


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

PRINTED: 09/08/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 436029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2022
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NAME OF PROVIDER OR SUPPLIER AVERA ROSEBUD COUNTRY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 300 PARK STREET GREGORY, SD 57533
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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) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 684 SS=G	<p>A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 8/23/25 through 8/25/22. Avera Rosebud Country Care Center was found not in compliance with the following requirement: F684.</p> <p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to: *Provide timely notification to one of one sampled resident's (8) primary care provider as the initial burn injury evolved. *Follow their policies and procedures regarding wound assessments. *Provide timely investigation of and notification of resident injury to South Dakota Department of Health. Findings include: 1. Observation and interview on 8/24/22 at 11:20 a.m. with registered nurses (RN) G and H during a wound dressing change for resident 8 revealed: *She had a burn wound on the outside of her left mid-thigh.</p>	F 684	<p>(1)To ensure timely notification to primary care providers of wound progression and (2) to ensure wound policy and procedures are followed for resident 8 and all other residents, wound policy was updated on 12 September 2022 to: LTC wound nurse (or designee) will assess, measure, dress, update provider, and document all wounds once weekly in skin inspect measure or wound complex intervention. All staff will be informed of policy update by in-service on 9/21/22.</p> <p>To ensure compliance with (1) provider notification and (2) all wounds will be addressed per the wound policy, the Director of Nursing or their designee will compare skin documentation of resident 8, and all other residents, to provider notifications and to incident reports once weekly for one month, then monthly thereafter for six months, or until Quality committee determines it is no longer necessary, whichever is longest. Results will be followed in the Quality assurance plan and reported quarterly to Quality committee and administrator.</p>	 9/21/2022

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

TITLE

(X6) DATE

Anthony Timanus

Digitally signed by Anthony Timanus
Date: 2022.09.21 09:30:42 -05'00'

Administrator

9/21/2022

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/25/2022
NAME OF PROVIDER OR SUPPLIER avera rosebud country care center			STREET ADDRESS, CITY, STATE, ZIP CODE 300 PARK STREET GREGORY, SD 57533		
(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 684	<p>Continued From page 1</p> <p>*The burn wound edges were raised and white in color, with depression noted in the middle of the burn wound. The surrounding burn wound area was splotched red.</p> <p>*RNs G and H explained:</p> <p>-Resident 8 had spilled hot chocolate on herself on 8/2/22, which resulted in the burn wound.</p> <p>-When the accident occurred, the burn wound area was not open nor blistered.</p> <p>-Silvadene cream had been applied twice a day with dressing changes.</p> <p>Interview on 8/24/22 at 5:17 p.m. with director of nursing (DON) B and RN/minimum data set (MDS) coordinator C regarding the burn wound incident revealed:</p> <p>*Resident 8 was not able to feed herself and required extensive assistance of one staff with meals.</p> <p>*On 8/2/22 at 5:10 p.m. resident 8 had been served hot chocolate.</p> <p>-Certified nursing assistant (CNA) I had been present at the dining table with resident 8.</p> <p>-Resident 8 had grabbed the mug of hot chocolate and CNA I attempted to take the drink away from her which resulted in the hot chocolate spilling on resident 8's left hand and left thigh.</p> <p>*On 8/2/22 at 5:40 p.m. the on-call provider had been notified.</p> <p>-The on-call provider did not visually assess the burn wound.</p> <p>-Telephone orders from the on-call provider were received "to start Silvadene cream [twice per day] for a week or until healed to affected burn area."</p> <p>*The wound care team had not been following resident 8's burn wound because the wound care team "only followed pressure ulcers."</p> <p>A follow-up interview on 8/24/22 at 6:06 p.m. with</p>	F 684	<p>To ensure allegations or suspicions of abuse, neglect, exploitation or mistreatment, including injuries of unknown source, misappropriation of resident property, and serious bodily harm, are reported not later than 2 hours after the allegation is made or suspicion is formed; and to ensure when allegations are made or suspicions are formed that do not involve abuse or serious bodily harm will be reported within 24 hours, all staff will be provided an in-service on timely reporting to the State Survey Agency on 9/21/22.</p> <p>To ensure compliance with timely reporting to the State Survey agency, incident reports will be reviewed five days a week for 4 weeks, then weekly for one month, then once monthly thereafter for six months or until the Quality committee determines it is no longer necessary, whichever is longer, by the Interdisciplinary team which includes the Social Service designee, the MDS coordinator, the director of nursing, and the administrator, or designees of same. We will be monitoring both the notification process and also the wound assessments. The results will be followed in the Quality assurance plan and reported quarterly to the Quality Committee.</p>	<p><i>AT</i></p> <p>9/21/2022</p>	

