

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/19/2023
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NAME OF PROVIDER OR SUPPLIER SANDSTONE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2010 WINDMILL DRIVE SPEARFISH, SD 57783
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(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
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S 000	Compliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted on 7/17/23 through 7/19/23. Sandstone Senior Living was found not in compliance with the following requirements: S296, and S685.	S 000		
S 296	44:70:04:04 Personnel training Ongoing education programs must cover the required subjects annually. These programs must be completed within 30 days of hire for all healthcare employees and must include the following subjects: <ul style="list-style-type: none"> (1) Fire prevention and response. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, monthly fire drills shall be conducted to provide training for all staff; (2) Emergency procedures and preparedness; (3) Infection control and prevention; (4) Accident prevention and safety procedures; (5) Resident rights; (6) Confidentiality of resident information; (7) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; (8) Nutritional risks and hydration needs of residents; (9) Abuse, neglect, and misappropriation of resident property and funds; (10) Problem solving and communication techniques related to individuals with cognitive impairment or challenging behaviors if admitted and retained in the facility, and; (11) Any additional healthcare employee 	S 296		

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

Heather Wallace



TITLE

Administrator

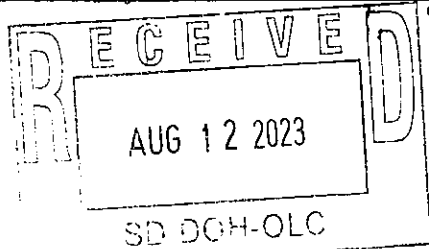
(X6) DATE

08/12/2023

STATE FORM

3R4011

If continuation sheet 1 of 7



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S 296 Continued From page 1

S 296

education necessary based on the individualized resident care needs provided by the healthcare employees to the residents who are accepted and retained in the facility.

This Administrative Rule of South Dakota is not met as evidenced by:

Based on record review, interview, and policy review, the provider failed to ensure
 *Three of five sampled employees (C, D, and F) had completed the required in-service training within 30 days of their hire date.
 *Two of five sampled employees (A and E) had completed the required annual training.
 Findings include:

1. Review of licensed practical nurse C's employee file revealed she:
 *Was hired on 4/3/23.
 *Had not completed orientation training for the following required topics:
 -Infection control and prevention.
 -Accident prevention and safety procedures.
 -Resident rights.
 -Incidents and diseases subject to mandatory reporting and the facility's reporting mechanism.
 -Nutritional risks and hydration.
 -Abuse, neglect, and misappropriation of resident property and funds.
 -Admission and retention of residents with communicable diseases.

2. Review of caregiver D's employee file revealed she:
 *Was hired on 2/23/23.
 *Had not completed orientation training for the following required topics:
 -Accident prevention and safety procedures.
 -Nutritional risks and hydration.

licensed practical nurse C, caregiver D, and activity director F will complete all mandatory new hire education as noted in the survey. administrator A and cook/unlicensed medication aide E will complete all mandatory annual education as required. The administrator will audit all employee files to determine if orientation and annual education has been completed. Any staff members who have not completed their orientation or annual education will complete the mandatory education. Administrator will audit all employee education records quarterly for one year and report audit results to the quality assurance team for further recommendation. All newly hired employee files will be reviewed by the administrator within 30 days of hire to ensure mandatory education has been completed. Audit results will be reported to the quality assurance team quarterly for further recommendation.

9/2/2023

South Dakota Department of Health

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S 296 Continued From page 2 S 296

-Admission and retention of resident with communicable diseases.

3. Review of activities director F's training record revealed he:
 *Was hired on 4/24/23.
 *Had not completed orientation training for the following required topics:
 -Emergency procedures and preparedness.
 -Infection control and prevention.
 -Accident prevention and safety procedures.
 -Resident rights.
 -Confidentiality.
 -Incidents and diseases subject to mandatory reporting and the facility's reporting mechanism.
 -Nutritional risks and hydration.
 -Abuse, neglect, and misappropriation of resident property and funds.
 -Problem solving and communication techniques referring to residents with cognitive impairment or challenging behavior.
 -Admission and retention of residents with communicable diseases.

4. Review of administrator A's training record revealed she:
 *Was hired on 3/20/21.
 *Had not completed annual in-service training on incidents and diseases subject to mandatory reporting and the facility's reporting mechanism.

