

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

PRINTED: 09/12/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/31/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE NEIGHBORHOODS AT BROOKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2421 YORKSHIRE DR BROOKINGS, SD 57006</b>	
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F 000	INITIAL COMMENTS  A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 8/29/23 through 8/31/23. The Neighborhoods at Brookview was found in not in compliance with the following requirements: F658, F692, and F812.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review the provider failed to ensure their policy for re-weighing residents had been followed for one of one sampled resident (48) with a significant weight variance.  1. Observation and interview on 8/31/23 at 9:09 a.m. of resident 48 revealed: *She was in her room, sitting in a recliner. *She was wearing blue jeans that appeared to be tightly fitting, and a shirt. *She thought the food was very good. *She had been gaining weight and did not like that. *She had to lay down on the bed to get her jeans buttoned. *She was not sure how often she was weighed or what her weight currently was. *No one had visited with her about her weight.	F 658	1. All residents have the potential to be at risk. 2. There is will be a revision of our SOP to include documentation in the EMR to include the weight, the previous weight and what clothing was worn at the time the weight was obtained. The process for obtaining resident weights will be, if resident is not weighed before their bath, staff will mark in the EMR the resident was dressed and what clothes(gown, pants/shirt, shoes) were worn.This will assist in identifying reasons for any discrepencies in weights. Weights will be obtained by CNA's and given to the charge nurse/medication aide to record. Charge nurse/medication aide will communicate the weights to the case manager. The need to obtain a reweight will be communicated to the following shift by writing the need on the white board in the workroom and in the communication book, and therefore will be mentioned in report at each shift. Any significant weight gain/loss(which is a gain or loss of 3lbs or more) will be sent to the physician/dietician for review and recomendations.	10/15/23

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

TITLE

(X6) DATE

*Jeremy Klinkhammer*

Administrator

9/29/23

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 658	Continued From page 1 Review of resident 48's electronic medical record revealed: *She was admitted on 11/10/22. *Her diagnoses included the following: long term use of antibiotics, recurrent Clostridium difficile (C-diff), depression, generalized anxiety, mild cognitive impairment, gastro-esophageal reflux disease, dyspepsia (indigestion), and constipation. *She was on a a regular diet. *Her weight record indicated that: -On 7/7/23 she weighed 142 pounds (lbs.) and 5 ounces (oz.). -On 7/29/23 she weighed 140 lbs. and 8 oz. -On 8/4/23 she weighed 128.0 lbs. --That was a 12-pound weight loss which was a 8.57% weight loss. --She had not been re-weighed to determine if that weight was correct. --Her next weight was on 8/11/23 and she was 136 lb. 10.986 oz. *Her 8/30/23 care plan included the following: -On 11/17/22 the initiated problem was that she was at nutritional risk related to her diagnoses. --The preferred outcome for that was for her to have adequate intake to maintain her current weight of 125 lbs. with a plus or minus variance of five percent. *Her 8/7/23 Minimum Data Set [(MDS), a set of clinical and functional status screening elements, which form the foundation of a comprehensive assessment], revealed: -She was independent with eating. -Her weight was 128 lbs. -That was a significant weight loss of 5% or more in one month. *There had been no notification to her physician regarding that significant weight loss. *On 8/29/23 Boost (a supplemental nutritious	F 658	Education will be provided to staff to include the change in the SOP and the requirement of the charge nurse or Med Aide to report all weights obtained that day to the case manager. 3.DON or designee will complete audits weekly for 4 weeks and then monthly for 3 months. DON or designee will bring the results of the audits to the QAPI meeting for further review and recommendation to continue or discontinue.	

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F 658	<p>Continued From page 2 drink) was ordered. *Her progress notes indicated that: -On 7/9/23 she had high fever, high blood pressure and had been vomiting. --She was sent to the emergency room. -On 7/10/23 she had loose stools and vomiting, her physician had ordered a culture C-diff. -On 7/11/23 she had been weak and unsteady, had a poor appetite, and had nausea and vomiting. -On 8/9/23 she had a urinary tract infection.</p> <p>Interview on 8/31/23 at 9:15 a.m. with certified nursing assistant Q regarding process for weighing residents revealed: *Residents had been weighed weekly on their bath days. *The nurse reviewed the weights to determine if there was an unusual difference between the week prior weight and the current weight. -If there had been an unusual weight, the nurse would have requested a reweigh of that resident the next day. *She was familiar with the care needs of resident 48. -She was not aware of resident 48 having had a weight loss.</p> <p>Interview on 8/31/23 at 9:21 a.m. with registered nurse R regarding the process for monitoring residents for weight gain or weight loss revealed: *Residents were weighed on their bath day or more often with a physician order. -A nurse would monitor each resident's weight for a significant change by comparing the current weight with the: --Previous weeks weight. --Previous years weight. *A difference of more than three pounds in a</p>	F 658			

