

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10692</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/14/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KEY CITY ASSISTED LIVING, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1542 DAVENPORT STREET STURGIS, SD 57785</b>
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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
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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 from 2/13/24 through 2/14/24. Areas surveyed included potential resident neglect and nursing services. Key City Assisted Living, LLC was found not in compliance with the following requirements: S030, S337, S400, S415, S701, and S800.	S 000		
S 030	44:70:01:07 Reports To The Department  Each facility shall report the following events to the department through the department's online reporting system within twenty-four hours of the discovery of the event:  (1) An attempted suicide; (2) Any cause to suspect abuse or neglect of a resident; (3) Any death resulting from other than natural causes that originated on facility property; (4) A missing resident; (5) A fire in the facility; (6) Any loss of utilities, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than twenty-four hours; or (7) Any unsafe drinking water samples, or samples from pools or spas.  The facility shall conduct an internal investigation for the event and report the results to the department no later than five working days after the event.  The department may request additional information from the facility and investigate any reported event.	S 030		

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

Elaine Pi

Administrator

TITLE

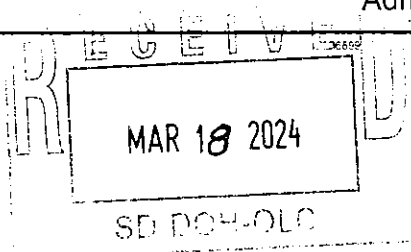
03/14/2024

(X6) DATE

STATE FORM

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If continuation sheet 1 of 17



