

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

ORIGINAL

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/23/2015
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NAME OF PROVIDER OR SUPPLIER CUSTER REGIONAL SENIOR CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1065 MONTGOMERY ST CUSTER, SD 57730
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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	INITIAL COMMENTS Surveyor: 26632 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted on 1/23/15. Areas surveyed included resident neglect. Custer Regional Senior Care was found not in compliance with the following requirement: F241.483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Surveyor: 26632 Surveyor: 20031 Based on record review, interview, and policy review, the provider failed to give at least one bath, shower, or bed bath weekly to 64 of 67 residents over a three week period from 12/16/14 through 1/5/15. Findings include: 1. Review of the previous survey conducted on 12/18/14 revealed the provider had placed the entire facility on isolation due to an outbreak of flu like symptoms. All sixty-seven residents had been confined to their rooms except for those who resided in hall three. Hall three had been isolated from the entire facility. Review of the bath schedule and certified nurse aides (CNA) notes for the above three week	F 000	Addendums noted with an asterisk per 3/10/15 telephone to facility DN! CKV/SSD/DMF	
F 241 SS=E		F 241		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Annunzio Glumett, administrator</i>	TITLE	(X6) DATE <i>2/9/2015</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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If continuation sheet Page 1 of 3

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F 241	<p>Continued From page 1</p> <p>period of isolation revealed the following for the sixty-seven residents:</p> <p>*12/16/14 through 12/22/14: Thirty residents did not receive any type of bath or shower.</p> <p>*12/24/14 through 12/30/14: Fifty-one residents did not receive any type of bath or shower.</p> <p>*12/31/14 through 1/5/15: Twenty-seven residents did not receive any type of bath or shower.</p> <p>*12/16/14 through 1/5/15 (three weeks): Eleven residents received no type of bath.</p> <p>*12/16/14 through 1/5/15 (three weeks): twenty-three residents received only one bath.</p> <p>Random interview on 1/23/15 with the following residents confirmed:</p> <p>*Residents 1, 2, 3, and 4 had no type of bath during the above listed three weeks.</p> <p>*Residents 5 and 6 had received one shower during the above listed three weeks.</p> <p>Surveyor: 26632 Interview on 1/23/15 at 9:40 a.m. with CNA A revealed:</p> <p>*No residents came out of their rooms during the quarantine time.</p> <p>*No residents received a shower or whirlpool bath during the quarantine time.</p> <p>*She thought residents were to have had bed baths, but she had not been directed to give any of that type of care.</p> <p>*She thought maybe a couple of residents had received a bed bath, but she was not sure.</p> <p>Interview on 1/23/15 at 10:10 a.m. with registered nurse B revealed:</p> <p>*All residents had stayed in their rooms during the quarantine time.</p> <p>*No specific schedule had been put in place for bathing.</p>	F 241	<ol style="list-style-type: none"> 1. No immediate corrective action could be taken with affected residents. 2. All residents have potential to be affected. 3. All direct care staff will be educated on providing care with dignity and respect to include bathing by 02/18/2015. 4. The bathing policy will be updated to include protocol for bathing of residents in isolation. Education on bathing policy will be included in staff inservice by 02/18/2015. <p><i>*A staff in-service was conducted on 2/18/15 by the DON in regards to bathing dignity and respect. CKV/SDDH/IME</i></p> <p><i>*Weekly bathing monitoring/audits will be conducted by the DON or designee with emphasis on residents on isolation. CKV/SDDH/IME</i></p> <p><i>*The DON or designee will report to QA monthly for twelve months regarding the weekly bathing monitoring/audits. CKV/SDDH/IME</i></p>	2/18/15

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F 241	<p>Continued From page 2</p> <p>*If a resident required a bed bath the CNAs were directed to give that particular resident a bath.</p> <p>Interview on 1/23/15 at 1:45 p.m. with the administrator revealed:</p> <p>*The previous director of nursing had been in charge of ensuring residents' hygiene had been met.</p> <p>*She was not aware residents had not received bed baths.</p> <p>*She had been told by the corporate infection control nurse to not have any residents use the whirlpool during the quarantine period.</p> <p>*If the shower was used it was to have been disinfected with a bleach solution.</p> <p>Review of the provider's June 2012 untitled bathing policy revealed:</p> <p>*"Tub baths or showers are given once a week."</p> <p>*"A. It may be necessary to give a resident their baths at a different time than what has been established on the bathing schedule. In this case, an alternate day and time will be set up with the resident for them to receive their bath, for example, the next day."</p>	F 241			