

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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NAME OF PROVIDER OR SUPPLIER THE SILVERLEAF ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 519 W PINE ST POST OFFICE BOX 818 PHILIP, SD 57567
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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) COMPLETE DATE
S 000	Compliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted from 7/10/23 through 7/11/23. The Silverleaf Assisted Living Center was found not in compliance with the following requirements: S201, S450, and S685.	S 000		
S 201	44:70:03:02 General fire safety Each facility must be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of occupants from fire, smoke, fumes, or resulting panic during the period of time reasonably necessary for escape from the structure in case of fire or other emergency. The fire alarm system must be sounded each month. This Administrative Rule of South Dakota is not met as evidenced by: A. Based on observation and interview, the facility failed to maintain the fire alarm system as required (fire alarm panel notifications and devices). Findings include: 1. Observation on 7/10/23 at 10:30 a.m. revealed the fire alarm panel (FAP) had been taken out of service. Interview with the plant operations director at the time of the observation revealed the initiating devices for the building had been indicating trouble status to the FAP. New initiating devices had been purchased but were not yet installed. A notice from the inspection contractor at the sprinkler system riser and FAP location dated 1/11/22 indicated the device issues with the FAP had been diagnosed in January of 2022. The plant operations director G had been performing	S 201	A.1. The fire alarm panel is scheduled for completion on August 14, 2023 by New Vision Security. B.1. The Quarterly flow test will be completed on 7/24/23 to bring it up-to-date. The deficient notifications will be corrected when the fire alarm panel is installed on August 14, 2023. Western States Fire will be scheduled to test the notifications of the tamper switches after August 14, 2023 to ensure operation. Maintenance Supervisor will accompany the vendor for all inspections. Maintenance Supervisor will report monthly to QAPI on fire panel and sprinkler operations and inspections for 1 year.	08/25/23

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

TITLE

(X6) DATE

Maureen Cadwell

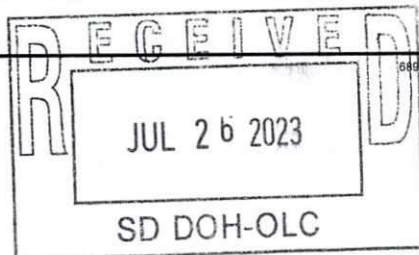
CEO

07/26/2023

STATE FORM

40KC11

If continuation sheet 1 of 9



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S 201	<p>Continued From page 1</p> <p>the fire watch procedures. He stated a date for installation of new devices and bringing the FAP back into service was planned by the end of August 2023.</p> <p>B. Based on document review and interview, the provider failed to maintain the fire sprinkler system as required (quarterly flow tests and device notifications to the FAP) for 2022 and 2023. Findings include:</p> <p>1. Document review on 7/10/23 at 10:00 a.m. of the annual inspection reports dated 10/18/21 and 10/5/22 revealed those to be annual automatic sprinkler inspection reports.</p> <p>*The 5-year inspection was correctly documented to have occurred on 10/30/19.</p> <p>*Quarterly flow test service tags were noted to have occurred on 1/17/22, 7/8/21, 4/6/21, 1/14/21, and 1/17/23. There was no documentation or service tags noting the required quarterly flow tests had been done for the second half of 2022 or after 1/17/23. A quarterly flow test was noted to be scheduled for 7/24/23.</p> <p>*Deficient notifications for the sprinkler system on the 1/17/23 sprinkler report included: tamper switches did not activate, water flows did not report to the panel, and the supervisory alarm did not activate to the FAP. The lack of a 3-year air leakage test was also noted.</p> <p>Interview with the plant operations director G at the time of the document review confirmed those findings.</p>	S 201		
S 450	<p>44:70:06:01 Dietetic services</p> <p>The facility shall have an organized dietetic service that meets the daily nutritional needs of</p>	S 450		

