

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10691	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2024
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN FLOWER RETIREMENT HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1124 2ND STREET STURGIS, SD 57785
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S 000	<p>Compliance Statement</p> <p>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 2/21/24 through 2/22/24. Areas surveyed included administration, personnel, and resident safety. Mountain Flower Retirement Home LLC was found in compliance.</p> <p>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 2/21/24 through 2/22/24. Mountain Flower Retirement Home LLC was found not in compliance with the following requirements: S201, S216, S295, S305, S331, S670, S1027, and S1038.</p>	S 000		
S 201	<p>44:70:03:02 General Fire Safety</p> <p>Each facility must be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of occupants from fire, smoke, fumes, or resulting panic during the period of time reasonably necessary for escape from the structure in case of fire or other emergency. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, the facility must conduct monthly drills to provide training for all personnel.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: A. Based on document review and interview, the provider failed to conduct fire drills for two months in 2023 (February and December). Findings include:</p>	S 201	<p>Administrator to ensure that fire drills are completed monthly. Fire drills are to be documented in the fire drill/safety log book. Results of fire drill adherence are practices to be reviewed by staff/quality assurance team at monthly staff meetings.</p> <p>Administrator to ensure two-night fire drills to be completed yearly. This to be put into place effective March 13, 2024 and will be on-going.</p> <p>Fire Safety</p> <p>Fire drills monthly in different locations and time.</p>	04/01/24

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

Cynthia Z. Huntley

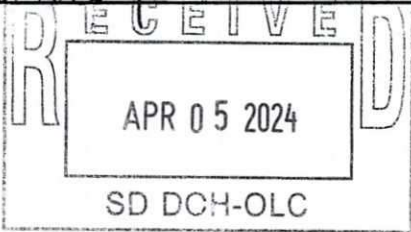
TITLE

Administrator-owner

(X6) DATE

04/02/24

STATE FORM



T1A211

If continuation sheet 1 of 11

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S 201	Continued From page 1 1. Document review on 2/21/24 at 4:00 p.m. revealed fire drill log sheets were not available for February and December for 2023. Fire drills must be conducted monthly and the fire alarm must be sounded each month. Interview on 2/21/24 at 5:15 p.m. with the administrator B confirmed that finding. B. Based on document review and interview, the provider failed to conduct night-time fire drills for two months in 2023. Findings include: 1. Document review on 2/21/24 at 4:00 p.m. revealed fire drill log sheets showed only one night-time fire drill of two required was held in June 2023. Interview on 2/21/24 at 5:15 with the administrator B confirmed that finding.	S 201	Administrator and quality assurance team to ensure monthly that all fire drills and fire safety documentation is in the fire safety book monthly. This will be ongoing. Administrator and quality assurance team to make sure all training on fire safety and fire drills is documented and put into fire safety book monthly. Both to be ongoing indefinitely. To be completed by April 1, 2024	
S 216	44:70:03:04 Fire Alarm Systems A manually operated, electrically supervised fire alarm system must be installed in each facility. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to maintain one of one fire alarm system as required. Findings include: 1. Record review on 2/21/24 at 3:15 p.m. revealed there was no current annual fire alarm inspection report performed for 2023 or 2024. Interview on 2/21/24 at 5:15 p.m. with the administrator B confirmed that finding.	S 216	Administrator to ensure that annual fire alarm inspection to be conducted yearly. Administrator to ensure that inspection report to be current and in the fire drill/ safety book. Administrator completed a fire alarm inspection on March 7, 2024 by Wild West Contracting and will be done so yearly in March. Administrator to conduct annual audit annually in March to ensure fire alarm inspection is done and documentation is in the fire safety book.	04/01/24

