

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

PRINTED: 03/03/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A136	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/16/2023
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NAME OF PROVIDER OR SUPPLIER MICHAEL J FITZMAURICE SOUTH DAKOTA VETERANS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2500 MINNEKAHTA AVENUE HOT SPRINGS, SD 57747
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E 000	Initial Comments A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted from 2/13/23 through 2/16/23. Michael J. Fitzmaurice South Dakota Veterans Home was found in compliance.	E 000	Statement of Compliance: The following represents the plan of correction for alleged deficiencies cited during the survey that was conducted from 02/13/2023 through 02/16/2023. Please accept this plan of correction as Michael J. Fitzmaurice State Veterans Home's Credible Allegation of Compliance with the completion date 03/13/2023. The completion and execution of this plan of correction does not constitute admission of guilt or wrong doing on the part of the facility. This Plan of Correction is completed in good faith as Michael J. Fitzmaurice State Veterans Home's commitment to quality outcomes for the residents. In addition, this plan of correction is completed as it is required by law.	
F 000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 2/13/23 through 2/16/23. Michael J. Fitzmaurice South Dakota Veterans Home was found not in compliance with the following requirements: F609, F658, and F812.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established	F 609	Upon identification of resident 13's unknown injury, an investigation was completed on 02/15/23 and the report was submitted to the Department of Health by the DON. The DON followed up verbally with the nurse that documented about the bruise, but had not reported to the DON/ADON. All nurse correspondence sent on 02/15/23 as a reminder for reporting injuries of unknown origin as a reminder for all nurses. Residents residing in the facility have the potential to be affected in a similar manner. The ADON will reeducate all nurses that upon identification of injuries of unknown origin to report to DON/ADON immediately as per policy. The ADON will audit skin assessment charting to ensure that any occurrences of injuries of unknown origin were reported to DON/ADON immediately by the household nurse and the Department of Health initial report is submitted with 2 hours of identification and the final Department of Health report is completed within 5 days. The ADON or designee will complete audits on all injuries of unknown origin weekly for 4 weeks and monthly for 3 months. ADON will bring results of the audits to the monthly QAPI meeting for further review of recommendation.	03/13/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>CR Johnson</i>	TITLE Superintendent	(X6) DATE 03/13/23
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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 609	<p>Continued From page 1 procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and policy review the provider failed to ensure one of one sampled resident (13) who had an injury of unknown origin was investigated and reported to the South Dakota Department of Health (SDDOH). Findings include:</p> <p>Observation and interview on 2/14/23 at 1:20 p.m. with resident 13 revealed: *He was awake and sitting in his wheelchair watching television. *The inside corner of his right eye, from just below his eyebrow and extending to below the lower lid of his eye appeared to be black and blue. -He was unaware what happened to his eye.</p> <p>Review of resident 13's electronic medical record revealed his: *Diagnoses included: heart failure, anemia, macular degeneration, and chronic obstructive pulmonary disease. *Medications included Eliquis, which was a blood thinner. *Care plan included he: -Had poor eyesight. -Had short term memory loss. -Had the potential to fall down.</p>	F 609		

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F 609	<p>Continued From page 2</p> <p>-Needed assistance from one or two staff members for most of his cares.</p> <p>*Nursing progress notes included that on 2/12/22 he had a "New bruise to his R [right] inner eye within close proximity to his nose, no pain noted. Unknown origin, resident doesn't remember how he obtained it."</p> <p>Interview on 2/15/23 at 10:37 a.m. with director of nursing B regarding resident 13's black and blue eye revealed: *Their process was to have the assistant director of nursing (ADON) or DON available for calls at any time from the nurses to call. *When an injury of unknown origin occurred the ADON or DON should have been notified by the nurse who was working at the time the injury was discovered. *The DON would then submit the report to the SDDOH.</p> <p>-The resident care coordinator (RCC) for that resident would conduct interviews with staff in order to determine what had happened. *She had not been notified of the bruise by resident 13's eye, and there had not been an investigation or a report submitted to the SDDOH. *She agreed their process had not been followed for reporting injuries of unknown origin.</p> <p>Interview on 2/16/23 at 11:02 a.m. with superintendent A regarding resident 13's bruising by his right eye revealed: *His expectation was for any injury that a resident sustained and that had not been witnessed should have been investigated and reported to the SDDOH. *Their process was for the DON or ADON to submit the actual reports to the SDDOH, and he would read the reports and make</p>	F 609			