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F 658	<p>Continued From page 3</p> <p>week would have prompted a re-weigh of the resident the following day.</p> <p>-If the next day the weight of that resident showed the same significant weight difference, the dietary manager and the physician would have been notified.</p> <p>*The cause of weight loss would have been evaluated.</p> <p>Interview on 8/31/23 at 11:09 a.m. with certified dietary manager S regarding resident 48's weight loss revealed:</p> <p>*The nurses had monitored weights.</p> <p>*Registered dietitian (RD) T had come to the facility a couple of times a week for consultations and she:</p> <p>-Would have provided direction to the dietary staff on what nutritional interventions to do for residents with weight loss.</p> <p>*She was not aware of resident 48 having had a weight loss.</p> <p>-Completed the residents Minimum Data Set (MDS) for the nutrition and weight loss sections.</p> <p>Telephone interview on 8/31/23 at 11:25 a.m. with RD T regarding residents' weight loss revealed:</p> <p>*The process was:</p> <p>-Each month a report would have been completed that compared each residents' percentage of weight loss or gain on a monthly, six months, and yearly basis.</p> <p>-Any resident who had triggered for a significant weight loss would have been reviewed at the residents' next months' care conference by the resident's case manager, the director of nursing (DON), and herself.</p> <p>--There would have been documentation in the residents' electronic medical record of the</p>	F 658			

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F 658	<p>Continued From page 4</p> <p>discussion at the care conference and the interventions initiated for that resident.</p> <p>--One of those three staff members would have been assigned to notify the physician and the family.</p> <p>*She had not monitored the residents weight loss each week.</p> <p>*A nurse would monitor the residents for weight loss on a weekly basis.</p> <p>*A resident with a three lb. weight loss would have been reported to the nurse and a re-weigh of that resident would have been completed.</p> <p>*She was unable to determine if resident 48 had a significant weight loss as she was unable to view the documentation at the time of the telephone interview.</p> <p>-She had completed the 8/7/23 MDS nutrition and weight section for resident 48.</p> <p>*She stated if resident 48 had no weight loss, the MDS for that time period would need to have been 'fixed' to record there had not been a significant weight loss.</p> <p>Interview and record review on 8/31/23 at 12:21 p.m. with DON B regarding resident 48's weight loss revealed:</p> <p>*The process for monitoring of residents' weights was the following:</p> <p>-A residents' weight with a difference of three lbs. or more from their previous weight would have required that resident ot have been reweighed.</p> <p>-Residents who had a three lb. weight difference would have required a nurse to update the nurse practitioner who would come to the facility twice per week.</p> <p>*Resident 48 had seen her physician on 7/13/23, 7/28/23, 8/21/23, and 8/22/23.</p> <p>-There was no documentation to support that her physician was notified of the changes in her</p>	F 658			

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F 658	Continued From page 5 weight on any of the above visits. *She was not able to find documentation to support that the physician or family had been notified of the weight loss for resident 48 for the time 7/29/23 through 8/11/23.  Review of the providers 12/2012 Nutritional Assessment policy revealed: **Purpose/Explanation -To maintain documentation of weights, meal intakes, and to achieve a consistent manner to track weight gain or weight loss and outline necessary interventions of resident nutrition." -"F. Any needed re-weights should be obtained when weight differs from the prior weight by 3# (pounds) more or less. Re-weights are desirable to be obtained the following day if possible." -"I. Weights will be recorded per EMR (electronic medical record)." -"J. ...staff should consult with the dietician and/or physician when significant weight loss/gain is noted." **III. EXCESSIVE WEIGHT LOSS AND/OR GAIN." -"B. Dietician and Nursing Director review weights regularly. Any weight concerns are communicated to the interdisciplinary team." -"D. Any necessary interventions for excessive weight loss and/or gain will be care planned. -E. Collaboration with the dietician and/or physician as necessary."	F 658			
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3)  §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and	F 692			

