

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 68850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/29/2024
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NAME OF PROVIDER OR SUPPLIER WILMOT CARE CENTER ALC 2	STREET ADDRESS, CITY, STATE, ZIP CODE 501 4TH STREET WILMOT, SD 57279
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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 on from 2/27/24 through 2/29/24. Wilmot Care Center ALC 2 was found not in compliance with the following requirements: S352, S405, S443, S450, S506, and S685.	S 000	S352: 1. Resident 1 and 2's 30-day care needs and annual assessment cannot be evaluated as too much time has passed.	3-28-2024
S 352	44:70:04:13 Resident Admissions The facility shall evaluate and document each resident's care needs at the time of admission, thirty days after admission, and annually thereafter, to determine if the facility can meet the needs for each resident. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to evaluate and document resident care needs thirty days after admission for one of two sampled residents (1) and annually for one of two sampled residents (2). Findings include: 1. Review of the electronic care record for resident 1 revealed: *He had returned to the assisted living center on 5/31/23. *A Nursing/Admission Screening/History assessment was completed on 5/31/23. *No evaluation was completed thirty days after he had returned to the facility on 5/31/23. 2. Review of the electronic care record for resident 2 revealed:	S 352	2. All residents have the potential to not be evaluated on admission, 30 days after admitting and annually 3. Any missed AL assessments will be completed by the Director of Nursing by 3/26/2024. All assisted living residents will be evaluated on admission using the Nursing/Admission Screening/History Assessment. At 30 days and annually they will be evaluated using the AL assessment. These assessments will be scheduled and activated upon 30 days after admission and annually in Point Click Care (PCC). Education has been provided to the MDS coordinator and the nurse staff by 3/26/2024 as to required time of assessments. All nurses are responsible for completing the assessments and should be completed during their shift when the assessment is due. It is not just the responsibility of the MDS coordinator or the DON to complete the assessments.	

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

Jan Van Beek

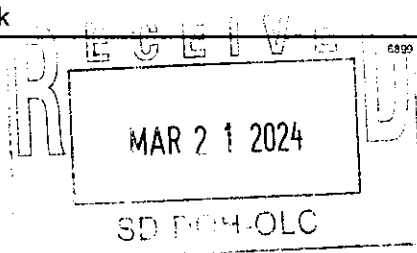
TITLE

Administrator

(X6) DATE

3-21-2024

STATE FORM



BBHH11

If continuation sheet 1 of 9

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S 352	Continued From page 1 *He was admitted on 11/7/22. *A Nursing/Admission Screening/History evaluation was completed on 11/2/22. *A 30-day evaluation was completed on 12/1/22. *No evaluation had been completed annually. 3. Interview on 2/29/24 at 3:24 p.m. with director of nursing B revealed those assessments should have been completed but provided no evidence to demonstrate that they had been completed.	S 352	S 352 cont. 4. All assisted living resident charts will be reviewed upon admission, at 30 days and annually to ensure that the proper care needs assessment has been completed. The Director of Nursing (DON) or designee will audit 2 assisted living charts weekly for 1 month, 4 charts monthly for 2 months and then quarterly for 1 year to ensure the care needs assessments have been scheduled and completed as required.	
S 405	44:70:05:02 Resident Care Plans, Service Plans, And Progr The facility shall provide safe and effective care from the day of admission through the development and implementation of a written care plan or service plan for each resident. The care plan or service plan must address personal care, and the medical, physical, mental, and emotional needs of the resident. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to ensure the written service plan addressed the current care needs for one of two sampled residents (1). Findings include: 1. Review of the electronic care record for resident 1 revealed: *He returned to the assisted living center on 5/31/23. *The service plan had a focus on "ADL [activities of daily living] self-care performance" initiated 2/9/21 with an intervention initiated 2/9/21 that resident 1 "Manages colostomy and may need assist with changing flange."	S 405	All new admissions will be reviewed to ensure the Nursing/Admission Screening/History Assessment has been completed, then at 30 days to ensure the AL assessment has been completed and then annually for completion. Results of these audits will be discussed by the DON/designee at the Quality Assessment Process Improvement (QAPI) meetings with the IDT and medical director for analysis and recommendations for continuation/discontinuation/revision of audits based on findings.	

