

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

ORIGINAL

PRINTED: 06/26/2015
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435121 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/20/2015 |
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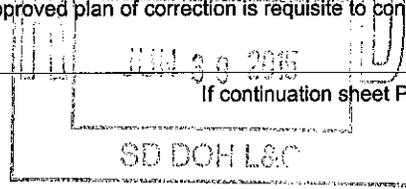
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| NAME OF PROVIDER OR SUPPLIER NORTHEAST CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 85 1ST AVENUE EAST POST OFFICE BOX 108 ROSHOLT, SD 57260 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF 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: 32331 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 5/18/15 through 5/20/15. Northeast Care Center was found in compliance.</p> | F 000 | | |
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Administrator* (X6) DATE *6-29-15*

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: 06/02/2015
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435121 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 05/19/2015 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER NORTHEAST CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 85 1ST AVENUE EAST POST OFFICE BOX 108 ROSHOLT, SD 57260 | | |
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| K 069 | <p>Continued From page 1</p> <p>system on the roof top down to the range hood had not taken place. He was unaware of the top down cleaning requirement.</p> <p>B. Based on record review and interview, the provider failed to connect the kitchen range hood extinguishing system to the fire alarm system in accordance with National Fire Protection Association 96. Findings include:</p> <p>1. Record review on 5/19/15 at 9:00 a.m. of the range hood extinguishing system inspection report dated 12/11/14 revealed the system was not interconnected with the fire alarm dialer. The activation of the automatic fire-extinguishing system must activate the fire alarm signaling system. Interview with the maintenance supervisor at the time of the record review revealed the installing contractor had not come back to tie the automatic fire-extinguishing system into the fire alarm system.</p> <p>The deficiency affected two of several requirements for protecting cooking facilities.</p> | K 069 | | | |

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| STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs | PROVIDER # 435121 | MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____ | DATE SURVEY COMPLETE: 5/19/2015 |
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| NAME OF PROVIDER OR SUPPLIER NORTHEAST CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 85 1ST AVENUE EAST POST OFFICE BOX 108 ROSHOLT, SD |
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| ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES |
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K 066

NFPA 101 LIFE SAFETY CODE STANDARD

Smoking regulations are adopted and include no less than the following provisions

- (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking
- (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.
- (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.
- (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4

This STANDARD is not met as evidenced by:
Surveyor: 18087

Based on document review and interview, the provider failed to adopt a smoking policy that allowed residents classified as not responsible to smoke if assisted by staff, family, or friends. Findings include:

1. Review of the provider's smoking policy revealed it prohibited residents who were classified as not responsible to smoke on their own. There was no allowance or exception that would allow the resident to smoke while under direct supervision of staff, family, or friends. Interview with the administrator at 11:00 a.m. revealed staff and responsible residents were allowed to smoke in a designated smoking area

K066 - Smoking policy has been revised to include allowances or exceptions for resident to smoke who are not responsible themselves. Policy includes: Direct Supervision of non-responsible residents, Ashtrays of noncombustible material and safe design provided in all areas where smoking is permitted, designated smoking areas and metal containers with self-closing cover devices into which ashtrays can be emptied are available to all designated smoking areas. This will be monitored by the Administrator and/or Maintenance Supervisor through visual observation and adverse findings will be documented on a flow sheet.

Any adverse findings will be report to the Quality Assurance Committee and Safety Committee by the Maintenance Supervisor and/or the Administrator at the next quarterly QA meeting and Safety Meeting and thereafter for a period of one year or until the QA Committee and safety committee advises to discontinue.

Completion Date 7-9-15

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

The above isolated deficiencies pose no actual harm to the residents

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If continuation sheet 1 of 1

