

ORIGINAL

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

PRINTED: 09/29/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2016
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NAME OF PROVIDER OR SUPPLIER WAKONDA HERITAGE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 515 OHIO STREET WAKONDA, SD 57073
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F 000	INITIAL COMMENTS Surveyor: 32331 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 9/13/16 through 9/15/16. Wakonda Heritage Manor was found not in compliance with the following requirements: F176, F241, F323, and F425.	F 000	*Addendums noted with an asterisk per 10/27/16 per telephone with facility DON. JT/SPDOH/EL	
F 176 SS=D	483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe. This REQUIREMENT is not met as evidenced by: Surveyor: 36413 Based on observation, record review, interview, and policy review, the provider failed to ensure two of two sampled residents (11 and 12) had been assessed and evaluated to safely self-administer their medications (med). Findings include: 1. Observation on 9/13/16 at 11:40 a.m. of registered nurse (RN) D administering medications in the dining room (DR) to resident 12 revealed: *She set the med cup in front of the resident and returned to the med cart. *The resident placed the meds on a napkin and took each pill one at a time. *The nurse had been in and out of the dining room twice while the resident took his meds.	F 176	F 176 Correct to the individual: Individual education provided to Registered Nurses D & F. Self administration assessments completed on residents 11 & 12. Correct to all others: All nursing staff will be educated regarding administering medications and treatments according to policy. → *of two to four residents at medication pass. Audits will be 2 times per week for 4 weeks, weekly times 4 weeks, then monthly times 4 months by DNS or designee. JT/SPDOH/EL Monitoring of System: → *by the director of nursing to be completed by 10/14/16. JT/SPDOH/EL → *All other residents who self-administer their medications were also checked to ensure completed assessments. JT/SPDOH/EL	11/1/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **Administrator** (X6) DATE **10-7-16**

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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F 176	<p>Continued From page 1</p> <p>Observation on 9/14/16 at 9:15 a.m. of RN F who was administering meds in the DR to resident 11 revealed: *She set the med cup in front of the resident, and she returned to her cart to continue passing medications. *The resident placed meds on a napkin and took each pill one at a time. *The nurse had left the dining room while the resident took her meds and had not been observing the resident.</p> <p>Review of resident's 11 and 12's complete medical records revealed: *There was no documentation an assessment for self-administration of medications had been completed. *There was no physician's order to self-administer medication.</p> <p>Interview on 9/14/16 at 4:00 p.m. with the director of nursing regarding residents 11 and 12 confirmed: *Those residents should not have been self-administering their meds without an appropriate assessment. *She expected an assessment and a physician's order for the residents to safely self-administer their medications.</p> <p>Review of the provider's December 2009 Medication Administration policy revealed: *"Administer the medication and observe swallowing. *Do not leave medications at the table unless the resident has a physicians order to do so."</p> <p>Review of the provider's December 2009</p>	F 176		

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F 176	Continued From page 2 Medication Control policy revealed "All residents expressing a desire to self-administer medications would have been evaluated and assessed by the care team to determine competency."	F 176	<i>*resident 13 to ensure dignity during insulin injections.</i>	
F 241 SS=D	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: 36413 Based on observation, interview, and policy review, the provider failed to ensure dignity was maintained for one of one sampled resident (13) who had her abdomen exposed during an insulin injection. Findings include: 1. Observation at the nurses station from 9/14/16 at 10:00 a.m. to 10:40 a.m. of registered nurse (RN) (F) regarding resident 13 revealed: *She pulled down the resident's pants and pulled up her shirt exposing her abdomen and her pink underwear. *The door remained open at the nurses station. *Staff were going in and out of the nurses station. *Two large window blinds were open to the hallway where staff, residents, and the public could view resident 13 receiving her injections. *RN continued to look for the resident's medication administration record that had been missing since the insulin injection. *At 10:40 a.m. at the nurses station the nurse	F 241	F 241 Correct to the individual: ← Individual education provided to Registered Nurse F. Dignity policy reviewed and revised. Correct to all others: All nursing staff will be educated regarding completing cares and treatments for residents with privacy and dignity during inservice/all staff meeting scheduled for 10/11/16. <i>*by the director of nursing</i> System correction: <i>ST/SDDOHEL</i> Audits of treatment administration will be completed 2 times per week for 4 weeks, weekly times 4 weeks, then monthly times 4 months by DNS or designee. Audits of cares for resident will be completed weekly for 4 weeks, then monthly times 4 months by DNS or designee. Monitoring of System: The results of the audits will be reviewed at the monthly QAPI meetings with updates made as needed. The DNS or designee will be responsible for reporting all audits to the QAPI team for review. <i>*two to four residents who receive.</i> <i>ST/SDDOHEL</i>	11/1/16

