

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

PRINTED: 07/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/20/2021
NAME OF PROVIDER OR SUPPLIER FOUNTAIN SPRINGS HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 WESLEYAN BLVD RAPID CITY, SD 57702		
(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 Surveyor: 40788 A complaint survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted on 7/20/21. Areas surveyed included quality of care, nursing services, fall reporting and quarantine process. Fountain Springs Healthcare was found not in compliance with the following requirement: F563.	F 000			
F 563 SS=D	Right to Receive/Deny Visitors CFR(s): 483.10(f)(4)(ii)-(v) §483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. (ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time; (iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time; (iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and (v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the	F 563	1. Resident #1 has discharged from the facility. All residents have the potential to be affected. 2. The Executive Director, DNS and IDT team will review the CMS guidance for visitation. All staff will be educated on CMS visitation guidance by 9/1/2021. All staff not in attendance will be educated prior to their next working shift. 3. Audits will be completed weekly times four weeks and monthly times two months with interviews with residents to ensure they have rights to allow visits by Executive Director or designee. The results of the audits will be taken to the monthly QAPI meeting for further review and recommendations to continue or discontinue the audits.	9/2/2021	

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

TITLE
Executive Director

(X6) DATE
08/05/2021

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.

AUG 05 2021

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F 563	<p>Continued From page 1</p> <p>requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation. This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 40788</p> <p>Based on record review, interview, and policy review, the provider failed to make available compassionate care visits for one of one sampled resident (1). Findings include:</p> <p>Review of resident 1's care record revealed:</p> <p>*She admitted on 5/18/21 and discharged against medical advice on 5/29/21.</p> <p>*Director of social service (DSS) C's progress notes:</p> <p>-On 5/18/21 "educated (resident 1) on placement on isolation unit for 14 days."</p> <p>-On 5/24/21"PHQ9 (depression scale) completed with resident (1) and she scored for mild depression. She reports she is a very social and busy person so being on isolation and not being able to get up, move around, and do things for herself has been difficult for her."</p> <p>-On 5/26/21 "DSS visited with resident and provided support as she struggles being on isolation. She discussed her family and things she likes to do with them as well as being part of a social group in her apartment."</p> <p>-On 5/28/21 "Discussed moving off isolation next week and being able to interact more with other residents and staff as well as being able to see her family in person she is looking forward to this."</p> <p>*Minimum data set (MDS) coordinator/registered nurse (RN) D's 5/29/21 progress note:</p> <p>-"Daughter calls to inform staff that resident called them and states she is ready to go home."</p> <p>-"Resident states she is not willing to stay longer</p>	F 563			

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F 563	<p>Continued From page 2</p> <p>and needs to be out of isolation." -"Resident is encouraged to stay and updated that she would be able to move out of quarantine on Tuesday and all the extra things that she would be able to do at that time including activities, communal dining, etc and resident still denies need to be here."</p> <p>Interview on 7/20/21 at 3:30 p.m. with DSS C regarding resident 1 revealed she: *Confirmed outside contact from the resident's family and friends had been limited to window visits, telephone calls, and virtual visits for fourteen days from her date of her admission. -She had not known if those options had been used. *Was not aware of the criteria for residents to receive compassionate care visitors. -That was something determined by administrator A and or director of nursing (DON) B. -Had not discussed the resident's isolation difficulties with administrator A or DON B.</p> <p>Interview on 7/20/21 at 3:55 p.m. with MDS/RN D regarding resident 1 revealed she: *Confirmed the resident was frustrated with quarantine restrictions. *Had known of other residents in similar situations who had been allowed compassionate care visitors. -Determining which resident qualified for compassionate care visitors was made by administrator A and DON B.</p> <p>Interview on 7/20/21 at 4:30 p.m. with administrator A and DON B regarding resident 1 revealed they: *Had not known of resident 1's isolation concerns until the day she discharged.</p>	F 563			

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F 563	Continued From page 3 *Agreed a case could have been made for her to have received compassionate care visitation while she was a resident. Review of the 3/16/21 COVID-19 Reopening Centers for Visitation policy revealed: *2. Compassionate Care Visitation: -"Compassionate care visits and visits required under federal disability rights law should be allowed at all times, for any resident..".	F 563			