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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>435095</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><br><b>09/21/2016</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GOOD SAMARITAN SOCIETY SCOTLAND</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>130 6TH STREET<br/>SCOTLAND, SD 57059</b> |
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| F 000         | INITIAL COMMENTS<br><br>Surveyor: 22452<br>A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 9/19/16 through 9/21/16. Good Samaritan Society Scotland was found not in compliance with the following requirements: F309 and F441.<br><br>A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 9/19/16 through 9/21/16. Good Samaritan Society Scotland was found not in compliance with the following requirement: F309.  | F 000 | Addendums noted with an asterisk per 10/19/16 telephone to facility administrator and DON.<br><br>CS/S000H/JJ   |  |
| F 309<br>SS=G | 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING<br><br>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.<br><br>This REQUIREMENT is not met as evidenced by:<br>Surveyor: 22452<br>Based on observation, record review, interview, and policy review, the provider failed to ensure an accurate and thorough assessment and management of pain for three of nine sampled residents (3, 5, and 10). Findings include:<br><br>1. Observation and interview on 9/21/16 at 9:20 a.m. with resident 5 revealed she was: | F 309 | F 309 Care and Services for Highest Wellbeing<br>On 9/21/16 communication was made to resident #5 attending medical provider regarding resident's pain and usage of PRN tramadol. Provider would not schedule the tramadol. PAINAD's were scheduled for this resident to be done QID and to offer Tramadol every 6 hours PRN. The effectiveness of the Tramadol was monitored with follow up PAINADs. Staff began to use the PRN tramadol on a more routine basis each day. Resident had a weekly Pain Assessment User Defined Assessment (UDA) on 9/22/16 and on 9/29/16 with the assessment indicating resident's current pain management plan was effective. |  |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><i>Chelle Ramey Admin</i> | TITLE<br><i>Admin</i> | (X6) DATE<br><i>10/13/16</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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| F 309  | <p>Continued From page 1</p> <ul style="list-style-type: none"> <li>*Sitting in a wheelchair in the chapel waiting for devotions.</li> <li>*Oriented to person only.</li> <li>*Constantly rubbing her left outer thigh and knee.</li> <li>*Able to state she was in pain, some days more than others.</li> <li>*Unable to rate her pain severity.</li> <li>*Displaying facial grimacing and frowning of her eyebrows as she rubbed her left thigh and knee.</li> </ul> <p>Review of resident 5's 9/21/16 nursing progress notes revealed:</p> <ul style="list-style-type: none"> <li>*Ultram 50 milligrams (mg) was documented as administered at 7:34 a.m. for "complaints of pain upon arising."</li> <li>*As needed (PRN) administration was documented as effective at 8:35 a.m. as "resident with less complaints of pain at breakfast. Was able to eat meal with just cueing and went to beauty shop for hair."</li> </ul> <p>Review of resident 5's August 2016 medication administration record (MAR) revealed:</p> <ul style="list-style-type: none"> <li>*Aleve 220 mg one tablet two times a day related to arthropathy.</li> <li>*Acetaminophen 325 mg two tablets every four hours PRN as needed for mild pain related to arthropathy. There was documentation the acetaminophen had been administered two times and the results had been effective.</li> <li>*Ultram 50 mg one tablet every six hours PRN related to arthropathy.</li> <li>-There was documentation she had received one dose on twenty-three days.</li> <li>-Twenty-one of those doses were documented "effective."</li> <li>-There was documentation on 8/13/16 she had received one dose and the results were "effective."</li> </ul> | F 309   | <p>On 9/27/16 the interdisciplinary team also reviewed resident's care plan and usage of PRN tramadol and its effectiveness. On 9/28/16 this resident was seen by their provider for a follow up visit regarding pain assessment findings and intervention effectiveness. Copies of the resident's PAINAD scores were reviewed by the provider. The Director of Nursing (DNS) and the Rehab Coordinator RN discussed with the provider about the possibility of scheduling the tramadol verses attempting a different type of analgesic as resident was having occasional times with moderate pain scores. Orders were written by the provider to discontinue resident #5 PRN tramadol q 6 hours PRN, and to schedule Tramadol 50mg p.o. TID. QID PAINAD's continue at this time. The medical provider will conduct another clinic visit follow up in 2 weeks from 9/8/16 to focus on and reevaluate resident's pain management interventions. Staff will continue to provide input to the provider as to PAINAD scores and Pain Assessment UDA outcomes.</p> |                      |   |

