

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>80023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/06/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KOCH SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 E 10TH AVENUE MILBANK, SD 57252</b>
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S 000	Compliance Statement  An initial 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 7/5/23 through 7/6/23. Koch Senior Living was found not in compliance with the following requirements: S105, S331, S685, S775, and S791.	S 000		
S 105	44:70:02:06 Food service  Food service shall be provided by a licensed facility or food service establishment that is inspected by a local, state, or federal agency. The facility shall meet the safety and sanitation procedures for food service in §§44:02:07:01, 44:02:07:02, and 44:02:07:04 to 44:02:07:95, inclusive, in the Food Service Code.  This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and record review, the provider failed to ensure: *Two of two scoops had not been stored inside two of two bulk ingredient bins, potentially contaminating the ingredients. *One of one dishwasher had been cleaned and delimed on the outside of the machine in addition to the inside. *Two of two grease drains in the overhead hood had cups equipped to prevent moisture and grease from dripping down to the cooking and electrical equipment below. Findings include:	S 105	<ul style="list-style-type: none"> <li>• On 7/7/2023, Dietary Manager, Heidi Sinclair, removed the scoops from the flour and sugar bulk ingredient containers. The scoops are now stored in a container located outside of the bulk ingredient container.</li> <li>• On 7/7/2023 at shift change, the Dietary Manager educated the incoming dietary staff members so they know scoops will not be stored inside the bulk ingredient container. Sinclair also posted a note in the kitchen with these details, for all dietary staff members to read.</li> <li>• The Dietary Manager will audit the location of bulk ingredient scoops weekly for three months, through 10/31/2023, to ensure proper storage protocol. The results of these audits will be shared during the facility's quarterly QAPI meetings, with the Administrator overseeing the process to ensure audits are completed and shared at QAPI meetings.</li> </ul>	7/7  7/7

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

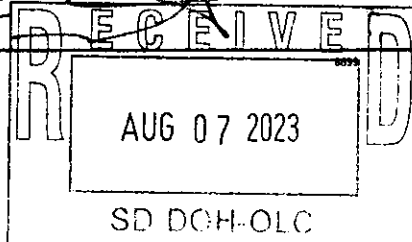
TITLE

(X6) DATE

STATE FORM

Administrator

8/7/2023



MNH711

If continuation sheet 1 of 12

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S 105	Continued From page 1  1. Observation on 7/6/23 from 10:50 a.m. to 11:00 a.m. in the kitchen revealed: *There were two scoops stored in each of the bulk flour and sugar ingredient bins, potentially introducing contaminants to the ingredients from the scoops. *There were grease drains equipped on either side of the overhead hood above the cooking equipment and electrical outlets. -Neither of the grease drains had cups installed underneath them to prevent grease and moisture from dripping onto the equipment below. *The dishwasher had a thick layer of white crusty lime and mineral buildup in the door seams and the tight spaces on the outer portion of the dishwasher doors.  Interview at that time with dietary manager F revealed the following: *She was unaware that scoops should not have been stored inside the bulk ingredient bins while there was product in the bins. *She knew the grease drains were missing the cups. -The overhead hood had been installed within the past year. -She called the construction company to see if any of their employees knew where the cups had gone. -New cups had been requested, and she did not have an update if the missing equipment had been ordered or not. *The dishwasher was delimed once per week. -She confirmed the outside of the dishwasher looked like it needed to be cleaned more often. -Staff were unaware that the outside of the dishwasher required cleaning in addition to the inside of the machine.	S 105	<ul style="list-style-type: none"> <li>On 7/10/23 the Dietary Manager ordered the two required grease catchers (cups). They were installed on 7/26/23 by the Maintenance Director, Bob Greene. The Administrator monitored the installation and saw that the grease catchers were installed.</li> <li>The Dietary Manager cleaned the dishwasher to remove the lime and mineral buildup, and added these areas of the dishwasher to a weekly cleaning schedule for dietary staff to complete. The Dietary Manager posted a note for all dietary staff to educate them on the cleaning protocol.</li> <li>The Dietary Manager will audit the cleaning schedule and check the dishwasher weekly for three months, to ensure proper cleaning. The results of these audits will be shared during the facility's quarterly QAPI meetings, with the Administrator overseeing the process to ensure audits are completed and shared at QAPI meetings.</li> </ul>	7/26

