

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10739	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/21/2023
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NAME OF PROVIDER OR SUPPLIER JOHNSON CENTER OF SUN DIAL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 410 2ND STREET POST OFFICE BOX 337 BRISTOL, SD 57219
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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
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 12/18/24 through 12/21/24. Johnson Center Of Sun Dial Manor was found not in compliance with the following requirements: S352, S654, S685, and S791.	S 000		
S 352	44:70:04:13 Resident Admissions The facility shall evaluate and document each resident's care needs at the time of admission, thirty days after admission, and annually thereafter, to determine if the facility can meet the needs for each resident. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to evaluate and document the care needs of three of four sampled residents (2, 3, and 4) thirty days after their admission. Findings include: 1. Review of resident 2's electronic and paper care records revealed: *She was admitted on 11/15/23. *Her initial evaluation of care needs was completed on 11/15/23. *A thirty-day evaluation of her care needs was not located in her records. 2. Review of resident 3's electronic and paper care records revealed: *She was admitted on 10/12/23. *Her initial evaluation of care needs was	S 352	<ul style="list-style-type: none"> •Residents 2 and 3 thirty-day evaluations completed. •Resident 4 discharged to the nursing facility, so no action has been taken on care needs. •All other resident evaluations have been checked and completed if necessary. •Administrator, DON, MDS Coordinator, Social Services Director, and Interdisciplinary Team reviewed and revised as necessary the resident admission process to include evaluations of care at the time of admission, thirty days after admission, and annually thereafter. •DON or designee will train and educate licensed nurses and the social services director on 01/22/2024 to complete evaluations of care needs for residents after they have been admitted in the facility for thirty days. •DON or designee will audit all evaluations of resident care needs weekly for four weeks and monthly for two additional months. •DON or designee will present findings at monthly QAPI meetings. 	2/4/24

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

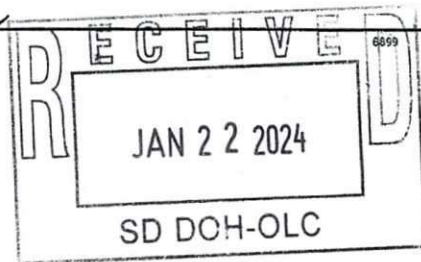
TITLE

(X6) DATE

Clay Browner
STATE FORM

Administrator

01/22/2024



4BDG11

If continuation sheet 1 of 9

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S 352	Continued From page 1 completed on 10/12/23. *A thirty-day evaluation of her care needs was not located in her records. 3. Review of resident 4's closed electronic and paper care records revealed: *She was admitted on 6/30/23. *Her initial evaluation of care needs was completed on 6/30/23. *A thirty-day evaluation of her care needs was not located in her records. *She was discharged to the adjacent skilled care facility on 9/13/23. 4. Interview on 12/21/23 at 10:20 a.m. with social services designee G regarding the 30-day evaluation revealed the staff were not aware an evaluation of care needs was required at 30 days. Minimum Data Set coordinator F had completed three evaluations of care needs and thought the evaluations were to have been completed quarterly. 5. When a policy for evaluations of care needs was requested on 12/21/23 at 3:30 p.m. director of nursing B stated there was no policy for those evaluations.	S 352		
S 654	44:70:07:06 Drug Disposal Any medication held for disposal must be physically separated from the medications being used in the facility and locked with access limited in an area with a system to reconcile, audit, or monitor them to prevent diversion. This Administrative Rule of South Dakota is not met as evidenced by:	S 654	<ul style="list-style-type: none"> •Secure double locked system for storing medications awaiting destruction created. •Administrator, DON, and Interdisciplinary Team reviewed and revised as necessary the storage of controlled drugs policy and added the process for counting controlled drugs awaiting destruction. •DON or designee will train and educate RN D and other licensed nurses on the revised storage of controlled drugs policy, and the process for counting controlled drugs awaiting destruction on 01/22/2024. 	2/4/24