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S 030	<p>Continued From page 1</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, job description review and policy review, the provider failed to ensure for one of one sampled resident (7) who had an unwitnessed fall requiring evaluation outside of the facility had: *Documentation that supported abuse or neglect had not occurred related to that fall. *Their policy followed for incident reporting to the South Dakota Department of Health (SD DOH). Findings include:</p> <p>1. Review of the undated page of the provider's shift report revealed: *Resident 7 had a fall getting out of bed. *She was sent to the hospital with a complaint of hurting her arm, elbow, and hip. -It had not specified if the pain was in her right or left arm, elbow, and hip.</p> <p>Review of resident 7's paper and electronic medical record (EMR) from the last month revealed no documentation of the above incident, her return from hospital, or any injuries.</p> <p>Review of the provider's 2/9/24 Incident report for resident 7 revealed: *Medication aide C had completed the facility's incident report. *The resident had been up for breakfast and was assisted back to her bed at an unknown time. *Housekeeper F found the resident on the floor around 10:00 a.m that day. *The resident complained of right hip, wrist, and elbow pain. *The resident was sent by ambulance to the hospital and returned to the facility that same day. *The resident returned to the facility at an</p>	S 030	<p>S 030 Unable to correct past non compliance.</p> <p>The Administrator will educate the nurse regarding incident reporting and other reportable conditions and follow up investigation procedures.</p> <p>Admin/Nurse or designee will educate all staff to the following: 1. Writing incident reports and where to file completed reports. 2. EMR progress notes to include time and summary of incident, who notified family, suspected injury details, vitals, and return from hospital reports.</p> <p>An audit of the Incident report log will be monitored by the Nurse or designee on a weekly basis for four weeks, then monthly for 4 months. The results of the audits will be presented to the quarterly QA committee. Audits will continue until compliance is maintained for 2 quarters.</p>	03/29/2024
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S 030	<p>Continued From page 2</p> <p>unknown time that day with no injuries.</p> <p>Interview on 2/13/24 at 4:07 p.m. with resident 7's son revealed he:</p> <ul style="list-style-type: none"> <li>*Received a call on 2/8/24 from the provider that his mother had a fall and was taken to the hospital by ambulance.</li> <li>*Met his mother at the hospital and transported her back to the facility that day.</li> <li>*Did not recall his mother having any injuries.</li> </ul> <p>Interview on 2/14/24 at 10:52 a.m. with owner A and administrator B revealed:</p> <ul style="list-style-type: none"> <li>*Administrator B searched her phone for documentation of the incident and confirmed the date of the residents fall and hospital evaluation was on 2/9/24.</li> <li>*Administrator B found the incident report on her desk.</li> <li>*It was the responsibility of the medication aide to document incidents in the resident's EMR.</li> <li>*Administrator B was not aware that resident 7's incident was not documented in the EMR.</li> <li>*Administrator B was responsible for reporting incidents to the SD DOH according to their policy.</li> <li>-She had not reported resident 7's incident to the SD DOH because the resident had no injuries.</li> </ul> <p>Review of provider's undated Administrator Job Description revealed:</p> <p>" The administrator shall be designated by the governing body of the facility to represent be responsible for the daily overall management of the facility."</p> <p>*Responsibilities:</p> <ul style="list-style-type: none"> <li>- "The Administrator will ensure that all aspects of the SD 44:70 are implemented and followed to the best of their ability."</li> </ul> <p>Review of the provider's undated Medication Aide</p>	S 030		
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S 030	<p>Continued From page 3</p> <p>Job Description revealed: *" The UMA must keep all medical records current." *Duties: - "Perform required documentation as directed by the nurse or administer."</p> <p>Review of the provider's January 2023 Resident's Record/Charts policy revealed: *Each record/chart will contain the following documents: - "8. Incident Reports"</p> <p>Review of the provider's January 2023 Operations and Record keeping policy revealed: *Other Reportable Conditions. - "The Administrator or his/her designee shall also report to the Department of Health any deaths resulting from other than natural causes originating on facility property, such as accidents, abuse, negligence, or suicide; or any missing residents within 48 hours of the event and must report the results of the investigation within 5 working days after the event."</p> <p>Review of the provider's undated State Reportables policy revealed: *" Occurrences that may require STATE reporting are listed below: WHEN IN DOUBT ASK" - "Fall resulting in ER visit."</p> <p>Review of the providers amended September 2023 Events regarding resident Falls or Accidents policies and procedures revealed: *" This will be monitored to the nurse and all documentation will be entered into the PCC system." *" If deemed necessary, a report will be filed with the DOH within 24 hours."</p>	S 030		
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S 337  S 337	<p>Continued From page 4</p> <p>44:70:04:11 Care Policies</p> <p>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.</p> <p>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 develop and implement practices for staff to follow related to one of one sampled resident (7) who had a history of episodes resulting in loss of consciousness to ensure she received safe nursing care and follow up. Findings include:</p> <p>1. Observation of resident 7 on 2/13/24 at 9:30 a.m. revealed: *She was lying in a recliner in the T.V. room. -She was covered in two blankets and was sleeping peacefully. *She appeared well groomed.</p> <p>Observation and interview of resident 7 on 2/13/24 at 12:10 p.m. revealed: *She was being transferred from her wheelchair to a recliner in the T.V. room with the help of two employees. *They used a gait belt to help lift her out of the wheelchair and into a standing position. *She was able to pivot on her own and sat down in the recliner. *The two employees encouraged her to scoot back further into the recliner. -She was able to scoot back into the recliner independently. *She appeared fatigued after the transfer from</p>	S 337  S 337	<p>S 337 Unable to correct past non compliance A Staff RN was hired</p> <p>The Administrator educated the nurse to the following: 1. Provider will be notified with any change of condition by RN/Admin or designee within 24 hrs by fax or phone call. 2. Family or POA will be notified immediately with any change of condition by RN/Admin or designee. 3. The Nurse will prepare documentation outlining instructions from providers where specific care is required.</p> <p>The Nurse/Admin or designee will educate all staff to the following: 1. Resident specific care instructions by the nurse. 2. When to notify the nurse, provider and family. 3. Copies of instructions will be placed in a binder in the medroom for reference. 4. Resident falls &amp; accident protocol. A copy of the P&amp;P will be placed in the in the medroom.</p> <p>The Nurse will monitor the adherence of provider's instructions on a weekly basis and log her findings.</p> <p>The weekly log will be monitored by the Administrator or designee on a weekly basis for four weeks, then monthly for 4 months. The results of the audits will be presented to the quarterly QA committee. Audits will continue until compliance is maintained for 2 quarters.</p>	03/29/2024

