STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	433027	A. BUILDING _____ B. WING _____	C 04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENCOMPASS HEALTH REHAB HOSPITAL OF SIOUX FALLS	4700 W 69TH STREET SIOUX FALLS, SD 57108

(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
A 000	INITIAL COMMENTS A complaint health survey for compliance with 42 CFR Part 482, Subparts A-D; and Subsection 482.66 requirements for hospitals was conducted from 4/24/24 through 4/26/24. Areas surveyed included nursing services, abuse and neglect, quality of care, and safety. Encompass Health Rehabilitation Hospital of Sioux Falls was found not in compliance with the following requirement: A385.	A 000	This Plan of Correction constitutes the hospital's written credible allegation of compliance for the deficiencies cited. The Plan of Correction does not constitute an admission of liability or represent the hospital's agreement that the survey findings, facts, or conclusions are accurate. Pressure Injury Prevention Who: Chief Nursing Officer (CNO) What: Pressure Injury Prevention. The Braden Scale is used as a guide and informed by patient history and clinical judgment to determine the patient's risk for skin breakdown. For a Braden score of 18 or less, the Pressure Injury Prevention Protocol will be initiated and incorporated into the patient's plan of care. All patients are proactively placed on a pressure reducing mattress rated for Braden < or = 18, pressure injuries staged 1-4, and unstageable pressure injuries. Education of pressure injury prevention and documentation per policy #4 "Pressure Injury Prevention/Basic Treatment," including floating heels, pressure reducing surfaces, and patient positioning, to nursing staff began on 5/6/24. All nursing staff will be educated by 5/23/24 or will not be allowed to work until the education is complete. When: The CNO, or designee, will be responsible for conducting **30** audits, **that includes visualization,** per month of **instances when** patients score 18 or less on the Braden Scale, **or that have been identified as high risk,** to ensure compliance with the Pressure Injury Prevention Protocol. If staff are found to be non-compliant, 1:1 training will be provided by the Wound Care Coordinator (WCC). This education will be documented on the audit form.	
A 385	NURSING SERVICES CFR(s): 482.23 The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse. This CONDITION is not met as evidenced by: Based on interview, medical record review, and policy review, the provider failed to implement interventions promptly to prevent pressure ulcers from developing and worsening while under their care for one of two sampled patients (1). Findings include: 1. Review of patient 1's 2/2/24 through 3/13/24 electronic medical record (EMR) revealed: *He was admitted on 2/2/24 for further rehabilitation and nutritional support for generalized weakness after a kyphoplasty procedure to treat compression fractures in the spine. *His diagnoses included the following: peripheral neuropathy, Charcot-Marie-Tooth (CMT) disease (disease that damages the nerves in the arms and legs), bilateral foot drop (difficulty lifting the front part of foot), atrial fibrillation (irregular	A 385		6/5/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kristina Schroder
TITLE: CEO
(X6) DATE: 5/23/2024

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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A 385	Continued From page 1 heartbeat), hypertension, and generalized arthritis. *He: -Required the use of a TSLO (thoracic lumbar sacral orthosis) brace for back stabilization. -Had increased pain from his recent back procedure. -Wore orthotic braces on both legs to assist with his foot positioning. *An admission skin assessment was completed on 2/2/24 with no documentation of wounds on both of his heels. -Upon admission, the left heel was intact with dry skin identified. *On 2/9/24 documentation of both the left and right heel skin variances began. -The nursing staff documented intact blisters on both his left and right heels. -Those wounds had been discovered seven days after his admission date. *A foam dressing was applied to the left heel. *There was no other documentation to support the size and appearance of those wounds until 2/14/24 when they were initially assessed by registered nurse (RN) C. -The RN C had not observed the wounds until five days after they had been discovered by the nursing staff to ensure appropriate treatment and interventions had been initiated to promote healing. -The size of the wound to his left heel was 5 centimeters (cm) x 4 cm. -The right heel wound was an intact blister and remained open to air. *On 2/21/24 RN C documented the wound had worsened and now measured 5 cm x 5 cm in diameter. *On 2/22/24 the nursing documentation indicated the left heel had opened.	A 385	How: The Human Resource Director (HRD) will monitor education completion weekly and conduct an audit to verify all staff have completed the required education of policy #4 "Pressure Injury Prevention/ Basic Treatment" and the Pressure Injury Prevention Protocol. The CNO, or designee, will report audit compliance to the Quality Council, Medical Executive Committee, and the Governing Body on a quarterly basis. If 90% compliance is not achieved in any month, the audit data will be further analyzed to reveal any potential patterns or sources of non-compliance and preventative actions and mechanisms will be specifically modified to ensure that 90% compliance is achieved. Audits will continue until a consecutive three-month 90% compliance standard is achieved. Wound Care Staging Who: Chief Nursing Officer (CNO) What: Wound Care Staging. A Registered Nurse will inspect a patient's integument within eight hours of admission and daily thereafter. Skin alterations will be classified as pressure injures/ ulcers, procedure-related, or other alterations in skin integrity such as arterial, venous, or neuropathic wounds. The Braden Scale is used as a guide, and risk of skin breakdown will be informed by patient history and clinical judgment. Findings are recorded in the electronic medical record (EMR) upon admission and weekly, at a minimum. Upon discovery of a wound an individualized plan of care will be implemented promptly. Wounds determined to be pressure related will be documented in the EMR upon discovery (either upon admission or throughout the stay) and staged by designated clinicians within two days after discovery. Staging will be determined by the descriptive methodology outlined in policy #2 "Wound Assessment and Documentation."	

