

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/15/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GARDEN HILLS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 905 S. 34TH STREET SPEARFISH, SD 57783
--	--

(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	<p>Compliance Statement</p> <p>A complaint survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted on 8/15/23. Areas surveyed included nursing services and administration/personnel. Garden Hills Assisted Living was found not in compliance with the following requirements: S337, S680, S683, and S685.</p>	S 000		
S 337	<p>44:70:04:11 Care policies</p> <p>Each facility shall establish and maintain policies, procedures, and practices that follow accepted standards of professional practice to govern care, and related medical or other services necessary to meet the residents' needs.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, job description review, and policy review, the provider failed to ensure: *One of one director/unlicensed medication aide (UMA) B had not directed a change in the medication administration for one of one sampled resident's (1) narcotic pain medication be changed from a PRN (as needed) basis to a scheduled basis without a practitioner's order. *One of one resident aide (RA) (D) had not administered one of one sampled resident's (1) narcotic pain medication without proper training and certification to perform that task. Findings include: 1. Observation on 8/15/23 at 6:00 a.m. of the medication cart revealed: *An undated Post-It note on top of the medication cart with a handwritten not of: "...please have</p>	S 337	<p>The owner A, RN C, and Director B, will ensure that all staff have read and reviewed their job description and duties. Director B and RN C will make no changes to any resident's medication administration without proper documentation from each resident's individual physician in the form of an order in accordance with the facility's self-administration of medications policies and procedures which has been updated. RN C, Owner A, and Director B will be reviewing the self administration of medications are in compliance with the policy and procedures, i.e. proper physician orders and RN assessments for each resident who has a order to self administer medications for 4 weeks, then monthly to ensure the POC is being followed. Also updated is the facility's administration of medications policies and procedures. There has been a UMA or medication aide job description policy formed that all staff will sign acknowledging their own/each individual job description. This will be reviewed by RN C, Owner A, and Director B before the 29th of September of 2023. There will be no further post it notes used as a form of communication between director and staff in regards to medication administration but rather only the signed physician's order pertaining to that specific resident. All documentation for medication orders or administration will be kept in each individual resident's chart. RN C, owner A, and director B will ensure that each order for any resident who has an order to self administer medications is kept in each individual resident's chart during Q&A every month.</p>	09-29-2023

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

TITLE

(X6) DATE

Andrea Dobson

Owner/Administrator

09-14-2023

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/15/2023	
NAME OF PROVIDER OR SUPPLIER GARDEN HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 905 S. 34TH STREET SPEARFISH, SD 57783		
(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 337	<p>Continued From page 1</p> <p>graveyard [staff who had worked 11:00 p.m. to 7:00 a.m.] wake her [resident 1] up @ 0300 [3:00 a.m.] to take PRN Oxy [Oxycodone, (a narcotic pain reliever)] to see if helps with early AM pain." -Director/UMA B's name was at the bottom of that note.</p> <p>Review of resident 1's care record revealed: *A written communication dated 7/5/23 that had been faxed to resident 1's practitioner requesting her PRN oxycodone dose be scheduled for daily administration at 3:00 a.m. -That fax was sent by director/UMA B and co-signed by consulting registered nurse C.</p> <p>Interview on 8/15/23 at 9:45 a.m. with consulting registered nurse C revealed: *She had not known about the handwritten Post-It note on the medication cart referred to above. -It was not a practitioner's order and should not have been followed by UMAs as if it had been. *She expected director/UMA B had discussed resident 1's PRN oxycodone needs with her prior to having placed that note on the cart.</p> <p>Interview on 8/15/23 at 10:30 a.m. with director/UMA B revealed: *There had been no new practitioner order regarding resident 1's PRN oxycodone received after that 7/5/23 fax referred to above had been sent. -That practitioner planned on addressing any changes to the resident's oxycodone orders during their next scheduled visit with the resident that had not yet occurred. *She should not have left the Post-It note referred to above on the medication cart. -It was being followed by the UMAs as if it had been a practitioner's order but it was only information.</p>	S 337	<p>Continued -</p> <p>Resident 1 now has a signed physician's order to self-administer 5mg Oxycodone as well as keep it bedside. RN C has assessed resident 1 to ensure that she is appropriate to keep this medication at bedside and self-administer. This documentation is to be kept in resident's chart and to be reviewed monthly by RN C. RA D will sign and review her current RA job description by 9-29-23 to ensure that she is aware of what her duties are and not go outside of her scope of care in which she provides. RA D will review form posted by employee schedule as well as a in policy and procedures on who to call if a resident is in need of a PRN medication and no UMA is on shift at that time. She will be informed to call UMA G, UMA H, or Director B to come and administer any requested medication. UMA G, UMA H, and Director B will also review form to acknowledge their duties. RN C, Owner A, and Director B will review in Q&A that all staff has reviewed and signed their each individual job description for one month until all employees have completed, then will be reviewed again upon new hires.</p>	

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/15/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GARDEN HILLS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 905 S. 34TH STREET SPEARFISH, SD 57783
--	--

(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 337	<p>Continued From page 2</p> <p>2. Interview on 8/15/23 at 6:15 a.m. with RA D regarding the Post-It note referred to above revealed: *She worked the graveyard shift. *The process for ensuring resident 1 had received the 3:00 a.m. oxycodone dose included the following: -A UMA from the evening shift (3:00 p.m. to 11:00 p.m.) had placed that oxycodone tablet in a medication cup and left it in resident 1's room before the end of their shift. -RA D ensured the resident was awakened at 3:00 a.m. to "take that medication". -"Take that medication" had meant RA D used a spoon to remove the medication from the medication cup then placed the spoon in the resident's mouth so the resident was able to swallow the pill without dropping it. *She administered resident 1's oxycodone by performing the actions she described above. -Those actions had been outside the scope of her RA job responsibilities and should not have been performed.</p> <p>Interview on 8/15/23 at 9:45 a.m. with consulting registered nurse C revealed: *She was unaware a staff member other than a UMA had administered a resident medication. -RA D had not been trained and certified to perform medication administration.</p> <p>Interview on 8/15/23 at 10:15 a.m. with director/UMA B regarding RA D revealed: *She was unaware that RA D had been administering resident 1's oxycodone at 3:00 a.m. -Only UMAs were qualified to administer medications. *RA D should have: -Determined if a UMA was working in the</p>	S 337		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/15/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GARDEN HILLS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 905 S. 34TH STREET SPEARFISH, SD 57783
--	--

(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 337	<p>Continued From page 3</p> <p>adjacent building and had a UMA administer resident 1's medication. -She could have called UMAs D and E who lived across the street or any other UMA, including herself, to administer that medication.</p> <p>Review of the revised July 2014 Resident Aide job description had not included medication administration as a requirement for that job.</p> <p>Review of the revised May 2019 Medication policy revealed: "1. All medication must have a written, signed order from the Physician."</p>	S 337		
S 680	<p>44:70:07:08 Medication records and administration</p> <p>Medication administration records must be used and regularly checked against the physician, physician assistant, or nurse practitioner's orders. Each medication administered must be recorded in the resident's medical record and signed by the individual responsible.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, record review, interview, RN (registered nurse)/Nursing contract review, and policy review, the provider failed to ensure the following: *Appropriate documentation was completed for one of one sampled resident (1) who had taken a PRN (as needed) medication since at least 7/5/23. *One of one unlicensed medication aide (UMA) (1) had not documented administration of one of one sampled resident's (1) PRN medication that she had not administered.</p>	S 680	<p>All staff will review and sign administration of medications policy and procedures and this will be reviewed by RN C, Owner A, and director B, by 09-29-2023. RN C will educate UMA I and all UMA staff to discuss proper medication administration in medication administration records by 09-29-23 to address the following: Completing appropriate documentation of PRN medication that UMA I had not administered, not leaving any medication that does not have the proper documentation from a physician or RN C in a resident's room unsecured, and how to properly document the following information - What time the medication was administered, why the medication was administered, the result/resident's response after taking said administered medication, and documenting a pain rating. RN C will weekly review medication administration records for all residents at Garden Hills Assisted Living to ensure proper documentation of all medications for 4 weeks, then monthly indefinitely in the Q& A along with director B and owner A to ensure the POC is being followed.</p>	09-29-2023

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/15/2023
NAME OF PROVIDER OR SUPPLIER GARDEN HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 905 S. 34TH STREET SPEARFISH, SD 57783		
(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 680	<p>Continued From page 4</p> <p>*One of one sampled resident's (1's) narcotic medication had been left unattended regularly by staff and was not kept secured from unauthorized individuals. Findings include:</p> <p>1. Observation on 8/15/23 at 6:00 a.m. of the medication cart revealed: *An undated Post-It note on top of the medication cart with a handwritten note of: "...please have graveyard [staff who had worked 11:00 p.m. to 7:00 a.m.] wake her [resident 1] up @ 0300 [3:00 a.m.] to take PRN [as needed] Oxy [Oxycodone, (a narcotic pain reliever)] to see if helps with early AM pain." -Director/UMA B's name was at the bottom of that note.</p> <p>Review of resident 1's August 2023 Medication Administration Record (MAR) revealed: *A 5 milligram PRN oxycodone order included: "Take 1/2 tablet by mouth 2 times a day as needed for pain scale 8-10/10 [pain intensity between 8 and 10 based on a scale from 1 to 10 with 10 being the worst possible pain]." -That practitioner's order had not indicated the medication was to have been left at the resident's bedside or the resident had been capable of self-administering it herself. *That PRN oxycodone had been administered daily between 8/1/23 and 8/14/23. *On the back side of the MAR was a place for the UMA to have documented the following information: -At what time that PRN medication had been administered. -Why that PRN medication had been administered. -The results/resident's response after having taken that PRN medication.</p>	S 680	<p>Continued - RN C will review her RN contract/ agreement with Garden Hills Assisted Living and sign acknowledging her duties and expectations. This is to include: Assuring that medication administration records are kept and will be checked regularly with physician orders, assuring that medications are administered and documented and signed by the UMA and reviewed by the RN. This will be completed by 09-29-23. RN C will also review administration of medications policy and procedure and sign acknowledging proper step by step instructions for administering medications. RN C will also review and sign narcotic medication policy. A UMA job description has been formed and will be reviewed by all staff as well as RN C by 09-29-23. RN C and all staff reviews will be reviewed by RN C, Owner A, and Director B in Q&A weekly for 4 weeks. There will be no further post it notes used as a form of communication between director and staff in regards to medication administration but rather only the signed physician's orders pertaining to that specific resident. All documentation for medication orders or administration will be kept in each individual resident's chart. This will be reviewed weekly indefinitely by RN to ensure proper POC is followed.</p>	

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/15/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GARDEN HILLS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 905 S. 34TH STREET SPEARFISH, SD 57783
--	--

(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 680	<p>Continued From page 5</p> <p>-A pain rating. *None of that information had been documented during the months of July 2023 or August 2023 for the administration of the oxycodone.</p> <p>2. Interview on 8/15/23 at 6:15 a.m. with RA D regarding the Post-It note referred to above revealed: *During the evening shift on 8/14/23: -UMA I had placed a PRN oxycodone table in a medication cup and left it in resident 1's room before the end of her shift at 11:00 p.m. -RA D was expected to ensure that resident was awakened at 3:00 a.m. on 8/15/23 to "take that medication" that had been prepared for her by UMA I. *That oxycodone tablet had been left unattended in resident 1's room for at least four hours (from 11:00 p.m. to 3:00 a.m.). -During that time the oxycodone could have been diverted by an unauthorized resident or staff person.</p> <p>Interview on 8/15/23 at 9:45 a.m. with consultant registered nurse C regarding resident 1 revealed she had: *Seen residents in both of the Garden Hills buildings on a weekly basis and met with director/UMA B during those visits to discuss resident needs and any nursing-related concerns. *Not known about the Post-It note referred to above. -Expected director/UMA B had called or spoke with her personally regarding resident 1's pain management concerns. -Not expected a UMA to have signed a resident medication as having been given when that UMA had not administered it. -Not expected someone other than a UMA to have administered a resident medication.</p>	S 680		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/15/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GARDEN HILLS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 905 S. 34TH STREET SPEARFISH, SD 57783
--	--

(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 680	<p>Continued From page 6</p> <p>-Not expected a narcotic medication to have been left at a resident's bedside.</p> <p>*Not routinely reviewed residents' MARs for medication changes, medication discrepancies, or appropriate medication administration documentation, but should have.</p> <p>3. Interview and review of resident 1's August 2023 MAR on 8/15/23 at 10:15 a.m. with director/UMA B revealed:</p> <p>*UMA I had initialed the MAR on 8/14/23 for the PRN oxycodone.</p> <p>-Initialing that MAR meant she administered the medication on that date, but she had not administered that medication.</p> <p>*The oxycodone had actually been administered on 8/15/23 at 3:00 a.m. by another staff person.</p> <p>*Director/UMA B stated she had not known:</p> <p>-UMA I had prepped the medication but had not administered resident 1's PRN oxycodone.</p> <p>-UMA I had documented administering the PRN oxycodone when she had not.</p> <p>-None of the UMAs who had administered the PRN oxycodone had met her documentation expectations by completing the backside of the MAR with appropriate information.</p> <p>-The PRN oxycodone had been left unattended in resident 1's room and could have been diverted by an unauthorized resident or staff person.</p> <p>Review of the RN/Nursing Contract agreement between Garden Hills Assisted Living and consultant RN C signed on 1/31/21 revealed among services she had been expected to provide included the following:</p> <p>*Assure that medication administration records are kept and will be checked regularly against the physician's orders.</p> <p>*Assure that medications are administered and are documented and signed by the UMA and</p>	S 680		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/15/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GARDEN HILLS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 905 S. 34TH STREET SPEARFISH, SD 57783
--	--

(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 680	<p>Continued From page 7</p> <p>reviewed weekly by the licensed RN.</p> <p>Review of the revised January 2023 Administration of Medications policy revealed: *The step-by-step procedure for medication administration included the expectation that after a medication was taken by the correct resident, the UMA observed the resident take the medication without difficulties and then placed initials on the MAR indicating that the medication had been administered.</p> <p>Review of the revised June 2014 Narcotic Medication (Controlled Drugs) policy revealed: "Medication diversion [stealing] is a crime and punishable by law. The care for these medications is our responsibility and must not be taken lightly."</p> <p>A UMA job description was requested of director/UMA B on 8/15/23 at 12:15 p.m. but there was none provided at the time of the survey.</p>	S 680		
S 683	<p>44:70:07:08 Medication records and administration</p> <p>A person may not administer medications prepared by another person, other than a pharmacist.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and job description review, the provider failed to ensure one of one resident aide (RA) (D) had not administered medications prepared by one of one unlicensed medication aide (UMA) (I) for one of</p>	S 683	<p>RN C will educate all employees, along with UMA I and RA D to review their job descriptions as well as administration of medication policy and procedure to ensure that they are aware/ in compliance with 44:70:07:08 Medication records and administrative rule of South Dakota that a person may not administer medications prepared by another person, other than a pharmacist. There will be no further post it notes used a form of communication between the director and staff in regards to medication administration but rather only the signed physician's orders pertaining to that specific resident. All documentation for medications will be kept in each individual resident's chart. This will be reviewed weekly indefinitely by RN to ensure proper POC is followed.</p>	09-29-2023

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/15/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER
GARDEN HILLS ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
905 S. 34TH STREET
SPEARFISH, SD 57783

(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 683	Continued From page 8 one sampled resident (1). Findings include: 1. Observation on 8/15/23 at 6:00 a.m. of the medication cart revealed: *An undated Post-It note on top of the medication cart with a handwritten note of: "...please have graveyard [staff who had worked 11:00 p.m. to 7:00 a.m.] wake her [resident 1] up @ 0300 [3:00 a.m.] to take PRN [as needed] Oxy [Oxycodone, (a narcotic pain reliever)] to see if helps with early AM pain." -Director/UMA B's name was at the bottom of that note. Interview on 8/15/23 at 6:15 a.m. with RA D regarding the Post-It note referred to above revealed: *She had worked the graveyard shift. *During the evening shift on 8/14/23: -UMA I had placed a PRN oxycodone tablet in a medication cup and left it in resident 1's room before the end of her shift at 11:00 p.m. -RA D ensured the resident was awakened at 3:00 a.m. on 8/15/23 to "take that medication" prepared by UMA I. --"Take that medication" had meant RA D used a spoon to remove the medication from the medication cup then placed the spoon in the resident's mouth so the resident was able to swallow the pill without dropping it. *RA D had been a UMA in the past and had known that administering medication that was prepared by another staff member (UMA I) was outside the scope of her RA job responsibilities and should not have been performed. Interview on 8/15/23 at 9:45 a.m. with consultant registered nurse C revealed she: *Agreed no UMA should have administered a resident medication they had not prepared	S 683	Continued - RA D and all other employees will sign and review their current RA job/UMA description by 09-29-2023 to ensure that they are aware of what their duties are and to not go outside of their scope of care in which they provides. RA D and all other employees will review form posted by employee schedule as well as in policies and procedures on who to call if a resident is in need of a PRN medication and no UMA is on shift at that time. All staff will be informed to call UMA G, UMA H, or director B to come and administer any requested medication. UMA G, UMA H, and Director B will also review form to acknowledge their duties.	

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/15/2023
NAME OF PROVIDER OR SUPPLIER GARDEN HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 905 S. 34TH STREET SPEARFISH, SD 57783		
(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 683	Continued From page 9 themselves. *Had not known a staff member other than a UMA had administered resident 1's PRN oxycodone. -RAs were expected to contact a UMA for medication administration needs during those shifts when a UMA had not been scheduled to work. Interview on 8/15/23 at 10:15 a.m. with director/UMA B regarding RA D revealed: *She was unaware that RA D had administered resident 1's PRN oxycodone that was prepared by UMA I. -No staff member should have administered a medication that they had not prepared themselves. *She assumed only UMAs should have been administering resident 1's PRN oxycodone. Review of the revised July 2014 Resident Aide job description had not included any aspect of administrating resident medications as a requirement for that job.	S 683		
S 685	44:70:07:09 Self-administration of drugs A resident with the cognitive ability to understand may self-administer medications. At least every three months, the licensed nurse, the physician, physician assistant, or nurse practitioner shall evaluate and record the continued appropriateness of the resident's ability to self-administer medications. The determination must state whether the resident or the nursing staff is responsible for storage of the drug and include documentation of its administration in accordance with the provisions of chapter 44:70:07. A resident may	S 685		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/15/2023
NAME OF PROVIDER OR SUPPLIER GARDEN HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 905 S. 34TH STREET SPEARFISH, SD 57783		
(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 685	Continued From page 10 self-administer drugs if the registered nurse, if applicable, and physician, physician assistant, or nurse practitioner have determined the practice is safe. No resident may keep medications on the resident's person or in the resident's room without a medication order allowing self-administration. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, care record review, interview, and policy review, the provider failed to ensure one of one sampled resident (1) had: *Been assessed for her ability to self-administer one of one narcotic medication (oxycodone). *Practitioner's orders to have kept the oxycodone medication at her bedside. Findings include: 1. Observation on 8/15/23 at 6:00 a.m. of the medication cart revealed: *An undated Post-It note on top of the medication cart with a handwritten note of: "...please have graveyard [staff who had worked 11:00 p.m. to 7:00 a.m.] wake her [resident 1] up @ 0300 [3:00 a.m.] to take PRN [as needed] Oxy [Oxycodone, (a narcotic pain reliever)] to see if helps with early AM pain." -Director/unlicensed medication aide (UMA) B's name was at the bottom of that note. Interview on 8/15/23 at 6:15 a.m. with resident aide (RA) D regarding the PRN oxycodone referred to above revealed: *A UMA from the evening shift had placed that oxycodone tablet in a medication cup and left it in resident 1's room before the end of her shift at 11:00 p.m. *It was RA D's responsibility during her graveyard	S 685	Resident 1 has been assessed for her ability to self administer narcotic medication oxycodone 1/2 tab (2.5mg) per orally at 0300 and Physician's order states that it is okay to keep at bedside. This order was signed 08-21-2023. RN C has also assessed resident for self-administering of this medication as well as her levothyroxine, eye drops, nebulizer treatments, tylenol, and ayr nasal gel on 09-01-2023 where she found that the resident is appropriate to continue with the self administration of these medications. These documents are to be kept in resident's charts following self administration policy and procedure. All self administration of each and every resident's medication will be reviewed monthly by RN C to make sure each medication is in accordance with the POC. This will be reviewed in Q&A every week for 4 weeks, then monthly indefinitely.	09-29-2023

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/15/2023
NAME OF PROVIDER OR SUPPLIER GARDEN HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 905 S. 34TH STREET SPEARFISH, SD 57783		
(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 685	<p>Continued From page 11</p> <p>shift to ensure resident 1 was awakened and reminded to take that medication at 3:00 a.m.</p> <p>Review of resident 1's August 2023 Medication Administration Record (MAR) revealed: *A PRN oxycodone order for a 5 milligram tablet. "Take 1/2 tablet by mouth 2 times a day as needed." -There were no instructions for that PRN oxycodone to have been left at the resident's bedside or that the resident was able to have self-administered that medication herself.</p> <p>Review of resident 1's care record revealed: *A written communication dated 7/5/23 that had been faxed to resident 1's practitioner requesting her PRN oxycodone dose to have been scheduled for daily administration at 3:00 a.m. and that PRN oxycodone tablet be kept at her bedside. *The fax had been responded to by the resident's practitioner on 7/5/23, but included no new orders related to her PRN oxycodone. *A 7/23/23 medication self-administration assessment had been completed by consultant registered nurse (RN) C. -Resident 1 had been assessed and determined able to have self-administered her Levothyroxine, eye drops, and nebulizer treatments, but her ability to have self-administered her PRN oxycodone had not been assessed.</p> <p>Interview on 8/15/23 at 9:45 a.m. with consultant RN C regarding resident 1 revealed she had: *Seen residents in both of the Garden Hills buildings on a weekly basis and met with director/UMA B during those visits to discuss resident needs and any nursing-related concerns. *Had not known the resident had been receiving her PRN oxycodone on a scheduled basis or that</p>	S 685		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/15/2023
NAME OF PROVIDER OR SUPPLIER GARDEN HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 905 S. 34TH STREET SPEARFISH, SD 57783		
(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 685	<p>Continued From page 12</p> <p>it had been being left at her bedside.</p> <p>*Confirmed resident 1 should have been assessed for self-administration of that PRN oxycodone and there should have been orders for that PRN oxycodone to have been kept at the resident's bedside.</p> <p>Interview on 8/15/23 at 10:15 a.m. with director/UMA B revealed:</p> <p>*Resident 1's practitioner had planned on addressing any changes to the PRN oxycodone order during their next resident visit.</p> <p>*She had not known the PRN oxycodone was being left at the resident's bedside by the evening shift.</p> <p>-Resident 1 should have been assessed for ability to have self-administered that PRN oxycodone and there should have been a practitioner's order for that PRN oxycodone to have been left at her bedside.</p> <p>*She thought UMAs had been administering that 3:00 a.m. dose.</p> <p>Review of the revised June 2014 Resident Self-Administration of Medication policy revealed:</p> <p>"(1) To be able to self-administer any form of medication, prescription or over-the-counter, a Dr's order must be obtained agreeing resident may self-administer."</p> <p>*There was no mention about leaving medications at a resident's bedside.</p>	S 685		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/17/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GARDEN HILLS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 905 S. 34TH STREET SPEARFISH, SD 57783
---	--

(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}	<p>Compliance Statement</p> <p>An onsite revisit survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers was conducted from 10/16/23 through 10/17/23 for deficiencies cited on 8/15/23. All deficiencies have been corrected, and no new noncompliance was found. Garden Hills Assisted Living is in compliance with all regulations surveyed.</p>	{S 000}		
---------	---	---------	--	--

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

TITLE

(X6) DATE