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S 450	<p>Continued From page 2</p> <p>residents and ensures that food is stored, prepared, distributed, and served in a manner that is safe, wholesome, and sanitary in accordance with the provisions of §44:70:02:06.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to maintain a safe and sanitary food service environment related to food storage and dating of packaged food. Findings include:</p> <p>1. Observation and interview on 7/10/23 between 11:20 a.m. and 11:50 a.m. with cook E in the kitchen revealed:</p> <p>a. Inside the kitchen refrigerator there were: *Four single-use plastic containers labeled tropical fruit, sloppy joe sauce, peaches, and green beans. *A 32-ounce container of plain Oikos yogurt that had expired 5/28/23. *A five pound container of sour cream that had expired on 7/7/23.</p> <p>b. Inside the kitchen cupboards and drawers there were: *Three five pound containers of dried soup base. -The chicken soup base had a received date of 3/18/21 and an expiration date of 3/18/22 on it. -The beef soup base had a received date of 12/24/21 and an opened date of 6/3/22 on it. -The ham soup base had an 11/15/19 date marked on it. -The manufacturer's label on all three soup base containers had read: "Store unopened 12 months for maximum flavor."</p>	S 450	<p>1.a. All single use containers and the expired items in the inside refrigerator were disposed of on July 11, 2023.</p> <p>1.b. All expired soup base and all unmarked packages of bread and buns in the kitchen cupboards were disposed of on July 11, 2023.</p> <p>1.c. All undated bags of hamburger patties, fish, and chicken in the freezer closest to the door in the dry food storage area were disposed of on July 11, 2023.</p> <p>1.d. All the expired and undated buns in the dry food storage areas were disposed of on July 11, 2023.</p> <p>2. The checklist was updated to list the date when the food was checked and any food that was disposed of as well as any food that was not properly labeled. Labels will be attached to the product on when received and when it will expire. The policy was also updated to include the new information. All staff were educated on July 26th, 2023 by the Resident Care Manager.</p> <p>3. Quality checking of all areas for any expired or unmarked items in the kitchen will be conducted weekly by Resident Care Manager. This report will be submitted to the QAPI Committee monthly for 6 months.</p>	08/18/23

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S 450	<p>Continued From page 3</p> <p>*Three loaves of bread and two partial loaves of bread stored inside an undated plastic bag. *Three undated bags of buns. *Cook E had not known how old the bread loaves were but stated the buns "came off the [food delivery] truck yesterday." -She agreed there had been no way to have known that information without those bags having been dated.</p> <p>c. Inside the freezer closest to the door in the dry food storage area revealed: *Two undated bags of hamburger patties. *Additional undated bags of what cook E had identified as battered chicken, talapia, cod, and diced chicken. *Cook F had been responsible for date marking frozen food bags after they had been received on food truck delivery day and prior to storing them in the freezer. *French fries in brown paper packaging that was visibly wet in several spots. -Cook E stated the "freezer was defrosted last night" and the bag of fries had been removed from the freezer during that time causing the bag wetness.</p> <p>d. On the dry food storage shelf there was: *One bag of hotdog buns dated 6/9/23, one bag of sesame seed buns dated 6/14/23, and a second bag of hotdog buns that had not been dated. -Some of the buns in the undated second bag had been firm not soft when finger pressure had been applied to the outside of that bag. *Cook E stated: -Date marks on those bags of buns had indicated the date they had been received. -Bread products should have been placed into the freezer if they had not been used within five days.</p>	S 450		