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F 692	<p>Continued From page 6</p> <p>enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the provider failed to follow a physician's order for a mechanically altered diet for one of one sampled resident (26). Findings include:</p> <p>1. Observation and interview on 8/29/23 at 11:32 a.m. with resident 26 revealed: *"They [the staff] have started something different for me [with his food]." *He pointed to the upper part of his esophagus below his throat while stating he had been having trouble with a cough when swallowing. *Bacon was "not good" for him to eat.</p> <p>Interview and observation on 8/29/23 at 12:04 p.m. in the Elm Pass neighborhood kitchen revealed: *Nutrition and food service (NAFS) cook K reported resident 26 was "on thickened liquids now."</p>	F 692	<p>All residents have the potential to be at risk.</p> <p>2. To ensure that any resident that has an altered diet that requires thickener, we will utilize the ready thick liquids in a variety of options whenever possible. We will also order gel and powder thickener to identify what gives the best results and utilize the option that is the most consistent. Diet orders will be reviewed, along with all of the diet cards for the residents with an altered diet. Dietary staff will be re-educated on how to correctly make altered food as outlined by the IDDSI Training Manual. An interactive in-service will be provided to the dietary staff to ensure they are able to make thickened liquids as outlined by the IDDSI standards. Education video is online and will be tracked by HR/ dietary manager to ensure completion. A sign up sheet and quiz will be utilized to track completion of the hands on training portion.</p> <p>3. Dietary Manager or designee will audit altered diet meal preparations, meal cards and diet orders 5 times weekly for 4 weeks and then weekly for 3 months. Dietary Manager or designee will bring the results of the audits to the QAPI meeting for further review and recommendation to continue or discontinue.</p>	10/15/23	

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F 692	<p>Continued From page 7</p> <p>*She stirred two teaspoons of thickening powder into a bowl of tomato soup that she had warmed up in the microwave.</p> <p>*When asked what was the level of thickened consistency for resident 26, she replied, "nectar thick."</p> <p>*When asked if two teaspoons was the correct amount for nectar thick, she replied, "I think so."</p> <p>*She also prepared a bowl of "minced and moist strawberries" for resident 26, and said that was the required level of food consistency that he could eat.</p> <p>Interview on 8/30/23 at 4:05 p.m. with NAFS K revealed:</p> <p>*She had to prepare apple crisp for resident 26 to a "minced texture" because she had not received a serving with that texture from the main kitchen.</p> <p>*She explained she put one serving of the apple crisp in the blender, pushed the blend button for three pulses, scraped it into a small serving dish, and then added whipped cream and cinnamon on top.</p> <p>Review of the electronic medical record (EMR) for resident 26 revealed:</p> <p>*The admission, annual, and quarterly Minimum Data Set (MDS) assessments between 7/14/20 and the current MDS dated 7/18/23 included:</p> <ul style="list-style-type: none"> <li>-The scores for the Brief Interview for Mental Status between 12 to 15, which indicated he had a range of mild cognitive impairment to cognitively intact. The 7/28/23 MDS score was 12.</li> <li>-Swallowing problems, including coughing and choking, had not been checked on any of those MDS assessments.</li> </ul> <p>*The care plan last reviewed on 8/16/23 with a start date of 7/14/20 included:</p>	F 692			



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F 692	<p>Continued From page 8</p> <p>-A problem for nutritional status that stated, "I am at nutrition risk related to...HTN [hypertension], DM2 [diabetes mellitus type 2], stroke, hyperlipidemia, BPH [benign prostatic hyperplasia]. There were no interventions related to swallowing or choking difficulties.</p> <p>-Interventions for the problem of activities of daily living (ADL) status:</p> <p>--"I often choose to eat items/food textures that are not appropriate for my order diet (e.g. bacon)."</p> <p>--"My family and I have been educated on the risks of choking."</p> <p>--"My family and I understand the risk, and are choosing to allow me to eat what I prefer."</p> <p>*A 9/17/21 physician order that displayed in the EMR as current on the morning of 8/29/23 included a dietary order for "IDDSI [International Dysphagia Diet Standardisation Initiative] 6 [level] soft and bite-sized, thickened liquids mildly thick [level 2]."</p> <p>Further review of resident 26's EMR revealed:</p> <p>*A nutrition assessment on 7/20/23 documented no nutrition data.</p> <p>*A physician recertification report dated 7/28/23 revealed an assessment of "chronic cough."</p> <p>*A nurses note dated 8/19/23 documented the resident:</p> <p>- "Has been having a harder time with meals and drinking fluids."</p> <p>- "Is leaving more food on his plate and leaving the table coughing."</p> <p>- Had a "strange squeal to his voice and runny nose."</p> <p>- "Is sleeping more and seems tired from eating."</p> <p>- Daughter agreed it was "in his best interest to have Speech Therapy [ST] evaluate."</p> <p>*A physician progress note dated 8/21/23</p>	F 692			

