

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 67662	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/05/2023
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NAME OF PROVIDER OR SUPPLIER PEACEFUL PINES SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1760 TABLEROCK ROAD RAPID CITY, SD 57701
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S 000	<p>Compliance Statement</p> <p>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 10/3/23 through 10/5/23. Peaceful Pines Senior Living was found not in compliance with the following requirements: S296, S825, and S1027.</p> <p>A complaint survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted from 10/3/23 through 10/5/23. The area surveyed was pharmaceutical services. Peaceful Pines Senior Living was found not in compliance with the following requirement: S630.</p>	S 000		
S 296	<p>44:70:04:04 Personnel training</p> <p>Ongoing education programs must cover the required subjects annually. These programs must be completed within 30 days of hire for all healthcare employees and must include the following subjects:</p> <ul style="list-style-type: none"> (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) Resident rights; (6) Confidentiality of resident information; (7) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; 	S 296	<p>All residents have the potential to be affected by this deficient practice.</p> <p>All staff were re-educated on 10/18/23 on fire prevention and response policies and practices including an emphasis on the requirements of the "defend in place" waiver and that residents must be behind closed doors such as their room or be relocated to a place of refuge out of the smoke compartment corridor where the fire danger exists, and remain there until the "all clear" is sounded. Staff education is documented and the policy and procedure is available to all staff.</p> <p>All staff will continue receiving education within the first 30 days of hire and annually on fire prevention and response but the Maintenance Director or Designee will educate staff specifically on the requirements of the "defend-in-place" compared to an evacuation fire response.</p>	10/18/23

