

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

PRINTED: 08/29/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435127</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>DOW RUMMEL VILLAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1321 W DOW RUMMEL ST</b> <b>SIOUX FALLS, SD 57104</b>	
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F 000	INITIAL COMMENTS	F 000		
F 656 SS=E	<p>A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted on 8/21/24. The area surveyed was dietary services related to a resident with a documented shellfish allergy who was served shrimp Alfredo and developed an allergic reaction requiring an antihistamine. Dow Rummel Village was found to be not in compliance with the following requirements: F656 and F806.</p> <p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the</p>	F 656	<p>The facility completed a review of all resident care plans to ensure that allergies were accurately documented. As of August 21, 2024, allergies were added to all care plans (C/P) and pocket care plans (pocket C/P). Additionally, a red folder containing detailed information about resident diets and allergies was created and placed inside the kitchen on September 4, 2024. This folder is stored in a wall file holder and is accessible to all staff, allowing them to quickly reference dietary information and allergies.</p> <p>To ensure the accuracy and completeness of pocket care plans, the Director of Nursing (DON) or designee will audit the pocket care plans weekly x4 to confirm that allergies and dietary preferences are correctly documented and updated as necessary. After the initial four-week audit period, these audits will be conducted monthly x2. The findings of these audits will be reported to the Quality Assurance and Performance Improvement (QAPI) committee for further direction.</p> <p>The facility has also taken steps to reinforce staff education. On September 11, 2024 training sessions will be held to review the Menu Substitution Policy. The training will emphasize the importance of thoroughly reading tray tickets, following physician's orders for therapeutic and mechanically altered diets, managing allergies, and addressing special requests. Staff will also be trained on honoring resident preferences and making appropriate substitutions for mechanically altered and therapeutic diets.</p>	9/13/2024

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

TITLE

(X6) DATE

*Christopher Hahn*

ED of Health Care Services

9/6/2024

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 656	<p>Continued From page 1</p> <p>findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review, and policy review, the provider failed to develop comprehensive care plans to include interventions for documented food allergies and/or intolerance's for four of four sampled residents (1, 2, 3, 4,) which included one who had been served shrimp Alfredo and developed an allergic reaction. Findings include:</p> <p>1. Interview on 8/21/24 at 10:05 a.m. with certified nursing assistant (CNA) I revealed:</p> <p>*She had worked for the provider for two years.</p> <p>*She would have referred to the pocket care plan to know how to care for her residents.</p> <p>*She would have assisted residents in the dining room at mealtimes.</p> <p>*The pocket care plan did not list resident 1's</p>	F 656		

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F 656	<p>Continued From page 2</p> <p>shellfish allergy.</p> <p>*She did not know where to find out if a resident had a food allergy or food intolerance.</p> <p>*She would have asked the nurse if she had questions or concerns.</p> <p>2. Interview on 8/21/24 at 10:10 a.m. with CNA J revealed:</p> <p>*She had worked for the provider for 3 weeks.</p> <p>*She would have referred to the pocket care plan for details of the resident's needs.</p> <p>*She was not aware of where to find a list of resident's food allergies or intolerance.</p> <p>3. Interview on 8/21/24 at 12:12 p.m. with registered nurse (RN) G and licensed practical nurse (LPN) H revealed:</p> <p>*When asked where nursing staff would find a list of a resident's food allergies, LPN H stated information would be included in their care plan.</p> <p>*LPN H and RN G both agreed that a resident's food allergy should have been on the resident's care plan.</p> <p>*When asked how CNAs would know if a resident had a food allergy, they agreed the CNAs would be expected to ask nursing or refer to the resident's EMR or meal tray ticket.</p> <p>4. Interview on 8/21/24 at 12:30 p.m. with Certified Dietary Manager (CDM) C and Director of Culinary Services (DCS) D revealed:</p> <p>*Resident food preferences or allergies were not included in the resident care plans because those changed of frequently. In the past, some residents had their dislikes listed in the care plan, and requested that food item, and that raised concerns about not following their care plan.</p> <p>*DCS D agreed that it would be important to have residents' food allergies listed in the residents</p>	F 656		

