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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435114	A. BUILDING _____ B. WING _____	05/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAMOND CARE CENTER	901 N MAIN AVE BRIDGEWATER, SD 57319

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 5/15/23 through 5/18/23. Diamond Care Center was found not in compliance with the following requirement: F582.	F 000		
F 582 SS=E	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is	F 582	Administrator or designee will provide explanation to resident and/or resident representative of ABN and/or NOMNC. At any point that a resident is able to return home after a rehabilitation stay, Medicare Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNF ABN) and Notice of Medicare Non-Coverage (NOMNC) forms will be completed. Administrator will receive training on 06/14/2023; SNF Billing Workshop in Sioux Falls, SD.	07/2/23

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

Brianna Morris | Administrator | 06/06/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 582	Continued From page 1 reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. (v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the provider failed to ensure the proper Medicare notice was provided for three of three sampled residents (7, 13, and 35) following their discharge from part A skilled services. Findings include: 1. Review of resident 7's Medicare Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNF ABN) revealed: *His last day of covered services was on 4/30/23. *The discharge from part A skilled services was initiated by the provider. *He had covered days remaining and continued to reside in the facility. *He had not received the Notice of Medicare	F 582	Administrator or desginee will audit any upcoming discharges for completion of ABN and NOMNC for any discharges for 4 weeks Administrator will bring audit results to QAPI committee.	

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F 582	Continued From page 2 Non-Coverage (NOMNC) form. 2. Review of resident 13's Medicare SNF ABN revealed: *His last day of covered services was on 4/6/23. *The discharge from part A skilled services was initiated by the provider. *He had covered days remaining and continued to reside in the facility. *He had not received the NOMNC form. 3. Review of resident 35's Medicare SNF ABN revealed: *Her last day of covered services was on 4/20/23. *The discharge from part A skilled services was initiated by the provider. *She had covered days remaining and discharged home on 4/21/23. *She had not received the NOMNC form. 4. Interview on 5/16/23 at 5:20 p.m. with administrator A regarding NOMNC forms revealed she had: *Been responsible to provide the Medicare discharge notices. *Not been aware the NOMNC form was required. *Thought the SNF ABN was the only form required when a resident discharged from part A skilled services. 5. The provider's "Admission, Transfer, and Discharge Policy and Procedure" dated June 30, 2021, revealed: *"Medicare Skilled Discharge - skilled nursing facility must provide notice when believed Medicare will not pay for a service. Skilled nursing facility also must provide proper notice explaining appeal rights and the recommendations for non-coverage (ABN). Form	F 582		

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F 582	Continued From page 3 CMS-10055 is used."	F 582		

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	435114	A. BUILDING _____ B. WING _____	05/18/2023

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E 000	Initial Comments A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted from 5/15/23 through 5/18/23. Diamond Care Center was found in compliance.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Brianna Morris
TITLE: Administrator
(X6) DATE: 06/04/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435114	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/16/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAMOND CARE CENTER	**901 N MAIN AVE** **BRIDGEWATER, SD 57319**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 5/16/23. Diamond Care Center was found not in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of the deficiency identified at K211 and K321 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation, testing, and interview, the provider failed to provide operable egress doors as required at one randomly observed exit door location (north wing north exit door). Findings include: 1. Observation on 5/16/23 at 10:19 a.m. revealed the north wing east exit door (between the nursing home and the assisted living) was not easily opened. Testing of the door by applying greater than fifty pounds of force in the direction	K 211	Maintenance director or designee will adjust frame on the door to ensure the door can be easily opened. Maintenance director or designee will audit the force in the direction of the path of egress to be able to open weekly for 4 weeks. Maintenance director or designee will present findings from these audits at the monthly QAPI committee	07/2/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Brianna Morris* | TITLE: Administrator | (X6) DATE: 06/04/2023

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	435114	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/16/2023**