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| F 309  | <p>Continued From page 2</p> <p>Review of resident 5's September 1 through 19, 2016 MAR revealed:<br/>*Aleve 220 mg one tablet two times a day.<br/>*Acetaminophen 325 mg two tablets PRN had been documented as administered two times with results documented "effective."<br/>*Ultram 50 mg every six hours PRN was documented as:<br/>-Administered one dose on fifteen days.<br/>-All fifteen doses were documented "effective."<br/>-There was documentation on five days two doses had been administered with the results being "effective."<br/>*BenGay PRN for pain in knees. There was no documentation it had been administered.</p> <p>Review of resident 5's 8/10/16 nursing progress notes documented by the Minimum Data Set coordinator revealed:<br/>**Nursing staff advised to offer PRN pain medication upon arising and PRN BenGay three times a day to see if this helps resident's pain or affects ambulation prior to seeking an order for increased pain medication."<br/>**"Staff are to continue to encourage resident to ambulate and utilize wheelchair as needed."</p> <p>Review of resident 5's 9/14/16 pain assessment by registered nurse (RN) A revealed:<br/>*Is the resident at high risk for pain was documented "yes."<br/>*What non-pharmacological interventions work best for this resident "use of wheelchair for locomotion."<br/>*Is the current medication regime working "no."<br/>*If no, recommended changes to this regime "PRN Ultram has been utilized without relieve. Doctor has been faxed. Awaiting orders."</p> | F 309   | <p>Unable to correct findings for Resident #10 as they discharged from the facility August 1, 2016. The deficient practices of clearing an allergy alert and not getting narcotic medications ordered started in a timely fashion related to Resident #10 will be discussed at the all staff meeting October 13, 2016. Communication with Resident #3 medical provider was made 9/21/16 regarding the residents behavioral symptoms with ADL cares and consideration for cause of those behaviors being related to pain verses fear secondary to vision deficit and advanced dementia. The provider was agreeable to a 7 day trial of acetaminophen scheduled. Staff monitored resident behaviors that occurred during this time as well as conducted PAINAD's for this resident BID. Resident had PAINAD and Pain Assessment UDA's done on 9/21/16 and 9/29/16 with pain management assessed to be effective. On 9/27/16 the Interdisciplinary team reviewed resident #3 care plan, PAINAD scores, behavior documentation and interviewed caregivers as to resident's behavioral symptoms during times of cares.</p> |                      |   |

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| F 309  | <p>Continued From page 3</p> <p>*What is the recommended pain management plan "Question if a pain patch may be beneficial. Staff will wait to see what doctor orders."</p> <p>Review of resident 5's 8/29/16 revised care plan revealed:<br/>           **"Resident has impaired cognitive function related to Alzheimer's disease."<br/>           **"The resident has alteration in musculoskeletal status related to pain in left knee."<br/>           **"Resident will remain free from pain or at a level of discomfort acceptable to the resident."<br/>           **"Assist the resident with the use of wheelchair with autolock brakes as recommended."<br/>           **"May use wheelchair as needed with complaints of increased pain."<br/>           **"Heat/cold applications as ordered and as tolerated."<br/>           **"Resident has limited mobility related to degenerative arthritis."</p> <p>Interview on 9/21/16 at 9:45 a.m. with certified nursing assistant E regarding resident 5 revealed she:<br/>           *Had been having some physical changes the past couple weeks.<br/>           *Was having more difficulty with transfers and had complained of pain especially in her knees.<br/>           *Had been using a high-riser on the toilet which had helped with toilet transfers.<br/>           *Knew the nurses were aware of her pain and thought she was receiving pain medication.</p> <p>Interview on 9/21/16 at 9:50 a.m. with restorative aide D regarding resident 5 revealed she:<br/>           *Had stopped coming to restorative care about a month ago.<br/>           *Prior to month ago, she had not been coming to restorative care on a consistent basis.</p> | F 309   | <p>On 9/28/16 the DNS and charge nurse did discuss these findings with the medical provider who saw resident #3 for a follow up visit to evaluate the effectiveness of a scheduled analgesic. The outcome of that provider visit was to discontinue the scheduled acetaminophen, continue it PRN, and continue BID PAINAD scores. On 10/5/16 this resident had a 60 day recertification visit. The son was present with this visit. The son indicated to the provider that he did not think his mother was in pain, stating that "she just does not like to be touched." All residents have the potential for unidentified or unmanaged pain if not appropriately assessed and when assessment data is not shared with medical providers for evaluation. * On October 13<sup>th</sup>, 2016 an in-service for all staff will be conducted by the DNS, the Quality Assurance Performance Improvement (QAPI) nurse, and the Social Services Designee. The Good Samaritan Society (GSS) Policy for Pain</p> <p><i>All residents were reviewed on 9/12/16 by the interdisciplinary team to identify those residents who were considered at high risk for pain. CS/SDA04/JJ</i></p> |                      |   |

