

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10760	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/13/2024
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NAME OF PROVIDER OR SUPPLIER FAIRMONT GRAND SENIOR CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 409 E FAIRLANE DRIVE RAPID CITY, SD 57701
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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 neglect and resident assessment. Fairmont Grand Senior Care was found not in compliance with the following requirements: S337, S405, and S415.	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 one of one sampled resident (12) 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	<p>1. All residents have the potential to be affected by this deficiency. Unable to correct previous deficiency. Resident #12 has been discharged from the facility.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	

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

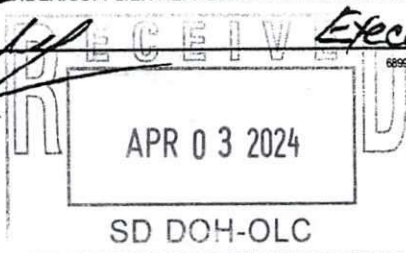
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(X6) DATE

STATE FORM

5VW011

4/13/2024
Continuation sheet 1 of 10



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S 337	Continued From page 1 Review of resident 12's care record revealed the following: *Her admission date was 6/30/23. *Her diagnoses included Parkinson's Disease, major depressive disorder, osteoporosis, hypertension, pressure ulcer, and dizziness. *Her 2/2/24 medical evaluation was completed by administrative assistant (AA) D. -There was no evidence to support it had been completed or reviewed by a licensed health professional. Interview with executive director A on 3/13/24 at 10:15 a.m. revealed: *AAD had entered the data for the resident evaluations. -AAD 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 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	S 337		

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S 337	Continued From page 2 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 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		

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S 405	Continued From page 3	S 405		4/27/2024
S 405	<p>44:70:05:02 Resident care plans, service plans, and prog</p> <p>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.</p> <p>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 one of one sampled resident (11) had a service plan to support her individual needs related to attending adult daycare services. Findings include:</p> <p>1. Interview on 3/12/24 at 9:45 a.m. with patient care aide (PCA) E and medication technician (MT) H revealed: *Resident 11 was out of the facility. *She attended adult daycare during the weekdays.</p> <p>Review of resident 11's care record revealed: *She was admitted on 4/6/23. *Her diagnoses included unspecified dementia, a history of transient ischemic attack, disease of the upper respiratory tract, hyperlipidemia, and urinary tract infection.</p> <p>Review of resident 11's revised 1/31/24 service plan revealed: *An activities, routines, and habits focus area that indicates the resident will participate in activities of preference. *Interventions included:</p>	S 405	<p>1. All residents have the potential to be affected by this deficiency. DON B. has reviewed, updated and individualized resident #11'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.</p> <p>2. DON has reviewed all current resident's service plans to ensure they are accurate and individualized.</p> <p>3. All staff have been educated on where to view residents service plans.</p> <p>4. All staff have been educated on proper documentation expectations, and need to offer alternatives or substitutions when residents refuse cares.</p> <p>5. DON or Licensed Healthcare Staff Designee will audit 5 residents service plans to ensure they address the medical, physical, mental and 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.</p> <p>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.</p>	

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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. 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. *Director of nursing (DON) B had been attending online courses every Thursday from 12:00 p.m. to 1:00 p.m. regarding service plans. -Those courses covered service plan documentation and better methods for that 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		
S 415	44:70:05:03 Resident care The facility shall employ or contract with a licensed nurse who assesses and documents	S 415	1.All residents have the potential to be affected by this deficiency. Resident #11's shower logs have been reviewed and she is receiving showers as scheduled. All residents shower schedules and compliance have been reviewed by DON B.	4/27/2024

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S 415	Continued From page 5 that the resident's individual personal care, and medical, physical, mental, and emotional needs, including pain management, have been identified and addressed. Any outside services utilized by a resident shall comply with and complement facility care policies. Each resident shall receive daily care by facility personnel as needed to keep skin, nails, hair, mouth, clothing, and body clean and healthy. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to ensure resident care needs related to timely bathing were performed for one of one resident (11). Findings include: 1. Observation and interview on 3/12/24 at 9:40 a.m. with patient care aide (PCA) E and medication tech (MT) H revealed: *Resident 11 had left for the day to the adult daycare. *Both employees had been working for the facility for nine months. *PCAs and MTs were responsible for assisting with bathing and showers. *There were morning and evening baths scheduled depending on resident preference. *They showed where the bathing schedule was in their "bath book." *The activities of daily living (ADL) needs were in the bath book for each resident. *When a resident refused a bath, they were supposed to document the resident's refusal in the bath book on their Skin Integrity Monitoring (SIM) form. -The PCAs were also supposed to document the	S 415	2.All staff have been educated on adherence to proper shower schedules with all residents by DON B. If a resident refuses a shower as scheduled this will be appropriately documented in the medical record and communicated to DON B. utilizing Care Refusal Form. DON B. will review refusals and if warranted an individualized plan that meets the needs and desires of the resident will be formulated and implemented by DON B. 3.All staff have been educated on updated Bathing Policy and have documented understanding of policy. All staff have been educated on Hygiene and Grooming policy and have documented understanding of policy. Copies of education have been placed in all employee files. 4.DON or designee will audit resident's shower scheduled weekly x 4 weeks, then monthly x 3 months, then monthly thereafter until substantial compliance is met. 5.A third party care partner log has been established and placed in all buildings for improved communication between third party care partners and facility staff. A fom has also been created and implemented for facility staff to use for documenting any updates or issues with residents to communicate with third party care givers i.e. Adult Day, Home Care, PT, OT. 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 415	<p>Continued From page 6</p> <p>refusal in the care record.</p> <p>*The DON reviewed the refusals in the care record.</p> <p>*After two refusals, the employees were supposed to provide encouragement.</p> <p>-They sometimes offered baths or showers later in the day if the resident agreed.</p> <p>*They tried to avoid refusals by encouraging the resident.</p> <p>2. Review of the provider's bath book revealed:</p> <p>*There were refusals documented on the SIM form for resident 11.</p> <p>-She took a shower at the adult daycare on 2/7/24.</p> <p>-She refused baths four times on 2/14/24.</p> <p>-There was no documentation on 2/21/24.</p> <p>-She refused a bath and took one at the adult daycare on 2/28/24.</p> <p>*The SIM form for resident 11 was not found in the bath book for March 2024.</p> <p>3. Review of the provider's communication book revealed:</p> <p>*The communication book was located on the medication cart.</p> <p>-Staff used the book to communicate bathing needs and other issues.</p> <p>-Those issues were discussed during daily shift changes.</p> <p>*The only mention of a bath refusal for resident 11 during February 2024 was on 2/28/24.</p> <p>-She had received a bath at the adult daycare.</p> <p>4. Review of resident 11's EMR revealed:</p> <p>*The bath schedule for February indicated she had gone without a bath for ten days from 2/17/24 to 2/26/24.</p> <p>*There were no baths completed on 2/2/24, 2/9/24, and 2/20/24.</p>	S 415		

