STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11034	A. BUILDING: _____ B. WING _____	C 03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRMONT GRAND SENIOR CARE	413 E FAIRLANE DRIVE RAPID CITY, SD 57701

(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
S 000	Compliance Statement A complaint survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted on 3/12/24 through 3/13/24. Areas surveyed included resident abuse, neglect, assessment and educational services. Fairmont Grand Senior Care was found not in compliance with the following requirements: S337 and S405.	S 000		4/27/2024
S 337	44:70:04:11 Care policies Each facility shall establish and maintain policies, procedures, and practices that follow accepted standards of professional practice to govern care, and related medical or other services necessary to meet the residents' needs. This Administrative Rule of South Dakota is not met as evidenced by: Based on care record review, interview, job description review, and policy review the provider failed to ensure tw of two sampled residents (1 and 4) had the evaluation of resident needs completed or reviewed by a licensed health care professional. Those evaluations included a review of the following: -Medical Diagnoses. -Review of emergency room, hospitalizations, and practitioner visits. -Psychosocial management, including behaviors. -Medications and treatments. -Health monitoring, including review of delegated services by a nurse, monitoring of oxygen saturations, blood sugar checks, weights, vital signs, and injections. -Skin integrity. -Dietary and nutritional management. Findings include:	S 337	1.All residents have the potential to be affected by this deficiency. DON B. has reviewed, revised and updated resident #1 and #4's assessments and service plan to ensure all are correct and accurate. 2.All current resident's assessments and service plans have been reviewed by DON or licensed designee for accuracy and updated if warranted to accurately reflect residents' current status and needs. 3.DON or Licensed Healthcare Staff Designee will perform assessments and develop service plans per state regulation and when warranted. i.e. on admission, ,30 days from admission and biannually. In addition, when deemed necessary based on change in condition, readmission or when care partners express concerns. 4.ED or Designee will audit 5 resident assessments and service plans to assure accuracy and completion weekly x 4 weeks, monthly x 3 months, then monthly until substantial compliance is met. 5.The results of these audits will be brought to QA members monthly for their review and advisement until substantial compliance is met for 3 consecutive months.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X5) DATE: 4/3/2024

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S 337	Continued From page 1 Review of resident 1's care record revealed the following: *Her admission date was 3/1/23. *Her diagnoses included Alzheimer's disease. *Her 11/25/23 resident evaluation was initiated by executive director (ED) A. -That evaluation was completed and signed by administrative assistant (AA) D. Review of resident 4's care record revealed the following: *His admission date was 12/22/23. *His diagnosis had included dementia, psychotic disturbance, mood disturbance, anxiety, type 2 diabetes, heart disease, chronic kidney disease, and insomnia. *His 2/1/24 medical evaluation was initiated, completed, and signed by AA D. Interview with ED A on 3/13/24 at 10:15 a.m. revealed: *AA D had entered the data for the resident evaluations. -AA D had not physically performed the assessments. *She was able to see why it looked as though AA D had performed the assessments due to her signatures at the bottom of the forms. *She was a licensed practical nurse (LPN) and AA D was a certified nursing assistant (CNA). *She was informed a LPN was able to complete the evaluation or resident needs and she could participate in the assessments. Review of the provider's Administrative Assistant job description revealed the following: *"Job Summary: The Administrative Assistant performs routine tasks including answering telephones and directing calls, keeping time	S 337		

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S 337	Continued From page 2 sheets, assisting or completing payroll duties, mailing monthly invoices, receiving monthly payments, general accounting record keeping duties as directed by the Administrator/Director of Operations or Business Office Manager." *"Administrative Assistant Job Responsibilities: -Provides administrative support to ensure efficient operation of [the] office. -Assists Business Office Director in managing and organizing resident files, and in relation to business/financial matters and is responsible for general office management, answering telephones and directing calls and assisting with supply management across facility departments." -"Other various assignments as assigned by supervisor/Administrator." *"Education and Experience Requirements. -High school diploma or equivalent education required. -3 years of administrative assistant experience." *The job description did not include the task of evaluating the resident's medical condition for the completion of resident assessments. Review of the provider's undated Ongoing Resident Appraisals policy revealed the following: *"Residents are assessed/evaluated on an ongoing basis. *Practice:" -"2. Resident Appraisal --a. Resident will be formally assessed as required by state regulation. --b. The Administrator meets with the resident and/or responsible party to verify the resident's needs are met. --c. The Administrator consults with other caregivers and staff to ensure resident's needs are met." -"3. Continued Resident Appraisal --a. Residents are formally assessed on a	S 337		