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F 609	Continued From page 3 recommendations if necessary. -The DON, ADON, household coordinator, or RCC would have completed the investigation. *He agreed that the bruise by resident 13's eye should have been investigated and reported. Review of the provider's Abuse and Neglect Policy revealed: **"Director of Nursing shall, within 24 hours, report ... unexplained resident injury ... by contacting the Department of Health by email or fax ... Report of incident shall also be emailed to the Superintendent ..." **"Director of Nursing shall, within 5 business days, report all investigation done ... unexplained resident injury ... by contacting the Department of Health by email or fax ... Report of incident shall also be emailed to the Superintendent ..." **"Investigation -Director of Nursing and social services shall conduct a thorough investigation into all ... unexplained resident injury ..."	F 609			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review the provider failed to ensure one of one sampled resident's (46) physician orders had been clarified and were followed. Findings include:	F 658	Upon identification of resident 46 having two different ordered treatments for lower extremity edema, the RCC updated the TAR to reflect current order clarification. Residents residing in the facility have the potential to be affected in a similar manner. The DON/ADON will reeducate all nurses for proper protocol of order transcription for new orders or changed orders. The facility policy will be updated to reflect revised procedures and more specific steps for transcribing orders. Per facility protocol, the revised policy is uploaded to the Relias learning software and is assigned to all nursing staff who are responsible to transcribe orders for attestation review. The Resident Care Coordinator or designee will audit 4 randomly selected resident treatment orders to ensure order transcription and TAR are completed in accordance with facility policy. Audits will occur weekly for 4 weeks and monthly for 3 months. The Resident Care Coordinator or designee will bring the results of the audits to the monthly QAPI meeting for further review or recommendation.	03/13/23	

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F 658	<p>Continued From page 4</p> <p>Observation and interview 2/14/23 at 9:54 a.m. with resident 46 in his room revealed:</p> <ul style="list-style-type: none"> *He was sitting in his wheelchair. *His feet were swollen. *He had been arguing with an unidentified nurse regarding how his compression socks were to have been put on his legs and feet. -The nurse had stated the tan-colored compression stocking should have been put on before the black stocking. <p>Review of resident 46's medical record revealed:</p> <ul style="list-style-type: none"> *His diagnoses included: diabetes, peripheral vascular disease, congestive heart failure, and edema *His treatment administration records (TAR) were documented on a paper form. *His physician orders on this form included: <ul style="list-style-type: none"> -On 12/31/21 an order for Circaid stockings to bilateral lower extremities daily on in a.m. and off in p.m. for edema and improved circulation -On 5/26/22 an order for "open toe stockings only" due to reoccurring toe wounds. --Both of these orders were on the same line on the paper form. --There was only a place to document if they had been put on in the a.m. for the 12/31/21 and only a place to document if they had been taken off for the 5/26/22 order. -On 2/14/22 an order for JOBST knee high compression socks to bilateral lower extremities daily for edema, on in a.m. and off in p.m. --An undated sticky note was attached to the form that stated, "Continue using circaid stockings until compression stockings come in ... Stocking order to be DC'd [discontinued] when compression stockings arrive." *A 2/14/22 progress note from his certified nurse practitioner included: 	F 658			

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F 658	<p>Continued From page 5</p> <p>- "Patient has edema to both feet however the legs do not have any edema due to the compression wraps."</p> <p>- "Because the compression wraps appear to be causing significant edema to the feet, they will be discontinued. We will start him on low pressure compression hose ..."</p> <p>Interview on 2/16/23 at 8:30 a.m. with resident care coordinator (RCC) G regarding resident 46's edema wear revealed he had the following physician orders on his TAR:</p> <p>*A 12/31/21 order for Circaid stockings (a two-part compression stocking that includes knee-high socks, usually black, with a compression wrap placed over the black socks.) He was using the black socks from Circaid stockings but not the compression wrap.</p> <p>*A 5/26/22 order for open toed compression stockings.</p> <p>*A 2/14/23 order for Jobst stockings (a compression stocking that provides physician recommended where compression is higher at the bottom of the stocking than at the top.)</p> <p>-The Jobst stockings had been ordered from the facility's supplier and would be delivered on 2/20/23.</p> <p>-She confirmed the order for the open toed compression stockings was the correct physician order.</p> <p>--This order would be discontinued when the Jobst stockings were delivered on 2/20/23.</p> <p>*The order for the Circaid stocking system had not been removed from the TAR as they were still using the black sock from that system but not the compression wrap..</p> <p>-She agreed the order for the Circaid stocking system should have been clarified or discontinued.</p>	F 658			

