

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

PRINTED: 10/30/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>43A139</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/22/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>FLANDREAU SANTEE SIOUX TRIBE CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>909 JONES DR</b> <b>FLANDREAU, SD 57028</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 689 SS=G	<p>A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 10/21/24 through 10/22/24. The area surveyed was resident safety related to a food spill incident that caused a burn to a resident's skin. Flandreau Santee Sioux Tribe Care Center was found to have past non-compliance at F689.</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI), record review, interview, and observation, the provider failed to prevent an injury to one of one sampled resident (1) who developed a skin burn wound on her abdomen from hot food that was prepared for her by staff in a microwave. This citation is considered past non-compliance based on review of the corrective actions the provider implemented immediately following the incident. Findings include:</p> <p>1. Review of the provider's 10/10/24 SD DOH FRI regarding resident 1 revealed: *On 9/26/24 at 8:30 p.m. resident 1 requested registered nurse (RN) B to make a freezer meal</p>	F 689	Past noncompliance: no plan of correction required.	

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

*Kassie Doty*

TITLE

LNHA

(X6) DATE

11/1/2024

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 689	<p>Continued From page 1</p> <p>in the microwave for her.</p> <p>*RN B cooked the meal according to package instructions.</p> <p>*RN B provided education to the resident that the item was hot and to let it sit for a while.</p> <p>*RN B returned to assist the resident into bed at 1:00 a.m.</p> <p>-She noted a red circle mark on resident 1's abdomen.</p> <p>-Inside the red circle were four blisters.</p> <p>*The physician was notified.</p> <p>*Orders were obtained for dressing in the burn area.</p> <p>*Resident 1 had a diagnosis of paraplegia.</p> <p>*Her hot liquid assessment completed on 7/15/24 score was 1 which indicated she could consume hot beverages independently.</p> <p>2. Interview on 10/22/24 at 9:12 a.m. with RN B revealed:</p> <p>*Resident 1 had asked her to prepare a microwave meal for her.</p> <p>*She prepared the meal according to package directions.</p> <p>*When she brought the meal to resident 1, she told her it was hot and to let it cool before eating.</p> <p>*She assisted the resident into bed around 1:00 a.m. and found a red mark and four blisters on her abdomen below her breast line.</p> <p>*She completed a skin note in resident 1's chart.</p> <p>*She applied a Mepilex (absorbent foam) dressing to the blistered area.</p> <p>*She had not completed a risk management report.</p> <p>*She reported resident 1's burn to the morning nurse.</p> <p>*She had not faxed the primary care provider to get orders for the burn.</p>	F 689			

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F 689	<p>Continued From page 2</p> <p>3. Interview on 10/22/24 at 3:10 p.m. with administrator A revealed:</p> <ul style="list-style-type: none"> <li>*She started audits to review microwave temp logs every morning.</li> <li>*The director of nursing received education on reportable incidents.</li> <li>-She did not think it was reportable due to the education the RN B had provided to resident the night of 9/26/24.</li> <li>*She planned to complete audits three times weekly until 100% compliance was met for 2 weeks.</li> <li>*Provider's next QAPI (Quality Assurance and Performance Improvement) meeting was scheduled for 10/23/24 and they planned to review new policies to ensure they are effective in preventing the reoccurrence of this type of injury.</li> <li>*QAPI committee will review yearly education and incorporate bi-annual reeducation of staff.</li> </ul> <p>The provider's implemented actions to ensure the deficient practice does not reoccur was confirmed on 10/22/24 after a record review revealed:</p> <ul style="list-style-type: none"> <li>*The provider followed their quality assurance process and education was provided, to all nursing care staff.</li> <li>-The nursing staff had been educated on their Hot Liquid and Food Safety Policy update, competencies were conducted, and audits were completed on 10/22/24 with the expectation to complete three times per week until 100% compliance for two weeks by the administrator or designee.</li> <li>*These will be reviewed during the QAPI meeting on 10/23/24 and after until compliance.</li> <li>*The provider's Abuse and Neglect Policy was updated to include language on failure to comply with the facility policies and procedures.</li> <li>*A Heating Food in Microwave Policy was created</li> </ul>	F 689			

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F 689	<p>Continued From page 3</p> <p>on 10/14/24. This included proper temping of food after microwaving, and temping food before serving the food to the residents.</p> <p>*All coffee machines in the facility have been adjusted to a 120-degree serving temperature.</p> <p>*The director of nursing was educated on food serving, reporting expectations, and procedures for when a resident is found to have a burn from a hot object.</p> <p>*All nurses were educated on procedures for when a resident is found to have a burn as a result of hot object.</p> <p>*All resident care plans were reviewed and updated as necessary based on policy changes.</p> <p>*Record review of other resident care plans after 9/26/24 showed they were following their new and updated policies.</p> <p>*Observations and staff interviews revealed the staff understood the education provided and the revised processes.</p> <p>Based on the above information, non-compliance at F689 occurred on 9/26/24, and based on the provider's implemented corrective action for the deficient practice confirmed on 10/22/24, the non-compliance is considered past non-compliance.</p>	F 689			