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A 385	Continued From page 2 -The wound base had necrotic (dying tissue) tissue with eschar (dead tissue falling off healthy skin). *He was dependent upon the staff for: -The development of his plan of care to ensure that interventions were implemented for the quality of care. -Assistance with activities of daily living to include bed mobility, repositioning, toileting, and positioning of pressure relieving devices. *Heel boots were not ordered to assist with offloading pressure on his heels until 2/26/24. -That was twenty-four days after his admission and seventeen days after the wounds had been discovered. Review of patient 1's 2/2/24 through 3/11/24 physician's progress notes revealed no documentation to support the physician's awareness of the wounds to his heels. Review of patient 1's 3/13/24 physician discharge summary revealed a pressure ulcer to his left heel. -That was the first documentation from the physician to support the physician's awareness of the wound to his left heel. -There was no documentation to support the physician's awareness of the blister on his right heel. Review of patient 1's 2/2/24 through 2/26/24 Braden Scale assessment (risk assessment form to assist with determining a patient's pressure ulcer risk level) revealed: *A score that fluctuated between fourteen to sixteen and placed him at mild to moderate risk for skin breakdown. *The scores supported that his heels should have	A 385	The Regional Chief Nursing Officer (RCNO) provided 1:1 education to "RN C" regarding policy #2 "Wound Assessment and Documentation" and policy #4: Pressure Injury Prevention/Basic Treatment on 5/2/24. Education to licensed nurses began on 5/3/24. Licensed nurses will be educated by 5/23/24 or will not be allowed to work until the education is complete. When: The CNO, or designee, will be responsible for auditing 100% of pressure, arterial, venous, and neuropathic wounds per month of compliance with policy #2 "Wound Assessment and Documentation." If staff are found to be non-compliant, 1:1 training will be provided by the Wound Care Coordinator (WCC). This education will be documented on the audit form. How: The Human Resource Director (HRD) will monitor education completion weekly and conduct an audit to verify all staff have completed the required education of #2 "Wound Assessment and Documentation." The CNO, or designee, will report audit compliance to the Quality Council, Medical Executive Committee, and the Governing Body on a quarterly basis. If 90% compliance is not achieved in any month, the audit data will be further analyzed to reveal any potential patterns or sources of non-compliance and preventative actions and mechanisms will be specifically modified to ensure that 90% compliance is achieved. Audits will continue until a consecutive three-month 90% compliance standard is achieved.	