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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: 10672 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 05/20/2015 |
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| NAME OF PROVIDER OR SUPPLIER NORTHEAST CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 85 FIRST AVE E POST OFFICE BOX 108 ROSHOLT, SD 57260 |
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| S 000 | Initial Comments Surveyor: 32331 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted from 5/18/15 through 5/20/15. Northeast Care Center was found not in compliance for the following requirements: S130, S236, and S301. | S 000 | Addendums noted with an asterisk per 6/25/15 telephone to facility DON. JT/5000H/JJ S130 Cook B was provided guidance on 5/20/15 as to the proper sanitization of wiping cloths used in the kitchen. | |
| S 130 | 44:04:02:06 FOOD SERVICE Food service must be provided by a licensed facility or food establishment that is inspected by a local, state, or federal agency. The facility must meet the safety and sanitation procedures for food service in chapters 44:02:07:01, 44:02:07:02, and 44:02:07:04 to 44:02:07:95, inclusive, the Food Service Code. In addition, a mechanical dishwasher must be provided in all facilities of 20 beds or more. The facility must have the space, equipment, supplies, and mechanical systems for efficient, safe, and sanitary food preparation if any part of the food service is provided by the facility. This Administrative Rules of South Dakota is not met as evidenced by: Surveyor: 32331 Based on observation, interview, and policy review, the provider failed to ensure sanitary conditions were maintained for the wiping cloths used in the kitchen. Findings include: 1. Random observations from 5/19/15 at 11:26 a.m. through 5/20/15 at 9:45 a.m. in the kitchen revealed wet cloths laying on the following areas: | S 130 | The 2008 Policy for Cleaning Instructions: Cleaning cloths, Pads, Mops and Buckets proper sanitizing was reviewed and approved by the Administrator on 6/3/15. All dietary staff will be in-serviced by 6/12/15 as to the proper procedure for sanitization of wiping cloths between uses. Proper sanitizing of cloths will be monitored daily for one week by visual observation by the Dietary Manager and every month thereafter. Results of the observations will be reported to the Administrator. Any adverse findings will be report to the Quality Assurance Committee by the Dietary Manger and/or the Administrator at the next quarterly QA meeting and thereafter for a period of one year or until the QA Committee advises to discontinue. | 7-9-15 |

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

TITLE

Administrator

(X6) DATE

STATE FORM

6899

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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: 10672 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/20/2015 |
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| NAME OF PROVIDER OR SUPPLIER NORTHEAST CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 85 FIRST AVE E POST OFFICE BOX 108 ROSHOLT, SD 57260 |
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| S 130 | <p>Continued From page 1</p> <p>*Both sides of the counter next to the two-compartment sink. *The top portion of the two-compartment sink below the window. *Those above wet cloths were not being stored in a sanitizing solution.</p> <p>Interview on 5/19/15 at 11:50 a.m. with cook B revealed she: *Had used those above wet wiping cloths to wipe up food spills and the counter during the meal service. *Had used tap water to moisten the cloths prior to their use. *Used a sanitizer on the above areas after she had finished serving each meal service.</p> <p>Interview on 5/20/15 at 9:45 a.m. with the dietary manager regarding the above wet cloths revealed: *She agreed the wiping cloths used in the kitchen needed to have been properly sanitized between use. *She stated the wiping cloths were to have been placed in a sanitizing bucket with EcoLab Oasis 146 Multi-Quat (quatarnary) Sanitizer between use. *She confirmed those wiping cloths were not being properly sanitized when they were left out of the above solution.</p> <p>Review of the provider's undated Product Specification Document of the EcoLab Oasis 146 Multi-Quat Sanitizer revealed it: *Could be used to sanitize hard, non-porous food contact surfaces such as tables, counters, and food processing equipment. *Was an effective sanitizer on food contact surfaces when used at 150 to 400 parts per million active quat mixture.</p> | S 130 | | |

South Dakota Department of Health

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NAME OF PROVIDER OR SUPPLIER
NORTHEAST CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
**85 FIRST AVE E POST OFFICE BOX 108
ROSHOLT, SD 57260**

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| S 130 | Continued From page 2 *Was to have been exposed to surfaces as a sanitizing solution for a period of not less than one minute. Review of the provider's 2008 Kitchen Cloths policy revealed: *Kitchen cloths were to have been clean and available as needed. *Cloths used for cleaning purposes would have been stored in sanitizing solution between use. Review of the provider's 2008 Cleaning Instructions: Cleaning Cloths, Pads, Mops and Buckets policy revealed cleaning cloths would have been kept in a container of clean sanitizing solution between use. | S 130 | S236 - The nurse responsible for ensuring the TB testing is completed timely was provided guidance on 6/9/15 as to the State regulations and facility policy for TB testing of employees. The 2003 Policy for Tuberculin Skin Testing for Residents and Employees policy was reviewed on 5/20/15 by the Director of Nursing. All supervisors with hiring of employee responsibilities and nurses will be in-serviced by 7/1/15 as to the proper procedure and state regulations for TB skin testing. Compliance with TB skin testing will be monitored monthly for six months and every six months thereafter utilizing a flow sheet showing employee name, date of hire, first step, second step and if this was in compliance with policy and regulations by the nurse responsible for ensuring compliance and every month thereafter. Results of the observations will be reported to the Director of Nursing and/or Administrator, * by the LPN vaccine coordinator. JT/5000H/JJ | 7-9-15 |
| 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; | S 236 by the LPN vaccine coordinator JT/5000H/JJ | | |