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S 337	<p>Continued From page 5</p> <p>the wheelchair to the recliner. *She shrugged her shoulders when asked if she enjoyed her lunch. *She was too tired to answer any additional questions.</p> <p>Review of resident 7's electronic medical record (EMR) revealed: *On 2/5/24 at 10:26 p.m. medication aide/personal care aide (PCA) D documented the resident had an episode resulting in loss of consciousness while sitting on the toilet. -Medication aide/PCA D performed a "sternal rub" (a method used for applying painful stimulus by rubbing the knuckles of a closed fist firmly and vigorously on the patient's sternum). *Medication aide/PCA D was not able to transfer resident 7 by herself and contacted administrator B for assistance. *When administrator B arrived to the facility, they transferred resident 7 to her wheelchair. -Resident 7 "passed out again" and they performed another "sternal rub." *Resident 7's blood pressure was "207/136." -There were no follow-up blood pressures documented. *There was no documented outcome or follow-up of the episode in the EMR. *There was no documentation the nurse or the resident's practitioner was notified of the above event. *There were no follow-up notes regarding resident 7's status documented.</p> <p>Interview on 2/14/24 at 10:52 a.m. with administrator B regarding the above-mentioned episode for resident 7 revealed: *She was educated on the resident's loss of consciousness episodes by the former staff nurse.</p>	S 337		

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S 337	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>*She was shown how to perform a "sternal rub" by the nurse during a previous episode.</li> <li>-She was unclear if she was given any follow-up recommendations after performing a "sternal rub."</li> <li>-There was no staff nurse employed by the facility during the 2/5/24 episode.</li> <li>*Administrator B's explanation of the resident's loss of consciousness episode was that resident 7 will be sitting on the toilet, has a bowel movement, and will suddenly start to fall over and act like she is passing out.</li> <li>*The resident has had a loss of consciousness episode at least 4 times in the facility that she knew of and has had a history of those episodes.</li> <li>*The first time the resident had a loss of consciousness episode was in December 2023 and emergency medical services (EMS) was called.</li> <li>-The resident began "coming to" by the time EMS arrived to the facility.</li> <li>-She was unsure of the exact date in December when that occurred.</li> <li>*During the December episode the resident was transported by EMS to the hospital and returned a few hours later by the resident's family.</li> <li>-The resident's family reported she had a history of those types of episodes.</li> <li>*The administrator did not believe she should have called EMS for the 2/5/24 episode because of the outcome of the December 2023 episode where the resident's family gave the impression that EMS did not need to be called.</li> <li>*The 2/5/24 incident occurred on a Monday and the practitioner was not notified until Wednesday of the same week during a routine visit to the facility.</li> <li>*It was her expectation that medication aide/PCA D should have faxed the practitioner promptly after the episode occurred.</li> </ul>	S 337	