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A 385	Continued From page 3 been protected and offloaded while in bed to aid in the prevention of skin breakdown. Review of patient 1's 2/2/24 through 3/13/24 rehab nurse technician (RNT) documentation revealed: *On 2/6/24 was the first documentation that his heels were offloaded. -That was four days after his admission. *His heels were offloaded for eleven days out of a forty-one day hospitalization. Interview on 4/26/24 at 10:20 a.m. with chief nursing officer (CNO) A revealed she: *Confirmed the wound nurse had assessed and documented on the patient's wounds every week on Wednesday. *Expected the licensed care staff to assess and implement wound care interventions per their wound care protocol. *Expected those interventions to have been documented and implemented promptly to promote healing and prevention of further skin breakdown. Interview on 4/26/24 at 2:30 p.m. with RN C revealed she: *Confirmed: -There were no issues identified with his heels on admission. -She had not observed and assessed the wounds for proper treatment and interventions until 2/14/24. -The heel boots had not been implemented for pressure relieving until 2/26/24. *Stated: -"It would not have hurt to add them earlier." -"Yes" when asked if that had been reactive versus proactive.	A 385	Physician Leadership and Documentation Who: Chief Executive Officer (CEO) What: Physician Leadership and Documentation. Each patient's wound care will be under the direction of a physician. The attending physician assumes leadership over clinical interventions and wound care treatment. Education to all physicians on policy #2 "Wound Assessment and Documentation" regarding the leadership over clinical interventions and wound care treatment, as well as the consistent documentation of wounds in the electronic medical record, will be completed by 5/23/24. When: The CEO, or designee, will be responsible for conducting 10 audits per month to ensure compliance with policy #2 "Wound Assessment and Documentation," physician oversight of wound care treatment, and consistent and thorough physician documentation. If an attending physician is found to be non-compliant, 1:1 training will be provided by the CEO or designee. This education will be documented on the audit form. How: The CEO or designee will monitor education completion weekly and conduct an audit to verify all providers have completed the required education of policy #2 "Wound Assessment and Documentation." The CEO, or designee, will report audit compliance to the Quality Council, Medical Executive Committee, and the Governing Body on a quarterly basis. If 90% compliance is not achieved in any month, the audit data will be further analyzed to reveal any potential patterns or sources of non-compliance and preventative actions and mechanisms will be specifically modified to ensure that 90% compliance is achieved. Audits will continue until a consecutive three-month 90% compliance standard is achieved.	

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A 385	Continued From page 4 *Had not classified his wound as a stage 2 related to his CMT to his legs and feet. *Stated: -"Interventions are dependent upon the day." -"If they don't document it, the patients would not need it at the time." -"Hard to say if these would be avoidable wounds." Interview on 4/26/24 2:54 p.m. with RN D revealed: *The licensed staff can implement pressure relieving interventions for wound prevention. *He would have expected wound care documentation and interventions in the medical record. *The wound nurse would have kept track of what the wounds are and interventions for them. Interview on 4/26/24 at 3:13 p.m. RNT E revealed: *He confirmed they have a repositioning program and the patients should have been repositioned at a minimum of every two hours. *The RNTs document in the medical record. *He confirmed that if it was not documented the intervention would have been considered not done. *There would have been documentation in the medical record when an intervention was used such as off-loading heels. Interview 4/26/24 at 3:30 p.m. with chief executive officer B and CNO A revealed they were in agreement that resident 1's wounds were acquired during his hospitalization and under their care and services. Review of the provider's 9/6/23 Wound	A 385		

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A 385	Continued From page 5 Assessment and Documentation policy revealed: *Purpose: -"To improve patients' skin integrity through timely and consistent clinical practices for assessment and prevention of wounds." -"To ensure standard documentation related to the assessment of skin and wounds." *Responsibility: "It is the responsibility of the Chief Nursing Officer to implement and sustain compliance with this policy." *Policy: -"For a Braden Score of 18 or less, the Pressure Injury Prevention Protocol will be initiated and incorporated into the plan of care. -Each patient's wound care will be under the direction of a physician. -Findings are recorded upon admission and weekly at a minimum. -Category/Stage 2: May also present as an intact or open/ruptured serum-filled blister. -Daily documentation will be recorded by the RN as part of the daily nursing assessment. The type of specialty bed or support surface used to assist with preventing and/or treating skin breakdown will be included in documentation." *Responsibilities: -"The physician assumes leadership over clinical interventions and wound care treatment. -"The Wound Care Coordinator has responsibility for oversight of the wound program."	A 385		

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A 000	INITIAL COMMENTS An onsite revisit survey was conducted on 6/6/24 for compliance with 42 CFR Part 482, Subparts A-D; and Subsection 482.66 requirements for hospitals for all previous deficiencies cited on 4/26/24. All deficiencies have been corrected and no new non-compliance was found. Encompass Health Rehab Hospital of Sioux Falls was found in compliance with all regulations surveyed.	A 000		

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

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