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 |
|---|---|---|---|
| | 435062 | A. BUILDING ______ B. WING ______ | 04/30/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ALCESTER CARE AND REHAB CENTER, INC** | **101 CHURCH STREET ALCESTER, SD 57001** |

| (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<br><br>A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 4/28/24 through 4/30/24. Alcester Care and Rehab Center, Inc. was found not in compliance with the following requirement: F658. | F 000 | | |
| F 658 SS=D | Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)<br><br>§483.21(b)(3) Comprehensive Care Plans<br>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-<br>(i) Meet professional standards of quality.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, interview, and policy review the provider failed to follow physician orders for one of one sampled resident (237).<br>Findings include:<br><br>1. A review of resident 237's electronic medical record (EMR) revealed:<br>*She had diagnoses of:<br>-Generalized anxiety disorder (severe ongoing anxiety that interferes with daily activities).<br>-Paroxysmal anxiety (unpredictable recurrent attacks of severe anxiety).<br>-Bipolar disorder, depressed, severe without psychotic features (mood swings ranging from depressive to manic high episodes).<br>* She returned to the facility on 4/11/24 following a hospital stay with a physician's order for quetiapine (Seroquel) (a medication to stabilize mood) 25 milligrams (mg) one tablet by mouth three times daily as needed (PRN) for anxiety or agitation for 14 days. That order had ended on | F 658 | * ~~Unable to change the outcome of the deficient practice for inaccurate following of antipsychotic medication policy and procedure.~~<br>**<br>Administrator, DON, and interdisciplinary team will review and revise as necessary the policy and procedure for antipsychotic medication.<br><br>DON or designee will provide education to all staff responsible for following orders and passing medications on 5/17/2024 and 5/24/2024. ***<br><br>DON or designee will perform audits on all antipsychotic medications to ensure there is an accurate order in place and medication is appropriately placed on the EMR once a week for four weeks and once per month for two more months.<br><br>DON or designee will present findings from these audits monthly for three months at the QAPI meetings for review until the QAPI committee advises to discontinue monitoring.<br><br>*The 04/26/2024 physicians Seroquel order was added to resident 237's EMR and order summary after a phone call was placed by DON requesting a renewal from pharmacy on 04/30/2024. | 06/14/2024 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature]

TITLE: Administrator

(X6) DATE: 05/30/2024 ~~05/24/2024~~

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MAY 30 2024
SD DOH-OLC

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| F 658 | Continued From page 1<br>4/25/24.<br>*On 4/26/24 resident 237's physician extended that order for another 14 days.<br>*There was no face-to-face visit completed by physician for the 4/26/24 order.<br>*The order was faxed to Avera Pharmacy.<br>*The order was not in resident 237's EMR.<br>*An interdisciplinary progress note on 4/27/24 at 9:51 p.m. "Resident given PRN Seroquel 25 mg at 2010 [8:10 p.m.]. Resident does have a PRN order, is not in TAR [treatment administration record]. Resident requests for anxiety."<br>*The resident's 4/29/24 physician order summary did not include that Seroquel order.<br>*A progress note on 4/29/24 at 1928 [7:28 p.m.] "Resident requested PRN Seroquel with HS [hour of sleep] medication. Administered 25 mg PRN dose with HS medication."<br><br>Observation and interview on 4/30/24 at 8:19 a.m. of the medication cart containing resident 237's medications with licensed practical nurse (LPN) C revealed:<br>*Resident 237's medication card of the PRN Seroquel was still available for administration.<br>*LPN C verified there was no physician's order in the EMR for that medication.<br><br>Interview on 4/30/24 at 1:57 p.m. with director of nursing (DON) B revealed:<br>*The pharmacy puts all orders into the EMR system.<br>*She verified there was no face-to-face visit by resident 237's physician for the 4/26/24 Seroquel PRN order.<br>*Staff were to use a checklist to process physician orders as follows:<br>-"Fax pharmacy.<br>-eMAR/eTAR [electronic medication | F 658 | **Resident 237 was seen by the physician on 05/02/2024 for a face-to-face visit and the PRN Seroquel was discontinued and added to her regularly scheduled dose as she had frequently been taking it PRN, which justified scheduling the Seroquel.<br><br>***Administrator created checklist for PRN psychotropic medications to include removal of medication from the cart on the date of the order discontinuation. Administrator or designee educated all facility nurses on proper facility policy and procedure with professional standards involving psychotropic medications on 5/17/2024 and 5/24/2024. | |