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S 105	Continued From page 2  Review of the provider's 2022 "Food Storage" and "Food Storage 2" policies revealed neither policy included statements about where or how to store a scoop for the bulk ingredient bins.	S 105		
S 331	44:70:04:10 Tuberculin screening requirements  Tuberculin screening requirements for healthcare employees or residents are as follows: (1) Each healthcare employee or resident shall receive an annual individual TB risk assessment that is documented and the two-step method of tuberculin skin or a TB blood assay test to establish a baseline within 14 days of employment or admission to a facility. Any two documented tuberculin skin tests completed within a 12-month period prior to the date of admission or employment are considered a two-step. A TB blood assay test completed within a 12-month period prior to the date of admission or employment is considered an adequate baseline test. Skin testing or TB blood assay tests are not necessary if a new healthcare employee or resident transfers from one licensed healthcare facility to another licensed healthcare facility within this state if the facility received documentation of the last skin or blood assay TB testing completed within the prior 12 months. Skin testing or a TB blood assay test is not necessary if documentation is provided of a previous positive reaction to either test. Any healthcare employee or resident who has a newly recognized positive reaction to the skin test or TB blood assay test shall have a medical evaluation and a chest X-ray to determine the presence or absence of the active disease.  This Administrative Rule of South Dakota is not	S 331	<ul style="list-style-type: none"> <li>• On 7/10/23, the Administrator, Jaecy Engebretson; the Director of Nursing, Amanda Engebretson; and the Memory Care Manager, Melissa Ollerich; all reviewed the regulation stating that tuberculosis (TB) testing must be completed for all employees within 14 days of hire.</li> <li>• On 7/10/23 the Administrator audited all personnel files and ensured that the required TB screening has been completed for all current employees.</li> <li>• The three employees whose TB screening was not completed within 14 days of hire were onboarded during previous Administration. Since being hired on May 15, 2023, the current Administrator has worked with the Director of Nursing, Amanda Engebretson, to ensure that all onboarded employees receive their TB screening within 14 days of hire. All employee TB tests were completed and up to date May 31, 2023.</li> </ul>	7/10  7/10

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S 331	<p>Continued From page 3</p> <p>met as evidenced by: Based on personnel file review, interview, and policy review, the provider failed to ensure three of five sampled employees (G, H, and I) had been screened for tuberculosis (TB) within 14 days of hire. Findings include:</p> <p>1. Review of the personnel files for cook G, resident care associates (RCA) H and I revealed the following. *Cook G was hired on 3/30/23. -Her first TB test was administered on 3/30/23 and read on 4/2/23. -Her second TB test was administered on 4/27/23 and read on 4/29/23, which was 30 days after she was hired. *RCA H was hired on 1/31/23. -Her first TB test was administered on 2/10/23 and read on 2/12/23. -Her second TB test was administered on 3/1/23 and read on 3/3/23, which was 31 days after she was hired. *RCA I was hired on 2/27/23. -Her first TB test was administered on 2/27/23 and read on 3/1/23. -Her second TB test was administered on 5/18/23 and read on 5/20/23, which was 82 days after she was hired.</p> <p>Interview on 7/6/23 at 2:58 p.m. with director of nursing (DON) B about the TB tests revealed: *She was aware of the late TB tests for several of the staff members, and the TB tests were to have been completed within 14 days of hire. *Many of the staff members were high school and college students, and it had been difficult to coordinate the TB tests with their academic schedules.</p> <p>Review of the provider's 2022 "Employee Health</p>	S 331	<ul style="list-style-type: none"> <li>• The Administrator and Director of Nursing perform employee onboarding duties and will ensure that all new employees receive TB tests within 14 days of hire.</li> <li>• The Administrator or a Designee will audit personnel files every two weeks for six months, through January 31, 2024, to ensure that the required TB testing is completed within each new employee's first 14 days of hire. The results of these audits will be shared during the facility's quarterly QAPI meetings, with the Administrator overseeing the process to ensure audits are completed and shared at QAPI meetings.</li> </ul>		