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F 241	Continued From page 3 gave the resident a second injection of the blood thinner. Interview on 9/14/16 at 11:00 a.m. with RN F revealed: *It was routine to have given injections to the residents at the nurses station. *She agreed she should have closed the door and the blinds to ensured privacy of the resident. Interview on 9/15/16 at 9:10 a.m. with the Minimum Data Set (MDS) assessment coordinator regarding insulin administration to residents at the nurses station revealed: *Blinds and door should have been closed when exposing a resident's abdomen. *Resident's injections were routinely given at the nurses station. Review of the provider's undated Dignity policy revealed the staff would interact with residents in a hospitable manner to maintain and enhance self-worth and dignity.	F 241		
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	F 323		

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F 323	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 36413</p> <p>A. Based on observation, interview, record review, manufacturer's instructions, and policy review, the provider failed to ensure one of one nurse aide (NA) B in training had the appropriate supervision during a mechanical lift transfer for one of two sampled residents (5). Findings include:</p> <p>1. Observation on 9/14/16 at 11:00 a.m. with resident 5 and NA B revealed: *NA B stated was she ready to transfer resident 5 with the EZ way smart stand lift from her bed to the toilet seat. *She assisted the resident up in the bed. *The resident did not appear to be assisting NA B with movement. *She did not close the door or window. *She maneuvered the resident to place her feet on the standing lift, put the harness around her back, and then under her arms. *The resident was unable to hang on to the grab bars with her hands when instructed by the NA. NA B placed the resident's hands around the grab bars. *The leg safety strap on the stand aide was not secured. *When the stand aide started to lift the resident up from the edge of her bed, the harness was pulling at her arms. Her shirt had pulled up revealing her breast. *She was moaning and stated "Tuck my shirt in my side." *NA B continued to move the resident in the lift, her arms were pulled up around her head, and she was not able to hang on to the grab bars herself.</p>	F 323	<p><i>*with resident 10 unable to change past events.</i></p> <p>F 323 Correct to the individual: <i>JTJSDDOHTEL</i> 11/1/16 Physical therapy evaluation completed on resident 5, safe transfer recommendations received and communicated to all staff. Individual education provided & skills review to be completed with NA B and CNA A. System <i>*and CNA G.</i> change will correct the cited deficiency. Correct to all others: Transfer/Lift policy updated 9/15/16 to reflect yearly training to be completed with all nursing staff. All nursing staff will be educated via in-service with Physical Therapy department on 10/11/16. Lift assessment tool will be implemented (will introduce at all staff meeting 10/11/16), to be completed with all new admissions, any change of conditions, and after any falls. Review of skills to be completed with all current CNA/NA staff utilizing CNA skills checklist <i>*by 11/01/16</i> System correction: <i>*Of two to four residents who require usage of a mechanical lift</i> Audits of transfers and assessments will be completed 2 times per week for 4 weeks, weekly times 4 weeks, then monthly times 4 months by DNS or designee. Audits of new hires will be completed on the next 6 new hires (CNA/NA) by DNS or designee Monitoring of System: The results of the audits will be reviewed at the monthly QAPI meetings with updates made as needed. The DNS or designee will be responsible for reporting all audits to the QAPI team for review.</p>	
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F 323	<p>Continued From page 5</p> <p>-At that point, this surveyor intervened and asked NA B to return the resident her bed and sought assistance from certified nurse assistant (CNA) A.</p> <p>*CNA A came in, closed the curtain and then attached the safety strap to resident 5's legs.</p> <p>*Together they proceeded to move the resident in the lift to the restroom.</p> <p>*She was not able to hold on to grab bars herself and the harness pulled underneath her arms as before.</p> <p>*She was transferred to toilet with assistance of CNA A.</p> <p>-Following the transfer, this surveyor sought assistance from licensed practical nurse (LPN) C.</p> <p>*At 11:35 a.m. LPN C requested assistance from therapy staff I. Therapy staff were able to pivot her into wheelchair with the use of a gait belt.</p> <p>-Therapy staff I instructed them to use a commode, and transfer using the pivot method that she had just shown NA B and CNA A.</p> <p>-Therapy staff I instructed that if she was not able to hang on to the grab bars herself she would not be able to use the EZ Way Smart Stand lift safely.</p> <p>Interview on 9/14/16 at 2:00 p.m. with NA B revealed:</p> <p>*CNA A had asked her to go into resident 5's room and assist her.</p> <p>*That was her first transfer independently, and she was "not comfortable."</p> <p>Interview per phone on 9/14/16 at 4:30 p.m. with registered nurse J revealed:</p> <p>*She had trained NA B for eight hours.</p> <p>-Training was verbally walking through skills, "No hands on."</p> <p>*She had instructed NA B not to use any lifts, because no training had been done on lifts.</p>	F 323		