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F 658	<p>Continued From page 6</p> <p>*She stated the 12/31/21 and the 5/26/22 physician orders for compression stockings were two separate orders and were not recorded correctly on the paper TAR.</p> <p>Interview on 2/16/23 at 8:59 a.m. with RN I regarding the treatment administration for resident 46 revealed: *He would check the paper form before completing treatments. *He had made a plan that day for RCC G to assist him with the application of compression stockings as he did not work full time and was not certain what needed to be completed.</p> <p>Interview on 2/16/23 at 10:35 a.m. with director of nursing B regarding the physician order and TAR for edema wear for resident 46 revealed: *Her expectation was for physician orders to have been clearly understood and to discontinue the previous order when a new physician order was received *She agreed the edema wear orders on his TAR were not clear.</p> <p>Interview and record review on 2/16/23 at 11:02 a.m. with superintendent A regarding physician orders revealed: *The occupational therapist that specialized in lymphedema had left employment with the provider "about three months ago". *After reviewing the physician order for resident 46 regarding edema wear, he agreed the order on the TAR would have been confusing for staff. -If a physician order was discontinued the order should have been discontinued. -He stated the physician's order for edema wear should have been more specific.</p>	F 658			

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F 658	Continued From page 7 Review of provider's 5/14/22 unsigned Transcribing Physician Orders policy revealed: **Policy -It is the policy of the MJF South Dakota Veterans Home to accurately carry out physician orders to ensure quality medical care to the resident. -Procedural Guidelines 1. Transcribe medication and treatment orders to the resident's medication sheet from the physician order sheet. 2. Complete resident information section on the medication sheet. 3. Date and initial all medication orders on the medication sheet. Be sure to include drug name, strength, dosage, time, and route of administration. 4. Include date and hour drug is to be discontinued when a specific number of doses are ordered. 5. To terminate an order, enter the words "order changed" on the space for nurse's initials and rewrite the order as a new order. 6. When a medication has been discontinued, use a yellow marker and color through the medication order and the remaining spaces. Date and initial and write the words "discontinued or D/C" in the remaining spaces."	F 658			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly	F 812	Residents residing in the facility have the potential to be affected in the same manner. The facility's Household Refrigerator/Freezer Temp Monitoring Policy was updated to identify the person(s) responsible for monitoring Refrigerator/Freezer temperatures and the frequency they are to be monitored. Per facility protocol the revised policy has been uploaded to the Relias learning software and has been assigned to staff to review for reeducation of the policy. The IP nurse will audit the Relias learning software to ensure staff has reviewed the policy. Cont in next page		

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F 812	<p>Continued From page 8</p> <p>from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and policy review, the provider failed to ensure:</p> <ul style="list-style-type: none"> *Three of three employees on three of three observations had followed proper glove use guidelines when handling ready-to-eat foods. *Two of seven freezer/refrigerator units observed had temperatures taken and monitored according to the policy. <p>Findings include:</p> <p>1. Observation on 2/14/22 from 8:35 a.m. to 8:58 a.m. in the NASA unit revealed:</p> <ul style="list-style-type: none"> *Dietary aide D washed her hands and then touched her face mask twice to adjust it. *She dried her hands with paper towels and then pushed the paper towels down into the trash can. -Her hands touched the trash can liner and other items in the trash can. *Without performing hand hygiene, she put on clean gloves. -With those gloves on her hands, she touched three drawer handles, two cupboard door handles, the hot box cart, a pen to write down food temperatures, the food thermometer, the plastic wrap covering the pans of hot food, and 	F 812	<p>(continued from previous page)</p> <p>The Household Coordinators or designee will audit refrigerator / freezer temp logs to ensure compliance with Household Refrigerator/Freezer Temp Monitoring Policy. Audits will occur weekly for 4 weeks and monthly for 3 months. The Household Coordinator will bring the results of the audits to the monthly QAPI meeting for further review or recommendation.</p> <p>Reeducate staff Safe Food Handling training using Relias learning software before their first working shift. IP nurse will audit the Relias learning software to ensure staff has completed the training.</p> <p>IP nurse will audit food service occurrences for proper hand hygiene and gloves use compliance on households. The audits will occur weekly for 4 weeks and monthly for 3 months. IP nurse will bring the results of the audits to the monthly QAPI meeting for further review or recommendation.</p>	03/13/23