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| F 658 | Continued From page 2<br>administration record/electronic treatment administration record].<br>-Removed medication/tx [treatment].<br>-Notify POA [Power of attorney].<br>-Progress note.<br>-Report book.<br>-Charting list.<br>-Other."<br>*No interdisciplinary progress note were in the resident chart except for the PRN doses given after original PRN order had been discontinued.<br>*There was no system in place to monitor PRN psychotropic medications.<br>*She confirmed the checklist had not been completed for resident 237's 4/26/24 Seroquel physician order and staff did not follow the physician's order.<br><br>Review of provider's 7/7/23 Antipsychotic Medication Policy revealed:<br>*PRN antipsychotic drug administration, in the event that a resident has a prn antipsychotic medication order, the following will apply:<br>-"Before an "as needed" or "PRN" antipsychotic drug is administered, multiple non-pharmacological interventions are to be attempted and documented."<br>-"Non-pharmacological interventions will be documented on the eMAR with the antipsychotic medication's progress notes." | F 658 | | |

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| E 000 | Initial Comments<br><br>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 4/28/24 through 4/30/24. Alcester Care and Rehab Center, Inc. was found in compliance. | E 000 | | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| [signature] | Administrator | 05/24/2024 |

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| | 435062 | A. BUILDING 01 - MAIN BUILDING 01<br>B. WING ______ | 05/01/2024 |

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| K 000 | INITIAL COMMENTS<br><br>A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 5/1/24. Alcester Care and Rehab Center, Inc was found not in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities.<br><br>The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of the deficiency identified at K353 in conjunction with the provider's commitment to continued compliance with the fire safety standards. | K 000 | | |
| K 353<br>SS=D | Sprinkler System - Maintenance and Testing<br>CFR(s): NFPA 101<br><br>Sprinkler System - Maintenance and Testing<br>Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.<br>a) Date sprinkler system last checked<br>__________________<br>b) Who provided system test<br>________________________<br>c) Water system supply source<br>______________________<br>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.<br>9.7.5, 9.7.7, 9.7.8, and NFPA 25<br>This REQUIREMENT is not met as evidenced by: | K 353 | Maintenance Supervisor contacted outside company to perform a five-year calibration or replacement of gauge and five-year internal pipe inspection. They are scheduled to come to the facility on 06/10/2024.<br><br>This deficient practice has the potential to harm all residents.<br><br>Administrator will education Maintenance Supervisor on required inspections on 05/17/2024.<br><br>Maintenance Supervisor or designee will complete audits to ensure sprinkler system is operating correctly weekly for four weeks and then once a month for two more months and will report the results of the audits to the monthly QAPI committee for three months or until the QAPI committee advises to discontinue monitoring. | 06/14/2024 |

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|---|---|---|
| | Administrator | 05/24/2024 |

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|---|---|---|---|
| | 435062 | A. BUILDING 01 - MAIN BUILDING 01<br>B. WING | 05/01/2024 |

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| K 353 | Continued From page 1<br>Based on observation, document review and interview, the provider failed to maintain automatic sprinklers in a reliable operating condition (five-year calibration or replacement of gauge and five-year internal pipe inspections). Findings include:<br><br>1. Observation on 5/1/24 at 10:30 a.m. revealed the pressure gauges on the fire sprinkler system were dated 9/2017.<br><br>2 Observation on 5/1/24 at 10:30 a.m. revealed there was no tag recording a date for the last internal piping inspection.<br><br>Document review at on 5/1/24 at noon revealed a notation indicating there was no five-year tag for internal pipe inspection. No deficiencies were noted on their last annual maintenance report, but the provider had a copy of the 2017 inspection report. Compliance was the responsibility of the provider.<br><br>Failure to continuously maintain the automatic sprinkler system as required increases the risk of death or injury due to fire.<br><br>The deficiency affected one of numerous required tests for the automatic sprinkler system.<br><br>Ref: 2012 NFPA 101 Section 19.3.5.1, 9.7.5, 2011 NFPA 25 Section 13.3.3.5.1 | K 353 | | |

