

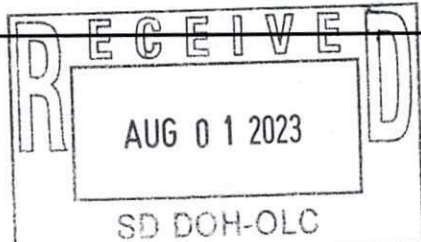
South Dakota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41967 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 07/06/2023 |
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| NAME OF PROVIDER OR SUPPLIER DERIAN PLACE SENIOR LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 1801 3RD AVE SE ABERDEEN, SD 57401 |
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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 |
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| 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 from 7/5/23 through 7/6/23. Derian Place Senior Living was found not in compliance with the following requirements: S296 and S498. | S 000 | | |
| S 296 | 44:70:04:04 Personnel training Ongoing education programs must cover the required subjects annually. These programs must be completed within 30 days of hire for all healthcare employees and must include the following subjects: (1) Fire prevention and response. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, monthly fire drills shall be conducted to provide training for all staff; (2) Emergency procedures and preparedness; (3) Infection control and prevention; (4) Accident prevention and safety procedures; (5) Resident rights; (6) Confidentiality of resident information; (7) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; (8) Nutritional risks and hydration needs of residents; (9) Abuse, neglect, and misappropriation of resident property and funds; (10) Problem solving and communication techniques related to individuals with cognitive impairment or challenging behaviors if admitted and retained in the facility, and; (11) Any additional healthcare employee | S 296 | An overnight fire drill will be completed on 07/24/23 by our Maintenance Director. Overnight fire drills will be completed every four (4) months to meet twice yearly requirement by MD or designee, and entered into TELS system. Fire drills will be reviewed monthly at CQI committee meetings by ED to ensure compliance is achieved. CQI reports are submitted by the 10th of each month. | 7/24/23 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Tandy Walker* TITLE *Administrator* (X6) DATE *8/1/23*



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| S 296 | <p>Continued From page 1</p> <p>education necessary based on the individualized resident care needs provided by the healthcare employees to the residents who are accepted and retained in the facility.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to perform fire drills that required evacuation during sleeping hours over the past twelve months. Findings include:</p> <p>1. Record review on 6/5/23 at 3:45 p.m. revealed there was no documentation of fire drills during the overnight hours which included resident evacuation in the past twelve months. Life Safety Code chapter 33.7.3.1 requires resident training during sleeping hours.</p> <p>Interview with maintenance director C at the time of the record review confirmed those findings. He was unaware of the requirement for sleeping hours evacuation.</p> <p>The deficiency had the potential to affect 100% of the residents of the assisted living.</p> | S 296 | | |
| S 498 | <p>44:70:06:15 Nutritional assessments</p> <p>A registered dietitian shall ensure a nutritional assessment is completed and documented on each new resident on therapeutic diets on admission; on any resident having a significant change in diet, eating ability, nutritional status, or weight loss or gain; and on any resident with a disease or condition that puts the resident at significant nutritional risk.</p> | S 498 | <p>Resident 1's diet was not gluten free. This order was reviewed and confirmed by PCP on 07/7/23. Resident 1's diet order reads "Regular diet.No recorded history of gluten allergy or celiac disease". HSD has corrected diet and allergies per MD orders in ALIS (EHR) on 7/7/23.</p> | 7/31/23 |

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| S 498 | <p>Continued From page 2</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on interview and record review, the provider failed to ensure a registered dietician (RD) assessment had been completed for two of two sampled residents (1 and 3) who had physician ordered therapeutic diets. Findings include:</p> <p>1. Interview on 7/5/23 at 2:45 p.m. with resident 1 revealed she: *Had been living in the facility for the past two and a half years. *Was on a gluten-free diet. *Had discussed her gluten-free diet with health services director B and had gluten-free food items in the provider's kitchen and had gluten-free snacks in her room.</p> <p>Review of resident 1's care record revealed: *She was admitted on 12/31/20. *Her diagnoses included diabetes mellitus and gluten intolerance. *Her diet was gluten-free. *Her most recent computerized evaluation of resident care needs completed by health services director B on 6/8/23 confirmed her diet was gluten-free. *A progress note on 6/13/23 regarding her care conference revealed health services director B "Reassured [daughter's name] that we do have a dietician that comes to our facility..." *No nutritional assessment from the RD related to the resident's therapeutic diet and nutritional needs was found.</p> <p>Review of resident 1's progress notes from 11/19/22 through 7/5/23 revealed no progress</p> | S 498 | <p>Res #3's diet order remains Regular diet, speech therapy recommendations were sent to MD for review and he did not change the diet order. HSD confirmed this with PCP. Hospice has also been contacted, discussion with family the preference is for her to maintain a regular diet - hospice MD is in agreement. Weight loss concern would require a nutritional assessment, which will be completed on 7/26/23 by our Registered Dietician. An audit of all diets was completed by ED on 7/7/23. All diets are regular diets. There are no therapeutic diets in the community. Diet orders and weight loss will be reviewed monthly by HSD for all residents, and reported to CQI committee at monthly meeting. New admissions and current residents at risk will be referred to our Registered Dietician for an assessment. The Registered Dietician will forward her report to the HSD for entrance into the EHR. This process will be monitored by the ED monthly until compliance is achieved. CQI reports are done each month. Leadership team will be educated on the regulations regarding annual nutritional assessments (S499 and S498) by Regional Nurse, or designee by 7/31/23.</p> | |