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F 692	<p>Continued From page 9</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-An assessment of cough, congestion of throat, and acid reflux.</li> <li>-The plan included "speech therapy for swallowing and reflux problems."</li> <li>*A physician communication report dated 8/24/23 revealed "After consultation, Speech therapy recommended Video Swallow study and recommended to downgrade to a IDDSI 5."</li> <li>*A nurses note on 8/29/23 revealed: "Per ST evaluation, order received from CNP [certified nurse practitioner] for mildly thick liquids and swallow study. family and dietary notified."</li> </ul> <p>Interview on 8/30/23 at 10:48 a.m. with registered nurse nursing supervisor (RN-NS) D, who was also the household coordinator (HC) for Elm Pass, revealed:</p> <ul style="list-style-type: none"> <li>*Both she and the registered dietitian monitored for resident nutritional concerns.</li> <li>*Resident 26 had been "doing more coughing after eating and he felt something in his throat after eating."</li> <li>*The family had been declining speech therapy previously because they wanted resident 26 "to be able to eat what he wants," and "he likes bacon."</li> <li>*That time the family agreed to have a speech therapy evaluation and his food texture changed from "level 5 to 6."</li> <li>*When asked about resident 26's physician order dated 9/17/21 regarding IDDSI level 6 and thickened liquids level 2, she stated that "thickened liquids started yesterday."</li> <li>*She was not aware of the 9/17/21 order and was not able to find it during the interview.</li> </ul> <p>Interview on 8/30/23 at 5:36 p.m. with Food and Nutrition Services (FANS) supervisor M revealed</p>	F 692			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/31/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE NEIGHBORHOODS AT BROOKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2421 YORKSHIRE DR BROOKINGS, SD 57006</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 692	<p>Continued From page 10</p> <p>she:</p> <p>*Was able to correctly identify what would have been considered a level 6 texture for food and a level 2 for liquids.</p> <p>*Agreed she would need to complete some further education on IDDSI levels with the FANS employees, in particular with FANS cook K, since she had not followed the level 6 food texture and was unsure if she had prepared the tomato soup to a level 2 for liquids.</p> <p>Interview on 8/31/23 at 11:24 a.m. with RN-NS D revealed:</p> <p>*Resident 26 had not been on thickened liquids; he "may have been when he initially was here."</p> <p>*She reported she had "put the mildly thick in [the orders] myself the other day on 8/29/23."</p> <p>*When asked if there had been any action taken in response to the physician communication report dated 8/24/23 with a recommendation to change to IDDSI 5, she said "no order [had been] received [for that]."</p> <p>Interview on 8/31/23 at 12:23 p.m. with RN-NS D revealed she:</p> <p>*Reached out to the CNP to clarify if the IDDSI food texture should have been changed to level 5.</p> <p>*Changed the diet order to level 5 based on the CNP's confirmation.</p> <p>*Was not sure what had happened with the 9/17/21 order for mildly thick liquids and had been unable to find it upon a request for a copy.</p> <p>Interview on 8/31/23 at 3:47 p.m. with FANS supervisor M and director of nursing (DON) B revealed:</p> <p>*The DON would look through resident 26's EMR for the 9/17/21 physician order for "IDDSI 6 soft</p>	F 692			

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F 692	Continued From page 11 and bite-sized, thickened liquids mildly thick," and determine when the order for mildly thick liquids had been discontinued. *FANS supervisor M was unable to confirm whether two teaspoons of thickener used by FANS cook K was appropriate for mildly thick without looking at the label on the thickener container.	F 692		
F 812 SS=D	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and policy	F 812	1. All residents have the potential to be at risk. 2. Revision of SOP will include proper use of deli tissues and correct utensils to prevent cross contamination. Education will be provided on changes to SOP and all staff will have to sign off on the review of the SOP. All dietary staff will also be re-educated on hand hygiene and glove use as outlined in the infection control program. Will ensure staff have deli tissues and serving utensils available to prevent any cross contamination. Staff will be re-educated on fingernail and hand care to ensure proper use of PPE. 3. Dietary Manager or designee will audit staff glove use, hand hygiene, PPE use and knowledge of ready to eat food handling. Audits will be done 5 times a week in random households for 4 weeks and then weekly for 4 months. Dietary Manager or designee will bring the results of the audits to the QAPI meeting for further review and recommendation to continue or discontinue.	10/15/23

