

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

PRINTED: 10/07/2021  
FORM APPROVED  
OMB NO. 0938-0391

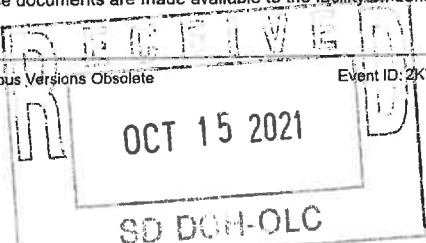
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>43A103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/28/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KADOKA NURSING HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>605 MAPLE ST W KADOKA, SD 57543</b>
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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
F 000	INITIAL COMMENTS  Surveyor: 42558 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 9/26/21 through 9/28/21. Kadoka Nursing Home was found not in compliance with the following requirement: F755.	F 000		
F 755 SS=D	Pharmacy Srvc/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)  §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-  §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.  §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and	F 755	The Director of Nursing or designee will review and revise the Emergency Medical Kit policy to ensure controlled medications are properly reconciled at each change of shift.  The refrigerated Lorazepam has been placed in a clear container locked by a numbered zip-tie accounted and label initialed by 2 nurses and placed in the locked refrigerator. The clear locked container will be available for all monitored narcotics that require refrigeration and monitoring.  The Director of Nursing will educate all nurses of the policy update and process and post the policy in the narcotic log book for reference.  The supplying pharmacy will provide a monitor log for the liquid Lorazepam and all narcotics they supply. The consulting pharmacist and Director of Nursing will review the narcotic monitoring logs monthly. The Director of Nursing or designee will report to the Quality Assurance Process Improvement team for 3 months for further evaluation and recommendations.	10/17/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE **CEO** (X6) DATE **10/15/2021**

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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NAME OF PROVIDER OR SUPPLIER  <b>KADOKA NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>605 MAPLE ST W KADOKA, SD 57543</b>		
(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 755	<p>Continued From page 1</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Surveyor: 44928 Based on observation, interview, and policy review, the provider failed to ensure one of one controlled medication in one of one refrigerated emergency kit was accounted for. Findings include:</p> <p>1. Observation and interview on 9/28/21 at 9:00 a.m. and 11:50 a.m. with registered nurse (RN) C and chief operating officer (COO) A regarding the locked emergency kit in the locked refrigerator in the medication storage room revealed: *The refrigerator and emergency kit required separate keys to unlock them. *The emergency kit contained a one dose vial of lorazepam (controlled antianxiety medication) two milligrams per milliliter. *RN C stated lorazepam was part of the emergency kit and was not a part of the controlled medication count. *The contents of that emergency kit was reviewed monthly by the pharmacist for expired medications. *RN C and COO A agreed if lorazepam was missing there was no system in place for reconciliation and accounting of that medication.</p> <p>Interview on 9/28/21 at 9:00 a.m. with director of nursing B revealed she agreed with the above findings.</p> <p>Review of the provider's revised 8/15/11 Emergency Medical Kit policy revealed there was</p>	F 755			

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F 755	Continued From page 2 no process to account for the controlled medication in the emergency kit.  Review of the provider's undated Medication Narcotics Policy revealed: *"Objective: To provide adequate record or administration of narcotics and other controlled drugs, proper accounting and storage for the same."	F 755			



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NAME OF PROVIDER OR SUPPLIER  <b>KADOKA NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>605 MAPLE ST W KADOKA, SD 57543</b>	
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E 000	Initial Comments  Surveyor: 42558 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 9/26/21 through 9/28/21. Kadoka Nursing Home was found in compliance.	E 000		

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



TITLE

CEO

(X6) DATE

10/14/2021

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A103	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  09/27/2021
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K 000	INITIAL COMMENTS  Surveyor: 18087 A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 9/27/21. Kadoka Nursing Home was found not in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.  The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of the deficiency identified at K345 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CEO	(X6) DATE 10/14/2021
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STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>43A103</b>	MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - MAIN BUILDING 01</b> B. WING _____	DATE SURVEY COMPLETE: <b>9/27/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KADOKA NURSING HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>605 MAPLE ST W KADOKA, SD</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>K 345</b>	<p><b>Fire Alarm System - Testing and Maintenance</b> CFR(s): NFPA 101</p> <p><b>Fire Alarm System - Testing and Maintenance</b> A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Surveyor: 18087 Based on document review and interview, the provider failed to maintain one of one fire alarm system as required. Findings include:</p> <ol style="list-style-type: none"> <li>1. Record review on 9/27/21 at 12:45 p.m. revealed the annual fire alarm inspection report for the years 2019 and 2020 did not list sensitivities for the ionization-type smoke detectors.  Ref: 2010 NFPA 72 Section 14.6.2.4, Figure 14.6.2.4 Section 7.12-7.14 and page 11 of 11</li> <li>2. Interview with the chief operations officer at the time of the record review confirmed those findings. She stated the contractor who provided the testing only confirmed a pass or fail condition. She added the fire alarm panel was an older model not an 'intelligent' model which did not have the capability to show the sensitivities of the smoke detectors.</li> </ol> <p>The deficiency affected 100% of the building occupants.</p>
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The above isolated deficiencies pose no actual harm to the residents



South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10637</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/28/2021</b>
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S 000	Compliance/Noncompliance Statement  Surveyor: 42558 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 9/26/21 through 9/28/21. Kadoka Nursing Home was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement  Surveyor: 42558 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 9/26/21 through 9/28/21. Kadoka Nursing Home was found in compliance.	S 000		

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



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CEO

(X6) DATE

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