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DIAMOND CARE CENTER	**901 N MAIN AVE** **BRIDGEWATER, SD 57319**

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K 211	Continued From page 1 of the path of egress revealed it would not open. Interview at the time of the above observation with the maintenance supervisor confirmed those conditions. He stated he was unaware that door was not able to have been easily opened. He further stated he had recently tested that door and it was functioning properly. Failure to provide working egress doors as required increases the risk of death or injury due to fire. The deficiency affected 100% of the smoke compartment occupants. Ref: 2012 NFPA 101 Section 19.2.2.2.1, 7.2.1.4.5.1(2)	K 211		
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9	K 321	Maintenance Director placed a new latch on laundry room door. Maintenance Director or designee will continue to monitor the latch is working properly.	05/18/23

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	435114	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/16/2023**

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DIAMOND CARE CENTER	**901 N MAIN AVE** **BRIDGEWATER, SD 57319**

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K 321	Continued From page 2 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation, testing, and interview, the provider failed to maintain one randomly observed hazardous area (laundry room) as required. Findings include: 1. Observation on 5/16/23 at 11:18 a.m. revealed the laundry room in the service/dining wing was over 100 square feet and had large amounts of combustibles stored in it. Testing at that same time revealed that door would not close and latch under the power of its automatic closer. Further observation revealed that door was not equipped with a latch. Interview with the maintenance supervisor at the time of the observation confirmed that finding. The deficiency affected two of numerous requirements for hazardous storage rooms and had the potential to affect 100% of the occupants of the smoke compartment.	K 321		

South Dakota Department of Health

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	10597	A. BUILDING: _____ B. WING _____	05/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAMOND CARE CENTER	901 N MAIN AVENUE BRIDGEWATER, SD 57319

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S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 5/15/23 through 5/18/23. Diamond Care Center was found not in compliance with the following requirement: S206.	S 000		
S 206	44:73:04:05 Personnel Training The facility shall have a formal orientation program and an ongoing education program for all personnel. Ongoing education programs shall cover the required subjects annually. These programs shall include the following subjects: (1) Fire prevention and response. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, monthly fire drills shall be conducted to provide training for all staff; (2) Emergency procedures and preparedness; (3) Infection control and prevention; (4) Accident prevention and safety procedures; (5) Proper use of restraints; (6) Resident rights; (7) Confidentiality of resident information; (8) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; (9) Care of residents with unique needs; (10) Dining assistance, nutritional risks, and hydration needs of residents; and. (11) Abuse, neglect, misappropriation of resident property and funds, and mistreatment. Any personnel whom the facility determines will have no contact with residents are exempt from training required by subdivisions (5), (9), and (10) of this section. Additional personnel education shall be based on	S 206	The facility will review and revise an orientation program an all ongoing education programs for employees which cover the 11 required subjects on an annual basis. Administrator will re-educate all staff responsible for hiring will be on the initial orientation and ongoing annual program. Administrator or designee will audit new hire employee to ensure that all new hire training is completed Will audit this orientation process for three months of new hire employees.	07/2/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Brianna Morris
TITLE: Administrator
(X6) DATE: 06/06/2023

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
	10597	A. BUILDING: _____ B. WING _____	R 07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAMOND CARE CENTER	901 N MAIN AVENUE BRIDGEWATER, SD 57319

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{S 000}	Compliance/Noncompliance Statement A revisit survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted on 7/6/23 for deficiencies cited on 5/18/23. All deficiencies have been corrected, and no new noncompliance was found. Diamond Care Center is in compliance with all regulations surveyed.	{S 000}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435114	A. BUILDING _____ B. WING _____	R 07/06/2023

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{F 000}	INITIAL COMMENTS A revisit survey was conducted on 7/6/23 for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities for all previous deficiencies cited on 5/18/23. All deficiencies have been corrected and no new non-compliance was found. Diamond Care Center was found in compliance with all regulations surveyed.	{F 000}		

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	435114	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	R **06/28/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAMOND CARE CENTER	**901 N MAIN AVE** **BRIDGEWATER, SD 57319**

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{K 000}	INITIAL COMMENTS A revisit survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 6/28/23. Diamond Care Center was found in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities.	{K 000}		

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

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