STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435109	A. BUILDING _____ B. WING _____	C 11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRESTEEL HEALTHCARE CENTER	1120 EAST 7TH AVENUE MITCHELL, SD 57301

(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 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 11/25/24 through 11/26/24. Areas surveyed include nursing services related to a resident not receiving pain medication, an unexpected death of a resident, and a resident not receiving an ordered antibiotic. Firesteel Healthcare Center was found not in compliance with the following requirement. F684.	F 000		
F 684 SS=G	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) facility-reported incidents (FRI), record review, interview, and policy review, the provider failed to administer physician-ordered antibiotic treatment and monitoring for one of one resident (1) who had an infection and was readmitted to the hospital. Findings include: 1. Review of the provider's submitted SD DOH FRI regarding resident 1 revealed: *His Brief Interview for Mental Status (BIMS) assessment score was 7 which indicated he had moderate cognitive impairment.	F 684	1. Resident #1 received all scheduled medications upon hospital return. Resident #1 is discharged from the facility. All residents have the potential to be affected. 2. The ED, DNS and interdisciplinary team will review the ANA nurses code of ethics by 12/17/2024 regarding specifically Provision 4 and interpretive statements, which states "The nurse has authority, accountability and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and provide optimal care." The ED, DNS and IDT will review system of accountability when relying on med aide for med delivery. The DNS or designee will educate all licensed staff, nurses and medication aides, on Provision 4 and interpretive statements, as well as South Dakota codified law regarding delegation of duties and the South Dakota Board of Nursing delegation of duties algorithm by 12/19/2024. All staff not in attendance will be educated prior to their next working shift. 3. The DNS or designee will audit 4 new admissions for accuracy of new medication entered into system correctly weekly times four weeks and monthly times two months. The DNS or designee will audit four random medication passes to ensure appropriate delivery of medications weekly times four weeks and monthly times two months. The DNS or designee will bring the results of these audits to the monthly QAPI committee for further review and recommendation to continue or discontinue the audits.	12/24/2024

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

Petar Mirkovic | Executive Director | 12/17/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435109	A. BUILDING _____ B. WING _____	C 11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRESTEEL HEALTHCARE CENTER	1120 EAST 7TH AVENUE MITCHELL, SD 57301

(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 684	Continued From page 1	F 684		

*He had been hospitalized and returned to the facility on 11/15/24 with a diagnosis of clostridium difficile (an infection that causes inflammation of the colon and diarrhea).
*He had an order for Vancomycin HCl Oral Suspension 50 milligrams (mg)/milliliter (ml) give 2.5ml by mouth four times a day (antibiotic to treat infection) for clostridium difficile.
*Upon his re-admission the admitting team incorrectly entered his antibiotic order into the electronic medical record (EMR) system as "unsupervised medication administration" (which indicated a resident gave themself the medication unsupervised).
*On 11/19/24 the Minimum Data Set (MDS) coordinator registered nurse (RN) F had found the incorrect transcription error.
*Resident 1 had not received any of the physician-ordered doses of Vancomycin.
*Physician ordered to start vancomycin doses as originally prescribed until all doses were given.
*He was re-admitted to the hospital on 11/20/24 for hyponatremia (low sodium) and hyperglycemia (high blood sugar) and loose stools.
*Audits were completed on all residents to ensure no one else had a medication order in their EMR for "unsupervised medication administration."

2. Review of resident 1's EMR revealed:
*He was re-admitted to the facility on 11/15/24 at 12:46 p.m. following a hospitalization for a syncope episode (sudden loss of consciousness), pancolitis (a type of inflammatory bowel disease), and clostridium difficile.
*He missed 16 scheduled doses of his physician-ordered vancomycin which were marked as "U-SA" for "unsupervised self-administration" (indicating he gave himself the vancomycin) on his medication administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435109	A. BUILDING _____ B. WING _____	C 11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRESTEEL HEALTHCARE CENTER	1120 EAST 7TH AVENUE MITCHELL, SD 57301

(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 684	Continued From page 2	F 684		

record (MAR).
*Nurses charted that he did not have any adverse side effects from the vancomycin medication on 11/15/24, 11/17/24 (three times), and on 11/18/24 (two times).
*He received scheduled daily glycolax powder (used for constipation) on 11/16/24, 11/17/24, 11/18/24, and on 11/19/24.
*He had bowel movements on 11/16/24, 11/17/24, 11/18/24, 11/19/24, and on 11/20/24.
*A nursing progress note indicated he "complained of frequent loose stools" on 11/18/24 at 9:44 p.m.
*He received his first dose of vancomycin on 11/19/24 at 3:16 p.m. when RN B was notified of the error and corrected the order on resident 1's MAR.
*On 11/20/24 he had a basic metabolic panel (BMP) lab test completed which indicated hyponatremia and hyperglycemia and he was re-admitted to the hospital.