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S 450	<p>Continued From page 4</p> <p>-Cook F was responsible for having date marked all bread products after they were received on food truck delivery day and prior to storing them.</p> <p>e. Continued interview with cook E regarding the process of ensuring outdated foods had been identified and removed from the kitchen revealed: *One to two times per week food stored in the kitchen refrigerator, freezers, cupboards, drawers, and dry food storage areas had been inspected to identify and remove outdated food. -Cook E usually had completed that process between Friday and Sunday and cook F had done that for a second time on the food truck delivery day. *A kitchen checklist had included a monthly task to "check expiration dates/use by dates on all items in the cupboards, pantry and fridge." -That checklist was last documented as having been completed by cook F on 7/5/23. *Cook E had been unable to explain why those processes had failed to identify the outdated food items referred to above.</p> <p>Interview on 7/11/23 at 10:55 a.m. with director B regarding the food storage practices and food package dating processes referred to above revealed: *She confirmed the process for identifying outdated food items had not been followed. *Single-use food containers were not expected to have been re-used. *Consistent date marking of food packaging was expected to ensure the safety of the residents who had consumed that food.</p> <p>Review of the revised 6/12/23 Dietary policy revealed: *4. Food Storage: -"b. Food, which is stored for future serving, is</p>	S 450		
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S 450	Continued From page 5 dated and stored in sealed containers. Such food is discarded based on shelf life of individual food items."	S 450		
S 685	<p>44:70:07:09 Self-administration of drugs</p> <p>A resident with the cognitive ability to understand may self-administer medications. At least every three months, the licensed nurse, the physician, physician assistant, or nurse practitioner shall evaluate and record the continued appropriateness of the resident's ability to self-administer medications. The determination must state whether the resident or the nursing staff is responsible for storage of the drug and include documentation of its administration in accordance with the provisions of chapter 44:70:07. A resident may self-administer drugs if the registered nurse, if applicable, and physician, physician assistant, or nurse practitioner have determined the practice is safe. No resident may keep medications on the resident's person or in the resident's room without a medication order allowing self-administration.</p> <p>This Administrative Rule of South Dakota 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 (1) had been assessed to self-administer one of two physician ordered medications. *One of one sampled resident (1) had a physician's order to store in his room two of two self-administered medications. *One of one sampled resident (5) had a physician's order to self-administer one of five</p>	S 685	<p>1. The assessment and the MAR for self-administration of the prescription cream and nebulizer for Resident 1 was updated and completed on July 11, 2023.</p> <p>2. The assessment for self-administration of the nose spray for Resident 5 was updated on July 11, 2023.</p> <p>All residents charts were reviewed by the Clinical Coordinator to ensure all self-administered medications orders were complete and accurate. All staff were educated on July 26, 2023 by the Clinical Coordinator on the self-administered medications and the order as well as being aware of other medications the resident may have in their rooms.</p> <p>3. When the order is received from the provider, the self-administration medications will be added to the MAR by the Clinical Coordinator.</p> <p>4. Monthly the Clinical Coordinator will review 4 residents MAR for self-administered medications and the order to ensure compliance. In addition, the 4 residents rooms will be checked to ensure no other medications are in the room. The monitoring will be reported to QAPI monthly for 6 months.</p>	08/18/23

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S 685	<p>Continued From page 6</p> <p>self-administered medications. Findings include:</p> <p>1. Observation and interview on 7/10/23 at 3:30 p.m. with resident 1 revealed he: *Had a history of breathing difficulties and administered his own nebulizer treatments (a misted inhalation treatment for the lungs). -Had kept the individual physician ordered vials of medication used for those treatments in his room. *Had patchy red spots on the sides of his cheeks and a small red spot on the middle of the top of his head towards his forehead. -Stated those had been diagnosed as cancer. *Applied a physician ordered prescription cream that he kept in his bathroom cabinet to those areas on a daily basis.</p> <p>Review of resident 1's 4/12/23 medication self-administration assessment revealed he had been assessed for the ability to self-administer his nebulizer treatments but had not been assessed to self-administer the topical cream referred to above.</p> <p>Review on 7/10/23 of resident 1's physician order summary report revealed: *Physician orders for the inhalation solution (ipratropium-albuterol 3 milligrams) the resident used for his breathing treatments and the topical cream (fluorouracil external cream 5%) the resident used on his face and head. -The order start date for the inhalation solution was 1/11/23 and the order start date for the topical cream was 6/23/23. *Those orders had not indicated the resident had been able to self-administer or store those medications in his room.</p> <p>Review of resident 1's service plan last revised on</p>	S 685	<p>Type text here</p> <p>1. The assessment and the MAR for self-administration of the prescription cream and nebulizer for Resident 1 was updated and completed on July 11, 2023.</p> <p>2. The assessment for self-administration of the nose spray for Resident 5 was updated on July 11, 2023.</p> <p>3. When the order is received from the provider, the self-administration medications will be added to the MAR.</p> <p>4. Monthly the Clinical Coordinator will review 4 residents MAR for self-administered medications and the order to ensure compliance. In addition, the 4 residents rooms will be checked to ensure no other medications are in the room. The monitoring will be reported to QAPI monthly for 6 months.</p>	