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S 216	Continued From page 2 Ref: 2010 NFPA 72 Section 14.6.2.4, Figure 14.6.2.4 Section 7.12-7.14 and page 11 of 11	S 216	To be completed by April 1, 2024	
S 295	<p>44:70:04:04 Personnel Training</p> <p>The facility shall have a formal orientation program and an ongoing education program for all healthcare personnel. Ongoing education programs must cover the required subjects annually.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, and policy review, the provider failed to ensure three of five sampled employees (A, B, and E) had completed all the required annual training topics. Findings include:</p> <p>1. Review of employee A's personnel file revealed: *He was hired on 9/8/22. *There was no documented annual training completed in 2023.</p> <p>2. Review of employee B's personnel file revealed: *She was hired on 12/19/22. *There was no documented annual training completed in 2023.</p> <p>3. Review of employee E's personnel file revealed: *He was hired on 9/8/22. *He had not completed the required annual training in 2023 for the following topics: -Fire prevention and response.</p>	S 295	<p>The administrator to ensure that all new employees be given a formal orientation within 30 days of hire. Administrator is also responsible that a formal training program be given on an annual basis to include:</p> <ol style="list-style-type: none"> 1. Fire prevention and response 2. Emergency procedures and preparedness 3. Infection control and prevention 4. Accident prevention 5. Proper use of restraints 6. RESIDENT RIGHTS 7. HIPPA/confidentiality 8. Incidents and diseases 9. Care of residents with unique needs 10. Care of residents with supplemental oxygen. 11. Dietary Inservice training 12. Medication administration <p>The administrator to ensure that a formal training orientation within 30 days The formal training orientation to include:</p> <ol style="list-style-type: none"> 1. Fire prevention and response 2. Emergency procedures and preparedness 3. infection control and prevention 4. Accident prevention 5. Proper use of restraints 6. RESIDENT RIGHTS 7. HIPPA/confidentiality 8. Incidents and diseases <p>To be completed by April 1, 2024</p>	04/01/24

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S 295	Continued From page 3 -Incidents and diseases subject to mandatory reporting. -Nutritional risks and hydration. -Abuse, neglect, and misappropriation of resident property. -Education based on resident care needs, i.e. post-traumatic stress disorder (PTSD) and mental illnesses. Interview on 2/22/24 at 4:10 p.m. with owner A and administrator B revealed they: *Were responsible for ensuring the required annual training was completed for all employees. *Confirmed annual employee training had not been completed within the last year. -They had been busy training the newly hired staff. Review of the provider's 2023 Policy Handbook on training revealed: **All persons that provide work services to [name of provider] shall receive new hire orientation within 14 day[s] and annual training to include the following one per month:" -"1. Fire prevention and response." -"2. Emergency procedure and preparedness." -"3. Infection control and prevention." -"4. Accident prevention." -"5. Proper use of restraints." -"6. RESIDENT RIGHTS." -"7. HIPPA/Confidentiality." -"8. Incidents and diseases." -"9. Care of residents with unique needs." -"10. Care of resident with supplemental oxygen." -"11. Dietary inservice training." -"12. Medication administration."	S 295	9. Care of residents with unique needs 10. Care of residents with supplemental oxygen. 11. Dietary Inservice training 12. Medication administration Administrator to ensure that all required education topics be covered within a calendar year. Administrator to ensure that all staff are present as required training topics are covered. Administrator and staff/quality assurance team are responsible for all formal training topics are covered within one calendar year. 30 days for all new hires 12 subjects then done yearly. 30 days training as part of employee orientation. The process to ensure all staff receive mandatory training is completed requires a schedule set for each topic to be covered and at which staff meetings that will occur. Administrator to ensure schedule is set and distributed to staff to monitor. All files have been reviewed to make sure all required documents are in place. Yearly trainings began and are set to be on track started on February 28th 2024 Orientations for Employees will be done with Mountain Flower Retirement Home and will start March 13, 2024 Administrator and quality assurance to ensure all trainings are documented monthly and will be ongoing. administrator to ensure all orientations documented and in training book.	
S 305	44:70:04:05 Personnel Health Program	S 305		

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S 305	<p>Continued From page 4</p> <p>The facility shall have a personnel health program for the protection of the residents. All personnel must be evaluated by a licensed health professional for a reportable communicable disease that poses a threat to others before assignment to duties or within fourteen days after employment including an assessment of previous vaccinations and tuberculin skin tests.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, and policy review, the provider failed to ensure two of five sampled employee's (C and D) health status for communicable diseases was evaluated by a licensed health professional within 14 days from the hire date. Findings include:</p> <p>1. Review of the above employee's personnel files revealed the following: *Employee C was hired on 11/22/23. *Employee D was hired on 2/4/24. *The above employee's health status was not evaluated by a licensed health professional.</p> <p>Interview on 2/22/24 at 3:15 p.m. with employee C revealed she was not aware she needed to have a health status evaluation.</p> <p>Interview on 2/22/24 at 4:30 p.m. with owner A regarding employee health evaluations revealed: *He was not aware of the requirement to have employee health evaluations reviewed, signed, and dated by a licensed health professional within 14 days from the hire date. -He confirmed that requirement was not followed for the above-sampled employees.</p> <p>Review of the provider's 2023 policy handbook on</p>	S 305	<p>All personnel shall be evaluated by a licensed health care professional for freedom from reportable communicable disease which poses a threat to others before assignment to duties or within 14 days of employment including an assessment of previous vaccinations and tuberculin skin tests.</p> <p>Administrator to ensure that new employees have completed the employee health program within 14 days of hire. documentation to be kept in the employee file.</p> <p>Administrator and staff/quality assurance team responsible that all new employees have complete employee health program within health program within 14 days or hire and that documentation are in their personnel file.</p> <p>Health evaluations have been completed for all employees by R.N. on March 7, 2024</p> <p>Administrator and quality assurance team to ensure that all new hires have completed health program and all documentation is in the employee file within 14 days of hire and documentation is in the employee file.</p> <p>To be completed by April 1,2024</p>	04/01/24

