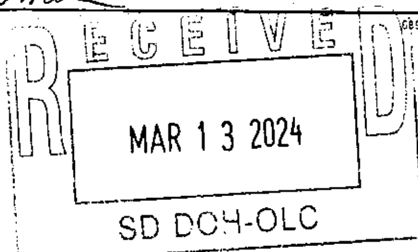
South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10622	A. BUILDING: ______ B. WING ______	C 02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FREEMAN REGIONAL HEALTH SERVICES	106 WEST 7TH STREET FREEMAN, SD 57029

(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 Statement 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 2/20/24 through 2/22/24. Freeman Regional Health Services was found not in compliance with the following requirements: S200 and S450. 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 2/20/24 through 2/22/24. Areas surveyed included timely resident assessment, resident neglect, and elopement. Freeman Regional Health Services was found not in compliance with the following requirement: S415 and S800.	S 000		
S 200	44:70:03:01 Fire Safety Code Requirements Each facility must meet applicable fire safety standards in NFPA 101 Life Safety Code, 2012 edition in chapter 32 or 33. An automatic sprinkler system is not required in an existing facility unless significant renovations or remodeling of greater than fifty percent of the facility occurs, provided that any existing automatic sprinkler system must remain in service. An attic heat detection system is not required in an existing facility unless significant renovations or remodeling of greater than fifty percent of the facility occurs. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, record review, and interview, the provider failed to maintain the facility in accordance with the 2012 Life Safety Code as required (penetrations through the boiler	S 200	The provider will maintain the facility in accordance with the 2012 Life Safety Code as required specifically related to no penetrations through the boiler room ceiling, completing fire drills with evacuation during sleeping hours, and adequate record-keeping for the emergency generator. On 3/12/2024, Maintenance Director I repaired the boiler room ceiling to ensure the ceiling is intact and able to prevent the spread of smoke or fire to the floor above. Beginning on 3/18/2024, Maintenance Director and/or designee will perform a Boiler Room Ceiling Audit weekly for 8 weeks to ensure the ceiling is intact and able to prevent the spread of smoke or fire to the floor above. Maintenance Director and/or designee will report the result of the audits to the QAPI committee monthly. The QAPI committee will direct further audits.	4/7/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Courtney Ulrich | TITLE: CEO/Administrator | (X6) DATE: 3/13/24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S 200	Continued From page 1 room ceiling, no fire drills with evacuation during sleeping hours, and inadequate record-keeping for the emergency generator). Findings include: 1. Observation on 2/21/24 at 10:30 a.m. revealed two four-inch diameter penetrations through the concrete ceiling in the basement boiler room. One of the penetrations was from a pipe removal, the other still had a cotton-stuffed pipe present. The penetrations need to be filled to prevent spread of smoke or fire to the floor above. Interview with maintenance director I at the time of the above observation revealed his understanding of the need to fill the penetrations. 2. Record review on 2/21/24 at 11:15 a.m. revealed the provider performed one fire drill per month for the building. Interview with maintenance director I during the record review revealed fire drills did not involve any evacuation during sleeping hours. *Emergency egress and relocation drills should have been conducted not less than monthly for a two-shift staffing arrangement, with not less than two drills conducted during the night when residents were sleeping for the entire building. *Sleeping hours were considered to be from 9:00 p.m. to 6:00 a.m. each day. *The emergency drills could have been announced to the residents in advance. *Fire drills must involve the actual evacuation of all residents to an assembly point, as specified in the emergency plan, and shall provide residents with experience in egressing through all exits and means of escape. *All employees should have been periodically instructed and kept informed of their duties and responsibilities under the plan, and such instruction should have been reviewed by the staff not less than every two months. Staff	S 200	On 3/11/2024, Senior Living Assistant Administrator provided education to Maintenance Director I that emergency egress and relocation fire drills must be completed at least monthly with not less than two drills conducted during the night during sleeping hours with sleeping hours considered 9:00pm to 6:00am daily. On 3/12/2024, Administrator, Senior Living Assistant Administrator, and FRHS Life Safety Officer reviewed and revised the "Fire Safety Response Plan – Assisted Living" to include evacuation of residents to non-affected zones and experience in egressing through exits and means of escape and to update employees' duties and responsibilities. By 3/31/2024, one Fire Drill and Evacuation will be completed during sleeping hours. By 4/7/2024, Maintenance Director I and all other employees will receive education on the "Fire Safety Response Plan – Assisted Living" including their duties and responsibilities under the plan. Education and attestation of completion and understanding is to be completed by 4/7/24. All employees on prn or on leave of absence status will complete this education prior to their return to work. By 4/7/2024, all employees will have scheduled periodic instruction of their duties and responsibilities under the "Fire Safety Response Plan – Assisted Living" upon orientation, through participation in fire drills, and annually. Beginning on 3/18/2024, Maintenance Director and/or designee will perform a Fire Drill and Evacuation Audit monthly for 3 months to ensure the fire drills include evacuation of residents to non-affected zones and experience in egressing through exits and means of escape. Beginning on 3/18/2024, Maintenance Director and/or designee will perform a Fire Drill and Evacuation Employee Roles and Responsibilities Audit monthly for 3 months to ensure employees' are knowledgeable of their duties and responsibilities per the Fire Plan. Maintenance Director and/or designee will report the result of the audits to the QAPI committee monthly. The QAPI committee will direct further audits.	