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F 323	<p>Continued From page 6</p> <p>*NA B was not able to work alone until she had taken her test and was certified.</p> <p>Interview on 9/14/16 at 4:45 p.m. with the director of nursing (DON) and the administrator both agreed:</p> <p>*Nursing assistants were allowed to work independently.</p> <p>*NA B had the training to work independently.</p> <p>*CNA A would have evaluated NA B and would have determined if she could transfer residents using a lift independently.</p> <p>*The DON revealed the MDS coordinator had not been able to train NA B during her first three days of training.</p> <p>Interview on 9/15/16 at 9:00 a.m. with the Minimum Data Set (MDS) coordinator revealed:</p> <p>*She also trained the new employees and aides.</p> <p>*NA B had her eight hours of training and was able to work alone on the floor.</p> <p>*She had not been able to train NA B due to her busy schedule.</p> <p>*She had been trained by CNA A.</p> <p>*She had not checked the skill level on CNA A when he had been hired, and she did not routinely check competencies for resident skills for new hires.</p> <p>Review of CNA's inservice training revealed NA B and CNA A had not received any training on mechanical lifts.</p> <p>Review of the DON job description revealed she "Coordinates the continuing education program for nursing service."</p> <p>The NA job description had been requested from the DON but was not provided by the end of the</p>	F 323			

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F 323	<p>Continued From page 7 survey.</p> <p>Surveyor: 32331</p> <p>B. Based on interview, record review, manufacturer's instructions review, and policy review, the provider failed to ensure there had been two staff assisting with mechanical lift transfer for one of one sampled discharged resident (10) who had fallen during the transfer with major injury. Findings include:</p> <p>1. Review of resident 10's medical record revealed: *An admission date of 8/10/15. *She had been hospitalized from 12/29/15 through 1/4/16. *A 1/4/16 physician's order stated: -"Admit to SNF with Hospice." -"Activity as tolerated, use assistance as needed." *She had difficulty with walking and balance. *Diagnoses included generalized weakness, osteoarthritis, shortness of breath, hypotension, and morbid obesity. *She had a fall with major injury that had required hospitalization on 1/5/16.</p> <p>Review of the provider's 12/29/16 PT-Therapist Progress & Discharge Summary revealed resident 10's treatment diagnoses had included: -Muscle weakness. -Other abnormalities of gait and mobility. -Unspecified lack of coordination. *Her goal "Patient will safely transfer sit to stand and chair/chair with MOD (I) [modified improvement]."</p> <p>Review of the nurses' notes from 1/4/16 through 1/5/16 regarding resident 10 revealed: *On 1/4/16 at 4:11 p.m. RN E's nurse's note</p>	F 323		

