South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11034	A. BUILDING: _____ B. WING _____	C 04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRMONT GRAND SENIOR CARE	413 E FAIRLANE DRIVE RAPID CITY, SD 57701

(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 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 4/29/24 through 4/30/24. The area surveyed was state licensure. Fairmont Grand Senior Care was found not in compliance with the following requirements S337, S701, and S838.	S 000		6.14.2024
S 337	44:70:04:11 Care Policies Each facility shall establish and maintain policies, procedures, and practices that follow accepted standards of professional practice to govern care, and related medical or other services necessary to meet the residents' needs. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, and job description review, the provider failed to ensure physician-ordered interventions were implemented to mitigate further weight loss for one of one closed record sampled resident (1). Findings include: 1. Review of resident 1's electronic medical record (EMR) revealed: *Her diagnoses included Alzheimer's disease, depression, hypertension, osteoarthritis, and hyperlipidemia. *Her admission weight on 8/7/23 was 146.7 pounds (lbs). and her last recorded weight on 3/15/24 was 127.2 lbs. *Her 8/7/23 Mini-Mental Status Examination Score was "8" indicating severe cognitive impairment. *A 10/26/23 physician's order for resident 1's	S 337	S337 1. Resident #1 unable to correct noncompliance. 2. All residents have the potential to be affected by this deficiency. 3. Weight management program has been implemented. 4. Residents will be weighed upon admission and monthly throughout their stay. PCP can determine if resident needs to be weighed more frequently. Weights to be recorded in the resident's medical record. 5. Resident Service Plans will be updated to reflect the current weight status of the resident. The care plan/service plan will speak to the nutritional needs of the resident and the interventions being taken by the community. The care plan/service plan will be updated as needed but no less than annually or per state regulations to reflect the current status of the resident. 6. DON/Designee will provide education explaining the Healthy Weight Management Program, how and when to properly weigh a resident, when and how to report a weight change, and interventions to be used in the event of weight change. 7. All residents charted weights will be reviewed for significant weight changes. Individual service plans will be reviewed per Healthy Weight Management Program guidelines. Appropriate interventions will be put into place and documented per policy. 8. Standard of care monthly weight change IDT meeting will take place monthly following QAPI.	6.14.2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lisa Maciejewski TITLE: Executive Director (X6) DATE: 5/21/2024

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S 337	Continued From page 1 meals to be served on a red plate. -Medical literature suggests presentation of food in that manner stimulated the appetite. *Progress note review from 10/26/23 through 3/19/24 failed to support a red plate was ever obtained for the resident to have used. -An 11/19/23 progress note completed by administrative support staff H: "Resident does not have a red plate, put meals on a blue plate." Interview on 4/30/24 at 9:00 a.m. with medication technician (med tech) D regarding resident 1 revealed she knew the resident was expected to have her meals served on a red plate but had no recollection that a red plate was ever made available for the resident to use. Interview on 4/30/24 at 9:40 a.m. with administrative support staff H revealed: *She arranged for the residents to receive needed medical and non-medical supplies. *It was difficult to find a red plate for resident 1 but "all staff were on the hunt" to find one. -She thought one was finally found but was unable to recall when that occurred. *A blue-colored plate was available and used when a red one was not available. -She was unsure as to what benefits serving the resident's food on a blue plate was in relationship to appetite stimulation. 2. Review of resident 1's EMR revealed: *An 11/21/23 physician's order for Boost (a nutritional supplement) to be provided twice daily. *Her January 2024 Medication Administration Record (MAR) indicated Boost was not available to provide six times between 1/26/24 and 1/31/24. *January 2024 progress notes indicated no explanation as to why the Boost was not available or any actions that were taken to access it.	S 337		

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S 337	Continued From page 2 *Her February 2024 MAR indicated Boost was not available 23 times between 2/1/24 and 2/16/24. *Her February 2024 progress notes indicated: -The staff planned to notify the resident's power of attorney of the need for more Boost. -The resident's room, the kitchen, and storage areas were searched for more Boost without success. -"Staff will call to get more ordered." Interview on 4/30/24 at 9:00 a.m. with med tech D regarding resident 1 revealed: *A supply of Boost was kept on hand and stored either in the kitchen or the resident's room. -When that supply became low administrative support staff H was notified to obtain more. Interview on 4/30/24 at 9:40 a.m. with administrative support staff H revealed she: *Was responsible for securing resident 1's Boost after staff notified her the supply was running low. *Was unable to recall why additional Boost was not provided in a timely manner. *Agreed if extenuating circumstances prevented resident 1 from receiving the Boost in a timely manner, a nurse and/or executive director A should have been notified so an alternate arrangement was made. Interview on 4/30/24 at 11:45 a.m. with executive director A and director of nursing (DON) B regarding resident 1 revealed: *Executive director A was unable to confirm whether or not a red plate was ever obtained for the resident. -She was not aware a blue plate was used. *The nurse who acknowledged and entered the physician's 10/26/23 order was responsible for ensuring a red plate was obtained and used by resident 1.	S 337		

