South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	69773	A. BUILDING: _____ B. WING _____	01/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OLSON HOME	1213 RACINE ST RAPID CITY, SD 57701

(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/Noncompliance An initial survey for compliance with the Administrative Rules of South Dakota, Article 44:82, Community Living Home, requirements for community living homes, was conducted on 1/18/23 and on 1/31/23. The Olson Home was found not in compliance with the following requirements: S015, S018, and S085.	S 000		
S 015	44:82:01:08 Reports Each owner or operator shall report any incident or event where there is reasonable cause to suspect abuse or neglect of any resident by any person within 24 hours of becoming informed of the alleged incident or event. The owner or operator shall report each incident or event orally or in writing to the state's attorney of the county in which the home is located, to the Department of Human Services, or to a law enforcement officer. The owner or operator shall report each incident or event to the department within 24 hours, and conduct a subsequent internal investigation and provide a written report of the results to the department within five working days after the event. This Administrative Rule of South Dakota is not met as evidenced by: Based on interview and record review, the provider failed to ensure for one of one resident (2) who had a fall with injury the following had occurred: *Reporting to the department the events related to the resident's fall that had resulted in a hip fracture. *Investigating for the fall that had required medical intervention. *Documenting the investigation for the incident and the interventions that had been completed at	S 015		

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

Magdalena Olson | 2/14/23

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S 015	Continued From page 1 the time of the incident. Findings include: 1. Interview and review of resident 2's care record on 1/18/23 at 12:05 p.m. with owner A revealed: *The resident had fallen in the bathroom on 12/2/22. *She had called 911 as she was not able to get the resident up from the floor. *Emergency services transported the resident to the hospital where it was determined he had fractured his hip and required surgery. *The resident has remained at a local rehabilitation center where he receives therapy and has not returned to the the home. *She had not investigated the circumstances that led up to the fall. *She had not reported the resident's fall with an injury to the South Dakota Department of Health (SD DOH). *She was unaware she should have reported an incident like that to the SD DOH. *There was no documentation in the resident's care record regarding the fall, the notification to 911, to his physician, or his status after surgery. Review of the provider's policy manual revealed no information on what the provider would do in the event of a resident fall with an injury.	S 015	The owner will report any resident falls with an injury or events with potential for abuse or neglect of any resident to the SD Department of Health within 24 hours of the incident. The owner will conduct an investigation for any resident falls to determine the cause of the fall. The results of the investigation will be reported to the department within five days. All documenation will be maintained on the premises The owner will contact the complaint deparment with SD DOH to receive education on the reporting requirements. The owner will develop a reporting policy.	3/22/23
S 018	44:82:01:08 Reports Each owner or operator shall also report to the department as soon as possible any fire with damage or where injury or death occurs; any partial or complete evacuation of the home resulting from natural disaster; or any loss of utilities, such as electricity, natural gas, telephone services, fire alarm, and other critical equipment	S 018		

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S 018	Continued From page 2 necessary for operation of the community living home for more than 24 hours. This Administrative Rule of South Dakota is not met as evidenced by: Based on interview, record review, and policy review, the owner failed to report an incident to South Dakota Department of Health (SD DOH) when they had to evacuate the premises on two occasions, on 11/28/22 and again the week of January 8, 2023 following a sewer pipe break. Findings include: 1. Interview, regulation review, motel receipt review, and policy review with owner A on 1/18/23 at 11:30 a.m. revealed: *The sewer line broke in November 2022 causing them to evacuate the premises and to stay in a motel for two nights. *The breakage caused a flood in the kitchen and bathroom making them unusable. *The sewer line broke under the kitchen floor and the flooring had to be replaced following the repairs. *Review of the motel receipts revealed they had checked into the motel on 11/28/22 and departed on 11/30/22. *The plumbing company returned the week of Janaury 8, 2023 to finish the repairs in the bathroom and they had to evacuate to the motel for a night during those repairs. *She was not aware the evacuation should have been reported to the SD DOH and she was shown by this surveyor the specific Community Living Home regulation. *Review of the policy manual revealed no policy to when to notify SD DOH.	S 018	In the event of an evacuation of The Olson Home the owner will notify the SD Department of Health as soon as possible. An incident report will be filed and kept on record. The owner will contact the complaint department with SD DOH to received education on the reporting requirements. The owner will develop a reporting policy.	3/22/23

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S 085	Continued From page 3	S 085		
S 085	44:82:06:03(1-8) Residential agreement If the model template is not used, at a minimum, the residential agreement shall include: (1) A list of services available in the home and the charges for those services. The owner or operator shall specify items and services that are included in the services for which the resident may not be charged, those other items and services that the home offers and for which the resident may be charged, and the amount of any charges; (2) A description of how a resident may protect personal funds; (3) A list of names, addresses, and telephone numbers of resident advocates; (4) A description of how to file a complaint with the department concerning abuse, neglect, and misappropriation of resident's property; (5) A description of how the resident can contact the resident's physician, physician's assistant, or nurse practitioner, including the name and specialty of the physician; (6) A description of how to apply for and use Medicare and Medicaid benefits, and the right to establish eligibility for Medicaid, including the address and telephone number of the nearest office of the South Dakota Department of Social Services and of the United State Social Security Administration; (7) A description of the bed-hold policy that indicates the length of time the bed will be held for the resident, any policies regarding the held bed, and readmission rights of the resident; and (8) A description explaining the responsibilities of the resident regarding self-administered medication. This Administrative Rule of South Dakota is not met as evidenced by:	S 085		

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S 085	Continued From page 4 Based on record review and interview, the provider failed to inform two of two sampled residents (1 and 2) upon admission the following specific resident right requirements how: *To file a complaint to the South Dakota (SD) Department of Health (DOH). *Contact their physician. *Apply for Medicare or Medicaid. *Locate information for the SD Department of Social Services or the nearest office. *Contact the local or state ombudsman. *Locate information for the nearest United States Social Security Administration office. Findings include: 1. Review of residents 1 and 2's entire care records revealed no information on how to: *File a complaint to the South Dakota (SD) Department of Health (DOH). *Contact their physician. *Apply for Medicare or Medicaid. *Locate information for the SD Department of Social Services or the nearest office. *Contact the local or state ombudsman. *Locate information for the nearest United States Social Security Administration office. Review of the SD DOH website specific for the community living home admission template and interview on 1/18/23 at 1:45 p.m. with owner A confirmed the above information was not provided to the residents upon admission or listed on the provider's admission agreement.	S 085	The owner will revise the admission agreement to include the following information: The names, addresses, and telephone number for resident advocates. How to file a complaint concerning abuse, neglect, and misappropriation of residents property. The owner will provide the fomr to file a complaint and provide them the SD Department of Health address, phone numbers for the complaint department. The owner will provide the resident, POA, representative all names, phone numbers and addresses for their priary medical provider. The owner will explain the fundings, sources that may be available and provide them the address, phone number of the nearest office of the SD Department of Social Serives and the Social Security administration. Current residents or their representative will sign the revised admission agreement to ensure they are aware of the information. Future residents or their representative will receive and sign a copy of the admission agreement prior to or at the time of their admission	3/22/23