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F 323	<p>Continued From page 8</p> <p>revealed:</p> <ul style="list-style-type: none"> -She had been readmitted to the facility. -"She is very weak, needs 2 assist and staff did use the EZ stand on her to transfer her." *On 1/5/16 at 5:31 a.m. RN K's nurse's note revealed: -"Tried to use sit to stand to get her to bathroom -Resident chicken wings et holds breath." *On 1/5/16 at 4:05 p.m. director of nursing (DON) nurse's note revealed: *She had been alerted to come to resident 10's room. *Upon arrival in the above room: -She found the resident sitting on the floor in front of recliner with EZ stand present. -There was a large amount of blood under the resident. -She had fallen while transferred with EZ stand. -Injury to her right lower extremities was determined to have been the cause of the bleeding. -The DON had called 911 due to the "nature of injury and bleeding." *On 1/5/16 at 4:39 p.m. RN D's nurse's note revealed: *She had been called to the resident's room: -Certified nurse assistant (CNA) G had stated the resident had fallen. -"[Resident's name] stated she passed out during the final stage of transfer to her recliner." *A Hoyer lift had been used when the ambulance arrived to transfer the resident. -The ambulance had left with the resident at 5:35 p.m. <p>Review of the provider's 1/5/16 Required Healthcare Facility Event report for resident 10 revealed:</p> <ul style="list-style-type: none"> *She had been transferred with the EZ stand lift 	F 323			

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F 323	<p>Continued From page 9 with staff assistance from CNA G. *CNA G had reported the resident had lost consciousness during the transfer. *She had attempted to maneuver the resident to the chair. *She had fallen to the floor onto her bottom with her leg striking the EZ stand causing an open area to her right leg. *She had come to after the fall and had verbalized she was "passing out" while being transferred. *The ambulance had been notified, and she had been transferred to the hospital for treatment.</p> <p>Review of the provider's 1/8/16 Required Healthcare Facility Event report for resident 10 revealed: *She had been transferred for toileting by CNA G. *Resident had lost consciousness and was no longer being able to assist with support in stand lift.</p> <p>Review of resident 10's 1/4/16 Fall Risk Assessment revealed she: *Was chair bound. *Had not been able to perform gait and balance function. *Had: -Intermittent confusion. -Her total score was twelve, and that had put her at risk for falls. -A score of ten or higher represented a high risk for falls.</p> <p>Review of resident 10's 10/12/15 quarterly Minimum Data Set (MDS) assessment, sections C and G, revealed she: *Had a Brief Interview for Mental Status test score of 15 that indicated she was cognitively</p>	F 323		