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S 405	Continued From page 2 *Progress notes for seven days during February 2024 noted resident 1's behaviors and increased needs relating to caring for his colostomy. Interview on 2/29/24 at 3:24 p.m. with director of nursing B revealed: *The service plan should have been updated based on resident 1's behaviors and increased need for assistance with his colostomy. *A meeting was scheduled with resident 1 and his family to discuss a possible transition to long-term care services.	S 405	S405: 1. Resident 1 service plan has been updated to reflect current care needs regarding ostomy care and behaviors. 2. All assisted living residents have the potential for their service plan to not reflect the current care needs of each individual resident. 3. Service plans will be updated for each assisted living resident by 3/26/2024 by the Director of Nursing to ensure that they reflect the current care needs of each resident.	3-28-2024
S 443	44:70:05:07 Care Of A Resident With Cognitive Impairment Each facility shall use a validated screening tool for evaluation of a resident's cognitive status upon admission, yearly, and after a significant change in condition. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to evaluate and document a yearly cognitive status for one of two sampled residents (2). Findings include: 1. Review of the electronic care record for resident 2 revealed: *He was admitted on 11/7/22. *A Brief Interview for Mental Status had been completed on 11/2/22. *There was no cognitive evaluation completed. Interview on 2/29/24 at 3:24 p.m. with director of nursing B revealed that the assessment should have been completed but provided no evidence	S 443	Education has been provided to the MDS coordinator and the nurse staff that care plans need to be updated in a timely manner and reflect current resident care. Care plans will be reviewed quarterly to ensure they are up to date. The nurse staff have been educated that care plan updates need to be communicated in writing to the MDS coordinator or DON so that they can be added to the care plan. Education was completed by 3/26/2024. Those that are not present due to vacation, illness or casual status will have education provided on next shift worked. 4. Service plans will be audited for each assisted living resident to ensure they are current and up to date for each resident. The DON/designee will audit 2 care plans a week for 4 weeks, 4 care	

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S 443	Continued From page 3 to demonstrate that it had been completed.	S 443	S 405 cont.
S 450	44:70:06:01 Dietetic Services The facility shall have an organized dietetic service that meets the daily nutritional needs of 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. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to have a policy in place for the dietary staff to follow to ensure the correct serving portions had been used by one of one cook (P) when she prepared the meals for the residents. Findings include: 1. Observation and interview on 2/27/24 at 11:16 a.m. with cook P in the kitchen revealed: *There was a menu binder located in the kitchen. -The lunch meal included: one Salisbury steak, one-half cup mashed potatoes, one-half cup of stewed tomatoes, one-half fresh fruit and one dinner roll. *She was performing the duties of the kitchen and cooking by herself. *She stated she had not completed any dietary training. *She had only been working at the facility since 1/9/24. *She had observed other cooks before cooking by herself. *She used a blue-handled scoop to place the mashed potatoes onto a resident's plate. *She was not aware of what size scoop the blue handled scoop was.	S 450	plans a month for 2 months and then quarterly for 1 year. Results of these audits will be discussed by the DON/designee at the Quality Assessment Process Improvement (QAPI) meetings with the IDT and medical director for analysis and recommendations for continuation/discontinuation/revision of audits based on findings. S 443 1. Resident 2 has had a cognitive impairment screening tool completed on 3/20/2024 to meet the annual requirement. 3-28-2024 2. All assisted living residents have the potential to have the cognitive screening tool not evaluated upon admission, at 30 days, annually and with any significant change. 3. Cognitive screening tools have been completed for all assisted living residents by 3/26/2024 that were due or had missed an annual cognitive screening assessment. Nurses and MDS coordinator have been educated that cognitive screening assessments need to be completed per the schedule of on Admission, 30 days from admission, quarterly and with any significant change. All nurses are responsible for completing the assessments and should be completed during their shift when the assessment is due. It is not just the responsibility of the MDS coordinator or