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F 812	<p>Continued From page 9</p> <p>the clean plates.</p> <p>*Without performing hand hygiene or changing gloves, she started to serve breakfast.</p> <p>*While serving the pureed food, she was asked a question about the texture of the pureed eggs.</p> <p>-With the same gloved hands, she picked up a piece of the pureed egg, squished it between her fingers, and placed it back on the plate.</p> <p>-She served that to a resident.</p> <p>*Without performing hand hygiene or changing gloves, she:</p> <p>-Grabbed fistfuls of ground meat with her gloved hands and portioned it on three plates.</p> <p>-She did not use a serving utensil to measure the serving size of the ground meats.</p> <p>-Served the hashbrown patties and steak by picking up the food items with her gloved hands.</p> <p>*At one point during breakfast service, dietary aide D wiped her forehead with the back of both her wrists.</p> <p>-She did not perform hand hygiene or change gloves after that.</p> <p>*She missed at least seven opportunities for hand hygiene and changing gloves during the breakfast observation.</p> <p>Observation and interview on 2/14/23 at 12:20 p.m. in Stars and Stripes satellite kitchen with dietary aide E revealed:</p> <p>*He had on a pair of single-use gloves on both hands.</p> <p>*While wearing those gloves he:</p> <p>-Opened a drawer and took a serving utensil out.</p> <p>-He then removed plastic wrap from a ready-to-eat sandwich and using his potentially contaminated glove he placed the sandwich on a plate.</p> <p>-He then served the noon meal with those same gloved hands.</p>	F 812			

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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	
F 812	<p>Continued From page 10</p> <p>--While wearing the same gloves he touched multiple potentially contaminated items including drawer handles, counter tops and then picked up garlic toast with those potentially contaminated gloves six different times.</p> <p>Interview with dietary aide E revealed he: *Always wore gloves while serving the resident meals. -He did not change gloves or complete hand hygiene while serving resident meals. *Thought he could touch the garlic toast with his gloved hands because they were gloved. -He agreed the garlic toast was a ready-to-eat food. *He agreed he had touched multiple potentially contaminated items while wearing those gloves and then touched the sandwich and the garlic bread with those same gloves.</p> <p>Observation and interview on 2/14/23 at 12:30 p.m. in the Stars and Stripes dining room with certified homemaker (CH) F revealed: *She wore a pair of single-use gloves. *With those gloves she: -Pulled up her pants. -Held a piece of garlic bread on a resident's plate with her gloved hand while cutting it with her other hand. -Took off those gloves, held the lid of the trash can open with her now bare hand, and disposed of those gloves. -Put on a new pair of gloves without completing hand hygiene. *She agreed she should have completed hand hygiene when changing gloves.</p> <p>Interview on 2/16/23 at 10:20 a.m. with dietary manager C revealed:</p>	F 812			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER MICHAEL J FITZMAURICE SOUTH DAKOTA VETERANS HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 MINNEKAHTA AVENUE HOT SPRINGS, SD 57747		
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F 812	<p>Continued From page 11</p> <p>*Dietary staff always wore gloves while preparing food. -That was not the facility's policy, the staff just did it.</p> <p>*Employees D and E had training on proper hand hygiene and glove use on 9/22/22. *He agreed garlic bread was a ready-to-eat food. -His expectation was that ready-to-eat food should not be touched with bare hands or potentially contaminated gloved hands.</p> <p>Interview on 2/16/23 at 10:30 a.m. with director of nursing B regarding hand hygiene while assisting residents during resident meals revealed: *Hand hygiene was to have been completed when removing soiled gloves and before putting on clean gloves. *CH F should have washed her hands after removing her soiled gloves and before putting on clean gloves. *There had been on-going issues with staff hand hygiene being completed correctly.</p> <p>Review of the provider's undated dietary Handwashing policy revealed: *Hands and exposed portions of the employee's arms were to have been rewashed after the following activities: -Touching hair, face and body. -Before putting on single-use gloves and after removing single-use gloves. -Touching clothing or aprons. -Touching anything else that may contaminate hands (e.g. dirty equipment, works surfaces, phones or clothes.)</p> <p>Review of the foodservice provider's 9/6/19 Glove Use policy revealed: **"Policy: Team members must correctly use</p>	F 812		