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F 323	<p>Continued From page 10 intact.</p> <p>*She had needed extensive assistance (staff providing weight-bearing support with two plus persons) for bathing.</p> <p>Review of resident 10's revised 12/29/15 care plan revealed:</p> <p>*She had been at risk for falls related to balance problems.</p> <p>*The goal was to have had no fall related injuries over the next MDS quarter.</p> <p>*Approaches had included "toilet resident on a regular basis."</p> <p>*"No EZ stand" had been added to the care plan on 1/8/16.</p> <p>*There had been no documentation prior to 1/8/16 regarding the usage of the EZ stand.</p> <p>*There had been no documentation prior to the fall regarding the usage of the EZ stand lift and the number of staff needed for assistance.</p> <p>Interview on 9/15/16 at 9:35 a.m. with RN E regarding resident 10 revealed:</p> <p>*When the resident had returned from the hospital she had been physically weaker.</p> <p>*She had assessed the resident, and she had needed two staff assistance with the EZ stand lift.</p> <p>*The decision to have used one or two staff for a transfer was based on "how she was doing at that exact time."</p> <p>Interview on 9/15/16 at 10:55 a.m. by telephone with physical therapy assistant H regarding resident 10 revealed:</p> <p>*She had been on physical therapy prior to her hospitalization before she had fallen.</p> <p>*She had been discontinued from therapy on 12/29/15.</p> <p>*Therapy was not usually consulted regarding</p>	F 323		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/15/2016
NAME OF PROVIDER OR SUPPLIER WAKONDA HERITAGE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 515 OHIO STREET WAKONDA, SD 57073		
(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
F 323	<p>Continued From page 11</p> <p>what lift to have used when not on therapy.</p> <p>Interview on 9/14/16 at 10:55 a.m., 9/14/16 at 1:50 p.m., and at 9/15/16 at 11:45 a.m. with the DON regarding resident 10 revealed:</p> <ul style="list-style-type: none"> *She had been physically weaker after her hospitalization. *RN E had documented the resident had needed two staff assistance with the EZ stand lift. *The fall risk assessment was used for assessing what lift to have used. *The provider had not used any formal lift assessment form. *The decision on a lift usually involved therapy as needed and the nurses and CNA input. *She stated any changes with residents requiring assistance with transfers would have been communicated at report that was held three times per day at 6:00 a.m., 2:00 p.m., and at 5:00 p.m. *She confirmed the communication regarding the above need for assistance had not been communicated as well as it should have. *Her care plan had needed to have been updated regarding her care for transfers. *She agreed the resident's need for a two person assist with the EZ stand had not been communicated to all staff providing care to her. *She confirmed there needed to have been two staff assist with the EZ stand on 1/5/16 before she had fallen. <p>An interview with CNA G regarding resident 10 had not been possible during this survey.</p> <p>Review of the provider's 6/17/14 EZ Way Smart Stand Lift Operator's Instructions for use revealed:</p> <ul style="list-style-type: none"> *The EZ stand lift was designed to lift residents from a sitting position to a standing position, then 	F 323		

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NAME OF PROVIDER OR SUPPLIER WAKONDA HERITAGE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 515 OHIO STREET WAKONDA, SD 57073
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F 323	<p>Continued From page 12</p> <p>transfer to a bed, chair, or toilet.</p> <p>*The lift was to be used for residents who:</p> <ul style="list-style-type: none"> -Were able to bear some weight. -Had upper body strength. -Were able to follow simple commands. <p>*The lift was designed to be operated safely by one person, however,</p> <ul style="list-style-type: none"> -Depending on the situation. -Facility policy. -Resident's condition. -Two staff might have been necessary. <p>Review of the provider's December 2014 Transferring/Lifting policy revealed:</p> <ul style="list-style-type: none"> *Safety was the responsibility of every employee. *The mechanical stand might have been one or two staff depending on resident needs. *To be used for residents including those: <ul style="list-style-type: none"> -Who because of their medical condition were difficult to control during a transfer. -Who required more than assist of one to ambulate or to transfer from sitting to stand to ambulate. 	F 323		
F 425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet</p>	F 425	<p>F425</p> <p>Correct to the individual: <i>*resident 13</i></p> <p>Individual education provided to Nurse F regarding insulin pens. Night shift nursing to be educated regarding med room temperatures during all staff meeting/in-service scheduled <i>10/11/16.</i></p> <p>Correct to all others: <i>*by the Director of Nursing by 10/14/16.</i></p> <p>All nursing staff educated on safe and accurate practices. Education materials regarding insulin pens posted in <i>[redacted]</i> <i>*The treatment books</i></p> <p>System correction: <i>and will be included in</i></p> <p>Audits of med room fridge temps will be <i>the above</i></p> <p>completed 2 times per week for <i>4 weeks</i></p> <p><i>in-service.</i></p>	11/1/16

