

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>68559</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/01/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARD WESTHILLS VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>133 TEXAS STREET RAPID CITY, SD 57701</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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S 000	<p><b>Compliance Statement</b></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 from 7/31/23 through 8/1/23. The Courtyard Westhills Village was found not in compliance with the following requirements: S337 and S506.</p> <p>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 7/31/23 through 8/1/23. Area surveyed included resident abuse. The Courtyard Westhills Village was found in compliance.</p>	S 000		
S 337	<p><b>44:70:04:11 Care policies</b></p> <p>Each facility shall establish and maintain policies, procedures, and practices that follow accepted standards of professional practice to govern care, and related medical or other services necessary to meet the residents' needs.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and job description review, the provider failed to ensure appropriate delegation from a licensed nurse to one of one certified medication aide (CMA) E who performed priming of an insulin pen and dialing of the insulin dose for two of two observed sampled residents' (1 and 2) insulin administration. CMAs should have received unlicensed diabetic aide (UDA) training by a registered nurse prior to performing that task according to South Dakota Board of Nursing rules. Findings include:</p> <p>1. Observation on 7/31/23 at 11:00 a.m. in</p>	S 337	<p>The Courtyard Westhills Village operates in compliance with all relevant regulations and professional standards in a manner that ensures safe and appropriate care for all residents that we serve.</p> <p>In reference to S 337:</p> <p>1. Courtyard Westhills Village was found not in compliance to ensure appropriate delegation from a licensed nurse to one of the certified medication aides who performed priming of an insulin pen and dialing of the insulin dose for two sampled residents' insulin administration. This action has the potential to affect all residents who receive insulin.</p> <p>2. Only a licensed nurse or designated medication aides who have received the unlicensed diabetic aide (UDA) certification will perform the task. Unlicensed diabetic aide (UDA) training will be completed by September 15, 2023, and upon new hire of all designated medication aides. Director of Resident Services has completed the UDA Train the Trainer and UDA course. South Dakota Board of Nursing has been notified and approval has been received for Director of Resident Services to be UDA trainer on August 18, 2023. Certification has been received.</p>	09/15/2023

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

TITLE

(X6) DATE

Executive Director

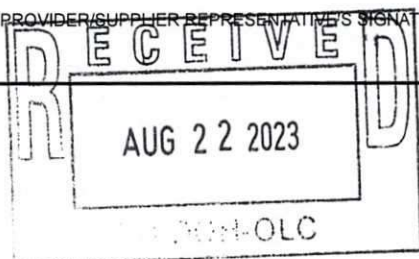
08/22/2023

STATE FORM

6899

ZQQB11

If continuation sheet 1 of 5



South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>68559</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/01/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARD WESTHILLS VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>133 TEXAS STREET RAPID CITY, SD 57701</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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S 337	<p>Continued From page 1</p> <p>resident 1's room with CMA E revealed: *The resident was scheduled to receive 18 units of Novolog insulin subcutaneously daily before meals. *CMA E: -Placed the needle on the insulin pen device then turned the dial of the pen to 2 and primed the pen. -Turned the dial of the pen to 18 units. *Resident 1: -Wiped his abdomen with an alcohol pad. -Inserted the insulin pen needle into his abdomen, pushed the dose button, and administered the insulin. *CMA E counted along with the resident to ensure he had held the needle in his skin until the full dose was administered.</p> <p>2. Continued observation on that same day at 11:07 a.m. in resident 2's room with CMA E revealed: *The resident was scheduled to receive 9 units of Novolog insulin subcutaneously daily before meals. *CMA E followed the same process referred to above for resident 1's insulin administration that she had performed for resident 2.</p> <p>Interview on 7/31/23 at 1:15 p.m. with CMA E regarding the insulin administrations referred to above for residents 1 and 2 revealed she: *Had been a CMA for about five years. -Was not an UDA.</p> <p>Interview on 8/1/23 at 3:15 p.m. with director of nursing C regarding the above insulin administration observations revealed: *Residents who required insulin had been expected to self-administer their own injections. -CMAs assisted those residents as needed by</p>	S 337	<p>3. Audits will be done to ensure insulin administration is completed by licensed nurse or a medication aide with UDA training weekly for one month and then monthly for 2 months for all insulin doses to ensure compliance by the Director of Resident Services or Designee. Audits will be completed on residents who receive insulin. Findings of these audits are reported to the monthly QA group for the following 3-month period and continued audits will be determined based on the findings and the input from the group, which includes facility medical director.</p> <p>4. This correction will be completed by September 15, 2023.</p>	
-------	--	-------	---	--