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S 331	Continued From page 4  Requirements for TB, Influenza, and illness/injury" policy revealed: **1. All employees must complete a two-step method of tuberculin skin or blood assay test to establish baseline within 14 days of employment."  Review of the provider's 2022 "Tuberculosis Monitoring - Staff-Resident" policy revealed: **Policy: This facility will conduct Tuberculosis screening to all new staff and residents." **Procedure: No person who is contagious with Tuberculosis may provide services that require direct contact with clients. The facility must document the following:" -1. Employee must complete the two-step Mantoux test or blood assay test to establish baseline within 14 days of employment." **Registered Nurse or LPN [icensed practical nurse] of this facility will be responsible for testing, assessment and documentation of all staff Tuberculosis screening."	S 331		
S 685	44:70:07:09 Self-administration of drugs  A resident with the cognitive ability to understand may self-administer medications. At least every three months, the licensed nurse, the physician, physician assistant, or nurse practitioner shall evaluate and record the continued appropriateness of the resident's ability to self-administer medications. The determination must state whether the resident or the nursing staff is responsible for storage of the drug and include documentation of its administration in accordance with the provisions of chapter 44:70:07. A resident may self-administer drugs if the registered nurse, if applicable, and physician, physician assistant, or nurse practitioner have determined the practice is	S 685	• On 7/6/23, Surveyor Rachel Landmark educated the Director of Nursing (DON), Amanda Engebretson, on required protocol for self-administration assessments and medication documentation. The DON is the staff member who will perform all self-administration assessments for Koch Senior Living's residents.	7/6

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S 685	Continued From page 5  safe. No resident may keep medications on the resident's person or in the resident's room without a medication order allowing self-administration.  This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and record review, the provider failed to ensure self-administration assessments had been completed as required: *Every three months for two of two sampled residents who were able to self-administer medications (2 and 3). *Initially for one of two sampled residents who were able to self-administer medications (3). Findings include:  1. Observation and interview with resident 2 on 7/5/23 at 5:23 p.m. about the two bottles of medication on her bedside dresser revealed she: *Was not sure if there were any other medications in her room. *Was able to correctly identify the two bottles of medication as Aspirin and Tylenol. *Said she took them as needed and would inform staff if she took one of the medications.  Review of resident 2's care record revealed: *She was admitted on 1/27/23. *There was an assessment titled "MEDICATION SELF-ADMINISTRATION SAFETY SCREEN - Senior Living" which was completed on 1/28/23. -Resident 2 was deemed safe to self-administer medications. *That medication self-administration safety screen was the only one completed at the time of the survey. *She had orders for "unsupervised	S 685	<ul style="list-style-type: none"> <li>• On 7/13/23 the DON audited all residents to identify those capable of medication self-administration. 7/13</li> <li>• On 7/27/23, the DON completed self-administration assessments for residents 2 and 3. 7/27</li> <li>• On 7/27/23, the DON completed assessments for all current residents who are capable of self-administering medications, noting whether the residents need staff supervision during self-administration of medications, a reminder to self-administer medications at the designated times, or no assistance at all with medication self-administration. Those residents who were capable of self-administering medications were educated by the DON on proper documentation requirements.               <ul style="list-style-type: none"> <li>o The DON or a Designee will audit self-administration medication documentation by all residents who are self-administering medications, weekly for three months, through 10/31/23, to ensure proper documentation is completed by residents who are able to self-administer medications. The results of these audits will be shared during the facility's quarterly QAPI meetings, with the Administrator overseeing the process to ensure audits are completed and shared at QAPI meetings. 7/27</li> </ul> </li> </ul>	