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NAME OF PROVIDER OR SUPPLIER WAKONDA HERITAGE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 515 OHIO STREET WAKONDA, SD 57073	
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F 425	<p>Continued From page 13 the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 36413 Based on record review, interview, observation, policy review, pharmacy recommendations, and manufacture's instructions review, the provider failed to:</p> <ul style="list-style-type: none"> *Monitor and record medication refrigerator temperatures daily that were located in the medication room. *Prime insulin pens for one of one randomly observed residents (13) during administration of insulin with one of one registered nurse (RN) F. <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the daily refrigerator temperature log record for September 2016 revealed: <ul style="list-style-type: none"> *Temperatures had been not been recorded for seven of twelve days. *The instructions on the bottom of the daily refrigerator temperature sheet revealed the medication room refrigerator was to have been checked every night by the charge nurse. <p>Interview on 9/14/16 at 4:00 p.m. with the director of nursing and Minimum Data Set assessment nurse revealed both agreed the temperatures should have been checked and recorded every night by the charge nurse.</p>	F 425	<p>weekly times 4 weeks, then monthly times 4 months by DNS or designee. Audits insulin pen use will be completed 2 times per week for 4 weeks, weekly for 4 weeks, then monthly times 4 months by DNS or designee. Monitoring of System: The results of the audits will be reviewed at the monthly QAPI meetings with updates made as needed. The DNS or designee will be responsible for reporting all audits to the QAPI team for review.</p> <p>→ *that includes residents 13. JC/SPOOTHIEL</p>	

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NAME OF PROVIDER OR SUPPLIER WAKONDA HERITAGE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 515 OHIO STREET WAKONDA, SD 57073		
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F 425	<p>Continued From page 14</p> <p>Review of the December 2009 Insulin Storage policy revealed: *"Extreme temperatures (lower than 36 degrees or more than 86 degrees) will be avoided to prevent loss of potency, clumping, frosting or precipitation."</p> <p>2. Observation on 9/14/16 at 10:05 a.m. of registered nurse (RN) F revealed Lantus thirty-three units had been administered to resident 13 without priming the insulin pen before the injection.</p> <p>Interview on 9/14/16 at 10:10 a.m. with RN F revealed she was unaware the insulin pen needed to have been primed prior to administration.</p> <p>Interview on 9/14/16 at 11:15 a.m. with licensed practical nurse C revealed she would prime the insulin pen, and then screw the needle onto the pen.</p> <p>Interview on 9/14/16 at 4:00 p.m. with the director of nursing revealed she was unaware the insulin pens needed to have been primed prior to administering the insulin.</p> <p>Review of the provider's December 2009 medication administration policy revealed medications with manufacturer administration recommendations and indications would have been followed.</p> <p>Review of July 2012 Omnicare pharmacy recommendations for priming insulin pens revealed: *Attach the needle to the insulin pen.</p>	F 425		

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NAME OF PROVIDER OR SUPPLIER WAKONDA HERITAGE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 615 OHIO STREET WAKONDA, SD 57073		
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F 425	Continued From page 15 *Dial the pen to two units of insulin before each injection. *Point the pen upward and push injection button. Review of the Lantus insulin manufacture's instructions revealed: **"Screw the pen needle onto the pen. *Always check the flow in the pen needle before injection by priming the device with an air shot by dialing two units. *Point the pen up, and press the button."	F 425			