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S 305	Continued From page 5 employee health revealed: **A health program will be maintained to protect the residents and employees. During the physical examination, the physician will determine if the person is able to perform the type of work applied for. Anyone with a communicable disease may not be employed or kept in employment during the period of communicability." **4. New hires will be evaluated by a healthcare professional within 14 days of employment, to verify that the person is free from any communicable diseases."	S 305		
S 331	44:70:04:10(1) Tuberculin Screening... Requirements Tuberculin screening requirements for healthcare personnel and residents are as follows: (1) Each healthcare personnel or resident shall receive an initial individual TB risk assessment that is documented and the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within twenty-one days of employment or admission to a facility. Any two documented tuberculin skin tests completed within a twelve-month period prior to the date of admission or employment are considered two-step. A TB blood assay test completed within a twelve-month period prior to the date of admission or employment is an adequate baseline test. Skin testing or TB blood assay tests are not necessary if a new healthcare personnel or resident transfers from one licensed healthcare facility to another licensed healthcare facility within this state if the facility received documentation from the transferring healthcare facility, healthcare personnel, or resident, of the last skin or blood assay TB testing having been	S 331	Administrator responsible that all new resident or new employee without a documented 2 step negative T.B. test be required to have a negative T.B. test within 21 days of hire or admission to facility. All T.B. test results documentation in file for employee or resident. Staff/quality assurance team to ensure T.B. tests are complete, documented and filed appropriately. In addition annual T.B. risk assessment to be updated annually and results documented. Administrator responsible for completing T.B. risk assessment. Staff/quality assurance team to ensure assessment is completed and documented. Administrator and R.N. Ensured all residents and employees completed and now have current T.B. testing done as of March 14th and documentation in the employee files and resident books.	04/01/24

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S 331	<p>Continued From page 6</p> <p>completed within the prior twelve months. Skin testing or TB blood assay tests are not necessary if documentation is provided by the transferring healthcare facility, healthcare personnel, or resident, of a previous positive reaction to either test. Any healthcare personnel or resident who has a newly recognized positive reaction to the skin or TB blood assay test must have a medical evaluation and a chest X-ray to determine the presence or absence of the active disease;</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel record review, care record review, interview, and policy review, the provider failed to ensure two of five sampled employees (C and E) and one of three sampled residents (9) received a tuberculin (TB) baseline screening and TB skin test within twenty-one days of employment or admission. Findings include:</p> <p>1. Review of employee C's personnel record revealed: *She was hired on 11/22/23. *There was no documentation of a TB skin test.</p> <p>Interview on 2/22/24 at 3:15 p.m. with employee C confirmed she had not received a TB skin test upon hire or within the last twelve months before her hire date.</p> <p>2. Review of employee E's personnel record revealed: *He was hired on 9/8/22. *There was no documentation of a TB skin test.</p> <p>3. Review of resident 9's care record revealed:</p>	S 331	To be completed April 1, 2024	

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S 331	<p>Continued From page 7</p> <p>*He was admitted on 6/29/23. *There was no documentation of a TB skin test.</p> <p>4. Interview on 2/22/24 at 4:35 p.m. with owner A revealed he: *Was aware TB skin testing had not been completed and stated administrator B was attempting to get that completed. *Was unsure who was responsible for performing the TB skin testing, but thought it was registered nurse F. -She worked at the facility one day a week. *Stated they were having difficulty with obtaining the testing supplies.</p> <p>Administrator B was not available for an interview during the survey.</p> <p>Review of the provider's 2023 Tuberculin Testing Requirements policy revealed: *"All residents and employees must have the two-step Mantoux TB skin test to establish a baseline with [within] 14 days of employment or admission to a facility." -"Any new employee or resident who has a newly recognized positive reaction to the skin test shall have a medical evaluation and a chest x-ray to determine the presence or absence of the active disease."</p>	S 331		
S 670	<p>44:70:07:07 Medication Administration</p> <p>A registered nurse shall provide medication administration training pursuant to § 20:48:04.01 to any unlicensed assistive personnel employed by the facility who will be administering medications. Unlicensed assistive personnel shall receive initial and ongoing resident specific training for</p>	S 670	<p>The registered Nurse is responsible. for medication administration training to any unlicensed assistive personnel on an initial basis and ongoing resident specific training for aspects of medication administration at the facility.</p>	04/01/24