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S 200	Continued From page 2 training must include the following: orientation; annual refresher training; and participation in fire drills. *There was no documentation indicating these items were completed as required in 2023. 3. Record review on 2/21/24 at 11:15 a.m. revealed the provider had only begun record keeping of the monthly generator load tests in January 2024. Interview with maintenance director I during the record review revealed the generator would supply all power to the facility. Interview also determined the maintenance director I was not aware of the requirement to exercise the generator at a level of at least 30 percent of its capacity. If 30 percent load could not be achieved during each monthly test, a load bank should have been performed.	S 200	On 3/11/2024, Senior Living Assistant Administrator provided education to Maintenance Director I of the need to keep monthly generator load test documentation, that the generator is required to be exercised at a level of at least 30 percent of its capacity, and a load bank should be performed if 30 percent load is not able to be achieved during each monthly test. On 3/13/24, Maintenance Director I and FRHS Maintenance Director completed generator load test with generator exercised at a level of at least 30 percent of its capacity and documented test appropriately. Beginning on 3/18/2024, Maintenance Director and/or designee will perform Generator Audit monthly for 3 months to ensure documentation is present indicating the generator was exercised at a level of at least 30 percent of its capacity.	
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 record review, interview, and policy review, the provider failed to ensure their policy for pain management and change in condition had been followed for one of two closed record	S 415	The provider will ensure LPN B and LPN D and all other licensed nurses and unlicensed medication aides will follow the policies for pain management and change in condition for all residents (resident 6 is no longer a resident). On 3/6/2024, Pain Management Policy, Change of Condition & Notification Policy, and Administration of Scheduled and PRN Medications Policy were reviewed and updated by ADON, DON, Director of Quality, Assistant Administrator, and Administrator. By 3/15/24, ADON will create a standardized Change of Condition form that includes vital signs, pain, complaints noted, interventions provided, primary care or on-call provider notification, and resident representative notification. On 3/6/2024, Administrator educated ADON on the need for nursing to contact the primary care provider or on-call provider and resident's representative with a change of condition.	4/7/2024

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residents (6) by licensed nursing staff (LPN B) to ensure follow up and documentation based on his needs. Findings include:

1. Review of resident 6's closed care record revealed:
*He was admitted on 8/8/2019.
*His diagnoses included status post CVA (cerebral vascular accident) [stroke], esophageal adenocarcinoma (cancer of the tube that runs from the throat to the stomach), arthritis, and a history of stricture (abnormal narrowing) of the esophagus.
*On 8/14/23, he was admitted to the hospital for a planned hospital stay for a left total knee replacement.
*On 8/21/23, he returned from the hospital with no complaints of pain.
*He fell on 8/22/23, 8/23/23, and again on 8/25/23.
*On 8/27/23 he complained of nausea and stomach pain and refused to eat.
-He was encouraged to drink sips of water, eat regular meals, avoid sugar-processed foods, and to sit up in a chair.
-He reported feeling better that night.
*On 8/28/23 he denied stomach upset.
*On 9/1/23 at 12:30 p.m. he reported his "stomach is very upset" while in a therapy session.
*On 9/1/23 at 3:00 p.m. it was noted he had refused dinner and complained of an upset stomach.
-He was encouraged to drink water and to lay flat.

