

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

PRINTED: 10/07/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435036</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>JENKIN'S LIVING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>215 SOUTH MAPLE STREET</b> <b>WATERTOWN, SD 57201</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=D	<p>A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 9/3/24 through 9/4/24. Areas surveyed included accidents relating to a fall with injuries. Jenkin's Living Center was found to have past noncompliance 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, policy review, and interview the provider failed to ensure the safety of one of one sampled resident (1) who had an unwitnessed fall and required hospitalization for injuries the next day. This citation is considered past non-compliance based on a review of the provider's corrective actions immediately following the incident. Findings include:</p> <p>1. Review of provider's 8/9/24 DOH FRI for resident 1 revealed: *On 8/8/24 at 10:25 p.m. he had an unwitnessed fall. -His Brief Interview for Mental Status (BIMS) score was 7 which meant he had severe cognitive</p>	F 689	Past noncompliance: no plan of correction required.		

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

*Kassy Klapprodt*

TITLE

President / CEO

(X6) DATE

10/08/2024

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 impairment. -He was found in the middle of his room on the floor, lying on his back. -His vital signs were taken and were within normal limits. -He was able to move all extremities. -He complained of right knee pain while on the floor. -He denied hitting his head. -He takes Warfarin (blood thinner medication). -Neuro checks were not indicated to be completed per the provider's Emergency Procedures policy. *After being assisted off the floor he complained of right hip pain. -He was given as needed acetaminophen (pain medication). *His physician was faxed about the fall. *His family was notified of the fall. *On 8/9/24 at 9:00 a.m. a nurse assessed him and found him to have fixed pupils, and not acting like himself. -His vitals were taken, and his blood pressure was low at 92/52. -He was sent to the emergency room (ER) for evaluation. *He was admitted to the hospital for: - A fractured right hip. - A subarachnoid hemorrhage (bleeding in the brain). -A critical Troponin level (indicative of a heart attack). *He returned to the facility on 8/12/24 at 1:20 p.m. -He was admitted to a hospice program. -His code status was changed to Do Not Resuscitate (no CPR). *He passed away on 8/13/24 at 3:15 p.m.</p> <p>2. Interview on 9/3/24 at 4:45 p.m. with</p>	F 689		

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F 689	<p>Continued From page 2</p> <p>administrator A and director of nursing B revealed:</p> <ul style="list-style-type: none"> <li>*Residents were categorized as fall risk based on past fall history.</li> <li>*No fall risk assessments were done for residents before 8/12/24.</li> <li>*There was no Fall Policy and Procedures Policy before 8/14/24.</li> <li>*Per provider's Emergency Procedures policy if resident hit head Neuro checks would be completed.</li> </ul> <p>The provider's implemented actions to ensure the deficient practice does not reoccur was confirmed on 9/4/24 after 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 Emergency Procedures Policy update, Abuse and Neglect Policy, Reporting Requirements Policy and the new Fall Policy and Procedures for Long Term Care Facility.</li> <li>-Neuro checks are now to be completed for all unwitnessed falls.</li> <li>-Nurses are now to document in the nurse's notes for 72 hours post fall.</li> <li>-New Fall Risk Assessments were completed on all residents on 8/12/24, and they are to be completed upon admission and periodically after that, especially after a significant change in a resident's condition.</li> <li>-Updating of the resident's care plan is to be completed following assessment completion.</li> <li>-Audits on care plans and pocket care plans were started and completed on 8/26/24, 8/27/24, and 9/3/24. These will be reviewed during QAPI (Quality Assurance and Performance Improvement) meetings.</li> </ul>	F 689		

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F 689	Continued From page 3  *Record review of other resident falls after 8/8/24 showed they were following their new and updated policies. *Observations and staff interviews revealed the staff understood the education provided and the revised processes.  Based on the above information, non-compliance at F689 occurred on 8/8/24, and based on the provider's implemented corrective action for the deficient practice confirmed on 9/4/24, the non-compliance is considered past non-compliance.	F 689			