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| F 309  | <p>Continued From page 4</p> <p>*Usually complained of pain in her knees as the reason she did not want to do restorative care.</p> <p>Interview on 9/21/16 at 10:00 a.m. with RN B regarding resident 5 revealed she:</p> <p>*Knew the resident often had complaints of pain in her knees.</p> <p>*Thought it had been decided in a care team meeting recently they were to try administering the Ultram at least twice a day to see if that helped her pain.</p> <p>*Agreed the Ultram usually had not been administered twice a day and on some days not at all.</p> <p>*Felt the staff were having a hard time deciding if the resident was truly having pain or it was a behavior related to her dementia.</p> <p>*Stated the resident had been failing physically the past couple weeks. They had done a computerized tomography (CT) scan and that showed no abnormalities.</p> <p>*Was unable to locate a fax sent to the physician on 9/13/16 regarding the possibility of using a Fentanyl patch.</p> <p>*Knew nothing about a Fentanyl patch being considered for her pain.</p> <p>*Was uncertain why the BenGay topically had not been used on her knees for pain.</p> <p>Interview on 9/21/16 at 11:15 a.m. with physician C regarding resident 5 revealed:</p> <p>***"It was difficult to say if she was truly having pain related to her significant dementia."</p> <p>*He did not recall a fax being sent to him on 9/14/16 regarding the suggestion of a Fentanyl patch.</p> <p>*He wondered why the nursing staff would suggest a Fentanyl patch when they had not been administering the Ultram as much as they could</p> | F 309   | <p>Management-Resident Assistance and the GSS Procedure for Pain Data Collection and Assessment from the Nursing Services Manual will be thoroughly reviewed. Emphasis will be placed upon when pain assessments are required, communication of assessment findings to the interdisciplinary team and medical provider, following interdisciplinary team pain management interventions and recommendations, following prescribed orders for pain promptly, and evaluating the pain management plan for effectiveness. Pain verses behaviors will be reviewed and examples given to assist staff in identifying the difference. The GSS policy Pain Management and GSS Procedure Pain Management from the Social Services Manual will be reviewed to ensure the resident experiencing pain symptoms has a psychosocial well-being assessment. Full implementation of these GSS procedures is expected following this in-service education.</p> |   |