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S 337	<p>Continued From page 7</p> <p>*She agreed that follow-up documentation should have been added to the EMR regarding the 2/5/24 episode.</p> <p>*She verbally educated staff to make sure the resident was not left on the toilet alone.</p> <p>-Emergency procedures for this resident were not in place.</p> <p>-She was going to contact the resident's practitioner for recommendations for these episodes.</p> <p>*Review of the provider's 2/6/24 shift report with administrator B revealed the resident had two loss of consciousness episodes that evening, but only one was documented in the EMR.</p> <p>-She was not able to speak to the findings of the 2/6/24 shift report.</p> <p>Review of the provider's January 2023 Standard Operating Policies and Procedures revealed:</p> <p>*The emergency safety procedures section for residents only addressed resident alarm systems.</p> <p>*There were no documentation procedures for medication aides/PCAs identified in the policy.</p> <p>**"Nursing Assessments: The Nurse will maintain proper auditing documentation on assessments and any status changes."</p> <p>**"Nurse Reviews: A community registered nurse will review and document each resident's care, condition, and medication issues on a weekly basis."</p> <p>Refer to S415, finding 1.</p>	S 337		
S 400	<p>44:70:05:01 Nursing Policies And Procedures</p> <p>The facility shall establish and maintain policies and procedures that provide nurses and other healthcare personnel with methods of meeting the facility's administrative and technical</p>	S 400	<p>S 400 Unable to correct past non compliance</p> <p>Administrator will review Policies and Procedures and amend, if necessary, to reflect the methods of meeting the facilities administrative and technical responsibilities in providing care to residents in accordance to AR 44:70:05:01</p>	03/29/2024



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S 400	<p>Continued From page 8</p> <p>responsibilities in providing care to residents. The policies must include:</p> <p>(1) The noting of diagnostic and therapeutic orders;</p> <p>(2) The assignment of the nursing care of residents;</p> <p>(3) Administration and control of medications;</p> <p>(4) Assessment and documentation by nurses;</p> <p>(5) Documentation by healthcare personnel;</p> <p>(6) Infection control;</p> <p>(7) Resident safety;</p> <p>(8) Delineation of orders from nonphysician practitioners; and</p> <p>(9) Activities of daily living to maintain each resident's physical functioning and personal care.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, observation, interview, and policy review, the provider failed to educate staff and implement an effective process for following advance directive wishes for all eleven residents (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11) in the event of an emergency. Findings include:</p> <p>1. Review of resident 7's paper and electronic medical record revealed there were no documented advance directives.</p> <p>Interview on 2/14/24 at 9:06 a.m. with administrator B regarding the above revealed: *She confirmed there were no documented advance directives in the resident's record. *The previous nurse was responsible for updating residents' advance directives. *She was aware the records were not all up to date.</p>	S 400	<p>Cont'd from previous page - They will include:</p> <ol style="list-style-type: none"> <li>noting of diagnostic and therapeutic orders</li> <li>The assignment of nursing care of residents</li> <li>Administration and control of medications</li> <li>Assessment and documentation by nurses</li> <li>Documentation by healthcare personnel</li> <li>Infection control</li> <li>Resident safety</li> <li>Delineation of orders from non-physician practitioners</li> <li>Activities of daily living to maintain each residents physical functioning and personal care.</li> </ol> <p>A copy of the Advance Directives have been obtained and are placed in the resident charts in the nurse's office and copies in the medroom for easy access in case of emergency. Admin/Nurse or designee will educate all staff to:</p> <ol style="list-style-type: none"> <li>The location of the advance directives</li> <li>Procedure to locate residents DNR status.</li> <li>A copy of the advance directives will be sent with the resident each time they are taken to the hospital by family, staff or ambulance.</li> <li>A DNR will be obtained for all new residents upon admission.</li> </ol> <p>An audit of residents DNR status will be conducted upon admissions and monthly by the Admin/Nurse or designee and given to the Admin to report at the quarterly QA meeting. This will be on going.</p> <p>An advance directive/DNR checklist for each resident will be created will be monitored by the Nurse or designee on a weekly basis for four weeks, then monthly for 4 months. The results of the audits will be presented to the quarterly QA committee. Audits will continue until compliance is maintained for 2 quarters.</p>	

