

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/28/2015
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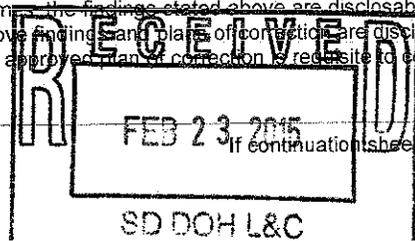
NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVENUE POST OFFICE BOX 150 REDFIELD, SD 57469
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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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F 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 32332 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 1/26/15 through 1/28/15. Eastern Star Home of South Dakota, Inc was found not in compliance with the following requirements: F221 and F323.</p> <p>F 221 SS=E 483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 16385 Based on observation, interview, record review, and policy review, the provider failed to ensure assessments had been completed prior to initial use, quarterly, or upon significant change of condition for use of an activity board for one of one sampled resident (2) and M-rail positioning bars for five of five sampled residents (3, 4, 5, 7, and 9). Findings include:</p> <p>1. Observation on 1/26/15 at 3:45 p.m. of resident 2 in his wheelchair revealed an activity board with cupholder attached to the wheelchair with velcro straps.</p> <p>Interview at that time with registered nurse (RN) A revealed: *She had attached the activity board at 3:00 p.m. *She had placed items on the board for resident 2</p>	F 000	<p><i>Addendum noted with an asterisk per 31415 & 31416 telephone to facility administrator & DON. SDSDOH/MF</i></p> <p>F 221 <i>* see page 1a. SDSDOH/MF</i></p> <p>F 221 <i>* see page 1a. SDSDOH/MF</i></p> <p>F 221 Right to be free from physical restraints. 1). Received order for resident #2 to have padded tray with cup holder for activity purposes on 10-14-14. Tray was ordered and received on 10-28-14. Placement and removal of tray is completed by the charge nurse and documented on residents #2's MAR. On 10-28-15 resident #2's care plan was updated as well as the "Informed Consent For Use Of Restraints" was reviewed with resident #2's wife/DPOA with signature received. MDS Coordinator will complete an initial Bed Rail/ Assist Bar/Activity Board Evaluation form by 3/13/15. This form will also be completed with quarterly, annual, and significant change assessments. 2). Received order for the use of a M-rail on 7/05/12 for resident #3. The "Informed Consent For Use of Restraints" form was reviewed and signed with resident #3's annual care conferences. On 02-04-15, an order was received to discontinue the M-rail. M-rail was removed on 02-04-15 and care plan was updated to reflect this change. 3). Received order for resident #4 to have M-rail placed on 08-27-13. Care plan was updated and the "Informed Consent For Use Of Restraints" form was reviewed and signed with annual care conferences. MDS Coordinator will complete an initial Bed Rail/ Assist Bar/ Activity Board evaluation by 03-13-15. This form will also be completed with quarterly, annual, and significant change assessments. The "Informed Consent For Use Of Restraints" form will be reviewed upon initial placement, quarterly, annually, and with significant change assessments with signature for consent/ continuation obtained.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mary Rice Osornell</i>	TITLE <i>Administrator</i>	(X6) DATE <i>2-20-2015</i>
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVENUE POST OFFICE BOX 150 REDFIELD, SD 57469	
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F 000	INITIAL COMMENTS	F 000		
F 221 SS=E	<p>Surveyor: 32332 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 1/26/15 through 1/28/15. Eastern Star Home of South Dakota, Inc was found not in compliance with the following requirements: F221 and F323.</p> <p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 16385 Based on observation, interview, record review, and policy review, the provider failed to ensure assessments had been completed prior to initial use, quarterly, or upon significant change of condition for use of an activity board for one of one sampled resident (2) and M-rail positioning bars for five of five sampled residents (3, 4, 5, 7, and 9). Findings include:</p> <p>1. Observation on 1/26/15 at 3:45 p.m. of resident 2 in his wheelchair revealed an activity board with cupholder attached to the wheelchair with velcro straps.</p> <p>Interview at that time with registered nurse (RN) A revealed: *She had attached the activity board at 3:00 p.m. *She had placed items on the board for resident 2</p>	F 221	<p><i>*(continued from page 1, #1) assess the resident to determine if he or she is capable of using the device appropriately and S/S/S/D/H/M/F</i></p> <p><i>*(continued from page 1, #3) assess the resident to determine if he or she is capable of using the device appropriately and S/S/S/D/H/M/F</i></p>	

