

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

PRINTED: 06/25/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/11/2024
NAME OF PROVIDER OR SUPPLIER ALCESTER CARE AND REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 101 CHURCH STREET ALCESTER, SD 57001		
(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 000	INITIAL COMMENTS	F 000			
F 689 SS=D	<p>A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted on 6/11/24. The area surveyed included resident safety related to a resident elopement. Alcester Care and Rehab Center was found to have past noncompliance at F689.</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI), record review, interview, and observation, the provider failed to ensure the safety of one of one sampled resident (1) who eloped (left the facility without staff knowledge) and was outside of the building approximately 18 minutes when a basement door was left unalarmed. Failure to ensure the alarm was activated may have contributed to his elopement. This citation is considered past non-compliance based on review of the corrective actions the provider implemented immediately following the incident. Findings include:</p> <p>1. Review of the provider's 6/10/24 SD DOH FRI revealed:</p>	F 689	Past noncompliance: no plan of correction required.		

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

TITLE

(X6) DATE



Administrator

06/26/2024

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 689	<p>Continued From page 1</p> <p>*On 6/9/24 at 3:13 p.m. the facility received a phone call from a community member alerting them that resident 1 was sitting outside the facility in the apartment parking lot close to the street.</p> <p>*Resident 1 was brought back to the facility by staff, was assessed, was not injured.</p> <p>The provider implemented systemic changes to ensure the deficient practice does not recur was confirmed after: record review revealed the facility had followed its quality assurance process, education was provided to all staff regarding the elopement process including ensuring the basement door alarm was to always be properly engaged. resident 1, was re-educated that he was to let staff know when he would like to go outside, observations and interviews revealed staff understood how to engage the door alarm system, how to respond to the door alarms, and to implement their process to ensure an elopement does not occur, review of staff schedules confirmed staffing levels met residents' assistance needs, verifying the elopement procedures including the activation of the basement door alarm was conducted and audits were being performed.</p> <p>Based on the above information, non-compliance at F689 occurred on 6/9/24, and based on the provider's implemented corrective actions for the deficient practice confirmed on 6/11/24, the non-compliance is considered past non-compliance.</p>	F 689			