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S 450	<p>Continued From page 4</p> <p>*The blue handled scoop was a ¼ cup. *She used a perforated serving spoon to serve the stewed tomatoes. *She stated that she did not know the measurement of the perforated spoon, but she tries to fill only half of the spoon to serve the residents. *She stated the dietary manager and registered dietitian were on vacation.</p> <p>2. Observation and interview on 2/27/24 at 4:29 p.m. during the supper meal with cook Q revealed: *The menu binder was located in the kitchen. -The supper meal included the following: one hotdog on a bun, a half cup of baked beans, one-half cup of macaroni salad, and one-half cup fresh fruit. *She had been a cook at the facility for six years. *She stated that new cooks observed other cooks for three days before cooking on their own. *She pointed out a poster on the wall in the kitchen that provided the sizes and color of each type of utensil used in serving the resident's their meals.</p> <p>Interview on 2/29/24 at 1:20 p.m. with registered dietitian E about the overall function of the dietary department revealed: *The facility's kitchen prepared food for the residents. *She stated that cook P was a new employee. *She stated that she had not provided any training for cook P besides the 3 days observing other cooks in the kitchen.. *She stated that each new kitchen staff "observe one then do one." *She stated that she would expect that the correct measuring utensils should have been used to serve the resident's meals.</p>	S 450	<p>S 443 cont.</p> <p>the DON to complete the assessments. Education was provided to MDS coordinator and nurses by DON by 3/26/2024. Those that are not present due to vacation, illness or casual status will have education provided on the next shift worked.</p> <p>4. Cognitive screening assessment will be audited for each assisted living resident to ensure they are completed at the required time of admission, 30 days, annually and with any significant change. The DON/designee will audit 2 assisted living resident charts a week for 4 weeks, 4 charts a month for 2 months then quarterly for 1 year. Results of these audits will be discussed by the DON/designee at the Quality Assessment Process Improvement (QAPI) meetings with the IDT and medical director for analysis and recommendations for continuation/discontinuation/revision of audits based on findings.</p> <p>S450 1. Cook P was in-serviced on correct serving portions and using correct measuring utensils on 3-15-2024. 2. All cooks will be in-serviced on correct serving portions and using correct measuring utensils by 3-15-2024.</p> <p>CDM will update dietary policy regarding correct serving portions and utensils. And in-service cooks by 3-28-2024.</p>	3-28-2024
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S 450	Continued From page 5 Interview on 2/29/24 at 1:27 a.m. with administrator A about the dietary department revealed: *She was aware that no training had been conducted with the newly hired dietary staff. *Her expectation would have been that each resident gets the proper amount of food and the correct measuring utensils were used to serve the resident's food. The provider had no policy or process in place to ensure the correct measuring utensils were used by the dietary staff when serving the residents their food.	S 450	S 450 cont. 3. CDM or designee will audit in-service training, correct serving portions and use of correct measuring utensils at lunch and supper daily for 1 week, ensuring every cook is audited; then 1 random meal daily for 2 weeks; 3 random meals a week for 4 weeks; then 1 random meal a week for 4 weeks and then monthly for 1 year; ensuring all cooks are audited. Results will be discussed at the next Quality Assurance Performance Improvement (QAPI) meeting by the CDM and then quarterly for 1 year or until committee recommends completeness.	
S 506	44:70:06:17 Required Dietary Inservice Training The person in charge of dietary services or the dietitian shall provide ongoing inservice training for all healthcare personnel providing dietary and food-handling services. Training must be completed within thirty days of hire and annually for any dietary or food-handling personnel and must include the following subjects: (1) Food safety; (2) Handwashing; (3) Food handling and preparation techniques; (4) Food-borne illnesses; (5) Serving and distribution procedures; (6) Leftover food handling policies; (7) Time and temperature controls for food preparation and service; (8) Nutrition and hydration; and (9) Sanitation requirements.	S 506	S 506 1. Dietary employees G, H, and I will be trained on the required dietary subjects including food safety, handwashing, food handling and preparation techniques, food-borne illnesses, serving and distribution procedures, leftover food handling policies, time and temperature controls for food preparation and service, nutrition and hydration and sanitation requirements by 3-15-2024. Employee J no longer works for the facility.	3-28-2024

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S 506	<p>Continued From page 6</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and record review the provider failed to ensure sufficient dietary training for four of five sampled dietary services employees' (G, H, I, J). Findings include:</p> <p>1. Observation and interview on 2/27/24 at 11:16 a.m. with cook G revealed: *She was working in the kitchen alone with no supervision. *She stated that she had not completed any dietary training. *She had only been working at the facility since 1/9/24. *She stated she only observed other cooks in the kitchen before cooking by herself.</p> <p>Review of employee G, H, I, and J training files revealed there was no documentation of dietary training for the following topics: food safety, handwashing, food handling/prep, foodborne illness, serving/distribution, leftovers, time/temperature controls, nutrition/hydration, and sanitation.</p> <p>Interview on 02/29/24 at 1:34 p.m. with certified dietary manager (CDM) E revealed: *Training for dietary staff included a few days with the dietary manager and observation of kitchen tasks, then new dietary staff would assist the other dietary staff for a few days, and then they would start completing their job with supervision. *They have had some staffing issues including a head cook who was off work for medical reasons. *When asked about specific required dietary training she was unable to provide proof of training for any of the above-mentioned.</p>	S 506	<p>S 506 cont.</p> <p>2. All current dietary employees completed annual required dietary subjects by 3-15-2024 with an in-person training and they will also be encouraged to take an on-line food-handlers course.</p> <p>Certified Dietary Manager (CDM) will update Dietary Department Orientation policy to include the nine (9) required subjects to be completed within thirty (30) days of hire and then annually. All dietary employees will be in-serviced on updated policy by 3-27-2024.</p> <p>3. Human Resource (HR) manager will audit Orientation dietary department education to ensure completion within thirty (30) days of hire and CDM will audit annual education completion on a monthly basis. HR manager and CDM will report initial findings at the March QAPI meeting and then quarterly for 1 year or until committee recommends completeness.</p>	