Further review of resident 6's care record revealed on 9/6/23:
*At 12:10 a.m. unlicensed assistive personnel (UAP) A responded to his call light, observed vomit on his floor, and notified licensed practical

S 415

On 3/7/24, ADON reviewed and educated LPN B on the Pain Management Policy, Change of Condition & Notification Policy, and Administration of Scheduled and PRN Medications Policy specifically including the need to:
• complete and document a comprehensive nursing assessment including listening to bowel sounds, asking the resident to rate pain, the intensity of pain, and obtaining vital signs,
• notify the primary care provider or on-call provider with a change of condition,
• notify the resident's resident representative with a change of condition, and
• follow-up with a resident within one hour after giving a PRN (as needed) medication.

On 3/13/24, ADON reviewed and educated LPN D on the Pain Management Policy, Change of Condition & Notification Policy, and Administration of Scheduled and PRN Medications Policy specifically including the need to:
• complete and document a comprehensive nursing assessment including listening to bowel sounds, asking the resident to rate pain, the intensity of pain, and obtaining vital signs,
• notify the primary care provider or on-call provider with a change of condition,
• notify the resident's resident representative with a change of condition, and
• follow-up with a resident within one hour after giving a PRN (as needed) medication.

On 3/6/24, all licensed nurses and unlicensed medication aides including LPN B, LPN D, and UAP A received education which included:
• Pain Management Policy
• Changes in Condition & Notification Policy
• Administration of Scheduled and PRN Medications Policy
Education and attestation of completion and understanding is to be completed by 4/7/24. All employees on prn or leave of absence status will complete this education prior to their return to work.

By 4/7/24, all licensed nurses and unlicensed medication aides will complete education on using new Change of Condition form and form will be implemented.

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S 415	Continued From page 4 nurse (LPN) B. -The resident asked for something to relieve his upset stomach. *At 12:15 a.m. LPN B gave the resident Mylanta (a medication for upset stomach). The resident was observed to have had another episode of vomiting which was noted as small to moderate in amount and cream-colored. *At 1:30 a.m. UAP A and LPN B responded to his call light, observed the resident in his bathroom, there were several spots of fecal matter on his bedroom and bathroom floors, and his body and clothing were soiled with fecal matter. -He complained of chills at that time. -The staff assisted him with his personal cares and suggested he take a shower. -He stated he was weak and dizzy and declined showering. -UAP A had then observed vomit in the bathroom trash can that appeared "liquid and frothy." -The staff assisted him back into his bed. -LPN B instructed him to use his call light before trying to get up and then placed him on isolation precautions (measures to reduce contact with infectious agents). Review of resident 6's care record notes on 9/6/23 by LPN B revealed: *At 2:30 a.m. the resident complained of an upset stomach and was given 7-Up. *At 4:00 a.m. the resident requested to go to the bathroom. He was unable to sit up at the side of the bed on his own. He complained of hurting and pointed to the right side of his lower abdomen and stated "I think I pulled a muscle." -He was assisted to a sitting position and noted to have had facial grimacing. -He stood independently with a walker and two staff standing by to assist and ambulated to his bathroom.	S 415	Beginning on 3/18/24, ADON and/or designee will perform "Change of Condition Audit" weekly for 8 weeks to ensure appropriate documentation, provider notification, and resident representative notification. ADON and/or designee will report the result of the audits to the QAPI committee monthly. The QAPI committee will direct further audits. Beginning on 3/18/24, ADON and/or designee will perform "PRN Medication Audit" weekly for 8 weeks to ensure there is a documented response within 1 hour post PRN medication administration. ADON and/or designee will report the result of the audits to the QAPI committee monthly. The QAPI committee will direct further audits.	