5. Review of cook/unlicensed medication aide E's training record revealed she:
 *Was hired on 2/24/22.
 *Had not completed annual in-service training for the following required topics:
 -Emergency procedures and preparedness.
 -Accident prevention and safety procedures.
 -Resident rights.
 -Confidentiality.

South Dakota Department of Health

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S 296	Continued From page 3 -Abuse, neglect, and misappropriation of resident property and funds. -Admission and retention of residents with communicable diseases. 6. Interview on 7/19/23 at 7:00 a.m. with administrator A revealed: *The business office manager was responsible for new employee orientation and the annual employee education documentation. *The business office manager was hired in September of 2022 and had terminated their employment two weeks ago. *She agreed initial employee training and annual employee training should have been completed and documented according to the requirements. Review of revised 10/19/17 Staff Education policy revealed: "B. All new employees will receive the following education within 30 days of hire and on an annual basis. 1. Fire prevention-including monthly fire drills 2. Emergency procedures and preparedness 3. Infection control and prevention 4. Accident prevention and safety procedures 5. Resident rights 6. Confidentiality of resident information 7. Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms 8. Abuse/neglect prevention and reporting 9. Care of the resident with unique needs 10. Nutritional risks and hydration needs of resident..."	S 296		
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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	S 685		
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S 685

Continued From page 4

S 685

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 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 interview, care record review, and policy review, the provider failed to ensure three of four sampled residents (1, 4, and 5) who self-administered medications had quarterly assessments to ensure their continued ability to safely self-administer medications. Findings include:

1. Entrance conference on 7/17/23 at 3:00 p.m. with administrator A revealed there were four residents that had self-administration orders. Those residents included residents 1, 4, and 5.
2. Review of resident 1's care record revealed:
*A 8/16/23 physician's order to self-administer:
-Lantus insulin 15 units subcutaneous every morning.
-Albuterol inhaler every 2 hours as needed.
-Cough drops at bedside.

Registered Nurse B will complete the assessment for self-administering medication for residents one, four, and five. The administrator will audit charts of residents who self-administer medication, ensuring self-administration assessment is complete.

9/2/2023

The administrator will educate licensed nurses regarding medication self-administration policies and regulation requirements.

The licensed nurse will maintain a self-administration assessment log. The record will include the resident name, date of the resident assessment date and the next assessment due date.

The administrator will audit resident assessments/logs monthly for three months to ensure self-administration assessments are completed timely. The administrator will report audit findings to the quality assurance team quarterly for further recommendation.

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S 685	<p>Continued From page 5</p> <p>*Her last self-administration medication assessment had been completed on 9/23/22.</p> <p>3. Review of resident 4's care record revealed: *A 7/26/21 physician's order to self-administer: -Alka-Seltzer effervescent 325 mg one tablet as needed. -Artificial tears one drop in both eyes four times a day. -Biofreeze gel as needed for joint pain. -Immodium soft gel capsule 2 mg one by mouth two times a day. -Triamcinolone Acetonide cream to skin twice a day. *Her last self-administration medication assessment had been completed on 11/21/22.</p> <p>4. Review of resideent 5's care record revealed: *A 2/10/20 physician's order to self-administer: -Triple antibiotic as needed one to three times a day. -Decolorized Iodine as needed one to three times a day. -Vitamin B12 one tablet daily. -Vitamin D3 one tablet daily. *A 12/30/22 physician's order to self-administer: -Zofran 4 mg one tablet every 8 hours as needed. -Zyrtec 10 mg one tablet every 24 hours as needed. *Her last self-administration medication assessment had been completed on 11/23/22.</p> <p>5. Interview on 7/19/23 at 7:00 a.m. with administrator A and registered nurse B revealed: *Registered nurse B and licensed practical nurse C were both responsible for ensuring those resident self-administration assessments were completed. *They confirmed that the policy was to have a self-administer medication assessments</p>	S 685		
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S 685 Continued From page 6

S 685

completed quarterly for all residents who self-administered medications.
*They confirmed that the assessments should have been completed no less than quarterly or if the resident had a significant change in their medical status.

Review of the March 2018 Medication Administration policy revealed "10. In the event the resident is able to self-administer his/her own medications a physician order will be obtained to exercise that right and a quarterly assessment will be performed by the RN to determine continued eligibility."

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{S 000}	Compliance Statement A revisit survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers was conducted on 9/5/23 for deficiencies cited on 7/19/23. All deficiencies have been corrected, and no new noncompliance was found. Sandstone Senior Living is in compliance with all regulations surveyed.	{S 000}		

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

TITLE

(X6) DATE