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S 506	Continued From page 7 Interview on 2/29/24 at 3:14 p.m. with administrator A revealed: *Explained that dietary manager E was unable to provide dietary training documentation for the dietary staff. Administrator A stated, "Because she hasn't done it." *Training and orientation had been an issue facility wide. Staff will say to her "I haven't been trained to do this." *She had conducted kitchen audits and had concerns. During one audit she asked why the steam table was cool during mealtime, and when she assisted in the kitchen in the past, she made the observation that she was the only one who had washed her hands. *Agreed that training should have been completed and documented. *Her expectation would have been that every department should complete their own orientation and training and document it appropriately. *She stated that there was no policy for orientation or training of new staff.	S 506	S685: 1. Resident 2's self-administration of medication assessment was completed on 3/07/2024 and has been scheduled to be completed every three months.	3-28-2024
S 685	44:70:07:09 Self-Administration of Medications A resident with the cognitive ability to safely perform self-administration, may self-administer medications. At least every three months, a registered nurse, or the resident's physician, physician assistant, or nurse practitioner shall determine and record the continued appropriateness of the resident's ability to self-administer medications. The determination must state whether the resident or healthcare personnel is responsible for storage of the medication and include documentation of its administration in accordance with this chapter.	S 685	2. All residents are at risk for not having the self-administration of medication assessment completed every 3 months. 3. Education has been provided to the MDS coordinator and the charge nurses that assisted living residents require assessments to be completed as scheduled. All nurses are responsible for completing the assessments and should be completed during their shift when the assessment is due. It is not just the responsibility of the MDS coordinator or the DON to complete the assessments. Education was provided by 3/26/2024. Those that are not present due to vacation, illness or casual status will have education provided on the next shift worked.	

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S 685	<p>Continued From page 8</p> <p>Any resident who stores a medication in the resident's room or self-administers a medication, must have an order from a physician, physician assistant, or nurse practitioner allowing self-administration.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to evaluate one of one sampled resident's (2) ability to safely self-administer medications every three months. Findings include:</p> <ol style="list-style-type: none"> Review of the electronic care record for resident 2 revealed: *He was admitted on 11/7/22. *Physician's orders on the following dates: -11/7/22, noted "Resident may self administer meds and reorder same." -11/29/23, with a start date of 12/25/23, noted "MEDICATION SELF-ADMINISTRATION SAFETY SCREEN: Due QUARTERLY in January, April, July, October each year. Under ASSESSMENT TAB." *Medication Self-Administration Safety Screen assessments were completed on: -5/25/23 -8/25/23 -10/25/23 *The next assessment due for the Medication Self-Administration Safety Screen was noted as "36 days overdue - 1/25/2024." <p>Interview on 2/29/24 at 3:24 p.m. with director of nursing B confirmed the self-administration assessments should have been completed as ordered.</p>	S 685	<p>S 685 cont.</p> <p>4. The DON or designee will audit the self-administration assessment for each assisted living resident to ensure that they are completed per schedule. The DON/designee will audit 2 assisted living resident charts a week for 4 weeks, 4 charts a month for 2 months then quarterly for 1 year. Results of these audits will be discussed by the DON/designee at the Quality Assessment Process Improvement (QAPI) meetings with the IDT and medical director for analysis and recommendations for continuation/discontinuation/revision of audits based on findings.</p>	
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{S 000}	<p>Compliance Statement</p> <p>An onsite 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 4/2/24, for deficiencies cited on 2/29/24. All deficiencies have been corrected, and no new noncompliance was found. Wilmot Care Center ALC 2 was found in compliance.</p>	{S 000}		

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