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| S 498 | <p>Continued From page 3</p> <p>notes were recorded by the provider's consultant RD related to her therapeutic diet and nutritional needs.</p> <p>2. An in-person interview on 7/5/23 at 4:55 p.m. with resident 3's daughter revealed the resident: *Had been living in the facility for the past five years. *Had aphasia and was not able to speak. *Had dementia and experienced a gradual weight loss in the past six months. *Had her food "cut up" by staff and staff were to observe the resident at mealtimes for possible choking.</p> <p>Review of resident 3's care record revealed: *She was admitted on 8/1/18. *Her diagnosis included mild dementia. *Her diet was "Regular, small portions, soft foods" noting no lettuce. *Her most recent resident evaluation completed by health services director B on 4/12/23 revealed: -The reason for the evaluation was her change of condition. -Her cognitive evaluation indicated severe cognitive impairment. -She required staff to supervise and cue her at mealtimes for pocketing food and choking hazard. *A 4/14/23 speech-language pathologist evaluation revealed: -A dysphagia diagnosis. -Recommendation "Requires outside cueing/adaptations to ensure safety with intakes." *A 4/30/23 diet order for "Regular, small portions, soft foods" with directions to cut up food. *She had lost 10.8 pounds from her 12/1/22 weight of 124.6 pounds to her 4/28/23 weight of 113.8 pounds. *No nutritional assessment from the RD related to</p> | S 498 | | |

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| S 498 | <p>Continued From page 4</p> <p>the resident's therapeutic diet and nutritional needs was found.</p> <p>Review of resident 3's progress notes from 11/01/22 through 7/3/23 revealed: *A progress note on 4/12/23 by health services director B noting resident had choked and had been "pocketing food lately. Due to this, COC [Change of Condition] assessment was done. Family was updated that staff will be sitting with/supervising resident at meal times..." *A progress note on 4/13/23 "requesting orders for a speech eval/ swallow study d/t [due to] episodes of pocketing food and choking.." and noting her physician had provided those orders. *No progress notes were recorded by the provider's consultant RD related to her therapeutic diet and nutritional needs..</p> <p>Observation on 7/5/23 from 11:20 a.m. to 12:05 p.m. of the noon meal service revealed: *Resident 1 had requested gluten-free toast instead of the burrito which was wrapped with a flour burrito. *Resident 3 had eaten her meal which had been cut-up into bite-size pieces with a staff member seated next to her who had observed her and provided cueing during her meal.</p> <p>Interview on 7/6/23 at 10:25 a.m. with cook D revealed: *Resident 1 was on a gluten-free diet. *Resident 3's food was to have been cut up into bite-size pieces.</p> <p>Interview on 7/5/23 at 4:50 p.m. health services director B confirmed there was no dietitian progress note or nutritional assessment for resident 1 or resident 3.</p> <p>Interview and record review on 7/6/23 at 11:00</p> | S 498 | | |

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| S 498 | <p>Continued From page 5</p> <p>a.m. with administrator A revealed: *Since 12/1/21 she had tried to coordinate dietitian services with the national dietary service used by the provider's management group but had struggled to get a consultant dietitian in their rural location. *She had obtained approval in April 2023 to obtain the services of a local consultant dietitian. *She had a consultant dietitian agreement signed with a local hospital. *The 2023 agreement with the hospital had not mentioned the need for nutritional assessments to be completed on residents by the RD or the timing of those assessments. *She confirmed the consultant RD had not completed nutritional assessments on residents with physician ordered therapeutic diets as required.</p> | S 498 | | |

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| {S 000} | <p>Compliance Statement</p> <p>A 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 8/11/23 for deficiencies cited on 7/6/23. All deficiencies have been corrected, and no new noncompliance was found. Derian Place Senior Living is in compliance with all regulations surveyed.</p> | {S 000} | | |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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