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S 654	<p>Continued From page 2</p> <p>Based on observation, interview, and policy review, the provider failed to have a secure system for storing and accounting medications that were awaiting destruction in one of one medication destruction storage cupboard. Findings include:</p> <p>1. Observation on 12/20/23 at 3:30 p.m. of the medication carts, medication rooms, and the cupboards adjacent to the nursing home medication room revealed:</p> <p>*There was a locked cupboard outside of the nursing home medication room.</p> <p>-When registered nurse (RN) D was asked about the cupboard she stated it was used to store medications from assisted living and nursing home that were awaiting destruction.</p> <p>Observation of the contents of the cupboard included:</p> <p>*Eight blister pack medication cards.</p> <p>-Five of those blister pack cards contained non-narcotic medications.</p> <p>*Three of the eight cards contained schedule IV controlled medications (medication at high risk for drug diversion).</p> <p>*One card of nineteen tablets of alprazolam 0.25 milligrams (mg).</p> <p>-Eleven tablets had been removed.</p> <p>*Two cards of Tramadol HCL 50 mg:</p> <p>-One card contained eighteen tablets.</p> <p>-Twelve tablets had been removed.</p> <p>-The second card contained nineteen tablets.</p> <p>-Eleven tablets had been removed.</p> <p>Interview with RN D regarding the security of the cupboard revealed:</p> <p>*There was one lock on the cupboard door.</p> <p>*All medications up for destruction were removed from the medication carts and medication room</p>	S 654	<ul style="list-style-type: none"> •Resident 6 and other resident medication awaiting destruction that was stored in the locked cupboards has been destroyed. •Medication awaiting destruction will be stored in the locked medication room in the locked cupboards. •Medication awaiting destruction will have disposition documentation attached to the card which includes the count, resident name, strength, and dose. •Controlled medication awaiting destruction will be counted between nursing staff shifts if it is not destroyed. •Each licensed nurse on duty will have a key to the locked medication room and cupboards. •DON or designee will audit disposition documentation once a week for four weeks and monthly for two additional months. •DON or designee will present findings at monthly QAPI meetings. 	

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S 654	Continued From page 3 and placed in the cupboard, including controlled substances. *The above blister seal cards had no documentation attached to the card to identify how many tablets were in the card when it was placed in the cupboard. *RN D stated there were three keys to the cupboard; Each nurse on passing medication carried a key. The director of nursing also had a key. *RN D confirmed: -There should have been complete documentation of the medication counts when the medications was placed in the cupboard for destruction. -The controlled medications in the cupboard were not being counted between shifts. Interview on 12/21/23 at 12:30 p.m. with director of nursing B confirmed the controlled medications had not been stored securely and accounted for until destruction. Review of the provider's 6/20/20 Storage of Medications policy revealed: *The purpose of the procedure was to ensure medication were stored in a safe, secure, and orderly manner. *Medications were to have been stored in an orderly manner in cabinets, drawers, or carts. *All controlled drugs were to have been stored under double-lock and key. *The policy had not identified the process to ensure the medication counts for medication awaiting destruction.	S 654		
S 685	44:70:07:09 Self-Administration of Medications A resident with the cognitive ability to safely	S 685	•Administrator, DON, and Interdisciplinary Team reviewed and revised as necessary the process of self-administration of medications to include self-administration assessments,	2/4/24

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S 685	<p>Continued From page 4</p> <p>perform self-administration, may self-administer medications. At least every three months, a registered nurse, or the resident's physician, physician assistant, or nurse practitioner shall determine and record the continued appropriateness of the resident's ability to self-administer medications.</p> <p>The determination must state whether the resident or healthcare personnel is responsible for storage of the medication and include documentation of its administration in accordance with this chapter.</p> <p>Any resident who stores a medication in the resident's room or self-administers a medication, must have an order from a physician, physician assistant, or nurse practitioner allowing self-administration.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on interview, record review, and policy review, the provider failed to ensure self-administration of medications for one of one sampled resident (1) had assessments and documentation to support safe self-administration practices were occurring for: *Medications that were set up by staff and left for the resident to take on her own. *Topical medications that the resident stored in her room and independently administered. *Having current physician's orders regarding her self-administration of medications.</p> <p>Findings include:</p> <p>1. Interview and record review on 12/19/23 at 2:00 with registered nurses (RNs) D and E regarding resident's self-administration medications revealed: *Resident (1) was the only resident who had a physician's order for self-administration of</p>	S 685	<p>orders for self-administration from the physician, documentation process for self-administration, and the process for safe storage in the resident's room.</p> <ul style="list-style-type: none"> •DON or designee will train and educate licensed nurses and medication-aides on proper charting of self-administered medications on 01/22/2024. Charting will include the time the resident took the medication, and a monthly observation of the resident taking the medication. Licensed nurses will have the physician update orders after every third month or as needed. •DON or designee will audit the self-administered medication charts and staff administering medications weekly for four weeks and monthly for two additional months. •DON or designee will present findings at monthly QAPI meetings. 	
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S 685	<p>Continued From page 5</p> <p>medication.</p> <p>*Resident 1 had two physician's orders:</p> <ul style="list-style-type: none"> -A 4/20/21 faxed order for an ointment to have been kept in her room and applied independently. -A 6/1/21 faxed order stated resident 1 "Often requests RN to leave her medications on her table. She did not like to take them immediately. May we have an order approving this. May have meds [medications] and self administer?" The physician stated to "Do it for now, ensure intake of medications, please." <p>*Review of resident 1's current physician's orders in her care record revealed the above 6/1/21 fax order was not listed. There was no current order for her to self-administer medications after they were set up by the staff.</p> <p>*Continued interview and record review with RNs D and E regarding resident 1's self-administration of medication revealed:</p> <ul style="list-style-type: none"> -Resident 1 wanted to take her medications when she wanted them. -The staff brought the medications to her only at meal times, then returned to the nursing home building. <p>*The nurses had not:</p> <ul style="list-style-type: none"> -Waited to observe resident 1 to see if she had taken the medications. -Returned to check if she had taken her medications. -Staff had not documented what time she had taken her medications. <p>*When asked if the nurses would have known when resident 1 had taken her medications they stated they could have asked her.</p> <ul style="list-style-type: none"> -There was nothing on the medication administration record to indicate that staff had followed-up with resident 1 medication after staff had left her. -There was no assessment for self-administration of medications routinely completed by the nurses 	S 685		