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

Krista Dittus

TITLE

Administrator

(X6) DATE

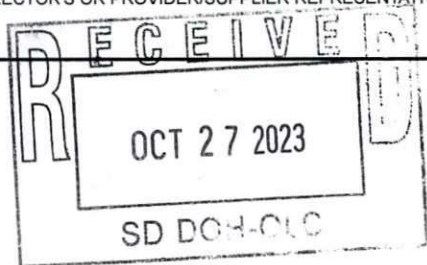
10/27/2023

STATE FORM

6899

UXHR11

If continuation sheet 1 of 9



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S 296	<p>Continued From page 1</p> <p>(8) Nutritional risks and hydration needs of residents;</p> <p>(9) Abuse, neglect, and misappropriation of resident property and funds;</p> <p>(10) Problem solving and communication techniques related to individuals with cognitive impairment or challenging behaviors if admitted and retained in the facility, and;</p> <p>(11) Any additional healthcare employee education necessary based on the individualized resident care needs provided by the healthcare employees to the residents who are accepted and retained in the facility.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on document review, observation, and interview, the provider failed to ensure staff were familiar with the provider's fire drill procedures (removing residents from the corridor and training). Findings include:</p> <p>1. Document review on 10/3/23 at 1:25 p.m. revealed the provider had been approved to utilize a 'defend-in-place' fire response by the City of Rapid City and the South Dakota Department of Health. Residents did not have to be evacuated from the building during fire drills but would remain behind closed doors such as their room or be relocated to a place of refuge out of the smoke compartment corridor.</p> <p>2. Observation on 10/3/23 at 3:15 p.m. revealed a fire drill was initiated in resident room 103 by using a smoke canister to activate the smoke detector in the room. The unidentified staff member responding to the simulated fire had the resident correctly vacate the room while other staff members closed corridor doors. The</p>	S 296	<p>The Maintenance Director or Designee will continue conducting monthly fire drills but will add education emphasizing the "defend in place" versus the evacuation fire response and ensuring residents in affected areas are removed beyond the corridor where the fire danger exists and remain there until the "all clear" is sounded.</p> <p>The Administrator or Designee will audit all education provided to new hires within 30 days of hire and current employees annually for the next 12 months to ensure education was added emphasizing the "defend in place" requirements compared to an evacuation fire response. The Administrator or Designee will also audit the next three monthly fire drills to ensure the Maintenance Director or Designee provides education during the fire drill emphasizing the "defend in place" requirements and education to ensure residents in affected areas are removed beyond the corridor where the fire danger exists and remain there until the "all clear" is sounded. Audit results will be reported to the QAPI committee for further review and recommendations by the Administrator or Designee at least quarterly.</p>	
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S 296	Continued From page 2 resident remained in the corridor until after the 'all clear' was sounded and was never relocated to a place of refuge out of the corridor where the fire scenario was held. Staff training would have needed to emphasize the requirements of the 'defend-in-place' compared to an evacuation fire response. 3. Interview with the director of maintenance at the time of the above observation confirmed those findings. He revealed he was a new employee as of August of 2023 and would be conducting future fire drills and staff training. The deficiency had the potential to affect 100% of the building occupants.	S 296		
S 630	44:70:07:04 Storage and labeling of medications All drugs or medications shall be stored in a well illuminated, locked storage area that is well ventilated, maintained at a temperature appropriate for drug storage, and inaccessible to residents, or visitors at all times. Medications suitable for storage at room temperature shall be maintained between 59 and 86 degrees Fahrenheit (15 and 30 degrees centigrade). Medications that require refrigeration shall be maintained between 36 and 46 degrees Fahrenheit (2 and 8 degrees centigrade). This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure one of four medication carts had been secured and locked when not in use or not in view of one of one randomly observed unlicensed medication aide/unlicensed diabetic aide (UMA/UDA) (I)	S 630	All residents have the potential to be affected by this deficient practice. All Unlicensed Medication Aides (UMA) were educated on the new facility practices and rules on medication security and accountability on 10/11/23 including the expectation that medication carts must be locked at all times when not in use or view of the UMA responsible for that cart. All staff were re-educated on 10/18/23 on the facility's policy and procedure regarding the "Security & Accountability of Medications" which states medications managed by the facility will be stored in securely locked and substantially constructed compartments and only authorized personnel will have access. This may be a medication room, medication cart, or similar setup. And medications will be stored to prevent diversion of medications (misuse, theft, or illegal or improper disposition). Only authorized persons will have access to the medication keys (nursing and medication aides, while on duty)." All education has been documented and policies and procedures made available to all staff.	10/18/23

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S 630	<p>Continued From page 3</p> <p>during random observations. Findings include:</p> <p>1. Observation on 10/4/23 from 8:50 a.m. to 8:52 a.m. at the nurse's station revealed:</p> <ul style="list-style-type: none"> *The nurse's station was directly across from the main resident's dining room. *The medication cart was in the nurse's station and was unlocked. *UMA/UDA I was not able to see the unlocked medication cart from her location in . *There were no other staff present in the nurse's station area. *UMA/UDA I returned to nurse's station and locked the medication cart at that time. <p>Interview on 10/4/23 at 8:52 a.m. with UMA/UDA I revealed:</p> <ul style="list-style-type: none"> *She confirmed the medication cart was left unlocked. *She confirmed the medication cart was to have been locked when unattended by staff. *She stated, "It's not my usual practice to leave the medication cart unlocked". <p>Observations on 10/5/23 between 11:40 a.m. and 11:55 a.m. at the nurse's station revealed:</p> <ul style="list-style-type: none"> *The nurse's station was directly across from the main resident's dining room. There were several resident's already present in the dining room. Unidentified staff were observed bringing other resident's from their rooms into the dining room. *There were no other staff present in the nurse's station area. *UMA/UDA I unlocked the medication cart to obtain the insulin pen for resident 8. She had not locked the medication cart. *After obtaining the insulin pen, UMA/UDA I escorted resident 8 to the medication room for the resident to inject her insulin. During that time, the door to the medication room was closed and the medication cart was not visible. 	S 630	<p>All codes were removed from the medication carts that could be opened in this way so all carts require a key and must be manually unlocked/locked to prevent unauthorized users from accessing the carts.</p> <p>All of the med cart keys were audited and condensed to one key per cart that includes the narcotic box keys rather than locking these in the top of the cart and those keys are passed off during shift change by the UMA. Only the UMA working on that cart will have access to those medications until they complete all shift change requirements with the oncoming UMA to pass off those keys so no other person would have access to the medications. There are no other sets of keys in the facility for access and the codes were removed so unauthorized persons will not have access to any medications including narcotic medications to prevent drug diversion.</p> <p>Five random audits will be conducted per shift throughout the week for four weeks, bi-weekly for two weeks and monthly for two months by the Registered Nurse or Designee to ensure medications carts are locked when not in use or in view of the responsible UMA and all security and accountability measures are being followed per policy and procedure. All audit results will be reported to the QAPI committee for further review and recommendations by the Registered Nurse or Designee at least quarterly.</p>	
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S 630	<p>Continued From page 4</p> <p>*Following the medication administration, UMA/UDA I returned resident 8's insulin pen to the unlocked medication cart. There were no other staff present in the nurse's station.</p> <p>*The surveyor and the resident left the nurse's station.</p> <p>*This surveyor returned to the nurse's station approximately five minutes later to see UMA/UDA I leaving the nurse's station and turning down the hallway.</p> <p>*This surveyor asked UMA/UDA I to return to the nurse's station to answer a question concerning documentation of medication administration.</p> <p>*The medication cart was unlocked when UMA/UDA I returned to the nurse's station. There were no other staff present in the nurse's station.</p> <p>*UMA/UDA I then locked the medication cart at that time.</p> <p>Interview at the time of the above observation with UMA/UDA I revealed:</p> <p>*She confirmed the medication cart was still unlocked and had been unlocked since she had retrieved resident 8's insulin pen.</p> <p>*She confirmed the medication cart was to have been locked at all times when not in clear view.</p> <p>*She stated with regard to leaving the medication cart unlocked, "It's not a habit". She would often leave the medication cart unlocked while she was in the nurse's station or might go as far as the first row of tables in the main resident dining room.</p> <p>Interview on 10/5/23 at 12:50 p.m. with administrator A revealed, she had not realized leaving the medication carts unlocked and unattended was a problem. The medication carts with number pads would automatically lock after a set time if not reopened. The other medication carts were key locked only and the staff might not</p>	S 630		

