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

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
			7 501251				С
		435080	B. WING			08/	08/2024
	ROVIDER OR SUPPLIER  A OF BERESFORD				STREET ADDRESS, CITY, STATE, ZIP CODE 806 W CEDAR BERESFORD, SD 57004		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	E	(X5) COMPLETION DATE
F 000	A complaint health su	urvey for compliance with 42	F	000	Unable to timely address the		
F 625 SS=E	Term Care facilities w through 8/8/24. Areas admission, transfer ar physical environment found not in complian following requirement	nd discharge rights, and . Bethesda of Beresford was cenot in compliance with the : F625. blicy Before/Upon Trnsfr	F	625	incomplete documentation of Resident 2. The deficiency has the potential to impact all residents.  Administrator, DON and interdisciplinary team will review a revise as necessary the policy and	and id	& 30 2H
	§483.15(d)(1) Notice is nursing facility transfer the resident goes on the nursing facility must puther resident or resident specifies— (i) The duration of the any, during which the return and resume restacility; (ii) The reserve bed papalan, under § 447.40 (iii) The nursing facility bed-hold periods, which paragraph (e)(1) of this resident to return; and (iv) The information spot this section.  §483.15(d)(2) Bed-hold the time of transfer of hospitalization or there	state bed-hold policy, if resident is permitted to sidence in the nursing ayment policy in the state of this chapter, if any; y's policies regarding the must be consistent with its section, permitting a pecified in paragraph (e)(1)			DON or designee will provide education to all staff responsible providing Notice of Bed Hold Polis 8/30/24.  DON or designee will perform aud on all transfers to ensure there is adequate documentation and collaboration with family for foweeks and once per month for two months following if there is any discrepancies.  DON or designee will present find from audit for three months at QA meetings for review until the QAP team advises to discontinue the audits.	cy by dits our o	
	facility must provide to resident representative						
ABORATORY	IRECTOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: B3IC11

Facility ID: 0022

Administrator

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							ı	С
***************************************		435080	B. WING				08/	08/2024
NAME OF P	ROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE			
BETHESDA OF BERESFORD				606 W CEDAR				
				BER	ESFORD, SD 57004			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	2	(X5) COMPLETION DATE
F 625	Continued From page	e 1	F 6	525				
	specifies the duration	of the bed-hold policy						
		oh (d)(1) of this section.						
	This REQUIREMENT is not met as evidenced by:							
	Based on record rev	iew, 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							
	emergency departme	ntl.						
	Findings include:							
	Review of resident 1's electronic medical							
		ergency room evaluation on						
	4/4/24. *Resident 1 was hosp and stomach pain.	oitalized for nausea/vomiting	W					
	-	act had been notified on						
7.50	4/4/24 of the need for evaluation.							
	*There had not been	any documentation found						
		of the resident's bed hold.						
	2. Review of resident							
	6/20/24.	ergency room evaluation on	3					
	bleeding.	italized for gastrointestinal						
		y (POA) was notified on		ŀ				
		r an emergency room					İ	
	evaluation.							
		any documentation found					***	
	regarding notification	of the resident's bed hold.						
- PANAMA	3. Review of resident							
	*She required an eme 3/24/24.	rgency room evaluation on					WATER STREET	
	*Resident 3 was hosp unknown organism.	italized for sepsis of						

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F 625	*Her POA was notified hospitalization. *There had not been regarding notification.  4. Review of resident He required an emet 4/14/24.  *Resident 4 was hos His POA was notified hospitalization.  *There had not been regarding notification.  5. Interview on 8/8/24 administrator A regarding residents that required Residents who had room and required horeceived a bed hold in April She thought the busthe bed holds in April She thought the busthe bed hold notices, She agreed the bed to the residents when hospital.  6. Review of the prove Admission/Bed hold/frevealed:  *"A bed will be held for absence from the factor responsible party a base room rate. The will be asked to sign of bed hold policy within Department of Social	any documentation found of the resident's bed hold.  It 4's EMR revealed: regency room evaluation on pitalized for pneumonia. It don't 4/24 of the need for any documentation found of the resident's bed hold.  It at 9:10 a.m. with ding the bed hold for and hospitalization revealed: been sent to the emergency espitalization should have notice. In was responsible for doing the was not doing them, hold notices were not given they transferred to the lider's undated Resident.	F	225			

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F 625	days if the absence is acute care general ho 15 days if the absence	s due to admission to an ospital, and a maximum of e is for a therapeutic home e has been provided for in	F6	225			