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>68559</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/01/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARD WESTHILLS VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>133 TEXAS STREET RAPID CITY, SD 57701</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) COMPLETE DATE
S 337	Continued From page 2  placing the needle on the insulin pen, priming the pen, dialing the ordered insulin dose, and providing the resident verbal cues and instructions to ensure the resident had properly administered their insulin. *She was not aware the Board of Nursing rules had considered priming a resident's insulin pen and dialing an insulin dose part of the insulin administration process and were not appropriate to delegate to a CMA who had not completed the UDA training. -That was an "oversight" on her part.  Review of the June 2021 job description and performance standards for CNA (certified nurse aide)/Med Aide (CMA)/Resident Assistant revealed CMA-specific performance standards had included initial and ongoing medication administration training, but no requirement for them to have completed UDA training.	S 337		
S 506	44:70:06:17 Required dietary inservice training  The person in charge of dietary services or the dietitian shall provide ongoing inservice training for all dietary and food-handling employees. Topics shall include: food safety, handwashing, food handling and preparation techniques, food-borne illnesses, serving and distribution procedures, leftover food handling policies, time and temperature controls for food preparation and service, nutrition and hydration, and sanitation requirements. The training shall be provided to any dietary or food-handling employee within 30 days of hire and annually.  This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, review of the	S 506	The Courtyard Westhills Village operates in compliance with all relevant regulations and professional standards in a manner that ensures safe and appropriate care for all residents that we serve. In reference to S506 1.Courtyard Westhills Village was found not in compliance to ensure required dietary training was completed within 30 days of hire for one server and annually for one cook. This action has the potential to affect all residents. 2.Dietary in-service training has been updated to comply with the Administrative Rule of South Dakota and a food safety and handling class has been added and will be completed by all dining staff in the licensed building within 30 days of hire and annually. Employee F training was completed on August 9, 2023, and G dietary training was completed on August 14, 2023. Reviewed all other dietary employees in licensed building for completion of training and all will be completed by September 15, 2023.	09/15/2023

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>68559</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/01/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARD WESTHILLS VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>133 TEXAS STREET RAPID CITY, SD 57701</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) COMPLETE DATE
S 506	<p>Continued From page 3</p> <p>dietary services training manual, interview, and policy review, the provider failed to ensure required dietary training was completed within 30 days of hire for one of one recently hired server (G) and annually for one of one cook (F). Findings include:</p> <p>1. Personnel file review and review of the dietary services training manual revealed: *Server G was hired on 10/21/22. -There was no documentation to support he had completed any required dietary training (food safety, handwashing, food handling/preparation techniques, food-borne illnesses, serving and distribution procedures, leftover food handling policies, time and temperature controls for food preparation and service, nutrition and hydration, and sanitation requirements) within 30 days of his hire date.</p> <p>*Cook F was hired on 7/27/21. *She had completed: -Food safety, handwashing, and sanitation requirements training in April 2023. -Food-borne illnesses and time and temperature controls for food preparation and service training in June 2023. *There was no documentation to support she had completed food handling/preparation techniques, serving and distribution procedures, leftover food handling policies, and nutrition and hydration training during the past year.</p> <p>Continued review of the dietary services training manual and interview on 8/1/23 at 1:15 p.m. with director of dietary services D revealed: *The manual included a table of contents organized by the months of the year. -There were required dietary training topics listed under each month.</p>	S 506	<p>3.An audit will be completed monthly by the Dining Services Director or Designee for 6 months to ensure compliance that required dietary training is up to date and complete within 30 days of hire and annually. An audit will be completed on all dietary staff in licensed buildings and new hires in licensed buildings. These findings will be reported to the QA group monthly for the following 6-month period and continued audits will be determined based on the findings and the input from the QA group, which includes the medical director.</p> <p>4.This correction will be completed by September 15, 2023.</p>	

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>68559</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/01/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARD WESTHILLS VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>133 TEXAS STREET</b> <b>RAPID CITY, SD 57701</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) COMPLETE DATE
S 506	<p>Continued From page 4</p> <p>--Three required dietary trainings (food safety, leftover food handling policies, and serving and distribution procedures) were scheduled to have occurred in January 2023.</p> <p>--Two required dietary trainings (handwashing and sanitation requirements) were scheduled to have occurred in April 2023.</p> <p>--Two required dietary trainings (food-borne illness and time and temperature controls for preparation and service) were scheduled to have occurred in June 2023.</p> <p>--The remaining two required dietary trainings (nutrition and hydration and food handling/preparation techniques) were not listed on that table of contents.</p> <p>*Director of dietary services D:</p> <p>-Confirmed the above dietary training findings for Cook F and server G.</p> <p>-Was responsible for ensuring dietary staff had completed initial and ongoing required dietary training for his staff.</p> <p>-Had no system for tracking staff's completion of their initial and ongoing required dietary training.</p> <p>-Had not known the table of contents referred to above had not accounted for all the required dietary training topics that his staff were expected to have completed.</p> <p>Review of the 12/22/22 Employee Training policy revealed: "New employees will complete training during orientation. All employees will received ongoing education. Ongoing training will cover required subjects annually (January-December)."</p>	S 506		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>68559</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 09/22/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARD WESTHILLS VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>133 TEXAS STREET RAPID CITY, SD 57701</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) COMPLETE DATE
{S 000}	<p>Compliance Statement</p> <p>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 9/22/23 for deficiencies cited on 8/1/23. All deficiencies have been corrected, and no new noncompliance was found. The Courtyard Westhills Village is in compliance with all regulations surveyed.</p>	{S 000}		

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