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S 685	Continued From page 6 or the physician to support she was appropriate to self-administer her medication. 2. Interview on 12/20/23 at 10:00 a.m. with resident 1 confirmed the information provided by RNs D and E had been accurate. 3. Review of the provider's June 2020 Self Administration of Medication policy revealed: *A resident should not be permitted to administer or retain any medication in his/her room unless so ordered by the attending physician. *Storage of medications in the resident's room was to have been secured to prevent access by other residents. *Staff nurses were to have recorded the self-administered medications in the resident's medical record, including the name, strength, and quantity of each medication retained at the bedside. *Each resident who had been permitted to administer his/her medication was responsible for informing the nurse when such medications were taken. *The self-administration of medications were to have been monitored yearly for the residents in the assisted living.	S 685		
S 791	44:70:09:03 Facility To Provide Information A signed and dated admission agreement between the resident or the resident's legal representative and the facility must include information described in subdivisions (1) through (8), inclusive. The resident or resident's legal representative and the facility shall complete the admission agreement before or at the time of admission and before the resident has made a commitment for payment for proposed or actual	S 791	<ul style="list-style-type: none"> •Assisted living admission agreement signed for resident 3. •All other residents can be affected by this deficient practice. •All other resident admission agreements will be audited to ensure completion of the agreement. •Administrator, DON, Social Services Director, and Interdisciplinary Team reviewed and revised as necessary the Assisted Living Center admission agreement to include room 	2/4/24

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S 791	<p>Continued From page 7</p> <p>care. The agreement must be printed in a manner to ensure ease of reading by the resident prior to signing. Any change in the admission agreement must be signed and dated by the resident or the resident's legal representative as an addendum to the original agreement.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on interview, record review, and policy review, the provider failed to ensure one of three sampled residents (3) was provided and had a signed a assisted living admission agreement. Findings include:</p> <p>1. Review of resident 3's paper care record revealed: *She was admitted from the attached nursing home to the assisted living on 10/12/23. *An admission agreement had been signed when she was admitted to the nursing home on 7/14/23. *There was no admission agreement signed when she was admitted to the assisted living.</p> <p>Interview on 12/20/23 at 11:30 a.m. with social services designee G revealed she was not aware resident 3 had not signed the admission agreement paperwork when she was admitted to the assisted living in October 2023. She agreed that agreement should have been signed when resident 3 was admitted to the assisted living.</p> <p>Review of the provider's assisted living center admission agreement revealed it should have included the following: *An explanation of the monthly room charge. It separated a single or double occupancy. *An explanation for the entrance/door to the</p>	S 791	<p>keys for each resident upon request and an explanation of the entrance/exit door.</p> <ul style="list-style-type: none"> •Administrator or designee will provide education to the Social Services Director and DON on 02/01/2024 to ensure that all residents have a signed assisted living admission agreement. •Social Services Director will create an admission agreement checklist to ensure accuracy of completion. •Social Services Director or designee will audit admission agreement paperwork to ensure that all documents have been signed and understood by the resident or resident representative. •Social Services Director or designee will audit admission agreement paperwork weekly for four weeks and monthly for two additional months. •Social Services Director or designee will present findings at monthly QAPI meetings. 	

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S 791	Continued From page 8 residents room. *The policy for residents' entrance and room door keys.	S 791		

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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 2/6/24 and 2/7/24 for deficiencies cited on 12/21/23. All deficiencies have been corrected, and no new noncompliance was found. Johnson Center Of Sun Dial Manor is in compliance with all regulations surveyed.</p>	{S 000}		

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