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S 415	<p>Continued From page 7</p> <p>*A bath was documented as not applicable on 2/23/24. *The bath schedule for March showed she had not had a bath since 3/1/24. -A bath was documented as not applicable on 3/5/24. *No documented notes of bath refusals were located.</p> <p>5. Observation and interview on 3/12/24 at 3:05 p.m. with MT I revealed: *Baths were documented in the tasks in the care record. *Refused baths were supposed to have been documented in both the communication book and the bath book. *Resident 11 had refused to bathe on multiple occasions. *She tried to encourage her with alternate bathing times and would sometimes offer her favorite snacks. *She at times received baths at the adult daycare. -She thought that might have been the reason for many of resident 11's missed baths. -Staff assumed she was getting her baths at the adult daycare. *She looked through the bath book and located a blank March SIM form for resident 11. -She stated it had not been updated. *She looked through the communication book and found the pages had run out on 2/28/24. -A new communication book had not been started after that date. *There was an end-of-shift form where information could have been communicated. -She was unable to locate any entries where resident 11 missed a bath on the reports. *She called the adult daycare to see if resident 11 received any baths on the missing dates shown on the bath schedule.</p>	S 415		

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S 415	<p>Continued From page 8</p> <p>-She was able to confirm 1 missing date (2/13/24) where resident 11 received a bath at the adult daycare.</p> <p>*She thought there should have been better documentation and communication regarding the missed baths.</p> <p>-That documentation should have included alternate options/times offered to the resident.</p> <p>*Nursing staff should have been notified of resident 11's missed baths.</p> <p>6. Observation and interview on 3/13/24 at 8:06 a.m. with resident 11 in her room revealed:</p> <p>*She was dressed in different clothing from an observation on 3/12/24 at 3:15 p.m. day before.</p> <p>*A pungent body odor filled the room.</p> <p>*She was sitting in her recliner watching TV.</p> <p>*She was waiting to be transported to the adult daycare.</p> <p>*She replied, "Yes." when asked if she liked bathing at the facility.</p> <p>*She stated she had no issues with toileting or urine incontinence with yes and no answers.</p> <p>-She was unable to elaborate on her answers.</p> <p>*She appeared to be confused by some of the questions asked.</p> <p>7. Interview on 3/13/24 at 8:15 a.m. with administrator A revealed:</p> <p>*It was her expectation that missed baths and other resident issues should have been communicated to the nurse.</p> <p>*Refusal documentation should have been completed in the communication book and the end-of-shift report.</p> <p>*The administrative assistant created communication forms for staff to utilize regarding resident issues.</p> <p>-They were created to communicate issues to nursing, the practitioners, and the medical</p>	S 415		

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S 415	Continued From page 9 director. -There was an inbox for the forms on the wall outside the administrator's office. *She had been working with an advocacy group on better ways to communicate with the adult daycare. *The adult day center had a high turnover rate of employees. -There was difficulty communicating effectively. Review of provider's updated Bathing Policy revealed: *Practice: -15. If a resident refuses to bath or becomes agitated: --"d. Report resident's refusal to supervisor." --"e. Document the resident's refusal, and note on shift change report." --"f. Re-attempt with a new approach at a future time preferred by resident." Review of provider's undated Hygiene and Grooming policy revealed: *Practice: --"6. Refusal of necessary hygiene and grooming is reported by Caregivers to the Resident Care Coordinator and/or Administrator. Continued refusal of hygiene and grooming is noted in the narrative charting section of the resident's chart, and the Administrator is notified for further action."	S 415		

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{S 000}	<p>Compliance Statement</p> <p>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.</p>	{S 000}		

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

TITLE

(X6) DATE