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-After using the bathroom, he ambulated back to bed in the same manner.
*At 4:05 a.m. the resident complained of pain.
-She gave him two 325 milligrams (mg) tablets of acetaminophen.
-She noted his temperature was 97.9 degrees Fahrenheit.
*No documentation was found that indicated LPN B had:
-Completed a comprehensive nursing assessment of resident 6, other than obtaining his temperature. A comprehensive assessment would have included listening to his bowels sounds, asking the resident to rate the intensity of his pain, and obtaining his vital signs.
-Notified his primary care provider or the on-call provider of his change of condition.
-Notified the resident's family of his change of condition.
-Followed-up on resident within one hour after giving a PRN (as needed) medication per their pain policy.
-Checked on the resident's status after 4:05 a.m.

On 9/6/23 at 8:00 a.m. the resident complained of nausea and stomach cramping to LPN D:
*LPN D notified the clinic and made an appointment for the resident to be seen at 10:20 a.m. that day.
*The resident went to his clinic appointment and then was transferred to the emergency room (ER).
*He was then transferred from the ER to a hospital where he had emergent exploratory surgery that resulted in the removal of a portion of his small intestine and a portion of his colon.
*He remained in the hospital until his death on 9/22/23.

2. Interview on 2/22/23 at 4:10 p.m. with the

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assistant director of nursing (ADON) C regarding resident 6's closed record revealed she:
*Agreed there was no documentation that indicated LPN B had completed a thorough nursing assessment or notified a provider of his change of condition on 9/6/23.
*Agreed a thorough nursing assessment should have been completed related to his symptoms and change in condition.
*Felt that the provider and his family would not have needed to be notified due to the resident's history of upset stomach and vomiting.

3. Review of the provider's updated 4/4/22 Pain Management policy revealed:
*"Nursing charge staff will evaluate when changes in pain patterns or the development of new pain occurs."
*"ADON, DON or Licensed Nurse will communicate with the resident's provider when changes in pain patterns increases, or new pain is unrelieved by ordered interventions occurs."
*"Charge staff will ask and document the resident's rating of their pain, the description of pain, location, intensity, quality of pain (aching, burning, shooting, sharp, etc.) Ask resident if they can identify any aggravating factors or relieving factors."
*"Charge staff are to follow up with resident within 1 hour after PRN [as needed] analgesics or other interventions are administered to monitor effectiveness."

4. Review of the provider's last approved January 2024 Changes in Condition Policy and Procedure revealed staff were to:
*"Provide quality care and meet current standards of practice."
*"Refer to providers for orders and visits with any change in condition."

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S 415	Continued From page 7 *"Document any change in condition in progress notes and refer resident to providers for visit/orders/follow-up in keeping with current standards of practice to include but not limited to the following:" -Pain, new onset or uncontrolled. -Signs of infection, any etiology.	S 415		
S 450	44:70:06:01 Dietetic Services The facility shall have an organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored, prepared, distributed, and served in a manner that is safe, wholesome, and sanitary in accordance with the provisions of § 44:70:02:06. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure foods were prepared and served in a safe and sanitary manner by two of two cooks (E and F) during one of one observed meal. Findings include: 1. Observation on 2/20/24 between 5:20 p.m. and 5:40 p.m. with cook E in the kitchen revealed she: *Wore a pair of gloves while pouring coffee and water into cups. *Used the fruit juice dispenser to fill glasses with apple juice and cranberry juice. *Put 20 bowls of pears on the cart by cupping the rim of the bowls with those same gloved hands. *Served the juice glasses and fruit bowls to 15 residents by touching the top of the glasses and bowls. *Wiped her forehead with her right gloved hand. *Picked up a coffee carafe and three cups with those same gloved hands.	S 450	The facility will ensure Cook E and Cook F and all other food handling employees will prepare and serve food in a safe and sanitary manner for all residents. On 3/7/24, Handwashing Policy & Procedure was reviewed and updated by Food Services Director, Dietitian, Assistant Administrator, and Administrator. On 3/13/24, Food Services Director reviewed and educated Cook E on the Handwashing Policy & Procedure and Food Preparation & Handling Policy & Procedure specifically including the need to wash hands: • after touching bare human body parts other than clean hands and wrists, • after handing soiled equipment or utensils, • during food preparation, as often as necessary to remove soil or contamination and to prevent cross contamination when changing tasks, • before donning gloves for working with food and after gloves are removed, • after engaging in other activities that contaminate the hands, and • that single-use gloves will be worn when touching a ready-to-eat food unless another utensil is used, and direct touch is not done. Gloves to be used only for that one task and will be disposed of when a change of task is needed.	4/7/24

