

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

ORIGINAL

PRINTED: 06/06/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/26/2016
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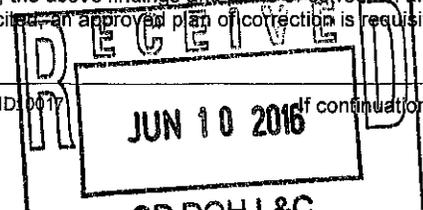
NAME OF PROVIDER OR SUPPLIER avera rosebud country care center	STREET ADDRESS, CITY, STATE, ZIP CODE 300 PARK STREET POST OFFICE BOX 408 GREGORY, SD 57533
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F 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 32332 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 5/24/15 through 5/26/15. Avera Rosebud Country Care Center was found not in compliance with the following requirement: F516.</p> <p>F 516 SS=E 483.75(l)(3), 483.20(f)(5) RELEASE RES INFO, SAFEGUARD CLINICAL RECORDS</p> <p>A facility may not release information that is resident-identifiable to the public.</p> <p>The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>The facility must safeguard clinical record information against loss, destruction, or unauthorized use.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 32332 Based on observation, interview, and policy review, the provider failed to maintain the security of medical records for one of two storage areas (back hallway). Findings include:</p> <p>1. Random observations beginning 5/24/16 from 4:30 p.m. until exiting at 6:00 p.m. and on 5/25/16 from 7:00 a.m. until 3:30 p.m. revealed an unmarked door in the back hallway across from the news system. The safeguarding health information policy was revised by 6/22/16 to</p>	F 000	<p>*Addendums noted with an asterisk per 6/22/16 per telephone with facility DON. SB/SDDOT/EL</p> <p>The lock on the medical records door identified was replaced on 6/8/16. Keys to the new lock were signed over to the Health Information Manger. A sign In/Out log for the Long Term Care medical records door keys was started on 6/8/16. Monthly audits of the log and the door will be conducted by the HIM manager and will be reported to the director of nursing quarterly at the quality assurance meeting on 7/13/16. These audits will continue until the QA committee advises to discontinue.</p> <p>SB/SDDOT/EL</p> <p>*The medical records department, unit HVC, and DON will have access to the keys using the sign in/out log. Education was provided by the administrator to the medical records department, unit HVC, and the DON on 6/8/16 regarding the security of medical records and</p>	<p>*6/22/16 SB/SDDOT/EL</p> <p>include HIM System</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE CEO	(X6) DATE 6/9/16
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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.



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NAME OF PROVIDER OR SUPPLIER AVERA ROSEBUD COUNTRY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 PARK STREET POST OFFICE BOX 408 GREGORY, SD 57533	
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F 516	<p>Continued From page 1</p> <p>an employee bathroom and beside the maintenance room. The door was unlocked. Inside the room residents' medical records were stacked against all walls and were also stacked in the middle of the room leaving little room for movement. The door had remained open each time it was checked.</p> <p>Interview on 5/25/16 at 3:30 p.m. with the maintenance supervisor revealed she: *Was not aware medical records were being stored in the room. *Was not aware the room had been unlocked.</p> <p>Interview on 5/26/16 at 7:30 a.m. with health information manager A revealed: *Medical records were stored in the basement and in the room located in the back hallway. *Staff requiring access to medical records in the basement had to sign out a key from her. *The last time a key had been requested was 8/11/15. *The health unit coordinator (HUC) had a key to access the records in the room located in the back hallway. *She would not have known when the door had been unlocked.</p> <p>Interview on 5/26/16 at 8:00 a.m. with the director of nursing revealed: *She had called HUC B and was told that she did not have a key to access the medical records. *She would have had to obtain a key from the health information manager's office. *HUC B told her the last time she needed to access that room was approximately one year ago. *The medical records areas were to have remained locked and secured at all times.</p>	F 516		

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F 516	Continued From page 2 Review of the provider's 3/1/05 Safeguarding Protected Health Information policy revealed: *The purpose was to comply with the Health Insurance Portability and Accountability Act (HIPPA). *The provider would at all times have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information.	F 516			

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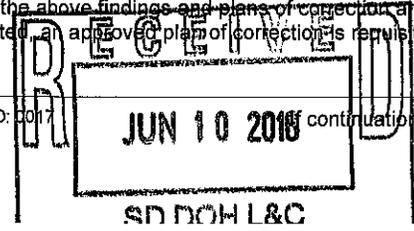
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435029	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2016
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K 000	INITIAL COMMENTS Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 5/24/16. Avera Rosebud Country Care Center 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 and the Fire Safety Evaluation System (FSES) dated 5/24/16 upon correction of the deficiency identified below. Please mark an "F" in the completion date column for those deficiencies identified as meeting the FSES to indicate the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 028 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers shall provide a minimum clear width of 32 inches (81 cm) for swinging or horizontal doors. 19.3.7.7 This STANDARD is not met as evidenced by: Surveyor: 14180 Based on observation and measurement, the provider failed to maintain clear door widths of at least 32 inches in two of three smoke barriers (central core area to the north wing and west wing). Findings include: 1. Observation and measurement at 10:30 a.m. on 5/24/16 revealed each leaf of the two sets of smoke barrier doors for the central core area to the north wing and the west wing were only 30 inches wide. Those door leaves did not provide the	K 028		F

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE **CEO** (X6) DATE **6/9/16**

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K 028	Continued From page 1 required clear opening width of 32 inches. That would affect two of three resident smoke compartments. The building meets the FSES. Please mark an "F" in the completion date column to indicate the provider's intent to correct deficiencies identified in K000.	K 028		
K 038 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Surveyor: 14180 Based on document review and interview, the provider failed to install a paved path of exit discharge to the public way at three of three exits (the middle of the west wing, the end of the west wing, and the exit out of the connecting link for the hospital). Findings include: 1. Review of the previous survey revealed: *The exit in the middle of the west wing basement had a landing that ended approximately 150 feet from the nearest public way. *The exit at the end of the west wing in the basement had a landing that ended approximately 200 feet from the nearest public way. Interview with the environmental services director at 9:00 a.m. on 5/24/16 confirmed that condition. She added they had been clearing a path from those exits to a public way when any snow fell. That would not affect any of the resident smoke	K 038		F

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K 038	Continued From page 2 compartments. The building meets the FSES. Please mark an "F" in the completion date column to indicate correction of the deficiencies identified in K000.	K 038			

SD Department of Health Vital Records

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10625	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/26/2016
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S 000	Compliance/Noncompliance Statement Surveyor: 32332 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, requirements for nursing facilities, was conducted from 5/24/16 through 5/26/16. Avera Country Care Center was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement Surveyor: 32332 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 5/24/16 through 5/26/16. Avera Rosebud County Care Center was found in compliance.	S 000		

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

TITLE

(X6) DATE

[Signature]

6/9/16

STATE FORM

8899

K4OH11

If continuation sheet 1 of 1

