

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

PRINTED: 06/15/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2023
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NAME OF PROVIDER OR SUPPLIER AVERA BORMANN MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH 4TH STREET PARKSTON, SD 57366
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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
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F 000	<p>INITIAL COMMENTS</p> <p>A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 6/6/23 through 6/8/23. Avera Bormann Manor was found not in compliance with the following requirement: F583.</p>	F 000		
F 583 SS=E	<p>Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)</p> <p>§483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.</p> <p>§483.10(h)(i) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.</p>	F 583	<p>Registered Nurse (RN) D, RN E, and certified nurse assistant/medication aide (CNA/MA) F have been re-educated to Personal Privacy and Confidentiality of resident records by DON on 6/21/23. On 6/25/23 RN D, RN E, and CNA/MA F will be individually audited by the DON or designee throughout each shift they are scheduled to work for one week, then throughout one shift a week for 3 weeks to ensure privacy and confidentiality of resident records is maintained during their shifts. Results of these audits will be reported to Quality Assurance Performance Improvement (QAPI) committee at the next monthly meeting. QAPI committee will determine if further auditing of these staff members is warranted after the 4 weeks of auditing is completed. All nursing staff (RNs, CNA/MAs, CNAs and LPNs) will be provided re-education to Privacy and Confidentiality of resident records by the Privacy Officer or designee.</p>	

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

TITLE

(X6) DATE

Mary Kummer

LTC Administrator

6-22-23

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.

JUN 22 2023

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F 583 Continued From page 1

(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and policy review, the provider failed to ensure the privacy and confidentiality of resident electronic health records had been maintained by three of three staff (registered nurse (RN) D, RN E, and certified nurse assistant/medication aide (CNA/MA) F) during medication administration. Findings include:

1. Observation on 6/6/23 from 9:14 a.m. to 9:20 a.m. of one medication cart computer in the north hall revealed:

- *It was placed in the north hallway and there were no staff within view of the medication cart.
- *The medication computer screen had been facing the hallway and was open to a resident's medication administration record.
- *The unattended computer screen was visible to any resident, staff, or visitors that would have been passing by the medication cart.
- *It contained the following information:
 - The resident's name and room location.
 - Age and date of birth.
 - Gender.
 - Cardiopulmonary status.
 - Height, weight and body mass index (BMI).
 - Allergies
 - Medical record number.
 - Medications ordered by the physician.
- *RN D had come out of a resident's room, looked at the chart, then went back into the resident's room.

F 583 This training will be completed by 7/23/23. The DON or designee will audit nursing staff members each shift daily for one week, then weekly each shift X4 weeks to ensure privacy and confidentiality of resident records is maintained. The results of these audits will be reported to the QAPI committee by the QA Coordinator at our August QAPI meeting. The QAPI committee will determine if further auditing of nursing staff is warranted following the 4 weeks of audits.

As of 6/21/23, our staff coordinator has added HIPAA education to the orientation check list for all new employees. This orientation check list is reviewed on a person's first day of employment within our facility.

7/23/23

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F 583	<p>Continued From page 2</p> <p>*The computer screen was still open to the resident's medication administration record.</p> <p>2. Observation on 6/6/23 at 9:45 a.m. of one medication cart computer located at the nurse's station revealed: *RN E had been at the medication cart getting the medications ready to administer to a resident. *He had walked away from the medication cart and was filling a cup with water. *The medication computer screen had been facing the hallway and was open to a resident's administration record. *The record had been visible to any resident, staff or visitors passing by the medication cart. *He walked back to the medication cart, then he walked away into the clean utility room. *The medication computer screen was still open to the resident's medication administration record. *He had walked past the medication cart and walked down the hall to the staff lounge.</p> <p>3. Observation on 6/6/23 at 11:36 a.m. of one medication cart computer located in the resident's dining room revealed: *The medication computer screen had been facing a table of four residents sitting down to eat lunch and was opened to a resident's medication administration record. *RN E had walked away from the medication cart and out of the dining room. *The medication computer screen was still open to the resident's medication administration record.</p> <p>4. Observation on 6/6/23 at 11:11 a.m. of one computer located at the nurse's station revealed: *The computer screen was opened to a resident's medical record. *Nurse D walked up to the computer to answer</p>	F 583		
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F 583	<p>Continued From page 3</p> <p>the phone that had been ringing next to it. *She talked on the phone for several minutes then she walked away from the nurse's station. *The computer screen was still open to the resident's medical record.</p> <p>5. Observation on 6/7/23 at 7:57 a.m. of one medication cart computer located in the resident's dining room revealed: *CNA/MA F had been administering medications to the residents in the dining room. *The medication computer screen had been facing the door to the dining room and a table that seated three residents. *The medication administration record was visible to any resident, staff or visitors passing by the dining room door. *She administered the medications to three residents, leaving the computer screen within view of the residents seated at the table and anyone walking into the dining room throughout the entire medication administration. *All four times CNA/MA F had left the cart unattended and unlocked. -Any resident or visitor in the vicinity would have had access to the resident medications in the cart. *The medication cart drawers contained the following: -Residents' prescription medications.</p> <p>6. Observation on 6/8/23 at 8:57 a.m. of one medication cart computer located in the resident's dining room revealed: *The medication computer screen had been facing the door to the dining room and a table that seated three residents. *There had been no staff at the medication cart. *While RN E sat at a table with his back to the</p>	F 583		