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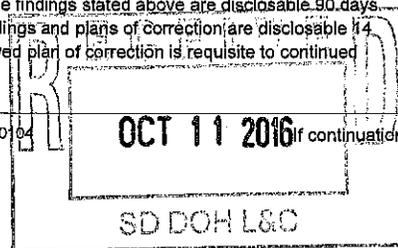
NAME OF PROVIDER OR SUPPLIER WAKONDA HERITAGE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 515 OHIO STREET WAKONDA, SD 57073
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 9/14/16. Wakonda Heritage Manor was found 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 in conjunction with the provider's commitment to continued compliance with the fire safety standards.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Admin. Director</i>	(X6) DATE 10-7-16
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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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10701	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/15/2016
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NAME OF PROVIDER OR SUPPLIER WAKONDA HERITAGE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 515 OHIO STREET WAKONDA, SD 57073
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S 000	Compliance/Noncompliance Statement Surveyor: 32331 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, requirements for nursing facilities, was conducted from 9/13/16 through 9/15/16. Wakonda Heritage Manor was found not in compliance with the following requirement: S206.	S 000	*Addendums noted with an asterisk per 10/27/16 per telephone with facility DON. JT/SDDOHL/EL	
S 206	44:73:04:05 Personnel Training The facility shall have a formal orientation program and an ongoing education program for all personnel. Ongoing education programs shall cover the required subjects annually. These programs shall include the following subjects: (1) Fire prevention and response. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, monthly fire drills shall be conducted to provide training for all staff; (2) Emergency procedures and preparedness; (3) Infection control and prevention; (4) Accident prevention and safety procedures; (5) Proper use of restraints; (6) Resident rights; (7) Confidentiality of resident information; (8) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; (9) Care of residents with unique needs; (10) Dining assistance, nutritional risks, and hydration needs of residents; and (11) Abuse, neglect, misappropriation of resident property and funds, and mistreatment. Any personnel whom the facility determines will have no contact with residents are exempt from training required by subdivisions (5), (9), and (10) of this section.	S 206	S206 Correct to the individual: All employees past due for annual training will have training completed prior to 10/31/16. Correct to others: Annual education will be scheduled with all employees. Updated record keeping to be initiated by DNS and assisted by BOM for all existing and new employees. All staff reminded/informed of yearly requirements. System correction: Audits will be completed monthly for 6 months by DNS, BOM or designee. Monitoring of System: The results of the audits will be reviewed at the monthly QAPI meetings with updates made as needed. The DNS or designee will be responsible for reporting all audits to the QAPI team for review. → *by the director of nursing to be completed by 10/11/16. JT/SDDOHL/EL → *of all employees for in-service attendance. JT/SDDOHL/EL	11/1/16 *Business Office manager JT/SDDOHL/EL

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

TITLE

Administrator

(X6) DATE

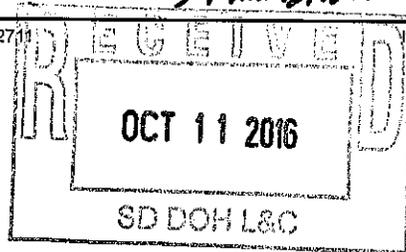
10-7-16

STATE FORM

6899

MV2711

Continuation sheet 1 of 3



South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10701	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/15/2016
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S 206	<p>Continued From page 1</p> <p>Additional personnel education shall be based on facility identified needs.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Surveyor: 34030 Based on interview and record review, the provider failed to ensure 11 of 11 (proper use of restraints, fire prevention and response, emergency procedures, infection control, accident prevention and safety, resident rights, confidentiality of resident information, incidents and diseases mandatory reporting, care of residents with unique needs, dining assistance and nutritional risks and hydration, abuse neglect and misappropriation of resident funds) required yearly staff education topics had been completed in a timely manner. Findings include:</p> <p>1. Review of the provider's list of staff training done since last year revealed: *A list of in-house training that had been completed in May and June 2015 included the above subjects. *None of that training had been provided for over a year; it had been fourteen months.</p> <p>Interview on 9/15/16 at 10:30 a.m. with the business office manager who kept track of the required educational in-services revealed: *The inservices were on a DVD. *They were attended by staff in a day long training session and offered over a two month period. *She was unaware it had been longer than a year since they had been done. *No policy for that existed.</p> <p>Interview on 9/15/16 at 11:25 a.m. with the</p>	S 206		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10701	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/15/2016
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S 206	Continued From page 2 director of nursing regarding required yearly staff inservices revealed she: *Had been unaware that it had been over a year since they had been done. *Agreed it was important to make sure it was completed yearly.	S 206			
S 000	Compliance/Noncompliance Statement Surveyor: 32331 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 9/13/16 through 9/15/16. Wakonda Heritage Manor was found in compliance.	S 000			