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S 337	Continued From page 3 biannual basis unless otherwise required by state regulations and/or level of care." --"d. The Administrator consults with the other caregivers and staff to ensure the resident's needs are met."	S 337		
S 405	44:70:05:02 Resident care plans, service plans, and prog The nursing service of a facility shall provide safe and effective care from the day of admission through the ongoing development and implementation of written care plans or service plans for each resident. The care plan or service plan shall address personal care and the medical, physical, mental, and emotional needs of the resident. This Administrative Rule of South Dakota is not met as evidenced by: Based on interview, record review, and policy review the provider failed to ensure three of three sampled resident (1, 2, and 3) care record had a service plan to support their individual needs related to residents attending Adult Daycare services. Findings include: Review of resident 1's care record revealed: *She was admitted on 3/1/2023. *Her diagnoses included Alzheimer's, hypo-osmolality and hyponatremia, and syncope and collapse. Review of resident 1's revised 11/29/23 service plan revealed: *An activities, routines, and habits focus area that indicates the resident will participate in activities of preference. *Interventions included:	S 405	1.All residents have the potential to be affected by this deficiency. DON B. has reviewed, updated and individualized resident #1,#2 and #3's service plan to ensure plan is a resident-centered service plan that provides services that are based on her individual needs, abilities, and preferences. 2.DON has reviewed all current resident's service plans to ensure they are accurate and individualized. 3.All staff have been educated on where to view residents service plans. 4.All staff have been educated on proper documentation expectations, and need to offer alternatives or substitutions when residents refuse cares. 5.DON or Licensed Healthcare Staff Designee will audit 5 residents service plans to ensure they address the medical, physical, mentaland emotional needs of the resident as well as individualization. Audits will be completed weekly x 4 weeks, monthly X 3 months, then monthly thereafter until substantial compliance is met. 6.The results of these audits will be brought to the QA members monthly for review and advisement until substantial compliance is met for 3 consecutive months.	4/27/2024

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S 405	Continued From page 4 -"Independent in selection of leisure time activities." -"Invite, escort to all activities of interest." --There was no adult daycare services identified. Review of resident 2's care record revealed: *He was admitted on 5/25/2022. *His diagnoses included Alzheimer's, generalized anxiety, primary insomnia. Review of resident 2's revised 2/2/24 service plan revealed: *An activities, routines, and habits focus area that indicates the resident will participate in activities of preference. *Interventions included: -"Independent in selection of leisure time activities." --There was no adult daycare services identified. Review of resident 3's care record revealed: *She was admitted on 3/1/2024. *Her diagnoses included Alzheimer's, essential hypertension, type 2 diabetes mellitus. Review of resident 3's 3/1/24 service plan revealed: *An activities, routines, and habits focus area that indicates the resident will participate in activities of preference. *Interventions included: -"Independent in selection of leisure time activities." --There was no adult daycare services identified. Interview with executive director A on 3/13/24 at 8:15 a.m. revealed: *She agreed that documentation in the residents' service plans had not been as thorough as she would have preferred.	S 405		

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S 405	Continued From page 5 *Director of nursing (DON) B had been attending online courses every Thursday from 12:00 p.m. to 1:00 p.m. regarding resident service plans. -Those courses covered service plan documentation and better methods for documentation. *She attended those courses in the event she needed to cover for DON B. *They planned to implement what they had learned in those courses but had not completed all the modules. Review of provider's undated Service Plans policy reveals: *"A resident-centered service plan is created and maintained for every resident. The purpose of the service plan is to provide a centralized coordination of the services that will be provided to each resident, based on his or her individual needs, abilities, and preferences." -Practice: --"3. The service plan should address, but is not limited to, the following:" ---"K. Activities."	S 405		

South Dakota Department of Health

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{S 000}	Compliance Statement Surveyor: 47780 An onsite 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 4/29/24 for deficiencies cited on 3/13/24. All deficiencies have been corrected, and no new noncompliance was found. Fairmont Grand Senior Care is in compliance with all regulations surveyed.	{S 000}		

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