South Dakota Department of Health

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|---|---|---|---|
| | 10591 | A. BUILDING: ______ B. WING ______ | 05/01/2024 |

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|---|---|
| ALCESTER CARE AND REHAB CENTER, INC | 101 CHURCH ST<br>ALCESTER, SD 57001 |

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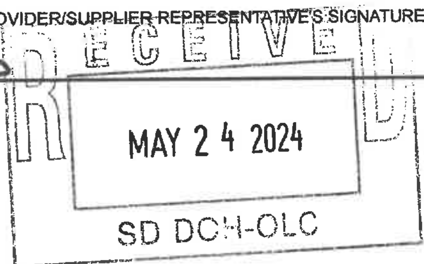
| S 000 | Compliance/Noncompliance Statement<br><br>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 4/28/24 through 5/1/24. Alcester Care and Rehab Center, Inc was found not in compliance with the following requirements: S157 and S293. | S 000 | | |
| S 157 | 44:73:02:13 Ventilation<br><br>Electrically powered exhaust ventilation shall be provided in all soiled areas, wet areas, toilet rooms, and storage rooms. Clean storage rooms may also be ventilated by supplying and returning air from the building's air-handling system.<br><br>This Administrative Rule of South Dakota is not met as evidenced by:<br>Based on observation and interview, the provider failed to provide exhaust ventilation in one soiled laundry room (soiled laundry room within laundry). Findings include:<br><br>1. Observation and interview on 5/1/24 at 9:45 a.m. revealed the soiled laundry storage room within the laundry had no exhaust ventilation. Interview with the maintenance manager at the time of the observation confirmed that finding. | S 157 | Maintenance Supervisor or designee will install a powered exhaust ventilation in the soiled laundry room by 06/14/2024.<br><br>Administrator will educate Maintenance Supervisor and all staff on ventilation requirements on 05/17/2024 and 05/24/2024.<br><br>Maintenance Supervisor or designee will audit all rooms that require to be ventilated weekly for four weeks and monthly for two months to ensure accurate ventilation.<br><br>Maintenance Supervisor or designee will present findings from these audits at the monthly QAPI committee for review for three months or until the QAPI committee advises to discontinue monitoring. | 06/14/2024 |
| S 293 | 44:73:07:08 Written Dietetic Policies<br><br>There shall be written policies and procedures that govern all dietetic activities. Policies shall include food handling procedures, length of duration for leftovers, and opened packages of commercially prepared food in accordance with chapter 44:02:07, the Food Service Code. Policies and procedures shall be reviewed yearly and revised as necessary. | S 293 | Maintenance Supervisor or designee will replace all ceiling tiles to cleanable ceiling tiles in the kitchen by 06/14/2024.<br><br>Maintenance Supervisor or designee will replace all hood exhaust filters in the kitchen by 06/14/2024.<br><br>Administrator will educate Maintenance Supervisor and Dietary Manger on proper cleanable surfaces in the kitchen on 05/17/2024. | 06/14/2024 |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| | Administrator | 05/24/2024 |



South Dakota Department of Health

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| | 10591 | A. BUILDING: ______ B. WING ______ | 05/01/2024 |

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| S 293 | Continued From page 1<br><br>This Administrative Rule of South Dakota is not met as evidenced by:<br>Based on observation and interview the provider failed to maintain cleanable surfaces (unsealed rather than cleanable ceiling tiles and rusted hood exhaust filters) within the kitchen. Findings include:<br><br>1. Observation and interview on 5/1/24 at 9:10 a.m. revealed the kitchen ceiling tiles were not cleanable. The maintenance manager at the time of the observation confirmed that finding.<br><br>2. Observation and interview on 5/1/24 at 9:15 a.m. revealed the kitchen hood exhaust filters were composed of rusted metal. The maintenance manager at the time of the observation confirmed that finding.<br><br>The written policies of the provider shall comply with 44:02:07, the Food Service Code. Within the food service code were requirements for the physical attributes of the kitchen. | S 293 | Dietary Manager or designee will audit all cleanable surfaces in the kitchen weekly for four weeks and monthly for two months.<br><br>Dietary Manager or designee will present findings from these audits at the monthly QAPI committee for review for three months or until the QAPI committee advises to discontinue monitoring. | |