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S 630	Continued From page 5 have been used to having to lock those carts. Review of the facility's "Policy & Procedure: Security & Accountability of Medications" effective date 8/1/22, revealed: **1. Medications managed by the facility will be stored in securely locked and substantially constructed compartments and only authorized personnel will have access. This may be a medication room, medication cart, or similar setup." **6. Medications will be stored to prevent diversion of medications (misuse, theft, or illegal or improper disposition). -Only authorized persons will have access to the medication keys (nursing and medication aides, while on duty). "	S 630		
S 825	44:70:09:08(5) Privacy and confidentiality A facility shall permit residents to perform the following: (5) To have only authorized staff present during treatment or activities of personal hygiene. This Administrative Rule of South Dakota is not met as evidenced by: Based on interview, observation, and skills checklist review, the facility failed to ensure privacy for one of one resident (8) who had received assistance with insulin injections by one of one unlicensed medication aide/unlicensed diabetic aide (UMA/UDA) (I). Findings include: 1. Interview on 10/4/2023 at 10:30 a.m. with resident 8 revealed: *She had moved into the assisted living facility in September 2023.	S 825	All residents have the potential to be affected by this deficient practice. All staff were educated on 10/18/23 regarding providing privacy to residents during insulin administration and other treatments or activities of personal hygiene as well as the facility permitting residents to have only authorized staff present during treatment or activities of personal hygiene. The Registered Nurse or Designee will conduct random audits of 5 insulin administrations with different UMA/UDA's per week each week for four weeks, bi-weekly for two weeks and monthly for two months to ensure compliance with providing privacy during each insulin administration and other treatments or activities of personal hygiene. All audits will be submitted to the QAPI committee for further review and recommendations by the Registered Nurse or Designee at least quarterly.	10/18/23