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| S 236 | <p>Continued From page 3</p> <p>This Administrative Rules of South Dakota is not met as evidenced by: Surveyor: 33488 Based on employee file review, interview, and policy review, the provider failed to ensure one of five newly hired employees (activity assistant A) completed a two-step Tuberculin (TB) screening within fourteen days of employment. Findings include:</p> <p>1. Review of activity assistant A's employee file revealed she had been hired on 4/6/15. She had received the first step in the TB testing on 4/16/15. Her second step was not completed until 4/27/15. Both steps were not completed within fourteen days of having been hired.</p> <p>Interview on 5/20/15 at 10:30 a.m. with the administrator revealed she agreed the two-step TB screening had not been completed within fourteen days of having been hired for the above mentioned staff member.</p> <p>Review of the provider's May 2003 Tuberculin skin Testing for Residents and Employees policy revealed healthcare workers should have received a two-step TB test within fourteen days of employment at the facility.</p> | S 236 | | |
| S 301 | <p>44:04:07:16 Required dietary inservice training</p> <p>The dietary manager or the dietitian in ...nursing facilities...shall provide ongoing inservice training for all dietary and food-handling employees...Topics shall include: food safety, handwashing, food handling and preparation</p> | S 301 | | |

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| S 301 | <p>Continued From page 4</p> <p>techniques, food-borne illnesses, serving and distribution procedures, leftover food handling policies, time and temperature controls for food preparation and service, nutrition and hydration, and sanitation requirements.</p> <p>This Administrative Rules of South Dakota is not met as evidenced by: Surveyor: 32331 Based on record review, interview, and policy review, the provider failed to ensure four of nine required annual in-service training sessions (food safety, food-borne illness, leftover food handling policies, and time and temperature controls for food preparation and service) were offered for all food-handling staff yearly. Findings include:</p> <p>1. Record review of the required in-service training sessions from March 2014 through 5/20/15 for all food handling staff revealed: *Those staff had not all received annual training on the following: -Food safety. -Food-borne illness. -Leftover food handling policies. -Time and temperature controls for food preparation and service.</p> <p>Interview on 5/19/15 at 3:15 p.m. with the director of nursing, at 3:45 p.m. with the consultant registered dietitian, and at 4:15 p.m. with the dietary manager regarding required annual in-service training sessions for all food handlers revealed: *Food handling staff were identified as dietary, nursing, and activities. *There had not been an in-service on food safety, food-borne illness, leftover food handling policies,</p> | S 301 | <p>S301- Food Handling Staff, including: dietary, nursing, and activities will receive all required annual in-service training by 6/30/15 and yearly thereafter. The 2008 In-service training policy was reviewed and updated to include all required food handling staff training including the following: food safety, hand washing, food handling and preparation techniques, food borne illnesses, serving and distribution procedures, leftover food handling policies, time and temperature controls for food preparation and service, nutrition and hydration, and sanitation requirements on 5/21/15. As per 44:04:07:16</p> <p>Compliance with annual dietary training will be monitored by the Dietary Manager and/or Administrator for six months and every year thereafter utilizing a flow sheet showing date of training, employee signature, training topic and who provided the training. Results of the training will be reported to the Administrator.</p> <p>Any adverse findings will be report to the Quality Assurance Committee and Safety Committee by the Administrator and/or the Dietary Manager at the next quarterly QA meeting and thereafter for a period of one year or until the QA Committee and Safety Committee advises to discontinue.</p> | 7-9-15 |
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South Dakota Department of Health

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| S 301 | <p>Continued From page 5</p> <p>and time and temperature controls for food preparation and service for nursing and activities staff. *They had not known that all food handling staff were to have received that annual in-service training.</p> <p>Review of the provider's 2008 Inservice Training policy revealed: *In-service training was to have been offered on a regular basis to update employees' knowledge of providing quality service. *A yearly in-service schedule would have been developed so employees received training on a regular basis. *In-services would have covered a range of topics, including: -Documentation in the food service department. -Meal service. -Sanitation and infection control. -Food safety.</p> | S 301 | | |
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