

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

PRINTED: 02/01/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/23/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>ABERDEEN HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 NORTH HIGHWAY 281</b> <b>ABERDEEN, SD 57401</b>		
(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	F 000			
F 584 SS=D	<p>A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 1/22/24 through 1/23/24. The areas surveyed were quality of care and treatment and environment. Aberdeen Health and Rehab was found not in compliance with the following requirement: F584. Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each</p>	F 584	<p>F 584 PLAN OF CORRECTION Aberdeen Health &amp; Rehab denies it violated any federal or state regulations. Accordingly, this plan of correction does not constitute an admission or agreement by the provider to the accuracy of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. Completion dates are provided for procedural processing purposes and correlation with the most recently completed or accomplished corrective action and do not correspond chronologically to the date the facility maintains it is in compliance with the requirements of participation, or that corrective action was necessary.</p> <p>1. In continuing compliance with F 584, Safe/Clean/Comfortable/Homelike Environment, Aberdeen Health &amp; Rehab corrected the deficiency by providing education to CNA C, CNA</p>	2/09/2024	

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

*Kirstie Noon, LNAHA*

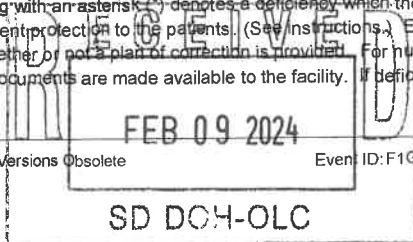
TITLE

Executive Director

(X6) DATE

02/09/2024

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 584	<p>Continued From page 1</p> <p>resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure three of three mechanical stand aid lifts were cleaned after each resident's use. Findings include:</p> <p>1. Observation and interview on 1/22/24 at 3:05 p.m. with certified nurse assistant (CNA) C on the Arbor Avenue resident living unit revealed: *There was one stand lift on that unit but staff had not used it for a few weeks. -There was a rolled-up towel at the front of the footplate to keep resident from pinching their toes when using the lift. -Dust, dirt and unidentified solid particles were seen along the back perimeter of the footplate. -There was a leather pouch with Clorox bleach wipes in a pouch attached to the lift.</p> <p>Observation on 1/22/24 at 3:30 p.m. on the Country Lane resident living unit revealed: *Two mechanical stand aide lifts were against a wall in the TV/lounge room. -Both lifts had attached leather pouches with Clorox bleach wipes in them. *The footplates on both stand aide lifts had dust,</p>	F 584	<p>D, CNA E and UMA F on ensuring the support belt and the footplate are cleaned after use. Education was given by the Director of Nursing Services on 02/09/2024.</p> <p>2. To correct the deficiency and to ensure the problem does not recur all nursing staff were educated on 2/9/2023 that support belt and the footplate on all lifts are cleaned after use by the Director of Nursing Services and/or Designee. Director of Nursing Services and/or designee will audit 3 residents weekly for 12 weeks and then randomly to ensure lift sanitization/cleaning of the support belt and the footplate is being completed by staff.</p> <p>3. As part of Aberdeen Health &amp; Rehabs' ongoing commitment to quality assurance, the Director of Nursing and/or designee will report identified concerns through the community's QA Process.</p>	

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F 584	<p>Continued From page 2</p> <p>dirt, and unidentified solid particles against and along the entire perimeter of the footplates.</p> <p>Observation on 1/22/24 at 3:41 p.m. of CNAs D and E revealed: *They used one of the mechanical stand aide lifts from Country Lane to assist resident 1 into and out of her bathroom. *CNA D removed the lift from resident 1's room after it was used then cleaned the upper grab bars, the padded knee support and the front of the stand aide lift with Chlorox bleach wipes. -The support belt and the footplate were not cleaned.</p> <p>Observation on 1/22/24 at 3:59 p.m. of unlicensed medication aide (UMA) F cleaning the second stand lift on Country Lane after resident use revealed she: *Used the Clorox bleach wipes to wipe down the upper grab bars, padded knee support, and the front of the stand aide lift. *Had not cleaned the safety belt or the footplate on the stand aide lift.</p> <p>Interview on 1/22/24 at 4:25 p.m. with CNA D regarding her process for cleaning the mechanical stand aide lifts following resident use revealed she: *Used Clorox bleach wipes to wipe the lift unless it needed more in-depth cleaning. -She used a cleaning/disinfectant spray that remained on the surface of the lift for five minutes then she wiped down the stand aide lift. *Cleaned the footplate with a Clorox bleach wipe.</p> <p>Follow-up interview on 1/22/24 at 4:33 p.m. with UMA F regarding her process for cleaning the mechanical stand aide lift observed above</p>	F 584		

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F 584	<p>Continued From page 3</p> <p>revealed she:</p> <ul style="list-style-type: none"> <li>*Had not cleaned the footplate because she was "nervous" during the surveyor's observation.</li> <li>*Later she had gotten a spray bottle and a washcloth out of a storage closet and cleaned the footplate.</li> <li>*Felt the unidentified solid particles were food that fell from the residents' clothes when the aides used the stand aide lift to take them to the bathroom after a meal.</li> </ul> <p>Observation on 1/22/24 at 4:40 p.m. revealed that the footplates on both mechanical stand aide lifts had the dust, dirt and the unidentified solid particles still present and were pushed to the right side and the back perimeter.</p> <p>Interview on 1/23/24 at 1:11 p.m. with administrator A and director of nursing (DON) B revealed they:</p> <ul style="list-style-type: none"> <li>*Agreed the mechanical stand aide lifts should have been cleaned after each residents' use and that included the footplates.</li> <li>*Agreed the unidentified solid particles could have been food that fell from the residents' clothes when the aides use the stand aide lift to toilet residents after meals.</li> </ul> <p>Review of their Updated 10/5/23 Nursing Weekly Cleaning Task policy:</p> <ul style="list-style-type: none"> <li>** Multiple use items will be cleaned and disinfected between each resident use:</li> <li>d) Mechanical Lifts."</li> </ul>	F 584		