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

TITLE

(X6) DATE

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F 221	<p>Continued From page 1 to use with his hands. *She removed the activity board at 4:00 p.m.</p> <p>Interview on 1/26/15 at 5:30 p.m. with resident 2's spouse confirmed she had signed a consent form for use of the activity board on 10/28/14. Further interview revealed resident 2 had used items placed on the activity board to "occupy his attention because he had dementia."</p> <p>Review of resident 2's medical record revealed: *A diagnosis of dementia. *A physician's order dated 10/28/14 for an "Activity board with cupholder." *Medication administration record (MAR) with an order for "Activity Board with cupholder, On at 3 pm, Off at 4 pm daily; On at 7 pm, Off at 8 pm daily." *Current plan of care intervention dated 10/28/14 for "physical restraint: uses activity table tray for self initiated activities." *No initial assessment for use of the activity board with cupholder for self-initiated activities.</p> <p>2. Observation on 1/26/15 at 5:00 p.m. of resident 3's bed revealed an M-rail positioning bar on his bed.</p> <p>Interview on 1/27/15 at 4:45 p.m. with resident 3 revealed he used the M-rail positioning bar to reposition himself in bed.</p> <p>Review of resident 3's medical record revealed: *A consent form for use of the M-rail for repositioning and transfer signed by resident 3 on 8/12/14. *Current plan of care intervention dated 11/16/14 for use of the M-rail positioning bar. *No initial or quarterly assessments for use of the</p>	F 221	<p><i>*assess the resident to determine if he or she is capable of using the device appropriately and</i> <i>SSJSDDDH/MF</i></p> <p>F22 Continued from page 1</p> <p>4). Order for Resident #7 to have a M-rail placed received prior. The "Informed Consent For Use of Restraints" was reviewed and signed with annual care conferences as well as care plan. MDS Coordinator will complete an initial Bed Rail/ Assist Bar/ Activity Board Evaluation by 03/13/15. This form will also be completed with quarterly, annual, and significant change assessments. The "Informed Consent For Use Of Restraints" form will be reviewed upon initial placement, quarterly, annually, and with significant change assessments with signature for consent/continuation obtained.</p> <p>5). Received order for Resident #9 to have a M-rail placed on 10-12-11. Care plan was updated and the "Informed Consent For Use Of Restraints" form was reviewed and signed with annual care conferences. MDS Coordinator will complete an initial Bed Rail/ Assist Bar/ Activity Board Evaluation by 03-13-15. This form will also be completed with quarterly, annual, and significant change assessments. The "Informed Consent For Use Of Restraints" form will be reviewed upon initial placement, quarterly, annually, and with significant change assessments with signature for consent/continuation obtained.</p> <p>6). Order received for Resident #5 to have a M-rail placed on 06-21-11. The "Informed Consent For Use Of Restraints" was reviewed and signed with annual care conferences as well as care plan. Discontinuation order for M-rail was received on 02-02-15 and M-rail was removed at that time.</p> <p><i>*assess the resident to determine if he or she is capable of using the device appropriately and</i> <i>SSJSDDDH/MF</i></p>

