

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 59462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/27/2023
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NAME OF PROVIDER OR SUPPLIER MENNO-OLIVET ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 402 SOUTH PINE STREET MENNO, SD 57045
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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
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 from 7/24/27 through 7/27/23. Menno-Olivet Assisted Living was found not in compliance with the following requirements: S085, S630, and S685.	S 000	S 085 Action Items	9/8/23
S 085	44:70:02:03 Cleaning methods and facilities The facility shall have supplies, equipment, work areas, and complete written procedures for cleaning, sanitizing, or disinfecting all work areas, equipment, utensils, and medical devices used for residents' care. Common use equipment shall be disinfected after each use. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to prevent potential cross-contamination and follow their policy for cleaning and disinfection during floor care during one of one randomly observed resident's room cleaning by housekeeper C. Findings include: 1. Observation and interview on 7/26/23 at 9:05 a.m. with housekeeper C who was cleaning a randomly observed resident's room revealed: *There was a mop bucket with water and a mop in it outside a resident's room. *The housekeeper mopped the resident's room and bathroom with the same mop and mop water from the hallway. *She reported they changed the mop water between every four residents' rooms/bathrooms. *She used the same mop head for all her floor cleaning for the day throughout the facility. *At the end of the day she took off the mop head	S 085	1. DON called the Hillyard Representative on 8/9/23 and left a message in regards to having a discussion about changing cleaning procedures. DON called the Hillyard Representative on 8/14/23 to determine a proper floor cleaning solution and equipment for cleaning non-critical items (eg: floors). On 8/14/23 the Hillyard representative came to facility and based on the decision made with the Housekeeping Supervisor, DON/Infection Preventionist, Hillyard Representative, and Administrator, the Cleaning and Disinfection of Environmental Surfaces policy has been reviewed/ revised to avoid cross-contamination between rooms. 2. Mop heads will be changed after each resident room/bathroom then sent to laundry. Mop heads will be laundered daily for proper decontamination. 3. In-service training is to be completed with housekeeping supervisor, DON/ Infection Preventionist, and Administrator by the Hillyard Representative upon installation of new system. In-service training will be led by housekeeping supervisor, DON/ Infection Preventionist and Administrator to all housekeeping staff, all laundry staff and all nursing staff. Education will include proper use of floor cleaning solution(s) and changing of mop heads per facility policy. 4. Housekeeping and DON/Infection Prentionist will audit the proper use of mopping solution and changing of mop heads twice a week for 8 weeks,	

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

Michelle Kettwig

TITLE

Administrator

(X6) DATE

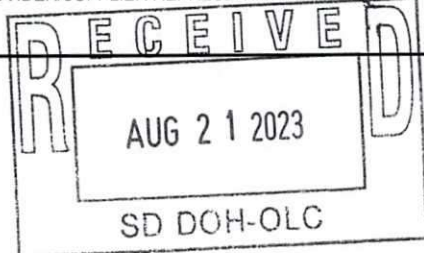
08/21/2023

STATE FORM

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If continuation sheet 1 of 9