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S 450	Continued From page 8 -Poured coffee into the cups. -Grabbed the cups by the top rim. -Served the three cups of coffee to residents. *Removed those gloves and then washed her hands. *Then put on a new pair of gloves and moved a small garbage can to the side of the kitchen counter. *Then grabbed a bag of dinner rolls and set them on a cart. *Used tongs to serve the dinner rolls from the cart to the residents in the dining area. *Kept touching the handle of the cart with those same gloved hands to serve the dinner rolls. *Came back to the kitchen with the cart, and removed her gloves without washing her hands. *Then put on a new pair of gloves and carried a plate of food to a resident. *Touched her forehead with her gloved hand. *Picked up two more plates with her thumbs over the edge of each one and served them to residents. Observation on 2/20/24 at 5:43 p.m. of cook F in the kitchen revealed: *She had gloves on while serving the meal to the residents. *She opened a drawer to get a slotted spoon and spatula to serve the meal. *She scooped a portion of cheeseburger casserole into a blender. *Some of the casserole ended up on the edge of the blender. *She used her potentially contaminated gloved hand to push the food into the blender. *After that she removed her gloves withhout washing her hands. *She poured the blended food onto a plate and served it to a resident in the dining room.	S 450	On 3/13/24, Food Services Director reviewed and educated Cook F on the Handwashing Policy & Procedure and Food Preparation & Handling Policy & Procedure specifically including the need to wash hands: • after handing soiled equipment or utensils, • during food preparation, as often as necessary to remove soil or contamination and to prevent cross contamination when changing tasks, • before donning gloves for working with food and after gloves are removed, • after engaging in other activities that contaminate the hands, and • that single-use gloves will be worn when touching a ready-to-eat food unless another utensil is used, and direct touch is not done. Gloves to be used only for that one task and will be disposed of when a change of task is needed. On 3/13/24, Dietitian G and Food Services Director H reviewed and educated all food handling employees including Cook E and Cook F on the Handwashing Policy & Procedure, Food Preparation & Handling Policy & Procedure, and annual dietary in-service education which specifically includes safe food handling, proper glove use, and hand washing. Education and attestation of completion and understanding is to be completed by 4/7/24. All employees on prn or on leave of absence status will complete this education prior to their return to work. Beginning on 3/18/24, Fcod Services Director and/or designee will perform 20 "Hand Hygiene Audits" weekly for 8 weeks to ensure safe food handling, proper glove use, and handwashing. Food Services Director and/or designee will report the result of the audits to the QAPI committee monthly. The QAPI committee will direct further audits.	

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Interview on 2/20/24 at 5:55 p.m. with cook E and cook F regarding the above observations revealed:
*They received education for handwashing and food service on an annual basis.
*They should not have touched the items mentioned above in that manner while preparing and serving food to the resident as their potentially contaminated hands and gloves may have impacted the residents food.

Interview on 2/21/24 at 9:02 a.m. with consultant dietitian G revealed:
*Dietary staff were educated on safe food handling, proper glove use, and hand washing annually.
*Staff needed to wear gloves when handling ready-to-eat food.
*It was her expectation staff would have followed the education provided for safe food handling.

Interview on 2/21/24 at 11:40 a.m. with nutritional food services director H revealed:
*Staff should have been wearing gloves if they were handling ready-to-eat foods.
*Staff were educated to wash their hands between glove use.
*She agreed staff should not have been touching the rims of bowls, plates, and glasses even with gloves on.
*Her expectation was staff would have followed the policy and education that was provided to ensure safe food handling.