3. Interview on 11/25/24 at 3:39 p.m. with RN B revealed:
*She received education on 11/22/24 about medication administration and if they have concerns to check with the nurse manager.
*She stated she was unaware of any concerns of wrong resident medication orders.

4. Interview on 11/26/24 at 8:23 a.m. with licensed practical nurse (LPN) I revealed:
*An unsupervised medication administration is care planned and staff must ensure it is safe for residents to have that medication in their room and be able to administer it themselves appropriately.
*If a medication is labeled as "unsupervised medication administration" on a resident's MAR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435109	A. BUILDING _____ B. WING _____	C 11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRESTEEL HEALTHCARE CENTER	1120 EAST 7TH AVENUE MITCHELL, SD 57301

(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 684	Continued From page 3	F 684		

then it would be shown as a green box.
*The green box would indicate a medication had already been given during that medication pass time.
*Medications shown as a red box would indicate they need to be administered.
*The medication aides (CMAs) would give the residents their medications which included any antibiotics.
*She stated the nurses were to chart the resident's signs and symptoms of adverse effects of antibiotics use:
-They would go into the resident's room to ask the resident how they were feeling.
-The nurse would not know if they had received that medication or not.

5. Interview on 11/26/24 at 08:36 a.m. with staff development RN C and resident care manager (RCM) E revealed:
*They were on the admission team and would participate in the process for admitting residents to the facility.
*On admission, one person would transcribe the resident's medication orders and another person would double-check they were correct.
*On 11/15/24 RCM J entered the vancomycin order into resident 1's EMR as "unsupervised" instead of "clinician" by accident.
*RCM J had put the vancomycin in the medication refrigerator and said the nurses were aware that it was in there.
*Resident 1's discharge order from the hospital included the glycolax powder, "give 17 grams by mouth one time a day for constipation (in liquid)."
*They changed their order entry process of the double-check for medication orders to ensure that this type of incident would not happen again.
*Admit orders would be reviewed against a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435109	A. BUILDING _____ B. WING _____	C 11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRESTEEL HEALTHCARE CENTER	1120 EAST 7TH AVENUE MITCHELL, SD 57301

(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 684	Continued From page 4	F 684		

printed MAR to visualize any errors.
*They were not aware of anyone having questioned why they were not giving a resident on clostridium difficile precautions antibiotics.

6. Interview on 11/26/24 at 9:32 a.m. with certified medication aide (CMA) H revealed:
*If a resident had orders for a scheduled constipation medication, she would administer it even if they had a bowel movement.
*She stated if a resident were on precautions for an infection such as clostridium difficile and they still wanted the constipation medication she would administer it.

7. Interview on 11/26/24 at 10:55 a.m. with director of nursing services (DNS) A revealed:
*She stated communication among the CMAs and nurses only happened if there was an issue such as when a medication was not given.
*She felt the nurse should not need to verify with the CMA that a medication had been given in order for them to complete their medication assessment on a resident because the medication should be labeled on the residents MAR as given or not given.
*She agreed that the CMAs should have questioned the green box which indicated resident 1's vancomycin was already given.
*She confirmed that resident 1 had not received his doses of vancomycin as ordered.
*She agreed resident 1 should not have been given glycolax powder while he was on precautions for clostridium difficile and was having loose bowel movements.
*Education was provided to staff to report any time a medication was shown on a resident's EMR as an "unsupervised medication administration" green box which would indicate

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435109	A. BUILDING _____ B. WING _____	C 11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRESTEEL HEALTHCARE CENTER	1120 EAST 7TH AVENUE MITCHELL, SD 57301

(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 684	Continued From page 5 the medication was already given. 8. Review of providers Certified Medication Assistant Job Description policy updated April 2019 revealed: *"Administers prescribed medications to residents and maintains related medical records under supervision of Nurse." *"1. Verifies identify of resident receiving medication and records name of drug, dosage, and time of administration on specified forms or records." *"2. Presents medication to resident and observes ingestion or other application, or administers medication, using specified processes." *"3. Takes vital signs or observes resident to detect response to specified types of medications and prepares report or notifies designated personnel of unexpected reactions." *"4. Documents reasons prescribed drugs are not administered." Review of providers Medication Administration policy updated June 2017 revealed there was no indication of how nurses were to oversee medications administered by CMAs to ensure proper documentation and follow-up nursing assessments were completed appropriately.	F 684		