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S 085	<p>Continued From page 1</p> <p>and placed it in the soiled laundry room and it was laundered in the washing machine. *The floor cleaner product they used was Hillyard's Super Shine-All. -The product was mixed with water in the mop bucket, and they used a mop to clean the floors. *She had worked in housekeeping for five years and had received her training from housekeeper D, who came into the resident's room during the interview and was assisting with the room cleaning and dusting. *Housekeeper D confirmed they used the same mop and mop water from the hallway, changed the mop water between every four residents' rooms/bathrooms, and used the same mop head for all the floor cleaning for the day throughout the facility.</p> <p>Review of the Hillyard's Super Shine-All manufacturer's product description and instructions for use revealed: *It's protective sheen helped preserve and protect floors. *It was an excellent choice for damp mopping. *The neutral pH would not harm the floor finish. *There was no mention of it being a disinfectant.</p> <p>Interview on 7/27/23 at 9:07 a.m. with administrator/emergency permit holder A and director of nursing/infection preventionist B regarding the process for environmental floor cleaning and disinfecting revealed: *They had followed up with their Hillyard representative and he had confirmed the Super Shine-All floor cleaner was not a disinfectant product. *They had not been aware that the Super Shine-All floor cleaner was not a disinfectant product and that was the product the Hillyard representative had recommended staff to use</p>	S 085	<p>weekly for 8 weeks, and monthly for 8 months. All data will be reported to QAPI. 5. DON/Infection Preventionist and housekeeping supervisor will develop a checklist for all positions regarding the new process by in-service. New hire orientation checklist and annual housekeeping checklist competencies will be developed by this date as well. 6. Proper signage will be posted and placed upon installation of dispenser which will be installed by manufacturer no later than September 8th, 2023. 7. Per Hillyard representative, in order to prevent cross-contamination, facility will move from a mop & bucket system to a trigger-handled microfiber mopping system in which mop heads will be removed and laundered daily.</p>	
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S 085	<p>Continued From page 2</p> <p>throughout the facility.</p> <p>*They were aware housekeepers used the same mop water for four residents' rooms/bathrooms but had not realized they used the same mop head to clean floors for the entire day.</p> <p>*Their expectation was the housekeeping staff follow the provider's Cleaning and Disinfection policy and maintain infection control.</p> <p>*They agreed using the same mop water and mop head in several residents' rooms and bathrooms would be a concern for cross contamination to other areas in the facility.</p> <p>*They agreed the current floor care process was not consistent with the facility's Cleaning and Disinfection of Environmental Surfaces policy and it had not ensured proper disinfection was occurring throughout the facility.</p> <p>*They confirmed their processes for not using a disinfectant and not following their policy related to cleaning floors created an infection control risk to the residents.</p> <p>*They agreed they should have ensured their floor cleaning practices were in accordance with their policy.</p> <p>Review of the provider's August 2019 Cleaning and Disinfection of Environmental Surfaces policy revealed:</p> <p>"c. Non-critical items are those that come in contact with the intact skin but not mucous membranes.</p> <p>(1) Non-critical environmental surfaces include bed rails, some food utensils, bedside tables, furniture, and floors."</p> <p>"2. Non-critical surfaces will be disinfected with an EPA-registered intermediate or low-level hospital disinfectant according to the label's safety precautions and use directions."</p> <p>"12. Disinfection (or detergent) solutions will be prepared as needed and replaced with fresh</p>	S 085		

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S 085	Continued From page 3 solution frequently (e.g., floor mopping solution will be replaced every three resident rooms or changed no less often than at 60-minute intervals). 13. Mop heads and cleaning cloths will be decontaminated regularly (e.g., laundered and dried at least daily)."	S 085		
S 630	44:70:07:04 Storage and labeling of medications All drugs or medications shall be stored in a well illuminated, locked storage area that is well ventilated, maintained at a temperature appropriate for drug storage, and inaccessible to residents, or visitors at all times. Medications suitable for storage at room temperature shall be maintained between 59 and 86 degrees Fahrenheit (15 and 30 degrees centigrade). Medications that require refrigeration shall be maintained between 36 and 46 degrees Fahrenheit (2 and 8 degrees centigrade). This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure proper storage of one of one resident's (3) medications that she kept in her room. Findings include: 1. Observation and interview on 7/26/23 at 10:45 a.m. with resident 3 about the medications in her room revealed: *She kept her medications on top of her dresser. *She had one opened bottle of Refresh eye drops, another unopened bottle of the same eye drops, a bottle of saline nasal spray, and a bottle of Biotene dry mouth spray. *The medications were in plain view from the resident's open door.	S 630	S 630 Action Items 1. Self-administration of Medication Policy will be reviewed and revised by DON to state that medications will be stored safely and securely in a locked box that will be provided by the facility. 2. Residents will be assessed by the care team upon initiation or request to self-administer any medications, quarterly and with any significant change in condition. 3. Within the assessment, residents will be assessed on how to utilize locked storage box to safely and securely store self-administered medications. 4. Audits of all residents identified to be able to self-administer medications will be completed by DON (or designee) weekly for 4 weeks, then monthly indefinitely. Data from audits will be reported to QAPI. 5. In-service will be completed by the DON, or designee to all nursing staff.	9/6/23