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F 583	<p>Continued From page 4</p> <p>medication cart administering medications to a resident, the medication cart was unlocked. -A visitor had walked past the dining room door, he was seen glancing at the open computer screen that reflected a resident's medication administration record. *The unattended medication cart was monitored for 3 minutes before RN B came back to the unlocked medication cart. *RN B had come back to the medication cart.</p> <p>Interview on 6/8/23 at 9:01 a.m. with RN E regarding the above observation revealed: *He stated that it was easier to leave the computer screen and medication cart unlocked when administering medications in the dining room when he was in view of the medication cart. *It was his understanding that the computer screen would have gone "black" within sixty seconds and the computer program would have locked itself after 3 minutes.</p> <p>7. Interview on 6/8/23 at 9:54 a.m. with director of nursing (DON) B regarding the above observations revealed she: *Would have expected all nurses to have locked the medication carts and the computer screen prior to leaving the medication cart unattended. *Agreed that if the computer screen was not locked when unattended resident's personal medical information could have been viewed by anyone walking past that medication cart. *Agreed the staff would need to have been re-educated regarding the potential breaches in resident privacy and confidentiality.</p> <p>8. Review of provider's January 2023 Confidentiality policy revealed: *"POLICY:"</p>	F 583		

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F 583	<p>Continued From page 5</p> <p>-"Confidentiality: The patient/resident has the right to expect that records pertaining to his care will be treated as confidential, and the Facility has the obligation to safeguard his records against unauthorized disclosure."</p> <p>**PROCEDURE:"</p> <p>-"B. Computer Security"</p> <p>-"b. Position computer monitors so that visitors and others cannot see confidential information.</p> <p>-c. Don't leave confidential information on the screen; file documents and sign off the computer when you are done using it."</p>	F 583		

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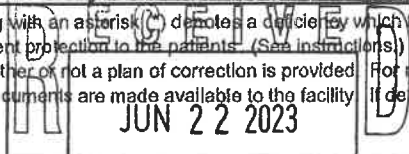
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E 000	Initial Comments A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted from 6/6/23 through 6/8/23. Avera Bormann Manor was found in compliance.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Mary Kummer RN* TITLE *LTC Administrator* (X8) DATE *6-22-23*

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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K 000	<p>INITIAL COMMENTS</p> <p>A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 6/6/23. Avera Bormann Manor was found not in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities.</p> <p>The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of the deficiencies identified at K226 and K712 in conjunction with the provider's commitment to continued compliance with the fire safety standards.</p>	K 000		
K 226 SS=E	<p>Horizontal Exits CFR(s): NFPA 101</p> <p>Horizontal Exits Horizontal exits, if used, are in accordance with 7.2.4 and the provisions of 18.2.2.5.1 through 18.2.2.5.7, or 19.2.2.5.1 through 19.2.2.5.4, 18.2.2.5, 19.2.2.5</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to maintain the fire-resistive design of one building separation wall (between the nursing home and the chapel access corridor). Findings include:</p> <p>1. Observation on 6/6/23 at 1:45 p.m. revealed the two-hour, fire-rated separation wall between the nursing home and the chapel access corridor had penetrations above the lay-in ceiling. Those</p>	K 226	<p>The opening above the lay-in ceiling between the nursing home and the chapel access corridor will be repaired by July 7th. There are no other openings or penetrations above the lay-in ceilings at this time in Avera Bormann Manor. The Maintenance department will check the fire-rated separation walls at Avera Bormann Manor once a week X 4 weeks, once a month X 3 months and quarterly thereafter to assure that there are no openings or penetrations above the lay-in ceilings of the fire-rated separation walls.</p>	7/23/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mary Kummer RN</i>	TITLE <i>LTC Administrator</i>	(X6) DATE <i>6-22-23</i>
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K 226	Continued From page 1 openings must be sealed with an approved firestop material. The openings were from computer wiring installations. Interview with the maintenance supervisor at the time of the observation confirmed that finding. The deficiency could affect 100% of the occupants of the smoke compartments.	K 226		
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the provider failed to ensure staff were familiar with the provider's fire drill procedures (Inadequate number of required fire drills). Findings include: 1. Record review on 6/6/23 at 2:15 p.m. revealed there was no documentation of fire drills during August, September, October, November, or December in 2022. Drills were performed on a varying schedule, but third and fourth quarters were missing drills.	K 712	All staff will be re-educated to the fire drill routine by the Avera St. Benedict Safety Coordinator. She will also conduct a fire drill at Avera Bormann Manor at least one time on each shift by 7/23/23. Fire drills will then be conducted on each shift at least once a quarter after 7/23/23. The Safety Coordinator will provide the QAPI committee with written documentation of the date, time, shift, and participants of each fire drill. This will assure drills are completed at least 1X on each shift every quarter. To assure fire drills are monitored on an on-going basis, a fire drill review will be added to our monthly QAPI agenda. Our staff coordinator has added fire drill review to the orientation check list for all new employees. This orientation check list is reviewed on a person's first day of employment within our facility.	7/23/23

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K 712	Continued From page 2 Interview with the maintenance supervisor after the record review confirmed those findings. He had experienced staffing challenges, and was unable to complete the drills. The deficiency had the potential to affect 100% of the occupants of the building.	K 712			

South Dakota Department of Health

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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 6/6/23 through 6/8/23. Avera Bormann Manor 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 6/6/23 through 6/8/23. Avera Bormann Manor was found in compliance.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Mary Kummer* TITLE: *LTC Administrator* (X6) DATE: *6-22-23*

STATE FORM

EFMW11

If continuation sheet 1 of 1