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F 812	Continued From page 12 review, the provider failed to prevent potential cross-contamination through improper glove use and hand hygiene when handling ready-to-eat foods by two of two nutrition and food service (NAFS) employees (I and K) during three of three meal service observations in two of six neighborhood kitchens. Findings include:  1. Observation on 8/29/23 at 11:41 a.m. in the Elm Pass neighborhood kitchen revealed NAFS cook K: *Folded a hoagie bun filled with Philly cheesesteak meat and vegetables using a gloved hand. *With the same gloved hand, she lifted a bowl filled with butter to scrape up some butter onto a knife and then spread the butter onto a plated serving of mashed potatoes. *She removed those gloves and put on another set of gloves without washing her hands before she prepared a bowl of thickened soup and minced some strawberries using one of her gloved hands, during which time she also touched the door handles of the microwave, cupboard, and the refrigerator, and other potentially soiled surfaces, including plates and utensil handles. *She then folded another hoagie bun to make a Philly sandwich with those same gloved hands that had touched all the potentially soiled surfaces. *She removed the gloves, washed her hands, then put on another set of gloves. *With that set of gloves, she: -Removed the strawberry container from the refrigerator, placed the container in a sink, opened the container, and turned on the faucet to rinse the strawberries. -Picked up the container out of the sink after the	F 812			

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F 812	<p>Continued From page 13</p> <p>water had drained and held onto the strawberries with one gloved hand while she sliced them.</p> <p>-Touched the toaster handle to make toasted waffles, removed the waffles using a set of tongs.</p> <p>-Picked up the butter bowl to spread butter with a knife onto the toasted waffles while holding onto the waffles with a set of tongs.</p> <p>-Sliced the waffles with a pizza roller that she had retrieved from a drawer while holding onto the waffles with the tongs.</p> <p>-Folded another hoagie bun to make another Philly sandwich.</p> <p>Observation on 8/30/23 at 11:06 a.m. in the Elm Pass neighborhood kitchen revealed NAFS cook K:</p> <p>*Was using gloved hands to tear lettuce leaves and then placed them into small serving bowls.</p> <p>*While wearing the same pair of gloves, she touched the refrigerator handle, then pulled out a tomato and sliced it.</p> <p>Interview on 8/30/23 at 4:05 p.m. with NAFS cook K revealed she:</p> <p>*Understood she was not to touch ready-to-eat foods with her bare hands.</p> <p>*Initially thought that it was acceptable to touch ready-to-eat food if she was wearing gloves.</p> <p>*Agreed it was difficult to not potentially contaminate her gloved hands due to touching multiple objects and surfaces when she was "having to go back and forth from serving to preparing" foods based on special requests from the residents.</p> <p>*Was unsure how she could have folded the Philly cheesesteak sandwiches if she had not been able to use her gloved hand.</p> <p>*Was unsure how she could slice tomatoes without holding onto them with her gloved hand.</p>	F 812			

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F 812	<p>Continued From page 14</p> <p>*Had to use her gloved hands to "open the baked potatoes, and put on butter and sour cream" for the lunch meal today.</p> <p>2. During interview and observation on 8/30/23 at 11:22 a.m. in the Maple Ridge neighborhood kitchen, NAFS cook I revealed she:</p> <p>*Had removed the head of lettuce from the refrigerator and washed it.</p> <p>*Put on a glove to chop it and placed the chopped lettuce into a medium-sized container with a lid that she pointed to in the refrigerator.</p> <p>*Followed the same process for the tomatoes, which she also pointed to in the refrigerator.</p> <p>*Would serve the lettuce and tomatoes from the containers for the lunch meal using a gloved hand to place the lettuce and tomatoes into the serving bowls.</p> <p>Interview on 8/30/23 at 5:36 p.m. with Supervisor M of FANS revealed:</p> <p>*Education had been provided to FANS staff on glove use after she started to "ensure they were using them properly."</p> <p>*She agreed it was difficult to not potentially contaminate gloved hands when touching multiple objects and surfaces, which was the reason for the recent education that had been provided.</p> <p>*She confirmed utensils could have been used to fold the Philly cheesesteak sandwiches and to prepare the other foods that were touched with the gloved hands.</p> <p>Review of the provider's procedure, "General Food Handling," effective 3/15/2013 revealed:</p> <p>**"No bare hands contact to ready to eat foods."</p> <p>**"Dietary will provide tongs, tissues, or serving utensils to departments who serve meals,</p>	F 812			