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S 337	Continued From page 3 -That nurse was no longer employed by the facility. *DON B confirmed there was no documentation in the resident's EMR to support the red plate was obtained. *There was a handwritten communication tool and a communication tool within the EMR system staff were expected to use to communicate identified resident concerns that included a nutritional supplement not being available for a resident's use. -That process was not implemented to communicate that Boost was not available for resident 1's use. *The DON was responsible for directing all nursing care services including the implementation of resident 1's physician-ordered weight loss prevention interventions. -That had not occurred. *The facility had several DON changes in the recent past. -DON B had been in her current role for about a week and a half. Review of the 9/28/21 Director of Nursing job description revealed: "A. The DON "is responsible to oversee all resident care and medical function of the facility, for implementation of all medical policies and procedures, and to ensure all residents receive the highest level of services in accordance with State regulations." *"12. Conducts audits of charts periodically to verify proper charting and follow-up is being documented by resident care providers."	S 337		
S 701	44:70:08:01(1-6) Record Service The resident care records shall include the	S 701	S701 Please see next page	6.14.2024

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S 701	Continued From page 4 following: (1) Admission and discharge data including disposition of unused medications; (2) Report of the physician's, physician assistant's, or nurse practitioner's admission physical evaluation for resident; (3) Physician, physician assistant, or nurse practitioner orders; (4) Medication entries; (5) Observations by personnel, resident physician, physician assistant, nurse practitioner, or other persons authorized to care for the resident; and (6) Documentation that assures the individual needs of residents are identified and addressed. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, and policy review, the provider failed to ensure one of one sampled resident's (1) closed record included documentation related to her discharge. Findings include: 1. Review of resident 1's electronic medical record (EMR) revealed: *A 3/19/24 progress note indicated the resident's right leg was swollen and she was taken to an urgent care clinic for evaluation. *Progress notes reviewed from 3/19/24 through 4/10/24 indicated the resident was either out of the facility, hospitalized, or had moved. *Her discharge date was 3/24/24. -There was no documentation to support what	S 701	S701 1. Resident #1 unable to correct noncompliance. 2. All residents have the potential to be affected by this deficiency. 3. Move Out Policy has been reviewed. 4. DON/Designee will provide education on placing a discharge note to include: a. Departure time, method of transportation and who accompanied resident b. Where the resident is transferring to c. Paperwork sent with resident or faxed d. Medications released and to whom e. PCP and Pharmacy notified and method of notification f. Was room cleaned of furniture or not 5. Education provided that DON or floor staff are able to complete the discharge note. 6. DON and ED will audit every discharge to assure accuracy on a weekly basis for 4 weeks, monthly for 3 months, and monthly thereafter until significant compliance has been met. 7. The results of these audits will be brought to the QA committee monthly for their review and advisement until continued substantial compliance is met for 3 consecutive months.	

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S 701	Continued From page 5 happened after and since the time of the resident's 3/19/24 urgent care clinic visit. Interview on 4/30/24 at 11:30 a.m. with executive director A regarding resident 1's discharge revealed: *A lower extremity blood clot was identified at the urgent care visit on 3/19/24. *She was transferred to a hospital for surgical intervention then admitted to a nursing home after her hospital discharge. -She was not expected to return to the assisted living facility. *Executive director A confirmed there was no documentation in the resident's EMR to support the following: -Any communication with the hospital regarding the resident occurred while she was hospitalized. -Any contact with the accepting nursing home was made related to the resident's transition in care settings. -A standardized "Discharge Note" was completed in the resident's EMR that would have explained details related to her discharge. Review of the undated Move-Out policy revealed "8. A resident move-out summary is completed in the resident's record."	S 701		
S 838	44:70:09:09(4) Quality Of Life A facility shall provide care and an environment that contributes to the resident's quality of life, including: 4) Freedom from verbal, sexual, physical, and mental abuse and from involuntary seclusion, neglect, or exploitation imposed by anyone, and theft of personal property;	S 838	S838 Please see next page	6.14.2024