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S 825	<p>Continued From page 6</p> <p>*She was diagnosed with type I diabetes and received insulin injections prior to meals. *She went to the nurse's station for staff assistance with her insulin injection before each meal.</p> <p>Interview on 10/4/23 at 11:25 a.m. with licensed practical nurse F revealed: *She confirmed resident 8 came to the nurse's station for her insulin injections prior to her meals. *The UMA/UDA would dial up the correct dosage of insulin in the resident's insulin pen and then hand it to the resident. *The resident would then lift up her shirt and inject herself with the insulin at the nurses' station.</p> <p>Observation on 10/5/23 at 11:40 a.m. in the nurses' station revealed: *The nurses' station was directly across from the main resident's dining room. Only a desk-level counter separated the nurse's station from the resident dining area. There were several residents in the dining room and unidentified staff were bringing other residents from their rooms into the dining area. *Resident 8 arrived at the nurse's station for her insulin injection. *UMA/UDA I retrieved resident 8's insulin pen from the medication cart. She verified the correct dosage of insulin to have been administered based on the physician's ordered sliding-scale insulin dosage in the resident's electronic medical record (EMR). *UMA/UDA I then escorted the resident and the surveyor to the medication room and assisted the resident to set the dose on her pen. *With the assistance of UMA/UDA I, resident 8 injected her insulin dose and returned the insulin pen to the UMA/UDA.</p>	S 825		

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S 825	<p>Continued From page 7</p> <p>*UMA/UDA I escorted resident 8 and the surveyor out of the medication room and returned the insulin pen to the unlocked medication cart.</p> <p>Interview with UMA/UDA I after the above insulin administration revealed: *The resident normally came to the nurse's station for her insulin injection before meals. *The resident would usually give herself the insulin injection right by the medication cart, not in the medication room. *UMA/UDA I had been told, that morning, that they would now take the resident to the medication room for insulin administration for the resident's privacy.</p> <p>Review of the facilities undated "Skills Checklist: 20. Insulin Infections" revealed: **3. Procedure to Inject insulin:" **a. Provide privacy, if applicable."</p> <p>Interview on 10/5/23 at 12:50 p.m. with administrator A revealed: * "Usually we just pull up a chair by the medication cart and the resident gives themselves their injection". *She had been "pushing for the last several weeks" for more privacy for the residents for that procedure.</p>	S 825		
S1027	<p>44:70:10:28 Vacuum Breakers</p> <p>An antisiphon device or backflow preventer shall be installed on any hose bib and on any fixture to which a hose or tubing can be attached such as a laboratory or a janitor's sink, bedpan flushing attachment, and a handheld shower. Each antisiphon device or backflow preventer shall be installed on any plumbing and equipment where</p>	S1027	<p>All residents have the potential to be affected by this deficient practice.</p> <p>Vacuum breakers were installed on all handheld shower heads in the facility on 10/6/23. All plumbing and equipment where any possibility exists for contamination of the potable water supply will be audited by 10/29/23 to ensure an antisiphon device or backflow preventer has been installed.</p>	10/29/23

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S1027	<p>Continued From page 8</p> <p>any possibility exists for contamination of the potable water supply.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to maintain proper anti-siphonage devices for hand-held hoses in two of two locations (spa rooms in the 400 wing and in the 100 wing). Findings include:</p> <p>1. Observation on 10/3/23 at 2:45 p.m. revealed the spa room in the 400 wing of the Memory Care unit had a hand-held hose in the shower without a vacuum breaker installed. Further observation at 3:00 p.m. revealed the spa room for the 100 wing had a hand-held hose in the shower without a vacuum breaker installed.</p> <p>Interview with the director of maintenance at the time of the above observations confirmed those findings.</p>	S1027	<p>The Maintenance Director was also educated on 10/5/23 regarding the regulation on vacuum breakers. This education was documented.</p> <p>The Maintenance Director or Designee will add this as a monthly preventative task to check to ensure vacuum breakers are installed on all required plumbing and equipment including handheld showers and are in good condition and working order indefinitely. The Administrator or Designee will audit the monthly preventative records for six months to ensure the task has been completed. Results of these audits will be reported to the QAPI committee for further review and recommendations by the Administrator or Designee at least quarterly.</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 44:73, Nursing Facilities, was conducted on 11/8/2023 for deficiencies cited on 10/5/2023. All deficiencies have been corrected, and no new noncompliance was found. Peaceful Pines Senior Living is in compliance with all regulations surveyed.</p>	{S 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE