

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

PRINTED: 01/22/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435070</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>AVERA SISTER JAMES CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2111 WEST 11TH STREET YANKTON, SD 57078</b>	
(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 000	INITIAL COMMENTS	F 000		
F 554 SS=D	<p>Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7)</p> <p>§483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and policy review, the provider failed to ensure:</p> <p>*Two of two sampled residents' (80 and 330) had been assessed to determine their ability to have safely self-administered those medications and a physician's order to self-administer those medications.</p> <p>*One of one sampled resident (330) who stored a self-administered medication at his bedside had a physician's order to have stored that medication at his bedside.</p> <p>Findings included:</p> <p>1. Observation and interview on 1/7/25 at 9:32 a.m. with resident 330 revealed:</p> <p>*Resident 330 was seated on the edge of the bed with a face oxygen mask on.</p> <p>*He was on 6 liters of oxygen.</p> <p>*Stated he had a bloody nose that morning.</p> <p>-Stated his nose would often get dry from the oxygen, and would bleed.</p> <p>*There was a prescription nasal spray on the</p>	F 554	<p><b>F554</b></p> <p>Facility reviewed the current self-administration Policy. Identified residents were assessed and orders obtained on 1/10/2025. All other residents were assessed for self-administration was being followed according to facility policy and procedures. Inservices will be completed for Nurses and medication aides by Nurse Educator by 2/15/2025 on Self-administration policies and procedures. Monitoring audits of self-administration process will be completed by RN Household Coordinator weekly X4 weeks, then monthly X3 months, then quarterly X3 quarters. RN Household Coordinators will report findings to Director of Quality for compiling and submitting to QAPI Committee for review and recommendations during routine QAPI meetings.</p>	2/15/2025

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



TITLE

Vice President - Senior Services

(X6) DATE

1/27/2025

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.

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F 554	<p>Continued From page 1 bedside table. *Resident 330 stated he used that nasal spray every morning for his dry nose.</p> <p>Review of resident 330's electronic medical records (EMR) revealed: *He was admitted to the facility on 10/18/24. *His diagnoses included: acute congestive heart failure, acute respiratory failure, chronic obstructive pulmonary disease, oxygen use, and hypertension. *A request was sent to the physician for an order for the nasal spray on 11/20/24. *There was no documented assessment completed for the resident to determine his ability to safely self-administer the nasal spray. *There was no physician's order for the resident to self-administer the nasal spray or to have it kept at his bedside.</p> <p>Interview on 1/8/25 at 7:54 a.m. with registered nurse (RN) supervisor C revealed: *She was unaware resident 330 was self-administering the nasal spray. *She was responsible for the completion of a medication self-administration assessment for resident 330.</p> <p>2. Observation and interview on 1/6/25 at 4:39 p.m. in resident 80's room revealed: *A nebulizer machine (a medical device that delivers liquid medication that forms a fine mist for inhalation) sat on her bedside table. -She used that machine daily to administer her breathing treatments.</p> <p>Review of resident 80's EMR revealed: *Her diagnoses included chronic respiratory</p>	F 554			

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F 554	<p>Continued From page 2</p> <p>failure with hypoxia (low levels of oxygen in the body tissues). *Her physician's orders included nebulizer treatments that were scheduled three times a day and as needed every four hours. -There was no physician's order for her to have self-administered her nebulizer treatment.</p> <p>Observation on 1/7/25 at 2:45 p.m. outside of resident 80's room revealed: *She was self-administering a breathing treatment using her nebulizer machine. *RN E entered the resident's room, turned off the nebulizer machine, cleaned and properly stored the nebulizer equipment, and then exited the room.</p> <p>Interview on 1/8/24 at 9:30 a.m. with RN E regarding the observation above revealed: *It was her practice to set up the resident's nebulizer machine with the physician-ordered medication, turn the machine on, and allow the resident to self-administer her breathing treatment. *Residents who self-administered a medication were expected to have been assessed to ensure they were safely able to perform that task. -She did not know if a medication self-administration assessment was completed for resident 80.</p> <p>Interview and EMR review on 1/8/25 at 9:35 a.m. with RN supervisor D regarding resident 80's self-administration of her nebulizer treatment revealed: *There was no medication self-administration assessment or physician's order supporting the resident's ability to have safely self-administered her nebulizer treatments but there should have</p>	F 554		

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F 554	Continued From page 3 been.  Review of the provider's revised September 2023 Self-Administration of Medications policy revealed: Policy: "A resident may only self-administer medications after the IDT [interdisciplinary team] has determined which medications may be safely self-administered." Procedure: "C. Determination of the residents' ability to self-administer medication by the IDT will be documented in the resident's medical record and on the care plan. The documentation will also include the participation of the resident and resident representative, if applicable, in the assessment and care plan process." "F. A physician's order will be obtained and recorded in the chart. The order also will include which specific medications can be kept at the bedside. This order is placed on the Resident Status Board."	F 554		
F 926 SS=E	Smoking Policies CFR(s): 483.90(i)(5)  §483.90(i)(5) Establish policies, in accordance with applicable Federal, State, and local laws and regulations, regarding smoking, smoking areas, and smoking safety that also take into account nonsmoking residents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to implement their tobacco free campus policy for three of three sampled residents (66, 115, and 144) who smoked on the provider's property.	F 926	<b>F926 - SMOKING POLICIES</b> Facility reviewed the current Smoking Policy and conducted a meeting on 1/28/2025 with identified residents who smoke to educate on that facility is a Smoke Free Campus and if the residents chooses to smoke they will need to leave AMB Campus. All staff will be educated by 2/15/2025 on Facility No Smoking Policy on the AMB campus and to monitor residents to ensure following our No Smoking Policy on AMB Campus. Staff have been educated to report Residents who are not following policy to Supervisor. Supervisor will report any resident not following No smoking policy to Director of Nursing who in turn will report to QAPI Committee for review and recommendations during routine meetings.	2/15/2025

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F 926	Continued From page 4 Findings include:  1. Observation on 1/7/24 at 8:29 a.m. of resident 144 revealed: *She was seated in a wheelchair with a coat on. *She used the side exit door on the Chalkstone Drive neighborhood to go out to smoke. *The exit door had been propped open and a staff member stood there and monitored her while she smoked a cigarette.  2. Observation and interview on 1/7/25 at 9:56 a.m. with resident 66 in his room revealed: *He smoked and kept his smoking supplies in his room. *The staff would let him out when he wanted to go smoke.  3. Observation on 1/8/25 at 1:01 p.m. of resident 115 revealed: *She had been outside smoking on the facility property. *She discarded her cigarette in the landscaping in the facility parking lot.  4. Interview on 1/8/25 at 8:42 a.m. with registered nurse (RN) supervisor G regarding resident 66's smoking revealed: *He did not keep any supplies in his room and would ask other residents for cigarettes when he wanted to smoke. *He had a smoking assessment completed and was determined to be safe to smoke independently. *He only smoked at night. *She confirmed residents had been smoking "all over", even though they were a tobacco-free campus. *Director of nursing (DON) B had been working	F 926			

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F 926	<p>Continued From page 5</p> <p>on a notice to provide to residents who smoked informing them that smoking would not be allowed on campus.</p> <p>5. Interview on 1/8/25 at 10:43 a.m. with RN supervisor F regarding residents' smoking revealed: *The facility had allowed residents who smoked to use the exit door at the end of the hallway by the fireplaces in each of their neighborhoods. *The side exit doors were unlocked and had a bucket sitting outside for cigarette butts to be extinguished in. *DON B had planned on sending out individual letters to residents who smoked informing them that there would be a ban on smoking.</p> <p>6. Interview on 1/8/24 at 1:55 p.m. with DON B regarding residents smoking revealed: *Residents were originally supposed to smoke at the end of the driveway of the facility. *Since there had been a lot of noncompliance with that by residents who smoked, the facility allowed them to smoke outside of the exit door of their assigned neighborhood. *She planned on sending a notice to residents who smoked that there would be no smoking allowed on campus. *Residents had sat out in the courtyard and in front of the building to smoke. *Smoking assessments were to be completed for residents who wished to go outside and smoke. *If residents were determined unsafe to smoke independently, staff were to assist them outside and monitor them. *Residents' smoking supplies were to be kept in their locked medication drawer in their room or in the nurses station. *Residents were allowed to smoke anytime they</p>	F 926			

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F 926	<p>Continued From page 6 wanted.</p> <p>7. Review of resident 144's electronic medical record (EMR) revealed: *She had a Brief Interview of Mental Status (BIMS) assessment score of 15 which indicated she was cognitively intact. *She was admitted on 5/19/23. *Her diagnoses included bipolar disorder, risk of malnutrition, spinal stenosis (spinal narrowing), and nicotine dependence. *On 10/13/23 her care plan indicated she smoked. *Her smoking evaluation had been completed on 10/18/24 which determined her safe to smoke independently.</p> <p>8. Review of resident 66's EMR revealed: *He had a BIMS assessment score of 15 which indicated he was cognitively intact. *He was admitted on 10/7/22. *His diagnoses included chronic end stage kidney disease, pulmonary vascular disease (chronic circulatory condition), and type II diabetes mellites. *On 4/5/23 his care plan indicated he smoked. *His smoking evaluation had been completed on 2/13/24 which determined him safe to smoke independently.</p> <p>9. Review of resident 115's EMR revealed: *She had a BIMS assessment score of 15 which indicated she was cognitively intact. *Her diagnoses included type II diabetes mellitus, chronic kidney disease stage three, bipolar affective disorder, and schizophrenia. *She was admitted on 5/30/24. *On 5/30/24 her care plan indicated she smoked. *Her smoking evaluation had been completed on</p>	F 926			

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F 926	Continued From page 7 5/30/24 which determined her safe to smoke independently.  10. Review of the provider's welcome booklet dated 9/30/19 given at time of admission revealed: **Smoking is not permitted in the care center or on campus by anyone.  11. Review of the provider's Tobacco Free Campus Policy dated 6/13/23 revealed: **"This policy supports a tobacco free campus to benefit the health, safety, and well-being of all who visit and work at our facilities." **"This includes buildings, walkways, parking lots/ramps, and any public sidewalk or street that falls within campus boundaries." **"This policy applies to employees, physicians, contractors, vendors, visitors, and patients." **"Tobacco-Free signs are posted in appropriate places to inform medical staff, patients, and visitors of this policy." **"Anyone who uses tobacco or smoking type products must leave the property." **" ...tobacco waste will not be left on the properties."	F 926			



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E 000	Initial Comments  A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness requirements for Long Term Care Facilities, was conducted on 1/8/25. Avera Sister James Care Center was found in compliance.	E 000		1/27/2025	

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K 000	INITIAL COMMENTS  A recertification survey was conducted on 1/8/25 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Avera Sister James Care Center was found in compliance.	K 000		1/27/2025

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South Dakota Department of Health

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S 000	<p><b>Compliance/Noncompliance Statement</b></p> <p>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 1/6/25 through 1/8/25. Avera Sister James Care Center was found in compliance.</p>	S 000		1/27/2025
S 000	<p><b>Compliance/noncompliance Statement</b></p> <p>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 1/6/25 through 1/8/25. Avera Sister James Care Center was found in compliance.</p>	S 000		

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