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| F 309   | <p>Continued From page 5 have.</p> <p>*He felt the documentation of relief of pain being obtained after the nursing staff had administered the Ultram was reason to use the Ultram.</p> <p>*The addition of adding a Fentanyl patch to an older resident's pain regime increased their risk for falls and increased confusion.</p> <p>*They had recently injected her left knee with cortisone for pain control.</p> <p>*The resident had been seen by an orthopedic physician shortly after they had injected her knee, and the orthopedic physician had also given her a cortisone injection.</p> <p>2. Review of resident 10's 7/8/16 through 7/9/16 nursing progress notes revealed:<br/>*7/8/16:<br/>-1:53 p.m. "Doctor here to examine resident and her continued pain. Orders noted for Tramadol 50 mg at 8:00 a.m., 12:00 p.m., and 4:00 p.m. for two weeks."<br/>-2:01 p.m. "The system has identified a possible drug allergy for the following order "Tramadol tablet 50 mg." There was no further documentation the allergy had been reviewed with the physician."<br/>-6:35 p.m. "Acetaminophen 325 mg two tablets administered for resident's complaint of pain all over." Pain was documented as a 10 on a 1 to 10 pain scale with 1 being minimal pain and 10 being severe pain. PRN administration of the acetaminophen was "effective."<br/>*7/9/16:<br/>-4:02 a.m. "Acetaminophen 325 mg two tablets administered for resident's complaint of joint pain at a pain rating of 6." PRN administration of the acetaminophen was "effective."<br/>-12:14 p.m. "Resident given first dose of Tramadol at breakfast and complains of a 5 pain</p> | <p>F 309</p> <p>all residents at high risk for pain, and those residents reviewed at the interdisciplinary meetings for that week, for a minimum of 3 residents per week. Resident medical records will be reviewed<br/>CS/spaoh/JJ</p> | <p>To ensure ongoing compliance the DNS, or designee, will audit [redacted] for completeness of the Pain Data Collection/PAINAD and Pain Assessment UDA's as required by procedure, that a progress note (PN) has been created reflecting pain assessment findings, and that changes recommended to a pain regimen have been communicated with a medical provider. The audit will see that each resident with a potential for or with actual pain has a care plan focus with non-pharmacological and when indicated pharmacological interventions, that the psychosocial well-being of the resident has been evaluated and findings documented by the SSD, and that the interdisciplinary team and nurses are communicating and continually monitoring and evaluating pain management programs. The audits will be done weekly x4 weeks, then bi-monthly x 2 months, then monthly x 3 months. The DNS, or designee, will report findings to the QAPI committee at their monthly meetings. Following the last of the scheduled audits and QAPI reporting, the QAPI team will determine the need for further interventions or additional monitoring of the facilities pain management policy and procedures.</p> | <p>10-19-16</p>                                   |

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| F 309  | <p>Continued From page 6</p> <p>rating. No adverse side effects noted."<br/>-7:55 p.m. "Doctor notified niece here this evening and is very upset Tramadol was ordered for her pain med. Did tell doctor resident had not gone out for supper due to complaints of diarrhea and upset stomach. Doctor stated she has an upset stomach likely due to diarrhea stool. Doctor did give following orders to hold Tramadol until further notice."</p> <p>Interview on 9/21/16 at 11:30 a.m. with physician C regarding resident 10 revealed:<br/>*The resident's niece was upset with him for trying to make some changes different from the resident's previous physician who had retired.<br/>*He was not aware of the Tramadol allergy when he had prescribed the Tramadol.<br/>*He did not recall the nursing staff notifying him of the alert of the drug allergy of Tramadol before they started the first dose.</p> <p>Interview on 9/21/16 at 2:00 p.m. with the director of nursing regarding resident 10 revealed:<br/>*The resident's niece had multiple issues with physician C and often voiced she wanted to change physicians, but never followed through.<br/>*The resident did not voice any concerns with physician C.<br/>*The niece had not informed them of an allergy or sensitivity with Tramadol when she had been admitted to the facility on 6/15/16.<br/>*The nurse should have called the physician on 7/8/16 when the alert came up regarding the potential Tramadol allergy and had not. The nurse had received disciplinary action for proceeding with the administration of the Tramadol.<br/>*She felt the resident's pain was controlled with frequent use of acetaminophen after the Tramadol had been discontinued.</p> | F 309   |   |   |