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NAME OF PROVIDER OR SUPPLIER AVERA ROSEBUD COUNTRY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 300 PARK STREET GREGORY, SD 57533
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F 684	<p>Continued From page 2</p> <p>administrator A and DON B regarding resident 8's burn wound revealed:</p> <p>*The wound care team followed pressure ulcers and the wound care team had not been following resident 8's burn wound.</p> <p>*Resident 8's primary care provider (PCP) had not assessed the burn wound until 8/16/22 which was two weeks after the burn wound occurred, and the on-call provider had given provisional orders.</p> <p>*When asked why a medical provider had not been involved sooner when the electronic medical chart documentation showed the burn wound worsening, DON B did not have an answer.</p> <p>*Administrator A agreed the wound care team should have been following the burn wound, and the burn wound should have been assessed by her PCP sooner than 8/16/22.</p> <p>An attempt was made on 8/25/22 to call CNA I who had been with resident 8 at the time of the incident. A voicemail was left, and she had not called back prior to the survey exit.</p> <p>Interview on 8/25/22 at 2:50 p.m. with RN/minimum data set (MDS) coordinator C regarding wound care team assessments revealed there was no documentation of any wound care team assessment in resident 8's paper chart or electronic medical record.</p> <p>Review of resident 8's paper chart and electronic medical record revealed:</p> <p>*She sustained the burn wound on 8/2/22.</p> <p>*The on-call provider had ordered for Silvadene cream to be applied twice per day on 8/2/22.</p> <p>*The burn wound had started to blister on 8/3/22.</p> <p>*The blisters on the burn wound had opened on</p>	F 684		
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NAME OF PROVIDER OR SUPPLIER avera rosebud country care center			STREET ADDRESS, CITY, STATE, ZIP CODE 300 PARK STREET GREGORY, SD 57533		
(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 684	Continued From page 3 8/9/22. *Her PCP visually assessed the burn wound on 8/16/22 during his routine rounding. *The South Dakota Department of Health had not been notified of the incident until 8/17/22 at 11:54 a.m. *There was no documented assessment by the wound care team of the burn wound injury to determine if the wound team should follow the concern through the healing process. *There was no documentation by nursing service of notification to primary care or on-call provider as the burn wound evolved. Review of provider's February 2020 "Wound Assessment" policy revealed: *"Wound refers to all open areas, ulcers, lacerations, skin tears, or other skin issue." *The wound care team was to assess wounds weekly. *The MDS coordinator was responsible for documentation of the wound care team assessment in the [electronic medical record] for each wound on a weekly basis. *In the "Procedure" section of the policy, procedure number two stated, "A wound referral does not mean the wound team will follow every skin issue thru the healing process. Wound Team will make the determination to follow skin concerns thru the healing process based on their assessment."	F 684			

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NAME OF PROVIDER OR SUPPLIER AVERA ROSEBUD COUNTRY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 PARK STREET GREGORY, SD 57533		
(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	
E 000	Initial Comments A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care Facilities, was conducted from 8/23/22 through 8/25. Avera Rosebud Country Care Center was found in compliance.	E 000		AT 9/12/2022	

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

Anthony Timanus

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Date: 2022.09.12 14:58:51 -05'00'

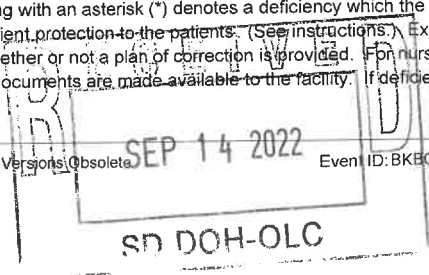
TITLE

Administrator

(X6) DATE

9/12/2022

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NAME OF PROVIDER OR SUPPLIER AVERA ROSEBUD COUNTRY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 PARK STREET GREGORY, SD 57533	
(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
K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 8/23/22. Avera Rosebud Country Care Center was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000		<i>AT</i> 9/12/2022

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TITLE

(X6) DATE

Anthony Timanus

Digitally signed by Anthony Timanus
Date: 2022.09.12 15:01:53 -05'00'

Administrator

9/12/2022

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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10625	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2022
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NAME OF PROVIDER OR SUPPLIER AVERA ROSEBUD COUNTRY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 300 PARK AVENUE POST OFFICE BOX 408 GREGORY, SD 57533
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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/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 8/23/22 through 8/25/22. Avera Rosebud Country Care Center was found in compliance.	S 000		AT 9/12/2022
S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 8/23/22 through 8/25/22. Avera Rosebud Country Care Center was found in compliance.	S 000		AT 9/12/2022

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

Anthony Timanus

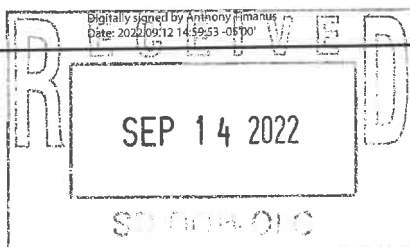
TITLE

Administrator

(X6) DATE

9/12/2022

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If continuation sheet 1 of 1