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S 400	<p>Continued From page 9</p> <p>*There should have been a copy of the residents' advance directives in their record.</p> <p>Observation and interview on 2/13/24 at 10:32 a.m. with medication aide/personal care aide (PCA) C revealed she:</p> <p>*Had no access to a policy or procedure to follow to determine the advance directives of a resident in an emergency.</p> <p>*Stated there used to be one posted in the medication room, but she thought it was being updated.</p> <p>*Would review the Medication Administration Record (MAR) in the resident's binder located in the medication room to locate a resident's advanced directive.</p> <p>*Would look on the electronic MAR if she was unable to find the advance directives on the paper MAR.</p> <p>*Struggled to find the advanced directives in the resident binders.</p> <p>*Would have grabbed the resident's binder and go to the location of the resident during an emergency event to determine the advanced directives.</p> <p>*Would have brought the house phone or her cell phone with her to notify others of the situation.</p> <p>*Would call the family or the resident's practitioner if she was unable to locate a resident's advance directive during an emergency.</p> <p>*Would call the administrator, the nurse on call, the family, or the doctor for further instructions during an emergency event.</p> <p>*Would have called the administrator first during a true emergency.</p> <p>-If the administrator did not answer she would have called someone else.</p> <p>*Was supposed to use an online portal to contact the practitioners during overnight hours but she</p>	S 400		
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S 400	<p>Continued From page 10</p> <p>did not have access to the portal or instructions on how to use the portal.</p> <p>Interview on 2/13/24 at 1:21 p.m. with administrator B revealed she:</p> <ul style="list-style-type: none"> <li>*Had no written process for determining the advanced directives of residents and what staff were to do during a resident emergency related to those advanced directives.</li> <li>*Provided a general employee call list and stated the medication aides and PCAs should have used the employee call list during an emergency.</li> <li>*Had instructed the employees to call her first during an emergency.</li> <li>*Was still in the process of developing policies and procedures related to resident emergencies.</li> </ul> <p>Review of the provider's January 2023 Standard Operating Policies and Procedures revealed:</p> <ul style="list-style-type: none"> <li>*"Resident records and charts: Each record/chart will contain the following documents: 1. Advanced Directives and Discharge Records-inside the front pocket."</li> <li>*"Advanced Directives: A copy of the Advance Directives is to be sent with the resident each time he/she is taken to the hospital by family, staff, or ambulance."</li> </ul> <p>Review of the provider's January 2023 Emergency Safety Procedures policy reveals:</p> <ul style="list-style-type: none"> <li>*Ambulance-911</li> <li>-"Any staff member who is instructed by the nurse or designee to call 911 should be prepared with the residents name and date of birth."</li> <li>-"Staff should be prepared to give a short report to Ems including the residents name and date of birth, the name of their physician, medication sheet, any allergies, name of DPOA/family members, copy of advance directives, and a brief history of the emergency event."</li> </ul>	S 400	<p>Unable to correct past non-compliance</p> <p>The Administrator has educated the nurse to: GPG Portal access limited to only Administrator or RN.</p> <p>The Administrator or Nurse has educated all staff to:</p> <ol style="list-style-type: none"> <li>1. All Medical Providers and GPG Provider contact information is posted in the medroom as well as fax numbers to providers are stored at the copier for staff to use.</li> <li>2. As to the location of the contact information that is posted on the bulletin board.</li> <li>3. Contact information will also be posted in the medaide notebook..</li> <li>4. Staff has complete access to all of the above.</li> </ol> <p>The above information and accessibility of this information to the caregivers will be monitored by the Nurse or designee and audited by the Administrator or designee on a weekly basis for four weeks, then monthly for 4 months. The results of the audits will be presented to the quarterly QA committee. Audits will continue until compliance is maintained for 2 quarters.</p>	03/29/2024