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S 630	<p>Continued From page 4</p> <p>*She usually kept her door open.</p> <p>Interview on 7/26/23 at 3:09 p.m. with administrator/emergency permit holder A and director of nursing (DON) B about resident 3's medications she stored in her room revealed: *DON B indicated she had been unaware that resident 3 kept medications in her room. *Upon discovering the medications that resident 3 had in her room, they had not ensured those medications had been stored securely.</p> <p>Review of the provider's July 2023 "Self-Administration of Medications" policy revealed: **2. The IDT [interdisciplinary team] considers the following factors when determining whether self-administration of medications in sage and appropriate for the resident:" -"f. The resident is able to safely and securely store the medication." **8. Self-administered medications are stored in a safe and secure place, which is not accessible by other residents." -"If safe storage is not possible in the resident's room, the medications of residents permitted to self-administer are stored on a central medication cart or in the medication room." -"A licensed nurse transfers the unopened medication to the resident when the resident requests them." **9. Any medications found at the bedside that are not authorized for self-administration are turned over to the nurse in charge for return to the family or responsible party."</p>	S 630		
S 685	<p>44:70:07:09 Self-administration of drugs</p> <p>A resident with the cognitive ability to understand</p>	S 685		

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S 685	<p>Continued From page 5</p> <p>may self-administer medications. At least every 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.</p> <p>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.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on interview, observation, care record review, and policy review, the provider failed to ensure safe self-administration of medications practices for one of one sampled resident (3) who had not had: *Physician's orders for all the medications she had stored in her room and had self-administered. *Initial and quarterly self-administration assessments for all medications she had stored and self-administered to indicate she was able to self-administer those medications safely. Findings include:</p> <p>1. Interview and observation on 7/26/23 at 10:45 a.m. with resident 3 about the medications in her room revealed: *She explained that the only medications she</p>	S 685	<p>S 685 Action Items</p> <p>1. For recording self-administration of medications, the DON (or designee) will provide documentation paper and pen to be kept in locked box with approved medications. All residents who are currently approved for self-administration of medications will be educated by the DON, or designee on how to document medications and when they are taken. On-going education will be provided by DON, or designee for any newly approved residents who are deemed safe to self-administer medications.</p> <p>2. Self-administration of medications policy will be reviewed and revised by DON (or designee) to state that the physician's order must be received for each medication to be self-administered. It was added on 8/14/23 that the Self-Administration of Medications Policy will be utilized for skilled nursing facility residents and assisted living residents.</p> <p>3. Education given by the DON, or designee on in-service date to all nursing staff regarding any medications found at the bedside by nursing staff will be reported to charge nurse and IDT. Education presented by DON, or designee will include reviewing the updated policy that is for both skilled and assisted living residents, that all residents are assessed by the IDT and nurses and DON need to verify that an appropriate physician signed order was received for each resident with each medication. It will be educated to staff that residents are assessed quarterly and with any significant change in condition.</p>	9/6/23
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S 685	<p>Continued From page 6</p> <p>kept in her room were Refresh eye drops, a saline nasal spray, and Biotene dry mouth spray.</p> <p>-She used the Refresh eye drops in the morning, at night, and as needed when her eyes felt dry.</p> <p>-She used the saline nasal spray and Biotene dry mouth spray before bed.</p> <p>*She had not recorded when she administered the medications, nor had she informed staff if she had administered those medications.</p> <p>*Staff had not asked her if or when she had administered the above medications.</p> <p>Review of resident 3's care record revealed:</p> <p>*She was admitted on 9/1/21.</p> <p>*Her most recent "Brief Interview for Mental Status" from 6/27/23 revealed a score of 15, indicating she was cognitively intact.</p> <p>*She had the following physician's orders related to self-administering medications:</p> <p>-On 9/1/21, "May self administer medications after set up."</p> <p>-On 10/21/22, "Biotene Dry Mouth Liquid (Mouthwashes) Place and dissolve 1 spray buccally as needed for dry mouth, May keep at bedside and self administer."