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| F 309  | <p>Continued From page 7</p> <p>*She did not know why on 7/8/16 at 6:35 p.m. they had administered PRN acetaminophen for a pain rating of 10 instead of administering the Tramadol.</p> <p>*The Tramadol had not likely been delivered yet from the pharmacy, but the Tramadol could have been used from the emergency box.</p> <p>Surveyor: 26180<br/>3. Observation on 9/20/16 at 10:00 a.m. of resident 3 revealed two unidentified certified nursing assistants (CNA) were going to transfer her using an EZ Lift to a commode for toileting.<br/>Resident 3:<br/>*Sat quietly in her wheelchair when staff entered her room.<br/>*She had a flat affect and sad look on her face.<br/>*Moved her hand as able and indicated resistance to their care when they attempted to touch her arms and hands.<br/>*She responded to the staff presence by watching them while they were in her presence, but did not speak.<br/>*When spoken to, she slowly responded to what was said to her.<br/>*Appeared to guard her left hand and began making a repetitive sound as they began working with her.<br/>*Continued making the repetitive sound similar to the word "here" from the time they put the sling behind her back, and started moving her until she had been lowered to the commode with the EZ stand lift.<br/>-The repetitive sound became faster, and at times louder as the lifting was in process.<br/>*When she was ready to be lifted off the commode she resumed making the repetitive sound.</p> | F 309   |   |                      |   |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                           |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>435095</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>09/21/2016</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GOOD SAMARITAN SOCIETY SCOTLAND</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>130 6TH STREET</b><br><b>SCOTLAND, SD 57059</b>                     |                      |   |
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| F 309  | <p>Continued From page 8</p> <p>-Again, the sound became faster as she was lifted.<br/>*She was quiet after the transfer and cares had been completed.</p> <p>Review of resident 3's Minimum Data Set (MDS) assessments revealed:<br/>*She had been admitted on 4/15/15.<br/>*Comprehensive MDS assessments had been completed twice in the past two months.<br/>-An annual MDS assessment had been completed on 7/5/16.<br/>-A significant change MDS assessment had been completed on 8/30/16.<br/>*Both comprehensive MDS assessments indicated:<br/>*She was severely cognitively impaired.<br/>-She received no scheduled or as needed medications for pain.<br/>-There were nonpharmacological approaches to managing her pain.<br/>*She had the following indicators of pain daily:<br/>-Non-verbal sounds.<br/>-Facial expressions.<br/>-Protective body movements.</p> <p>Review of resident 3's care area assessments for pain for the above comprehensive MDS assessments revealed:<br/>*Nature of the problem: "Resident is unable to state if she is having pain or not. Staff have noted non-verbal sounds, vocal complaints, facial grimace and guarding during transfers with sit to stand lift.<br/>CNA that is most consistent with care states that res [resident] does not have these signs. PRN (as needed) APAP 650 (Tylenol) suppository no used and PRN APAP 325 mg not used since 12/13/15."<br/>*Characteristics of the pain: "Yells out with</p> | F 309   |   |                      |   |

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| F 309  | <p>Continued From page 9</p> <p>transfers and bath and staff state they think it is more fear of what is going to happen than pain."<br/>-They had not explained how they made that determination.<br/>*Frequency: "Just during the transfer or bath or bath res yells out."<br/>*Non-verbal indicators of pain: Facial expression, guarding body position were checked.<br/>-"Facial grimace and guarding noted by CNA's."<br/>*Care plan consideration: "Minimize risk of pain and res [resident] ability to let staff know concerns.</p> <p>Review of resident 3's 8/29/16 Pain Assessment in Advanced Dementia (PAINAD) revealed:<br/>*She exhibited:<br/>-"Occasional moaning/groaning or low level speech with a negative or disapproving quality."<br/>-Facial expressions sad, frightened, frowning.<br/>-Body language that was tense and distressed.<br/>*"No movement or transfer" was the non-pharmacological interventions that worked best for this resident.<br/>*"Because resident calling out, facial grimace and bracing of body is only noted with repositioning and ambulation, it is difficult to determine if this is due to dementia or pain. Resident has no scheduled pain medication."</p> <p>Review of resident 3's physician's progress notes revealed:<br/>*4/15/15; Admission history and physical: "She is quite anxious and sort of screams and screeches when she becomes so frightened.<br/>*Her problems/diagnoses included: Dementia with anxiety, congestive heart failure, hypertension, arthritis, history of deep vein thrombosis, and urinary tract infections.<br/>*She had been seen by her physician every 60</p> | F 309   |   |                      |   |