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10692</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/14/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>KEY CITY ASSISTED LIVING, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1542 DAVENPORT STREET STURGIS, SD 57785</b>		
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S 400	Continued From page 11  Review of the provider's undated When a resident falls policy reveals: **"Notify the NURSE immediately. If she is not available notify the Administrator." **"The Nurse will instruct you what to do. If this is a serious fall with injury, resident unconscious, bleeding profusely, ect. call 911 immediately-then call the nurse."	S 400		
S 415	44:70:05:03 Resident Care  The facility shall employ or contract with a licensed nurse who assesses and documents 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 interview, employment verification, and policy review, the provider failed to employ or contract a licensed nurse to assess and document the care needs for all eleven residents since 1/17/24. Findings include:  1. Entrance conference interview held on 2/13/24 at 9:00 a.m. with administrator B revealed registered nurse (RN) E was listed as the current staff nurse for the facility.  Telephone interview on 2/13/24 at 12:43 p.m. with RN E revealed she:	S 415	S 415 Unable to correct past compliance  A RN has been hired as staff nurse Administrator has educated the nurse to review and document each residents care, condition and medication issues on a weekly basis or at significant change in health.  The nurse reviews will be monitored by the Administrator or designee on a weekly basis for four weeks, then monthly for 4 months. The results of the audits will be presented to the quarterly QA committee. Audits will continue until compliance is maintained for 2 quarters.	03/29/2024

South Dakota Department of Health

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S 415	<p>Continued From page 12</p> <p>*No longer worked at the facility. -Her official last day of employment was 1/13/24. *Returned on 1/27/24 to teach a diabetic training course to the staff members. *Thought there was another nurse that was hired after her resignation. *Thought that the other nurse had also terminated her employment with the facility.</p> <p>Interview on 2/14/24 at 9:06 a.m. with administrator B revealed she: *Confirmed there had not been a nurse employed or contracted at the facility since 1/17/24. *Agreed that nursing assessments and related documentation had not been done since 1/17/24. *Had a difficult time filling the position. *Had conducted multiple interviews. *Had a new nurse starting the evening of 2/16/24.</p> <p>Review of an undated resignation letter on 2/14/24 at 9:15 a.m. revealed RN E's last day of employment was 1/13/24.</p> <p>Review of a 1/17/24 text message on 2/14/24 at 9:15 a.m. with administrator B revealed RN G's last day of employment was 1/17/24.</p> <p>Review of the provider's January 2023 Standard Operating Policies and Procedures revealed "Nurse Reviews: A community registered nurse will review and document each resident's care, condition, and medication issues on a weekly basis."</p> <p>Refer to S337, finding 1.</p>	S 415		
S 701	44:70:08:01(1-6) Record Service  The resident care records shall include the	S 701		

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S 701	<p>Continued From page 13</p> <p>following:</p> <ol style="list-style-type: none"> <li>(1) Admission and discharge data including disposition of unused medications;</li> <li>(2) Report of the physician's, physician assistant's, or nurse practitioner's admission physical evaluation for resident;</li> <li>(3) Physician, physician assistant, or nurse practitioner orders;</li> <li>(4) Medication entries;</li> <li>(5) Observations by personnel, resident physician, physician assistant, nurse practitioner, or other persons authorized to care for the resident; and</li> <li>(6) Documentation that assures the individual needs of residents are identified and addressed.</li> </ol> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and record review, the provider failed to ensure one of one sampled resident's (7) electronic medical record (EMR) and paper record had documentation to support her individual needs related to falls, episodes with loss of consciousness, and her advanced directives had been identified and addressed. Findings include:</p> <ol style="list-style-type: none"> <li>1. Observation and interview on 2/13/24 at 11:25 with personal care assistant (PCA) F and PCA H revealed: <ul style="list-style-type: none"> <li>*Resident 7 requested assistance to move from her wheelchair to the recliner.</li> <li>*PCA F and PCA H assisted the resident to the recliner with gait belt.</li> <li>*PCA H revealed that resident 7 has been</li> </ul> </li> </ol>	S 701	<p>S 701</p> <p>Unable to correct past non compliance</p> <p>Admin will educate the nurse regarding resident</p> <ol style="list-style-type: none"> <li>1. Admission and discharge data including disposition of unused medications;</li> <li>2. Report of the physician's, physician assistant's, or nurse practitioner's reports and updates.</li> <li>3. Physical evaluation for each resident weekly.</li> <li>4. Documentation of Medication and the administration of.</li> <li>5. Observations by caregivers, and or staff.</li> <li>6. Documentation that assures the individual needs of residents are identified and addressed.</li> </ol> <p>The nurse reviews of each resident will be monitored by the Administrator or designee on a weekly basis for four weeks, then monthly for 4 months. The results of the audits will be presented to the quarterly QA committee. Audits will continue until compliance is maintained for 2 quarters.</p>	03/29/2024