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S 685	<p>Continued From page 6</p> <p>self-administration" for the following medications:                      -Aspirin chewable oral tablet.                      -Biofreeze external gel.                      -Calcium carbonate-[Vitamin] D-[Mineral] oral tablet.                      -Ferrous gluconate oral tablet.                      -Omega-3 fatty acid oral capsule.                      -Refresh Optive mega-3 ophthalmic solution.                      -Vitamin B12 sublingual tablet.</p> <p>2. Review of resident 3's care record revealed the following:                      *She was admitted on 2/8/23.                      *The medication self-administration safety screen had not been completed until 6/2/23.                      -Resident 3 was deemed safe to self-administer medications with supervision.                      *She had an active order from her primary care physician (PCP) from 2/8/23 which stated, "Individual is able to self-administer medication."                      *There was another active order from her PCP from 2/8/23 which stated, "Individual is not able to self-administer and needs to have medications administered to him or her."                      *She had an order from her PCP from 6/20/23 for the "supervised self-administration" of her insulin.                      -The order read, "Tresiba FlexTouch Subcutaneous Solution Pen-injector 100 UNIT/ML [units per milliliter] Inject 15 unit subcutaneously one time a day related to [type 2 diabetes mellitus] supervised self-administration."</p> <p>3. Interview on 7/6/23 at 9:00 a.m. with director of nursing (DON) B about medication self-administration assessments and self-administration orders revealed:                      *Resident 2 had many different supplements in her room.                      -The resident was able to drive. She indicated that the resident did not always inform her when</p>	S 685	<p>• On 7/27/23, the DON scheduled quarterly assessments in EMR system to assess residents' capabilities every three months. The DON or a Designee will audit assessment completion for all residents who are self-administering medications, monthly for nine months, through 3/31/24, to ensure that residents who are able to self-administer medications are reassessed every three months. The results of these audits will be shared during the facility's quarterly QAPI meetings, with the Administrator overseeing the process to ensure audits are completed and shared at QAPI meetings.</p>	7/27

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S 685	<p>Continued From page 7</p> <p>she would buy new supplements or medications from the store.</p> <p>*She was aware about the gaps in completing resident assessments for safe medication self-administration.</p> <p>*She was responsible for completing the clinical assessments, and had not developed a system of accountability to make sure the assessments were completed according to the requirements.</p> <p>*There were some residents in which she had forgotten to complete an initial medication self-administration assessment, and other residents where she had forgotten the quarterly medication self-administration assessments.</p> <p>-Resident 2 had not had a quarterly assessment completed in a timely manner according to requirements.</p> <p>-Resident 3 had not had an initial assessment, nor a quarterly assessment completed timely according to requirements.</p> <p>*She was not aware that there were two conflicting orders about medication self-administration for resident 3.</p> <p>-DON B indicated it may have been a clerical error, and confirmed that resident 3 was able to self-administer her insulin with supervision.</p> <p>-Staff would bring the resident's insulin pen to her, and the resident would dial up the number of units and would self-administer the insulin.</p>	S 685		
S 775	<p>44:70:09:02 Facility to inform resident of rights</p> <p>Prior to or at the time of admission, a facility shall inform the resident, both orally and in writing, of the resident's rights and of the rules governing the resident's conduct and responsibilities while living in the facility. The resident shall acknowledge in writing that the resident received the information. During the resident's stay the</p>	S 775		



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S 775	<p>Continued From page 8</p> <p>facility shall notify the resident, both orally and in writing, of any changes to the original information.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, and policy review, the provider failed to ensure two of four sampled residents (2 and 4) had documentation they were provided with resident rights information upon their admission to the facility. Findings include:</p> <p>1. Review of resident 2's care record revealed: *She was admitted on 1/27/23. *There was no documentation she had been informed of her rights as a resident in an assisted living center.</p> <p>2. Review of resident 4's closed care record revealed: *He was admitted on 1/23/23. *He was discharged on 4/24/23. *There was no documentation he had been informed of his rights as a resident in an assisted living center.</p> <p>3. Interview on 7/6/23 at 10:00 a.m. with director of nursing B about their resident admission process revealed: *When the facility first opened in January 2023, they used a different admission form that had not included a place to document when a resident was informed of their rights. *She could not find documentation that residents 2 and 4 had been informed of their rights at the time of their admission.</p> <p>4. Interview on 7/6/23 at 4:12 p.m. with</p>	S 775	<ul style="list-style-type: none"> <li>• On 7/10/23 the Administrator audited each resident file to identify any which were missing written acknowledgement of receipt of the resident's rights and responsibilities, for all room occupants.</li> <li>• On 7/19/23 the Administrator ordered resident rights brochures from the State and printed a copy of the booklet and an acknowledgement form for residents to sign. The Administrator or a Designee will obtain written acknowledgement from all current residents by the end of the day on 7/27/23.</li> <li>• The Administrator or a Designee will include the resident rights booklet in each admission packet and obtain written acknowledgement of receipt from all new residents.</li> <li>• The Administrator or a Designee will audit resident admission paperwork weekly for six months, through 1/31/24, to ensure receipt of written acknowledgement from all residents. The results of these audits will be shared during the facility's quarterly QAPI meetings, with the Administrator overseeing the process to ensure audits are completed and shared at QAPI meetings.</li> </ul>	<p>7/10</p> <p>7/19</p> <p>7/27</p>