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F 656	<p>Continued From page 3</p> <p>care plan.</p> <p>*CDM C stated that food preferences and food intolerance's were discussed during the residents admission assessment and reviewed quarterly during their care conferences. Food allergies were communicated from the nursing staff at those meetings.</p> <p>*Resident food preferences, intolerance's, and allergies were not included in the residents care plan. They were located on the residents meal tray ticket and available in the kitchen to all staff.</p> <p>5. Interview on 8/21/24 at 1:04 p.m. with resident 4 with a Brief Interview for Mental Status (BIMS) of 15 which indicated her cognition was intact revealed:</p> <p>*Resident had an intolerance to onions which gave her a headache.</p> <p>*When asked if she is served onions, she said sometimes and stated, "It is sometimes hard to avoid eating onions here because they put onions in everything."</p> <p>6. Interview on 8/21/24 at 1:19 p.m. with director of nursing (DON) B regarding resident food allergies and intolerance's revealed:</p> <p>*Direct care staff would use the pocket care plans for direction when providing assistance to residents.</p> <p>*He agreed resident food allergies should be included in care plans and on the pocket care plans used by the CNAs.</p> <p>7. Record review of resident 1's EMR revealed:</p> <p>*The resident had a documented shellfish allergy.</p> <p>*The resident's shellfish allergy was not documented in her care plan.</p> <p>8. Record review of resident 2's EMR revealed:</p>	F 656		

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F 656	Continued From page 4 *The resident had a documented shellfish allergy. *The resident's shellfish allergy was not documented in her care plan.  9. Record review of resident 3's EMR revealed: *The resident had a documented allergy to nuts. *The resident's nut allergy was not documented in her care plan. 10. Record review of resident 4's EMR revealed: *The resident had a documented allergy to chocolate, popcorn, and pork. *The resident's allergy to chocolate, popcorn, and pork was not documented in her care plan.  10. Review of the provider's undated pocket care plans revealed: *Resident 1's shellfish allergy had not been listed *Resident 2's shellfish allergy had not been listed. *Resident 3's nut allergy had not been listed. *Resident 4's chocolate, popcorn, and pork allergies had not been listed.  11. Review of the provider's 3/15/2023 Care Plans Policy revealed: *A comprehensive care plan was developed for each resident that included measurable goals and timetables to meet a resident's medical, nursing, mental and psychosocial needs that were identified in their comprehensive assessment. *The care plan focused on the course of action needed to attain or maintain a resident's highest practicable physical, mental, cognitive, medical, and psychosocial well-being.	F 656		
F 806 SS=G	Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5)  §483.60(d) Food and drink Each resident receives and the facility provides-	F 806		

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F 806	<p>Continued From page 5</p> <p>§483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;</p> <p>§483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice;</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI), observation, interview, record review, and policy review, the provider failed to ensure resident (1) who had an allergic reaction that required the administration of an antihistamine due to a shellfish allergy was identified by the dietary staff before being served shrimp Alfredo. Findings include:</p> <p>1. Review of the provider's 8/16/2024 SD DOH FRI revealed: *On 8/16/24, the provider served shrimp Alfredo for lunch. The nurse had looked up residents who had shellfish allergies and reminded the certified nursing assistants (CNA) to be careful of cross-contamination. The nurse then questioned resident 1's meal and confirmed that resident 1 was served the pureed shrimp Alfredo. Resident 1 was then taken to the nurses' station for assessment where she started to develop a rash around the mouth and redness in her mouth and throat. The nurse obtained orders to administer Benadryl. The Benadryl was administered to resident 1 once it had been received.</p> <p>2. Observation on 8/21/24 at 11:30 a.m. of the lunch service with Cook E and Cook F revealed: * Cook E and Cook F referred to the resident's</p>	F 806	<p>To prevent future occurrences, immediate corrective actions were implemented. A list of resident allergies was posted in the main kitchen production area on August 19, 2024, and will be updated weekly. Additionally, the list will be updated as needed (PRN) to reflect new admissions, readmissions, or changes in resident conditions to ensure it remains current. Allergies were also added to each resident's care plan and pocket care plan, a process completed on August 21, 2024.</p> <p>To reinforce these changes, small group education sessions were held on August 20, 2024, with seven cooks and servers in the Nursing Home. These sessions focused on the importance of adhering to physician's orders for therapeutic and mechanically altered diets, managing allergies, and accommodating special dietary requests. On September 4, 2024, a red folder containing resident diet and allergy information was placed in a wall file holder inside the Nursing Home kitchen, accessible to all staff. This folder will be updated weekly and as needed (PRN) following new admissions, readmissions, quarterly reviews or significant changes in resident conditions. A comprehensive review of all tray tickets was also completed by August 19, 2024, to ensure all allergies were correctly listed.</p> <p>Going forward, the Certified Dietary Manager (CDM) or designee will be responsible for compiling a preference list that includes allergies upon admission, readmission, or significant changes in condition, and ensuring resident care plans are updated accordingly. Additionally, training on the facility's Menu Substitution Policy, along with reading tray tickets and following physician's orders for therapeutic and mechanically altered diets, will be conducted on September 11, 2024. This training will cover honoring resident preferences and managing substitutions for therapeutic and mechanically altered diets. The targeted audience for this training and education will be all Nursing Home employees that may serve food or drinks to the residents.</p>	9/13/2024