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S 838	Continued From page 6 This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, and policy review, the provider failed to implement a physician-ordered intervention to mitigate one of one closed record sampled resident's (1) risk for blood clot formation who developed a blood clot. Findings include: 1. Review of resident 1's closed electronic medical record (EMR) revealed: *Her admission date was 8/7/23 and her diagnoses included Alzheimer's disease, depression, hypertension, osteoarthritis, and hyperlipidemia. *Her scheduled medications included megestrol acetate (an appetite stimulant), losartan potassium (lowers blood pressure), and Abilify (anti-depressant). *She was 60 years old and ambulated independently. *Progress notes reviewed from 1/1/24 through 3/18/24 revealed no indication the resident had lower extremity swelling or edema. *A 2/16/24 physician order request form was completed by administrative support staff E and faxed to the resident's medical provider: "Resident's ankles have been swollen. Requesting order for compression stockings." -On that same date the medical provider responded to the faxed request with the following written order: "Ok to start compression stockings for edema. Daily use. Don [put on] AM. Doff [take off] PM." *There was no indication that the 2/16/24 medical provider's order was noted by a licensed nurse. *There was no indication that the 2/16/24 medical	S 838	S838 1. Resident #1 unable to correct noncompliance. 2. All residents have the potential to be affected by this deficiency. 3. Change of Condition Policy has been reviewed. 4. DON or designee will educate clinical staff on Change of Condition Policy and Allowable Health Condition Policy. 5. DON and ED will audit 3 resident care service plans weekly for 4 weeks to ensure appropriate ancillary service referrals are in place. Then monthly audits of 3 residents for 3 months and then monthly thereafter until significant compliance is met. 6. The results of these audits will be brought to the QA committee monthly for their review and advisement until continued substantial compliance is met for 3 consecutive months.	6.14.2024

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S 838	Continued From page 7 provider's order was entered into the resident's EMR prompting it to have been implemented. *A 3/19/24 nurse progress note indicated the resident had pitting edema in her right leg (Excess fluid build-up caused by swelling. When pressure was applied to the swollen area, a "pit" or indentation remained). The resident was taken to an urgent care clinic for evaluation. *The 3/19/24 urgent care visit progress note indicated the resident was diagnosed with an acute deep vein thrombosis (blood clot). -She was transferred that same day from the urgent care clinic to the local acute care hospital for surgical intervention related to that blood clot. Interview on 4/30/24 at 9:00 a.m. with medication technician D revealed: *She had been employed by the facility for about one year. *Resident 1 had no identified concerns with lower extremity swelling until sometime in February 2024. -She thought the resident was supposed to have worn compression stockings but none were made available for the resident. -Administrative support staff H was responsible for obtaining resident care supplies like compression stockings. Interview on 4/30/24 at 9:40 a.m. with administrative support staff H regarding resident 1's 2/16/24 compression stocking order revealed: *The nurse who acknowledged that medical provider's order for the compression stockings was expected to advise her of that order. -She was responsible for coordinating the receipt of the compression stockings. *She was not notified of the 2/16/24 compression stocking order for resident 1 so arrangements were not made to obtain them.	S 838		

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S 838	Continued From page 8 Interview on 4/30/24 at 11:40 a.m. with executive director A regarding resident 1 revealed: *The medical provider's 2/16/24 order for compression stockings was not acknowledged or entered in the resident's EMR by the nurse. -Either the nurse was not notified of the medical provider's returned fax before it was scanned in the resident's EMR or the nurse saw the fax but failed to acknowledge and enter the order in the resident's EMR. -The nurse responsible for acknowledging that order was no longer employed by the facility. *That process failure led to administrative support staff H not ordering the compression stockings for the resident. *The correlation between the resident not having received and worn those compression stockings as ordered by her medical provider and her subsequent blood clot development was not known. Review of the undated Change in Condition policy revealed: *Examples of change in condition included "edema or swelling". *"7. Immediately enter the new orders on the resident's service plan and/or medication administration record..." *"10. Report the status change and new physician orders to each shift."	S 838		

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{S 000}	Compliance Statement 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 6/24/24 for deficiencies cited on 4/30/24. All deficiencies have been corrected, and no new noncompliance was found. Fairmont Grand Senior Care is in compliance with all regulations surveyed.	{S 000}		

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