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S 775	Continued From page 9  community support specialist D and director of operations E about resident 4's admission paperwork revealed: *He had been admitted to the facility along with his wife. *His family had signed the correct documentation for his wife, but not for him. *They indicated there should have been separate documentation for each resident, rather than grouping resident 4 and his wife together.  5. Review of the provider's 2022 "Resident Bill of Rights" policy revealed: **Policy: The community shall provide each resident with a copy of the South Dakota Assisted Living Bill of Rights." *Under the "Procedure" section: -1. The community shall provide the resident or the resident's representative a written copy of the South Dakota Assisted Living Care Bill of Rights (BOR) before the initiation of services to that client." -3. The Administrator or Assistant Administrator shall obtain written acknowledgment of the resident's receipt of the BOR or shall document why an acknowledgment cannot be obtained. The acknowledgment may be obtained from the resident or the resident's representative." -4. Acknowledgment of BOR receipt shall be retained in the resident's record."	S 775		
S 791	44:70:09:03 Facility to provide information  A signed and dated admission agreement between the resident or the residents' legal representative and the facility must include subdivisions (1) through (8). The resident or resident's legal representative and the facility must complete the admission agreement before	S 791		

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(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 791	<p>Continued From page 10</p> <p>or at the time of admission and before the resident has made a commitment for payment for proposed or actual care. The agreement must be printed for ease of reading by the resident. Any change in the information must be given to the resident or the residents' legal representative as a signed and dated addendum to the original agreement.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to ensure one of four sampled residents (4) had completed and signed an admission agreement upon his admission to the facility. Findings include:</p> <p>1. Review of resident 4's closed care record revealed: *He was admitted on 1/23/23. *He was discharged on 4/24/23. *There was no documentation showing that either he or his representative had completed and signed an admission agreement when he was admitted.</p> <p>Interview on 7/6/23 at 4:12 p.m. with community support specialist D and director of operations E about resident 4's admission paperwork revealed: *He had been admitted to the facility along with his wife. *His family had signed the correct documentation for his wife, but not for him. *They indicated there should have been separate documentation for each resident, rather than grouping resident 4 and his wife together.</p>	S 791	<ul style="list-style-type: none"> <li>• On 7/10/23 the Administrator audited each resident file to identify any which were missing signed admission agreements for all room occupants.</li> <li>• On 7/19/23 the Administrator printed admission agreements for residents who had not yet signed an agreement. The Administrator or a Designee will obtain signed agreements from all current residents by the end of the day on 7/27/23.</li> <li>• The Administrator or a Designee will obtain signed admission agreements from all new residents.</li> <li>• The Administrator or a Designee will audit resident admission paperwork weekly for six months, through January 31, 2024, to ensure that all residents sign an admission agreement. The results of these audits will be shared during the facility's quarterly QAPI meetings, with the Administrator overseeing the process to ensure audits are completed and shared at QAPI meetings.</li> </ul>	7/10  7/19  7/27

South Dakota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>KOCH SENIOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 E 10TH AVENUE MILBANK, SD 57252</b>		
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S 791	Continued From page 11  The provider did not have a policy regarding documentation of admission agreements.	S 791		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>80023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/18/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KOCH SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 E 10TH AVENUE MILBANK, SD 57252</b>
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{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 9/18/23 for deficiencies cited on 7/6/23. All deficiencies have been corrected, and no new noncompliance was found. Koch Senior Living is in compliance with all regulations surveyed.</p>	{S 000}		

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

TITLE

(X6) DATE