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F 812	Continued From page 15 nourishments or snacks."	F 812			



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E 000	Initial Comments  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 8/29/23 through 8/31/23. The Neighborhoods at Brookview was found in compliance.	E 000			

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

*Jeremy Klinkhammer*

TITLE

Administrator

(X6) DATE

9/21/23

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.



South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10600</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/31/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE NEIGHBORHOODS AT BROOKVIEW</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2421 YORKSHIRE DRIVE BROOKINGS, SD 57006</b>
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S 000	Compliance/Noncompliance Statement  A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 8/29/23 through 8/31/23. The Neighborhoods at Brookview was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement  A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 8/29/23 through 8/31/23. The Neighborhoods at Brookview was found in compliance.	S 000		

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

*Jeremy Klinkhammer*

TITLE

Administrator

(X6) DATE

9/21/23



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K 000	INITIAL COMMENTS  A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 8/31/23. The Neighborhoods at Brookview was found not in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities.  The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of deficiencies identified at K345 and K918 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 918 SS=D	Electrical Systems - Essential Electric System CFR(s): NFPA 101  Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder	K 918	1. All residents have the potential to be at risk. 2. Emergency shut off button for the generator will be installed in a remote location to comply with code. 3. Maintenance director or designee will audit the remote stop monthly for 3 months. Maintenance Director or designee will bring the results of the audits to the QAPI meeting for further review and recommendation to continue or discontinue.	10/15/22

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

TITLE

(X6) DATE

*Jeremy Klinkhammer*

Administrator

9/21/23

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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K 918	<p>Continued From page 1</p> <p>circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>A. Based on observation and interview, the provider failed to install a remote stop button for the generator. Findings include:</p> <p>1. Observation at 10:30 a.m. on 8/31/23 revealed there was not an emergency stop button installed for the generator at a remote location. Interview with the maintenance supervisor at the time of the observation revealed there was an emergency stop button in a cabinet on the generator. He was unaware of the remote stop requirement of the emergency stop button for the generator.</p> <p>The deficiency affected a single location required to be equipped with remote emergency stops.</p> <p>B. Based on observation and interview, the provider failed to ensure the generator would start within the mandatory 10 seconds of initiation of the loss of power. Findings include:</p> <p>1. Observation at 10:45 a.m. on 8/31/23 revealed the 450 kW diesel generator was attempted to start during the survey inspection. The generator</p>	K 918		

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K 918	<p>Continued From page 2</p> <p>failed to start on the first attempt. The generator did start within 10 seconds on the second attempt. Interview with the maintenance supervisor at the time of the observation confirmed that finding.</p> <p>The deficiency had the potential to affect 100% of the building.</p> <p>C. Based on record review and interview, the provider failed to perform annual load banking of the 450 kW diesel generator. Findings include:</p> <p>1. Record review at 4:15 p.m. on 8/23/23 revealed the documentation for the required monthly generator load testing fell below 30% of the nameplate rating of the generator for several months. Monthly load test ratings were listed as follows:</p> <ul style="list-style-type: none"> <li>*January 20, 2023 - 13.3% of nameplate value.</li> <li>*February 21, 2023 - 13.3% of nameplate value.</li> <li>*March 22, 2023 - 13.3 % of nameplate value.</li> <li>*April 26, 2023 - 13.3 % of nameplate value.</li> <li>*May 26, 2023 - 22.6% of nameplate value.</li> <li>*June 26, 2023 - 21.0% of nameplate value.</li> <li>*July 13, 2023 - 28.26 % of nameplate value.</li> </ul> <p>There was no record of a load bank in accordance with NFPA 110 having been performed since December 2021. Interview with the maintenance supervisor at the time of the record review confirmed those findings.</p> <p>The deficiency had the potential to affect 100% of the building.</p>	K 918			