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| F 309  | <p>Continued From page 10 days since her admission.</p> <p>*Physician visits on 4/15/16, 4/25/16, 6/10/16, 8/10/16 revealed:</p> <ul style="list-style-type: none"> <li>-She had dementia with agitation and paranoia.</li> <li>-She received the following medications for those concerns including: <ul style="list-style-type: none"> <li>--Exelon patch 4.6 mg/24 hour for dementia with behavioral disturbance.</li> <li>--Seroquel tablet 12.5 mg two times a day for dementia with behavioral disturbance.</li> </ul> </li> <li>-She had 2-4+ pitting edema to both legs which had been present at the time of her admission.</li> <li>--She did not receive any pharmacological approaches to addressing this.</li> </ul> <p>*6/10/16; "She is quite demented and she was so agitated when she came in and paranoid the nursing personnel were not even able to provide daily cares for her. We added some Exelon patches as well as some Seroquel and is significantly improved. She still does not want me to touch her and she tells me to get out of here, but she is much better with the nursing home staff that she sees each and everyday."</p> <p>*There is no documentation the results of the pain assessments had been discussed with the physician.</p> <p>*8/10/16; "She is disoriented to time, person and place. She does hit at me when I get too close, By touching her with a stethoscope, that really agitates her even more."</p> <p>Review of resident 3's nursing progress notes following each of the above resident's physician's visits revealed there was no indication the results of any pain assessments had been discussed with the physician.</p> <p>Interview on 9/20/16 at 3:30 p.m. with RN A revealed she:</p> | F 309   |   |   |

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| F 309  | <p>Continued From page 11</p> <ul style="list-style-type: none"> <li>*Confirmed the resident made repetitive sounds daily whenever she was moved, touched, or transferred.</li> <li>*Staff cares of her and transfers occurred several times every day.</li> <li>*Was difficult to assess for pain because she could not tell you if she had pain.</li> <li>*Agreed they did not know if her behaviors were related specifically to dementia or pain.               <ul style="list-style-type: none"> <li>-They had only addressed the dementia.</li> </ul> </li> <li>*Her family just wanted her to be comfortable.</li> <li>*Confirmed the edema in the resident's legs could also contribute to her discomfort.</li> <li>*Thought the pain assessment was very subjective because it depended on when you saw the resident.               <ul style="list-style-type: none"> <li>-When the physician saw her, she was usually sitting in her chair and very quiet.</li> </ul> </li> <li>*Agreed that while they had addressed her behaviors with an antipsychotic medication (Seroquel) and the Exelon patch, she continued to exhibit behaviors.               <ul style="list-style-type: none"> <li>-The behaviors were less severe than they were before though.</li> </ul> </li> <li>*Agreed they had never even tried a pain medication to see if that helped the resident's behaviors during transfers.</li> </ul> <p>Interview on 9/20/16 at 5:00 p.m. with the resident's son revealed he:</p> <ul style="list-style-type: none"> <li>*Did not feel her behaviors were related to pain, but was related to fear.</li> <li>*Thought if she had pain she would show facial grimacing, or readjust her body after they had completed her transfers.</li> <li>*Was not under the impression the behaviors occurred very often.</li> <li>*Denied she had arthritis, but said while she was at home she took a Tylenol every night before</li> </ul> | F 309   |   |   |

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| F 309  | <p>Continued From page 12</p> <p>bed.</p> <p>-That was for arthritis in her hands and pointed to her hands which had evidence of swollen joints.</p> <p>*Stated the family had gotten clothes for her that either zipped or buttoned up the back, because her left shoulder gave her problems.</p> <p>-She could not lift her arm very high.</p> <p>-She had some arthritis in her shoulder.</p> <p>Interview on 9/21/16 at 8:05 a.m. with the MDS coordinator regarding resident 3 revealed:</p> <p>*She confirmed the information on the above pain assessments had been completed by her.</p> <p>*She agreed pain had never been ruled out as a contributor to her behaviors and agitation.</p> <p>*They had not followed up on their pain assessments by suggesting to the physician they consider addressing the possibility of pain.</p> <p>Interview on 9/21/16 at 12:05 p.m. with physician C regarding resident 3 revealed:</p> <p>*He was unaware of any specific indication of pain.</p> <p>*His treatment would have been directed toward an acute indicator of pain, and she did not have that.</p> <p>*He treated her with the Seroquel and Exelon because of her dementia, and her behaviors occurred every single day.</p> <p>-He was aware the behaviors were still occurring, but thought they had improved from admission.</p> <p>4. Review of the provider's July 2016 Pain Management policy revealed:</p> <p>**All residents will receive interdisciplinary consultations on assistance in managing pain. When a resident is identified as being in pain, the social worker, as part of the interdisciplinary team, will assess the psychosocial well-being of</p> | F 309   |   |                      |   |

