



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

PRINTED: 08/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

|   |   |  |   |                      |   |
|---|---|--|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION          |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>435080 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br>C<br>08/08/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>BETHESDA OF BERESFORD |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>606 W CEDAR<br>BERESFORD, SD 57004                                     |                      |   |
| (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 625   | <p>Continued From page 1</p> <p>specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, interview, and policy review, the provider failed to ensure a Bed Hold Notice form was given to four of four sampled residents (1, 2, 3, and 4) prior to transfer to the emergency department.</p> <p>Findings include:</p> <p>1. Review of resident 1's electronic medical record (EMR) revealed:<br/>*She required an emergency room evaluation on 4/4/24.<br/>*Resident 1 was hospitalized for nausea/vomiting and stomach pain.<br/>*Her emergency contact had been notified on 4/4/24 of the need for an emergency room evaluation.<br/>*There had not been any documentation found regarding notification of the resident's bed hold.</p> <p>2. Review of resident 2's EMR revealed:<br/>*She required an emergency room evaluation on 6/20/24.<br/>*Resident 2 was hospitalized for gastrointestinal bleeding.<br/>*Her power of attorney (POA) was notified on 6/20/24 of the need for an emergency room evaluation.<br/>*There had not been any documentation found regarding notification of the resident's bed hold.</p> <p>3. Review of resident 3's EMR revealed:<br/>*She required an emergency room evaluation on 3/24/24.<br/>*Resident 3 was hospitalized for sepsis of unknown organism.</p> | F 625  |   |                      |   |

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| F 625   | <p>Continued From page 2</p> <p>*Her POA was notified on 3/25/24 of the need for hospitalization.</p> <p>*There had not been any documentation found regarding notification of the resident's bed hold.</p> <p>4. Review of resident 4's EMR revealed:<br/>*He required an emergency room evaluation on 4/14/24.<br/>*Resident 4 was hospitalized for pneumonia.<br/>*His POA was notified on 4/14/24 of the need for hospitalization.<br/>*There had not been any documentation found regarding notification of the resident's bed hold.</p> <p>5. Interview on 8/8/24 at 9:10 a.m. with administrator A regarding the bed hold for residents that required hospitalization revealed:<br/>*Residents who had been sent to the emergency room and required hospitalization should have received a bed hold notice.<br/>*She had changed who was responsible for doing the bed holds in April.<br/>*She thought the business manager was doing the bed hold notices, but he was not doing them.<br/>*She agreed the bed hold notices were not given to the residents when they transferred to the hospital.</p> <p>6. Review of the provider's undated Resident Admission/Bed hold/Readmission policy revealed:<br/>**A bed will be held for the resident during his/her absence from the facility as long as the resident or responsible party agrees to pay the established base room rate. The responsible party/resident will be asked to sign or give verbal consent to a bed hold policy within 48 hours of transfer. The Department of Social Services will reimburse the facility 100% for Medicaid absence of up to 5</p> | F 625  |   |                      |   |

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| F 625  | Continued From page 3<br>days if the absence is due to admission to an acute care general hospital, and a maximum of 15 days if the absence is for a therapeutic home visit, and the absence has been provided for in the individual's plan of care." | F 625   |   |                      |   |