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F 806	Continued From page 6 tray ticket for the resident's preferences for each meal. *The food tray ticket included the resident's diet, diet texture, adaptive equipment, allergies, and menu preference. *Cook F referenced the tray tickets and placed food items on the resident's plate.  3. Interview on 8/21/24 at 11:45 a.m. with Cook E and Cook F revealed: *On 8/16/24 Cook F served shrimp Alfredo to resident 1. *Cook F admitted that she had missed the documented shellfish allergy on resident 1's tray ticket on 8/16/24. *Cook F felt that a resident's food allergies should be highlighted on the tray ticket, and stated it would make dietary staff more aware of the resident's food allergies. *Cook F stated that nursing staff should have made dietary staff aware when they had known that shellfish was on the menu, and there were residents with a documented shellfish allergy. *Cook E stated nursing did not communicate with them until the food was already served to resident 1. *When asked about substitutes for residents with food allergies, Cook E stated that residents on puree diets did not have a choice because the menu does not offer pureed food and most residents with puree diets cannot communicate their preferences. *Cook E stated that the dietary staff would go to each resident's room and would ask them if the resident wanted the main meal being served or if they would want a substitute food item. However, they would not do this for residents on puree diets because there was not a puree option on the menu. She felt this may have been why they	F 806	To ensure sustained compliance, the Director of Culinary Services or designee will conduct weekly audits of the allergy and diet postings in the main kitchen production area and the Nursing Home weekly x4, followed by monthly x2. These audits will ensure that updates are made as needed (PRN) in accordance with resident changes. The results will be presented to the Quality Assurance and Performance Improvement (QAPI) committee for further direction. In addition, the Director of Culinary Services or designee will audit the knowledge of two cooks per week x4 on substitutions, allergies, and tray ticket accuracy, then audit three cooks monthly x2. These findings will also be reported to the QAPI committee for further direction.	

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F 806	<p>Continued From page 7</p> <p>would have not looked at resident 1's tray ticket as closely on 8/16/24.</p> <p>*When asked what she would do if she had realized that resident 1 had a shellfish allergy, Cook F stated she would have made something else for her to eat.</p> <p>4. Interview on 8/21/24 at 12:30 p.m. with Certified Dietary Manager (CDM) C and Director of Culinary Services (DCS) D revealed: *Tray tickets were printed three times a week. There is a specific section where allergies are listed. *It is the responsibility of staff to reference the tray tickets regarding resident's food allergies. *The shrimp Alfredo was permanently taken off the menu and replaced with chicken Alfredo. *Dietary staff should be offering residents on a puree diet an alternative food option when needed. *The menu substitution lists referred to the 5/27/2020 Offering Food Replacements at Meal Times Policy was not currently available to the dietary staff in the kitchen.</p> <p>5. Review of Resident 1's electronic medical record revealed: *Resident had a documented shellfish allergy.</p> <p>6. Review of resident 1's 8/16/24 nursing progress note revealed: *Nursing was advised that dietary was serving shellfish (shrimp Alfredo) for lunch. Nursing reviewed which residents with shellfish allergies. Nursing reminded staff the certified nurse aides (CNA) to be careful of cross contamination and residents who have allergies. The resident was recently switched to a puree diet. The nurse observed the table where resident one was being</p>	F 806		
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F 806	Continued From page 8 assisted by staff and questioned the meal resident one was provided and was currently eating. It is reported that the dietary cook had given the resident the pureed shrimp Alfredo. Resident was immediately brought to the nurses' station for examination and monitoring. It was noted that the nurse was able to see resident 1 started to develop a rash on the corners of her mouth. It was also noted that resident 1's mouth and throat were red. Resident 1 was able to speak one-word answers during the examination. Orders for Benadryl and an epinephrine injection were obtained. The Benadryl was given when it arrived. It was noted that the Benadryl was effective, and the epinephrine injection was not needed.  7. Review of the provider's 2/2024 job description for a Licensed dietary cook revealed: *Job duties included: -Reviewing menus before food preparation and following recipes. -Inspecting special diet trays for accuracy. -Coordinating dietary services with other departments. -Assuming authority, responsibility, and accountability of the cook. -Processing and following diet changes and new diets received from nursing services. -Preparing food for therapeutic diets in line with planned menus and standardized recipes.  8. Review of the provider's 5/27/2020 Offering Food Replacements at Mealtimes Policy revealed: **If an individual is not eating (or foods) served, the Nursing Associates in responsible for asking why and for verbally offering a suitable food replacement. (Please see the Menu Substitution	F 806			

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F 806	Continued From page 9 Lists in the Menus/Therapeutic Diets Section.) The individual is encouraged to give input for his/her choice of substitution. A minimum of three substitutions should be offered." **For those on special diets, be sure the food replacement offered are appropriate for the therapeutic and mechanically altered diet order."	F 806		
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