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| F 309  | Continued From page 13<br>the resident. Individualized approaches will be developed to address their resident's pain management needs in a holistic manner.<br>*A pain management plan can include, but not be limited to, a medical regime. The plan should help determine what other methods or alternatives of pain control/relief may be implemented prior to contacting a physician. The interdisciplinary team and nurses must continually communicate with the resident and monitor and evaluate the pain management plan.<br>*Follow prescribed orders for pain, documenting results in the MAR and eAdmin notes as needed."  | F 309   |   |                      |   |
| F 441<br>SS=D  | <b>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</b><br><br>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.<br><br>(a) Infection Control Program<br>The facility must establish an Infection Control Program under which it -<br>(1) Investigates, controls, and prevents infections in the facility;<br>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and<br>(3) Maintains a record of incidents and corrective actions related to infections.<br><br>(b) Preventing Spread of Infection<br>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.<br>(2) The facility must prohibit employees with a | F 441   |   |                      |   |

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| F 441  | <p>Continued From page 14</p> <p>communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(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.</p> <p>(c) Linens<br/>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Surveyor: 35625<br/>Based on observation, interview, record review, and policy review, the provider failed to provide preventative maintenance to one of one fan oscillating over clean resident clothing items in one of one laundry room. Findings include:</p> <p>1. Observation on 9/19/16 at 1:35 p.m. in the clean laundry room revealed an oscillating fan was observed in use on the south wall of the room.<br/>*It was in use immediately above a laundry cart containing clean resident clothing.<br/>*The blades and frame of the fan were covered in a thick layer of gray colored debris.</p> <p>Observation and interview on 9/20/16 at 9:10 a.m. with the laundry supervisor revealed:<br/>*The oscillating fan remained in use immediately above the laundry cart with clean resident clothing.<br/>*She verbalized the cleaning of the fan had been</p> | F 441   | <p>09/19/16 observed an oscillating fan in laundry that was in use; blades and frame were covered in thick layer of gray colored debris. Fan was oscillating directly over clean resident clothing. On 09/20/16 same fan remained in use. 09/21/16 review of TELS facility cleaning/checklist revealed that "hallway fans would be cleaned every 2 months according to manufacturing guidelines." CORRECTION: 09/21/16 Fan was removed by maintenance and cleaned according to manufacturing recommendations. CORRECTION: 10/10/16 review of the TELS; facility maintenance checklist was updated to read "<u>all</u>" facility fans will be cleaned every 2 months according to manufacturing guidelines." A cleaning audit will be conducted by the QAPI coordinator; or designee to check laundry fan bi-weekly for six months to determine cleanliness and cleaning of the fan. QAPI coordinator, or designee will report all audit findings to the QAP committee monthly and members of the committee will determine further auditing if needed.</p> | <p>09-10-16</p>   |