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NAME OF PROVIDER OR SUPPLIER MICHAEL J FITZMAURICE SOUTH DAKOTA VETERANS HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 MINNEKAHTA AVENUE HOT SPRINGS, SD 57747		
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F 812	<p>Continued From page 12</p> <p>gloves."</p> <p>*Under the Hygiene section:</p> <p>- "Use for Ready-to-Eat Food. Wear gloves and/or use suitable utensils when handling ready-to-eat food."</p> <p>- "When using gloves, follow these procedures:"</p> <p>-- "Wash hands before putting on gloves."</p> <p>- "Change Gloves. When:"</p> <p>-- "Gloves become dirty or torn."</p> <p>-- "Before beginning a different task."</p> <p>-- "After an interruption (e.g. taking a phone call)."</p> <p>-- "Before handling ready-to-eat food."</p> <p>2. Random observations on 2/13/23 at 5:45 p.m. and 2/14/23 at 10:20 a.m. in the Old Glory unit revealed:</p> <p>*There were two freezer/refrigerator units; one that residents had access to use freely, and one that was located in the kitchenette.</p> <p>*Both freezer/refrigerator units had temperature monitoring logs that were missing multiple temperatures throughout the log.</p> <p>- Partial February 2023 logs for the residents' freezer/refrigerator unit listed three columns to document temperatures at least two times a day.</p> <p>-- As of 2/14/23, there was nine missed opportunities out of twenty-eight opportunities.</p> <p>- Partial February 2023 logs for the kitchenette freezer/refrigerator unit listed three columns to document temperatures at least two times a day.</p> <p>-- As of 2/14/23 there was nine missed opportunities out of twenty-eight opportunities.</p> <p>Interview on 2/16/23 at 10:15 a.m. with dietary manager C regarding freezer/refrigerator temperature monitoring revealed:</p> <p>*Temperatures were to have been taken two times per day and documented.</p> <p>*The form they used for documentation had columns for the temperatures to have been taken</p>	F 812		

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NAME OF PROVIDER OR SUPPLIER MICHAEL J FITZMAURICE SOUTH DAKOTA VETERANS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2500 MINNEKAHTA AVENUE HOT SPRINGS, SD 57747		
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F 812	<p>Continued From page 13 three times per day. *He monitored the documentation of the temperature each morning he worked, and again before he left for the day. *He expected the evening dietary supervisor to monitor the temperatures. *He agreed the temperatures had not always been taken two times per day.</p> <p>Review of the provider's 10/17/22 "Food Services" policy revealed: *5. "Functioning of the refrigeration and food temperatures will be monitored at designated intervals throughout the day and documented according to state-specific requirement."</p> <p>Review of the provider's undated "Monitoring and Recording: Equipment" policy revealed: *The freezer temperature log was to have been monitored two times daily. *The refrigerator temperature log was to have been monitored two times daily.</p>	F 812			

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NAME OF PROVIDER OR SUPPLIER MICHAEL J FITZMAURICE SOUTH DAKOTA VETERANS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2500 MINNEKAHTA AVENUE HOT SPRINGS, SD 57747		
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K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 2/15/23. Michael J Fitzmaurice South Dakota Veterans Home was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *CR Johnson* TITLE **Superintendent** (X6) DATE **03/03/2023**

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.

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10523	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2023
NAME OF PROVIDER OR SUPPLIER MICHAEL J FITZMAURICE SOUTH DAKOTA VETERAN		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 MINNEKAHTA AVENUE HOT SPRINGS, SD 57747		
(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 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 2/13/23 through 2/16/23. Michael J. Fitzmaurice South Dakota Veterans Home was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement 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 2/13/23 through 2/16/23. Michael J. Fitzmaurice South Dakota Veterans Home was found in compliance.	S 000		

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

CR Johnson
STATE FORM

TITLE

Superintendent

(X6) DATE

02/28/2023

6899

RQXZ11

If continuation sheet 1 of 1



