

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41974	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/19/2024
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NAME OF PROVIDER OR SUPPLIER MARION ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 310 E STATE ST MARION, SD 57043
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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>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 on 12/19/24. Marion Assisted Living Center was found not in compliance with the following requirements: S652.</p>	S 000		
S 652	<p>44:70:07:06 Drug Disposal</p> <p>Medications controlled under SDCL chapter 34-20B may not be returned to the dispensing pharmacy or to an authorized reverse distributor company.</p> <p>Documentation of destruction or disposal of medications must be included in the resident's record. The documentation must include the method of disposition (destruction, disposal, or return to pharmacy); the medication name, strength, prescription number (as applicable), quantity, and date of disposition; and the name of any person who witnessed the destruction or disposal.</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 a witness had been present during the disposal of one of four sampled resident's (4) fentanyl (controlled medication at risk for potential diversion) patch. Findings include:</p> <p>1. Interview on 12/18/24 at 9:40 a.m. with certified medication aide (CMA) C regarding the process for disposal of a used fentanyl patch revealed:</p>	S 652		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Laura Wilson	TITLE Administrator	(X6) DATE 1/14/2025
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S 652	<p>Continued From page 1</p> <p>*She would have placed it in the medication destruction bottle in the medication room. *She had been informed that she did not require a witness for the disposal of a used fentanyl patch about three months ago by the director of nursing (DON) A. *Prior to that she had disposed of the used fentanyl patches with the nurse at the nursing home. *She had not documented the disposal of the used fentanyl patches on a medication accountability sheet. *Review of the log of fentanyl patches there had not been any discrepancy.</p> <p>2. Interview on 12/18/24 at 2:00 p.m. with DON A regarding the disposal of a used fentanyl patch revealed only one person was required for the disposal of a patch in the assisted living. *She had been unaware of the need of a witness of used patch destruction.</p> <p>3. Review of resident 4's medical record revealed she had an order for fentanyl 50 micrograms (mcg) per hour patch to have been changed every 72 hours. *When her patch needed to have been changed, the medication administration record would have indicated the patch to have been changed, but not the disposal of the used fentanyl patches. *There had not been any medication accountability sheets to have been reviewed.</p> <p>4. Review of the provider's October 2022 Medication-Destruction policy revealed: **"The medication needs to be destroyed by using the medication destruction bottle." **"The medication destruction will be witnessed by another nursing staff member. Both the nurse destroying the medication and the witness will</p>	S 652	<p>The Director of Nursing or her designee will revise the policy on Fentanyl patch disposal to reflect disposal requires 2 people, of which one is a licensed nurse. All staff working in assisted living will be educated on the revised policy by facility staff development staff on the proper procedure for Fentanyl patch disposal. A Fentanyl patch disposal log will be maintained by facility staff to track each time a patch is disposed of. These logs will be monitored by the Director of Nursing or her designee to ensure the patches are disposed of correctly. The logs will be presented to the monthly QAPI committee for their review and any further recommendations for a period of 3 months. If there are no issues the reports to QAPI will be discontinued.</p>	1/30/2025

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S 652	Continued From page 2 sign the Medication Accountability Sheet." *There had been any destruction of a used patch on a Medication Accountability Sheet.	S 652		