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S 670	<p>Continued From page 8</p> <p>medication administration and annual training in all aspects of medication administration occurring at the facility.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, and policy review, the provider failed to ensure two of three sampled unlicensed medication aides (UMAs) (A and B) received annual medication administration skills training with a registered nurse. Findings include:</p> <p>1. Review of UMAs A and B's personnel files revealed: *They received initial UMA training and certificates in 2022 when they were hired. *There was no documentation that annual medication skills training was completed for 2023.</p> <p>Interview on 2/22/24 at 4:30 p.m. with owner/UMA A revealed: *Administrator/UMA B administered scheduled and as needed medications to the residents daily. *He was unaware that ongoing UMA skills training should have been completed on an annual basis with a registered nurse.</p> <p>Registered nurse F was not available for an interview during the survey.</p> <p>Review of the provider's 2023 Policy Handbook on medication administration revealed the facility's nurse would conduct a refresher course annually and supervise the UMAs administering medications to the residents quarterly.</p>	S 670	<p>Administrator to ensure that medication training is conducted by R.N. and a refresher course done annually. Staff/ quality assurance team to ensure complete training protocols are completed properly.</p> <p>R.N. completed trainings of unlicensed personnel as of March 7, 2024 and will be ongoing on a yearly basis or as needed.</p> <p>Administrator and quality assurance team to ensure all documentation of trainings and refresher course are in the employee file and in the certification book annually.</p> <p>To be completed April 1, 2024</p>	

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S1027	Continued From page 9	S1027		
S1027	<p>44:70:10:28 Vacuum Breakers</p> <p>An antisiphon device or backflow preventer shall be installed on any hose bib and on any fixture to which a hose or tubing can be attached such as a laboratory or a janitor's sink, bedpan flushing attachment, and a handheld shower. Each antisiphon device or backflow preventer shall be installed on any plumbing and equipment where any possibility exists for contamination of the potable water supply.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to install a vacuum breaker for the hand-held hose in the shower room tub. Findings include:</p> <p>1. Observation on 2/21/24 at 4:00 p.m. revealed the hand-held hose in the shower room was not equipped with a vacuum breaker anti-siphon device.</p> <p>Interview on 2/21/24 at 5:15 p.m. with the administrator B confirmed that finding. She stated a vacuum breaker had been installed on the hose in the past year but had been removed when it had begun leaking.</p>	S1027	<p>Administrator to ensure handheld hose to shower room have a vacuum anti-siphon device as part of the hose attachment.</p> <p>Staff/quality assurance team to ensure correct handheld device is installed</p> <p>Administrator ensured that the anti-siphon device that was removed was put back on the hose on February 21, 2024 has been completed and will be checked weekly by staff/ quality control. This will be done until April 15, 2024 to ensure it is one and working at that time checks will be completed.</p> <p>Completed on February 21, 2024</p>	04/01/24
S1038	<p>44:70:10:32 Electrical Distribution System</p> <p>A facility with 16 beds or less shall be equipped with automatic emergency lighting for each exit way, staff work area, dining room, medication room, dietary department, room where main electrical panels are located, and power for the alarm system.</p>	S1038	Administrator to ensure facility is equipped with automatic emergency lighting for each exit way, staff work area, dining room, medication room, dietary department, room where main electrical panel are located, and power for alarm system to be installed.	

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S1038	<p>Continued From page 10</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to install automatic emergency lighting. Findings include:</p> <p>1. Observation on 2/21/24 at 4:30 p.m. revealed there was not any battery-powered automatic emergency lighting installed in the building to illuminate the paths of egress or main electrical panel in the basement.</p> <p>Interview on 2/21/24 at 5:15 p.m. with the administrator B confirmed that finding.</p>	S1038	Administrator will have the signs with lights that have been approved completed by April 2, 2024,	04/01/24

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NAME OF PROVIDER OR SUPPLIER MOUNTAIN FLOWER RETIREMENT HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1124 2ND STREET STURGIS, SD 57785
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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}	<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 4/11/24 for deficiencies cited on 2/22/24. All deficiencies have been corrected, and no new noncompliance was found. Mountain Flower Retirement Home LLC is in compliance with all regulations surveyed.</p>	{S 000}		

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