's January 2005 Tuberculin Screening Requirements policy revealed each healthcare worker would receive the two-step method of Mantoux skin test by the infection control nurse or her designated nurse to establish a baseline within fourteen days of employment.</p> | S 236 | <p>two-step test and review has been done and on file.</p> <p>In the absence of the Assistant Administrator, the Office Manager is responsible for maintaining compliance on any new employee or those who are within their 14-day period.</p> <p>The Assistant Administrator will report quarterly to the QA Committee on the number of new employees hired in the quarter, and the facility compliance with this standard during the quarter.</p> <p><i>* (continued from page 1) Employees F, G, and H's TB two-step tests were completed. CS/ODD/DMF</i></p> | |
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