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F 221	<p>Continued From page 2</p> <p>M-rail positioning bar for repositioning and transfer.</p> <p>Surveyor: 34030</p> <p>3. Random observations from 1/26/15 to 1/28/15 of resident 4's bed revealed one M-rail up at the top half of the bed.</p> <p>Review of resident 4's medical record revealed: *An admission date of 8/26/13. *A diagnosis of Parkinson's disease (a degenerative disease of the nervous system resulting in a decline of body functions). *A requirement of extensive assistance from staff to move in bed. *The M-rail had been on the bed since admission and had an initial assessment. *No ongoing assessments had been done to show it continued to be appropriate to use for that resident.</p> <p>4. Random observations from 1/27/15 to 1/28/15 of resident 7's bed revealed one M-rail up at the top half of the bed.</p> <p>Review of resident 7's medical record revealed: *An admission date of 6/22/09. *A diagnosis of dementia (a disease that causes a gradual decrease in the brains ability to function). *"Comfort cares" (for a resident at the end of life). *A requirement of extensive assistance from staff to move in bed. *No ongoing assessments had been done to show the rail continued to be appropriate to use for that resident.</p> <p>5. Random observations from 1/27/15 to 1/28/15</p>	F 221	<p><i>*assess the resident to determine if he or she is capable of using the device appropriately and</i></p> <p>F 221 Continued from page 2.</p> <p>7). Since all residents who use a Bed Rail, Assist Bar, and/or Activity Board are at risk for potential risk of injury, the following actions were instituted to prevent or reduce the risk to residents from being affected in the future:</p> <ul style="list-style-type: none"> - On 02-17-15 the Administrator and Restorative Nurse reviewed and revised the Restraint Policy to include the following changes: The MDS Coordinator will complete a Bed Rail/ Assist Bar/ Activity Board Evaluation form prior to initial placement, with quarterly assessments, annual assessments, and/or significant change assessments. - The Informed Consent For Use Of Restraints" form will be reviewed with resident and his/her family representative outlining the benefits and potential risks. This form will be reviewed and signed by resident and/or his/her family representative prior to placement, with quarterly assessments, annual assessments, and/or significant change assessments. The interdisciplinary team will continue addressing the on-going use of the restraints with each care conference and update resident's care plan as needed to reflect this. Nursing staff will continue to observe each resident who has a bed rail/ assist bar/ activity board every hour while equipment is being used to ensure the resident's safety. Once a restraint is deemed non-beneficial or places the resident at greater risk for injury, his/her primary care physician will be notified and a written, signed order will be received for the removal of the restraint. The MDS Coordinator will complete an initial assessment for all residents who use a bed rail/ assist bar/ activity board by 3/13/15. 	

**by the care plan team*

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F 221	<p>Continued From page 3</p> <p>of resident 9's bed revealed one M-rail up at the top half of the bed.</p> <p>Review of resident 9's medical record revealed: *An admission date of 10/5/11. *A diagnosis of dementia. *A requirement of total dependance on staff to move in bed. *No ongoing assessments had been done to show the rail continued to be appropriate to use for that resident.</p> <p>Surveyor: 32332</p> <p>6. Review of resident 5's medical record revealed: *A signed consent dated 7/1/14 for the use of an M-Rail to assist with transfers and repositioning in bed. *Her updated 12/16/14 care plan indicated: -She used an M-Rail to assist with transfers and repositioning/bed mobility. -She transferred between the bed and wheelchair with the use of a Hoyer (mechanical) lift using two staff. *Documentation in the Nurses' Notes indicating the M-Rail had been discussed and family had chosen to allow her to continue using the rail. *No initial or ongoing assessments to indicate the resident was capable of using the M-Rail appropriately.</p> <p>Observation on 1/27/15 at 1:15 p.m. of resident 5 in her bed revealed an M-Rail attached to the left side at the head of the bed. The resident had not used the rail during that observation.</p> <p>Interview on 1/27/15 at 1:30 p.m. with the director on nursing (DON) revealed the resident remained</p>	F 221	<p>F 221 Continued from page 3.</p> <p>- On 02-19-15 all staff were trained in the newly revised Restraint Policy. The MDS Coordinator will be responsible for conducting the completion of all assessments and consent forms pertaining to the use of any type of a restraint. The Restorative Nurse will complete a monthly spot check to ensure completion and will report the findings to the Quality Improvement Committee monthly until the QIC committee advises otherwise. Completion Date</p> <p><i>* by the Restorative Nurse and MDS Coordinator</i> SD/SDDCH/MF</p>	<p><i>*3/13/15</i> SD/SDDCH/MF</p>
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F 221	<p>Continued From page 4</p> <p>capable of utilizing the M-Rail to assist the staff with repositioning her in bed.</p> <p>7. Interview on 1/27/15 at 2:00 p.m. with the Minimum Data Set assessment coordinator revealed:</p> <ul style="list-style-type: none"> *The bed rails or lap trays were discussed with each care conference, and a new consent was obtained yearly. *She had not performed assessments on residents using bed rails or lap trays. *The physical therapist had previously assessed residents for restraints and bed rails, but no longer assessed that. *The nursing staff observed each resident requiring bed rails or lap trays every hour when the equipment was being used to be sure the resident was safe. <p>Interview on 1/28/15 at 2:00 p.m. with the DON revealed her expectation was the residents requiring bed rails or lap trays should have been assessed for their ability to use them safely.</p> <p>Review of the provider's 12/1/14 Restraint policy revealed the use of restraints:</p> <ul style="list-style-type: none"> *Could constitute an accident hazard. *Was to have been based on a comprehensive assessment of the resident's physical and mental abilities. *Was to have been given only on review of the resident's condition by the physician and the interdisciplinary team. 	F 221		
F 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards</p>	F 323		