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| F 441   | <p>Continued From page 15</p> <p>completed by maintenance in the past.</p> <p>*She thought the maintenance supervisor did not realize it needed to be done because he was relatively new to the position.</p> <p>*Acknowledged there was significant debris on the fan and it should have been cleaned by maintenance or her department.</p> <p>Interview on 9/20/16 at 4:15 p.m. with the infection control nurse revealed:</p> <p>*She had spoken to the laundry supervisor and felt maintenance was not aware of the presence of this fan.</p> <p>*Acknowledged it did present an infection control concern.</p> <p>Interview on 9/21/16 at 10:30 a.m. with the maintenance supervisor revealed:</p> <p>*He verbalized the fans in the hallway were cleaned every two months and more if needed.</p> <p>*The hallway fans had been cleaned in July with the next cleaning due before the end of September.</p> <p>*He was not aware of the fan in the clean laundry room.</p> <p>*He thought the fans in their respective departments were the responsibility of that particular department.</p> <p>*The fan in the laundry room was cleaned by him late the day before when it had been brought to his attention.</p> <p>Review of the facility cleaning/task checklist revealed:</p> <p>**"Clean hallway wall fans" was present on the list and last completed 7/13/16.</p> <p>*Fans in the department rooms were not included on the list.</p> | F 441  |   |                      |   |

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| F 441  | Continued From page 16<br>Review of the provider's March 2016 Preventative Maintenance Program policy revealed "Preventative maintenance also means carrying out manufacturer requirements for cleaning, lubing, replacing small parts, etc." | F 441   |   |                      |   |

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| K 000  | <p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 18087<br/>A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 9/20/16. Good Samaritan Society Scotland was found not 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 upon correction of the deficiency identified at K029 in conjunction with the provider's commitment to continued compliance with the fire safety standards.</p> | K 000   | <p><b>K029</b><br/>09/20/16 observation of the kitchen pantry; being over 100 sq. ft did not have a door that was equipped with a self-closing device. <b>CORRECTION:</b> 10/11/16 automatic door closure was installed on existing pantry door. To ensure compliance an audit will be conducted by QAPI Coordinator; or designee to conduct weekly checks for one month to ensure proper closure of pantry room door. QAPI Coordinator or designee will report all audit findings to the QAPI committee monthly and members of the committee will determine further auditing.</p> | <p style="font-size: 2em; transform: rotate(-90deg);">10-11-16<br/>GR</p> |

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

TITLE

(X6) DATE

*Chelle Ramsey* Admin

10/13/16

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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| STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE<br>NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM<br>FOR SNFs AND NFs | PROVIDER #<br><br>435095  | MULTIPLE CONSTRUCTION<br>A. BUILDING: 01 - MAIN BUILDING 01<br><br>B. WING _____ | DATE SURVEY<br>COMPLETE:<br><br>9/20/2016 |
| NAME OF PROVIDER OR SUPPLIER<br><br>GOOD SAMARITAN SOCIETY SCOTLAND  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>130 6TH STREET<br>SCOTLAND, SD   |  |   |
| ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES   |  |   |
| K 029  | <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>One hour fire rated construction (with 0 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by:</p> <p>Surveyor: 18087</p> <p>Based on observation and interview, the provider failed to maintain proper separation of hazardous areas (kitchen pantry). Findings include:</p> <p>1. Observation at 8:45 a.m. on 9/20/16 revealed the kitchen pantry was over 100 square feet and had a corridor door that was not equipped with a self-closing device. Interview with the maintenance supervisor at the time of the observation confirmed that finding. He indicated he was a new employee at the facility in February 2016.</p> <p>The deficiency affected one of several hazardous areas in the building required to be provided with self-closing doors to the corridor.</p> |  |   |

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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FORM APPROVED

South Dakota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>10675 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br>09/21/2016 |
|--|---|--|--|

|   |   |
|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>GOOD SAMARITAN SOCIETY SCOTLAND | STREET ADDRESS, CITY, STATE, ZIP CODE<br>130 6TH ST<br>SCOTLAND, SD 57059 |
|---|---|

| (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 |
|--------------------|--|---------------|---|--------------------|
| S 000              | Compliance/Noncompliance Statement<br><br>Surveyor: 22452<br>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 9/19/16 through 9/21/16. Good Samaritan Society Scotland was found in compliance.  | S 000         |   |                    |
| S 000              | Compliance/Noncompliance Statement<br><br>Surveyor: 22452<br>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 9/19/16 through 9/21/16. Good Samaritan Society Scotland was found in compliance. | S 000         |   |                    |

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

*Julie Ramsey Admin*

TITLE

(X6) DATE

10/13/16

STATE FORM

6899

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