Review of the provider's revised 7/26/23 Food Preparation & Handling policy revealed:
*"Single-use gloves will be worn when touching a ready-to-eat food unless another utensil is used, and direct contact is not done.
*Gloves to be used only for that task and will be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10622	A. BUILDING: ______ B. WING ______	C 02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FREEMAN REGIONAL HEALTH SERVICES	106 WEST 7TH STREET FREEMAN, SD 57029

(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 450	Continued From page 10 disposed of when a change of task is needed." Review of the providers dietary in-service education dated 3/22/23 revealed: *"Wash hands for 20 seconds. *When coming to work, after smoking, eating, drinking, handling raw foods, cleaning or handling garbage, using a tissue, after using the bathroom, between wearing gloves. *Wash hands only in the hand washing sink. *No bare hand contact with ready-to-eat food."	S 450		
S 800	44:70:09:04 Notification When Resident's Condition Change 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: (1) An accident involving the resident that results in injury or has the potential for requiring intervention by a physician, physician assistant, or nurse practitioner; (2) A significant change in the resident's physical, mental, or psychosocial status; (3) A need to alter treatment significantly; or (4) A decision to transfer or discharge the resident from the facility 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 notification to the provider and family had occurred timely and had documentation of that notification for one of	S 800	The provider will ensure notification to the provider and resident representative will occur timely and have documentation of that notification related to a change in condition (resident 6 is no longer a resident). On 3/6/2024, Administrator educated ADON on the need for nursing to contact the primary care provider or on-call provider and resident's representative with a change of condition. On 3/7/24, ADON reviewed and educated LPN B on the Change of Condition & Notification Policy specifically including the need to: • notify the primary care provider or on-call provider with a change of condition, • notify the resident's resident representative with a change of condition. On 3/13/24, ADON reviewed and educated LPN D on the Change of Condition & Notification Policy, specifically including the need to: • notify the primary care provider or on-call provider with a change of condition, • notify the resident's resident representative with a change of condition.	4/7/2024

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S 800	Continued From page 11 one sampled resident (6) related to a change in his condition. Findings include: 1. Interviews and closed care record review during the survey regarding resident 6 revealed: *He had been admitted on 8/8/2019. *On 9/6/23 around 12:10 a.m. he experienced a change in his condition during the overnight shift. -His symptoms related to complaints of nausea, vomiting, pain, and weakness. *Documentation related to those symptoms occurred throughout the nightshift with the last entry at 4:05 a.m. *There was no documentation to support the overnight staff had notified his provider or family. *The provider was notified around 8:00 a.m. when a clinic appointment was set up by a different staff member. *During the clinic appointment he was sent to the emergency room and required an emergent surgical procedure. -He did not return to the facility after that. *There was no documentation to support notification of his family related to this change in condition. 2. Review of the provider's last approved January 2024 Changes in Condition Policy and Procedure revealed staff were to: *"Provide quality care and meet current standards of practice." *"Refer to providers for orders and visits with any change in condition." *"Document any change in condition in progress notes and refer resident to providers for visit/orders/follow-up in keeping with current standards of practice to include but not limited to the following:" -Pain, new onset or uncontrolled. -Signs of infection, any etiology.	S 800	On 3/6/24, all licensed nurses and unlicensed medication aides received education on the Changes in Condition & Notification Policy. Education and attestation of completion and understanding is to be completed by 4/7/24. All employees on prn or leave of absence status will complete this education prior to their return to work. By 4/7/24, all licensed nurses and unlicensed medication aides will complete education on using new Change of Condition form and form will be implemented. Beginning on 3/18/24, ADON and/or designee will perform "Change of Condition Audit" weekly for 8 weeks to ensure appropriate documentation of provider and resident representative notification. ADON and/or designee will report the result of the audits to the QAPI committee monthly. The QAPI committee will direct further audits.	

South Dakota Department of Health

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FREEMAN REGIONAL HEALTH SERVICES	**106 WEST 7TH STREET FREEMAN, SD 57029**

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S 800	Continued From page 12 Refer to S415.	S 800		

PRINTED: 04/12/2024
FORM APPROVED

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FREEMAN REGIONAL HEALTH SERVICES	**106 WEST 7TH STREET FREEMAN, SD 57029**

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{S 000}	Compliance Statement 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 4/11/24 for all previous deficiencies cited on 2/22/24. All deficiencies have been corrected, and no new noncompliance was found. Freeman Regional Health Services was found in compliance with all regulations surveyed.	{S 000}		

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