

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

PRINTED: 06/12/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/30/2024
NAME OF PROVIDER OR SUPPLIER FIRESTEEL HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1120 EAST 7TH AVENUE MITCHELL, SD 57301	
(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 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 5/29/24 through 5/30/24. Areas surveyed included quality of life/treatment regarding administration of medications as ordered, call light response timeliness, and potential misappropriation of property regarding lost resident clothing. Firesteel Healthcare Center was found to have past noncompliance at F760.	F 000		
F 760 SS=G	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) complaint report review, record review, and interview, the provider failed to correctly administer medications as ordered for one of one sampled resident (1) who required hospitalization. Failure to administer medications as ordered may have contributed to resident 1's health condition and need for hospitalization. This citation is considered past non-compliance based on a review of the corrective actions the provider implemented following the incident. Findings include: 1. Review of SD DOH complaint revealed resident 1 had not received his medications as ordered after his 1/10/24 admission to the facility and he required another hospitalization on 1/14/24 .	F 760	Past noncompliance: no plan of correction required.	

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

TITLE

(X6) DATE

Petar Mirkovic

Executive Director

6/14/2024

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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F 760	<p>Continued From page 1</p> <p>Review of resident 1's electronic medical record (EMR) revealed:</p> <p>*He was hospitalized on 1/3/24 for the evaluation and treatment of hypokalemia (low potassium), falls, rib fractures, acute kidney injury, and dehydration.</p> <p>*On 1/10/24 he was admitted to the facility following the hospital stay. His diagnosis included hypopotassemia (low potassium), anemia, acute kidney injury, chronic kidney disease stage III, hypertension, and malignant neoplasm (cancer) of the bladder.</p> <p>*His potassium level at the time of his discharge from the hospital on 1/10/24 was 2.8. (normal range is 3.5-5.1).</p> <p>*His 1/10/24 hospital discharge orders included new orders for four medications including:</p> <ul style="list-style-type: none"> -One Folic acid 1 milligram (mg) tablet daily for anemia due to folic acid deficiency. -Two Potassium chloride 20 milliequivalents (mEq) extended-release tablets twice daily for Hypopotassemia. -Two Sodium bicarbonate 650 mg tablets three times daily for acute kidney injury. -Urea-lactic acid 10-4% cream topically twice daily for sebaceous cyst. <p>Review of resident 1's January 2024 medication administration record (MAR) revealed he had not received his ordered:</p> <p>*Folic Acid 1 mg to be given once daily on 1/11/24 and 1/12/24.</p> <p>*Potassium Chloride ER Give 40 mEq to be given twice daily on:</p> <ul style="list-style-type: none"> -1/10/24 at 8 p.m. -1/11/24 at 8 a.m. -1/11/24 at 8 p.m. -1/12/24 at 8 a.m. -1/12/24 at 8 p.m. 	F 760		

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F 760	Continued From page 2 Review of resident 1's progress notes revealed: *On 1/11/24 at 10:41 a.m. a pharmacy note regarding the review of resident 1's admitting orders indicated "remote review per facility request, no recommendations..." *Registered nurse (RN) E documented on 1/13/24 at 1:40 p.m. "Family made aware of not receiving Potassium and 40 MEQ taken from E-kit [emergency medication supply] (4- 10 meq tabs) earlier this AM and given to resident." *Licensed practical nurse (LPN) G documented on 1/14/24 at 8:21 a.m. Received lab report; abnormal results as follows: -Potassium: 2.6 L -Chloride: 114 H -CO2: 15 L -Calcium: 8.4 L -BUN: 42 H -Creatine: 4.9 H -BUN/Create Ratio: 8.6 L -GFR (MDRD) 12 L -GFR (CKD-EPI) 12 L *LPN G documented on 1/14/24 at 8:30 a.m. "Called PCP [primary care provider] with lab results, send to ED [Emergency Department] for IV therapy per PCP verbal order. Called [family] notified about resident getting transferred to ED." *LPN G documented on 1/14/24 at 1:21 p.m. "Hospital called stated they admitted resident to ICU [Intensive Care Unit] for low potassium and were going to administer potassium via IV [intravenously] ..." Interview on 5/29/24 at 2:06 p.m. with executive director (ED) A revealed: *They did not have policies regarding physician orders or medication administration. *They would follow the medication administration	F 760			