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F 323	<p>Continued From page 5 as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 16385 Based on observation and interview, the provider failed to ensure chemicals had been properly stored inaccessible to residents in one of one housekeeping cart. Findings include:</p> <p>1. Observation on 1/27/15 at 2:00 p.m. revealed the three open shelf housekeeping cart had been left unattended outside a resident room in the west hallway. On the cart was a spray bottle of disinfectant and a spray bottle of glass cleaner. The housekeeper was cleaning in the resident's room, and the cart had been out of her sight.</p> <p>Interview on 1/28/15 at 8:45 a.m. with the housekeeping/laundry supervisor confirmed chemicals were on the cart. She agreed the chemicals had not been secured in a locked compartment when the housekeeper would have been cleaning rooms.</p> <p>Interview on 1/28/15 at 9:00 a.m. with the administrator confirmed the above finding. She agreed chemicals could not have been secured in the current housekeeping cart.</p>	F 323	<p>F-323 FREE OF ACCIDENT HAZARDS</p> <p>On 02-04-15, a new housekeeping cart with lockable compartments was delivered and assembled at the Eastern Star Home replacing the former open shelf cart. All staff were trained in the revised facility policy regarding Maintenance and Storage of Cleaning Chemicals during 3 in-service meetings on February 19, 2015. Since all residents and visitors are potentially at risk when cleaning chemicals are accessible to them, the Environmental Supervisor will spot check the facility environment a minimum of weekly to ensure that no hazardous chemicals are accessible.</p> <p>The Environmental Supervisor will report spot check findings to the QIC Committee a minimum of quarterly until the QI Committee advises otherwise. Completion Date</p>	<p>*3/13/15 [Redacted] SD/SD/04/MF</p>

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K 000	INITIAL COMMENTS Surveyor: 18087 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 1/27/15. Eastern Star Home of South Dakota, Inc was found not in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities. The building will meet the requirements of the 2000 LSC for existing health care occupancies upon correction of the deficiency identified at K069 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Surveyor: 18087 Based on document review and interview, the provider failed to conduct the required inspection of one of one kitchen range exhaust ductwork. Inspections of the range hood exhaust ductwork must be conducted no less than annually (more frequently if needed based on findings). The documentation indicated the exhaust system had last been inspected in November 2013. Findings include: 1. Document review of the kitchen hood system inspections revealed the last documentation indicating the exhaust ductwork had been inspected for cleanliness/grease build-up was November 20, 2013. Interview with the	K 069	K-069 NFPA LIFE SAFETY CODE STANDARD 1) On January 28, 2015, "HOOD & DUCT CLEANING" from Aberdeen, SD was contracted to remove and clean exhaust fan and blades, clean duct work from the kitchen roof to the range hood, and also clean filters and the range hood in the facility kitchen. The above contract was completed on February 5, 2015. Since the annual inspection of the kitchen range exhaust ductwork is vital to ensuring the safety of the residents, staff and visitors of this facility, the Environmental Supervisor will check and record the due date for the next annual kitchen range ductwork inspection in the monthly maintenance log and contract with the consultant cleaning company at least 30 days prior to the next annual due date. The Environmental Supervisor will report to the QIC Committee a minimum of quarterly regarding the due date for the next range hood inspection until the QIC Committee advises otherwise. Completion Date	2-5-15

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

Mary Rice O'Donnell

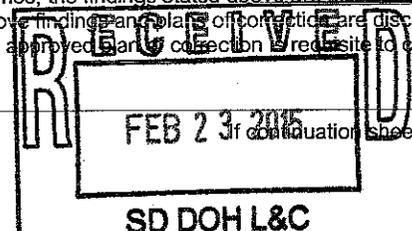
TITLE

Administrator

(X6) DATE

2-20-2015

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K 069	Continued From page 1 maintenance supervisor confirmed that finding. The deficiency affected one of numerous requirements for the protection of cooking facilities.	K 069			

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10670	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/28/2015
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NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVE POST OFFICE BOX 150 REDFIELD, SD 57469
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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: 18087 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted from 1/26/15 through 1/28/15. Eastern Star Home of South Dakota, Inc was found in compliance.	S 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Mary Rice Osbonnell

TITLE

Administrative Director

(X6) DATE

RECEIVED
MAR 09 2015
SD DOH L&C