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S 685	<p>Continued From page 7</p> <p>4/19/23 revealed: *Focus: "The resident is able to self-administer the following medication: Duonebs." Initiation and revision dates: 2/13/23. -The resident's prescription cream had not been identified as a self-administered medication. *Interventions included: "Obtain MD [medical doctor] order to self-administer and maintain medication at bedside. Provide secure storage for medication at bedside. Date Initiated: 2/13/23."</p> <p>2. Observation and interview on 7/11/23 at 9:22 a.m. of unlicensed medication aide (D) (UMA) in resident 5's room revealed she: *Reminded the resident to blow his nose before handing him his nose spray to self-administer. -The resident administered two puffs of spray into each of his nostrils then handed the spray back to UMA D who stored it inside the medication cart.</p> <p>Review of resident 5's 4/28/23 medication self-administration assessment revealed he had been assessed for the ability to self-administer two nebulizer treatments, one eye drop, and one eyelid cleanser but had not been assessed to self-administer the nasal spray referred to above.</p> <p>Review on 7/10/23 of resident 5's physician order summary report revealed: *Physician orders for the nasal spray (ipratropium bromide solution 0.06%). -The order start date was 1/4/22. *That order had not indicated the resident was able to self-administer that medication.</p> <p>Review of resident 5'2 service plan last revised on 6/11/23 revealed: *Focus: "The resident is able to self-administer the following medications: Albuterol/Ipratropium Neb and Budesonide Neb." Initiation and revision</p>	S 685		

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S 685	<p>Continued From page 8</p> <p>dates: 6/11/23.</p> <p>-The service plan had not been updated to reflect the nasal spray, eye drops, or eyelid cleaner the resident had also self-administered.</p> <p>Interview on 7/11/23 at 11:15 a.m. with registered nurse (RN) C revealed she:</p> <p>*Was responsible for completing a medication self-administration assessment for each physician ordered medication a resident had taken that was not administered to them by an unlicensed medication aide (UMA) or licensed nurse.</p> <p>*Had not assessed resident 1's ability to self-administer his prescription cream or resident 5's ability to self-administer his prescription nasal spray but she should have.</p> <p>*Had not obtained a physician's order for resident 1 to have stored his physician ordered vials of inhalation solution or his topical cream in his room but should have.</p> <p>Review of the revisited 7/1/19 Self-Administration of Medications policy revealed "1. ...The physician will provide the order for self-administration of medication."</p> <p>Review the Self-Administration of Medications form signed by resident 1 on 1/11/23 and by resident 5 on 1/3/22 revealed:</p> <p>**2. Must obtain a written order from the physician for medication to be kept in the resident's room."</p> <p>**8. Medications included in this policy are prescription drugs, over-the-counter medications, supplements, vitamins, ointments etc."</p>	S 685	<p>1.a. All single use containers and the expired items in the inside refrigerator were disposed of on July 11, 2023.</p> <p>1.b. All expired soup base and all unmarked packages of bread and buns in the kitchen cupboards were disposed of on July 11, 2023.</p> <p>1.c. All undated bags of hamburger patties, fish, and chicken in the freezer closest to the door in the dry food storage area were disposed of on July 11, 2023.</p> <p>1.d. All the expired and undated buns in the dry food storage areas were disposed of on July 11, 2023.</p> <p>2. The checklist was updated to list the date when the food was checked and any food that was disposed of as well as any food that was not properly labeled. Labels will be attached to the product on when received and when it will expire. The policy was also updated to include the new information. All staff were educated on July 26th, 2023 by the Resident Care Manager.</p> <p>3. Quality checking of all areas for any expired or unmarked items in the kitchen will be conducted weekly by Resident Care Manager. This report will be submitted to the QAPI Committee monthly for 6 months.</p>	
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{S 000}	<p>Compliance Statement</p> <p>A revisit survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers was conducted on 8/31/23 for deficiencies cited on 7/11/23. All deficiencies have been corrected, and no new noncompliance was found. The Silverleaf Assisted Living Center is in compliance with all regulations surveyed.</p>	{S 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____