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F 760	Continued From page 3 quick reference guide updated in June 2017. Further interview on 5/29/24 at 2:31 p.m. with ED A regarding the admission process for medication orders revealed: *Medication orders upon admission should be entered into the EMR by the admission nurse manager. *The orders should be double-checked by another nurse for accuracy. *Medication orders should be faxed to the pharmacy for review and dispensing to the facility. *Medications should be delivered on the same day they were ordered. -There are two scheduled medication deliveries daily, one mid-afternoon and one late evening. *In addition, the pharmacy would deliver stat (rush) medications if needed. *There were medications available in the E-kit also. Interview on 5/30/24 at 10:03 a.m. with LPN F revealed: *The admissions team nurse enters all orders into the EMR system. *If medications are not delivered, an RN should be notified. *Medications should be taken from the E-kit for administration if available. Interview on 5/30/24 at 10:12 a.m. with the resident case manager (RCM)/RN D revealed: *The admissions team nurse inputs the orders into the EMR system. *Orders should then be faxed to the pharmacy. *Another nurse should double-check the orders for accuracy. *Pharmacy reviews the orders. *Orders will indicate "pending confirmation" in the	F 760			

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F 760	<p>Continued From page 4</p> <p>EMR and are not activated to prompt for administration until they have been double-checked and marked as confirmed.</p> <p>*Medications must be confirmed before the pharmacy would send the medications to the facility.</p> <p>*The pharmacy would call or fax the provider if they had questions about medication orders the facility had input into the system.</p> <p>*She was unsure if the pharmacy called or faxed anything regarding resident 1's medication orders.</p> <p>*She agreed resident 1's potassium level of 2.8 at the time of his 1/10/24 hospital discharge was low.</p> <p>*She confirmed resident 1 did not receive two doses of folic acid and five doses of potassium chloride as ordered while he was at the facility from 1/10/24 through 1/14/24.</p> <p>*Potassium chloride ER 10 mEq tablets were available in the E-kit.</p> <p>Interview on 5/30/24 at 11:30 a.m. with director of nursing (DON) B and minimum data set (MDS) coordinator C revealed:</p> <p>*DON B confirmed blanks on the MAR indicate the medication was not administered.</p> <p>-They confirmed resident 1 had not received medications as ordered following his 1/10/24 admission to the facility as indicated above.</p> <p>*An EMR integration was completed in January 2024.</p> <p>*The "pending confirmation" notice for new orders was new following the integration.</p> <p>*On 1/13/24 at 8:09 a.m. a medication error form was completed for resident 1's missed doses of potassium.</p> <p>-The reason for the error was listed as "pending confirmation."</p>	F 760		

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F 760	<p>Continued From page 5</p> <p>*On 1/13/24 the resident's PCP had been updated on the medication error.</p> <p>*They had recognized the concern with the pending confirmation notice and implemented corrective action.</p> <p>*The facility had an E-kit available for certain medications. That E-kit could be used if medications were not available from the pharmacy.</p> <p>*Education was provided to staff on 1/25/24 that orders pending confirmation, need to be addressed by a nurse to activate the orders for the resident.</p> <p>The provider's implemented actions to ensure the deficient practice does not reoccur was confirmed on 5/30/24 after record review revealed the facility had followed their quality assurance process, education was provided to all nursing care staff regarding medication orders processing, pharmacy notification, E-kit medication availability and administration of medications as ordered, interviews revealed staff understood the education provided regarding those topics, observation of the E-kit contained medications, as listed on its content sheet were available for resident use, and a review of recently admitted residents revealed no omissions on medication administration records.</p> <p>Based on the above information, non-compliance at F760 occurred on 1/10/24, and based on the provider's implemented corrective actions for the deficient practice confirmed on 5/30/24, the non-compliance is considered past non-compliance.</p>	F 760		