</p> <p>-On 10/21/22, "Xylitol Disk 500 MG Place and dissolve 1 lozenge buccally as needed for dry mouth may keep at bedside and self administer."</p> <p>*On 7/11/23, there was one "Medication Self-Administration Safety Screen" completed.</p> <p>-On 7/24/23, the assessment was signed by the director of nursing.</p> <p>-Under the section titled "Medication #1"</p> <p>--"1a. Order: May self administer medications after set-up."</p> <p>--"1b. Storage: 2. With staff."</p> <p>-There were no other medications listed on the screening form.</p> <p>-Under the "B. Evaluation" section:</p> <p>--"6. The resident can appropriately document</p>	S 685	<p>The IDT will determine the need for re-assessment, re-education, or if resident is safe to self-administer medications. Re-education, if needed, will be done by the DON, or designee.</p> <p>4. Audits will be done by the DON, or designee to ensure physician orders are received for each medication deemed appropriate to be self-administered and appropriate assessments are completed per policy weekly for four weeks and monthly indefinitely. Audits will be done on all residents who self-administer medications. All data will be reported to QAPI.</p> <p>5. For immediate corrections on resident #3, orders were reviewed for all medications that were self-administered along with immediate education done by DON and administrator. The self-administration assessment was re-completed by the IDC. All residents who were deemed safe to self-administer medications currently are being re-assessed by the IDC to ensure all physician orders have been received for all medications for each resident and to verify all orders are correctly entered.</p>	
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S 685	<p>Continued From page 7</p> <p>self-administration of the medications listed. d. Not Applicable."</p> <p>--"7. The resident can demonstrate secure storage of medications kept in room. d. Not Applicable."</p> <p>--"8. Can state the appropriate situations for self-administration of PRN [as needed] medications. d. Not Applicable."</p> <p>--"11. The resident can correctly administer eye drops or eye ointments correctly. d. Not Applicable."</p> <p>*Her service plan had a section with a focus of "[Resident 3] has a physician's order for self administration of medications after set up by staff."</p> <p>-That was added to her service plan on 7/24/23.</p> <p>Interview on 7/26/23 at 3:09 p.m. with administrator/emergency permit holder (EPH) A and director of nursing (DON) B about the residents' self-administration of medication assessments revealed:</p> <p>*DON B indicated she had been unaware that resident 3 kept medications in her room.</p> <p>-Upon discovering the medications in the resident's room, she then completed the "Medication Self-Administration Safety Screen" on 7/11/23.</p> <p>*They were not aware of the requirements for self-administration of medications for residents living in assisted living centers.</p> <p>*DON B stated that resident 3 tended to purchase medications while she was out of the facility, and the resident would not always inform staff of the new medications she had purchased.</p> <p>*They were not aware of all the medications the resident had stored in her room.</p> <p>*They confirmed:</p> <p>-Resident 3 had no physician's orders for the Refresh artificial tears or the saline nasal spray,</p>	S 685		
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S 685	<p>Continued From page 8</p> <p>or to self-administer them.</p> <p>-There should have been physician orders for all of the resident's medications, and for the self-administration of those medications.</p> <p>-They were not aware of the requirement for quarterly assessments for self-administration of medications.</p> <p>-The provider's medication self-administration policy had not addressed the specific requirements for assisted living centers.</p> <p>*DON B stated she had filled out number eleven on the "Medication Self-Administration Safety Screen" incorrectly, as resident 3 had used eye drops.</p> <p>Review of the provider's July 2023 "Self-Administration of Medications" policy revealed:</p> <p>**9. Any medications found at the bedside that are not authorized for self-administration are turned over to the nurse in charge for return to the family or responsible party."</p> <p>**13. Assisted Living residents will be assessed at least annually or with changes in condition or level of care. Review by care team at least annually."</p> <p>*The policy had not included information about:</p> <p>-Ensuring a physician's order was in place for the self-administered medications, or for the storage of those medications in a resident's room.</p> <p>-Completing initial and quarterly assessments for continued appropriateness of the resident's ability to self-administer medications.</p>	S 685		

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{S 000}	<p>Compliance Statement</p> <p>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 9/19/23 for deficiencies cited on 7/27/23. All deficiencies have been corrected, and no new noncompliance was found. Menno-Olivet Assisted Living is in compliance with all regulations surveyed.</p>	{S 000}		

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