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S 701	<p>Continued From page 14</p> <p>declining fast the past two weeks and required more assistance from staff.</p> <p>Review of resident 7 paper record and EMR revealed:                      *She was admitted to the facility on 9/30/23.                      *Her advance directives had not been completely documented.                      *She had episodes with loss of consciousness multiple times on 2/5/24 and those had not been documented.                      *She had a fall on 2/9/24 that required evaluation at the hospital that had not been documented.                      Refer to S030, finding 1.                      Refer to S337, finding 1.                      Refer to S400, finding 1.</p> <p>Interview on 2/14/24 at 10:52 am with owner A and administrator B revealed:                      *They confirmed the above information.                      *Documentation should have been completed in the resident's record to support her needs were identified and addressed.</p> <p>A documentation policy was requested from administrator B. No policy had been provided by the end of survey on 2/14/24.</p>	S 701		
S 800	<p>44:70:09:04 Notification When Resident's Condition Change</p> <p>A facility shall immediately inform the resident, consult with the resident's physician, physician assistant, or nurse practitioner, and, if known, notify the resident's legal representative or interested family member when any of the following occurs:</p> <p>(1) An accident involving the resident that results</p>	S 800		

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S 800	<p>Continued From page 15</p> <p>in injury or has the potential for requiring intervention by a physician, physician assistant, or nurse practitioner;</p> <p>(2) A significant change in the resident's physical, mental, or psychosocial status;</p> <p>(3) A need to alter treatment significantly; or</p> <p>(4) A decision to transfer or discharge the resident from the facility</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on interview, record review, and residents rights review, the provider failed to ensure notification to practitioners and/or family had occurred timely and had documentation of that notification for one of one sampled resident (7) related to changes in her condition. Findings include:</p> <p>1. Interviews and record review during the survey regarding resident 7 revealed: *She had been admitted on 9/30/23. *She had episodes with loss of consciousness and a fall in recent months. *The documentation had not supported timely notification to her practitioner or family related to all her changes.</p> <p>2. Review of the October 2019 South Dakota State Long-Term Care Ombudsman Program Assisted Living Community Resident Rights booklet regarding Resident Condition Changes revealed: *The assisted living community must inform you, consult with your medical provider and, if known, notify your legal representative or interested family member when any of the following occurs: -1. You were injured in an accident and may potentially require medical intervention by a</p>	S 800	<p>S 800 Unable to correct past non-compliance</p> <p>The Administrator has educated the nurse to the following:</p> <ol style="list-style-type: none"> <li>1. Nurse or designee will notify the residents provider, POA, and family in the case of the following: an accident involving an injury or has the potential for requiring intervention by a provider.</li> <li>2. A significant change in the residents physical, mental or psychosocial status.</li> <li>3. A need to alter treatment significantly.</li> <li>4. A decision to transfer or discharge the resident from the facility.</li> </ol>	03/29/2024



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S 800	Continued From page 16  physician, physician's assistant, or nurse practitioner. -2. Your physical, mental or psychological status changes significantly. -3. Your treatment needs altered significantly."  Refer to S337, S415, and S701.	S 800		
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{S 000}	<p><b>Compliance Statement</b></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 4/8/24 for deficiencies cited on 2/14/24. All deficiencies have been corrected, and no new noncompliance was found. Key City Assisted Living LLC is in compliance with all regulations surveyed.</p>	{S 000}		

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

TITLE

(X6) DATE