

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

PRINTED: 09/28/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2023
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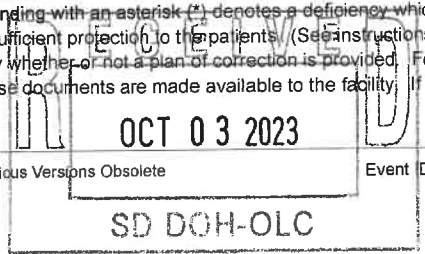
NAME OF PROVIDER OR SUPPLIER avera sister james care center	STREET ADDRESS, CITY, STATE, ZIP CODE 2111 WEST 11TH STREET YANKTON, SD 57078
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 9/12/23 through 9/14/23. Avera Sister James Care Center was found not in compliance with the following requirements: F625 and F658.</p> <p>A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 9/12/23 through 9/14/23. Areas surveyed included accident hazards and neglect. Avera Sister James Care Center was found in compliance.</p> <p>Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2)</p> <p>§483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p>	F 000	<p>F625</p> <p>Facility reviewed the current Bed-Hold Policy. Identified residents were reviewed, with the occurrence in the past May and July, a bed hold letter/ notification was not generated, and correction was limited to staff education. All other residents were reviewed that Bed Hold was being followed according to facility policy and procedures. Inservice's will be completed for Nurses and Household Guides by the Nurse Educator by Oct. 8th on Bed Hold policies and procedures. Monitoring and audits of the Bed Hold Process will be done by the Household Guides and monitored by the Social Services/Activities Supervisor weekly x4 weeks, then monthly x3 months, then quarterly x3 quarters. Social Services/Activities Supervisor will report findings to Director of Quality for compiling and submitting to QAPI Committee for review and recommendations weekly x4 weeks, then monthly x3 months, then quarterly x3 quarters.</p>	10/13/23
F 625 SS=D		F 625		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Anthony L Erickson</i>	TITLE Vice President - Senior Services	(X6) DATE 10/03/23
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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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NAME OF PROVIDER OR SUPPLIER AVERA SISTER JAMES CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2111 WEST 11TH STREET YANKTON, SD 57078
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F 625	<p>Continued From page 1</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, interview, and policy review, the provider failed to ensure two of two sampled residents (17 and 71) on the 200 Cabin unit had received a proper notification of bed hold notice option upon their transfer out of the facility. Findings include:</p> <p>1. Review of resident 17's electronic medical record (EMR) revealed: *She had a fall on 7/4/23 and was transferred to the emergency room. *Resident 17 was hospitalized for a left hip fracture on 7/4/23 and was discharged from the hospital on 7/7/23. *Her emergency contact had been notified on 7/4/23 of the fall and the need for an emergency room evaluation. *There had not been any documentation found regarding notification of the resident's bed hold.</p> <p>2. Review of resident 71's EMR revealed: *He required an emergency room evaluation on 5/30/23. *Resident 71 was hospitalized for pneumonia on 5/30/23 and was discharged from the hospital on 6/2/23. *There was no documentation in the EMR that the resident's emergency contact had been notified of the necessity for an emergency room visit or bed hold notification.</p>	F 625		
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NAME OF PROVIDER OR SUPPLIER AVERA SISTER JAMES CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2111 WEST 11TH STREET YANKTON, SD 57078		
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F 625	Continued From page 2 3. Interview on 9/14/23 at 12:45 p.m. with director of nursing (DON) B, registered nurse (RN) C, and social services regarding the bed hold for residents the required hospitalization revealed: *Residents who had been sent to the emergency room and required hospitalization should have received a bed hold notice. *They thought that resident 17 and or the POA had received a bed hold notice but agreed they were unable to locate on in her EMR. *They had known that resident 71 had a POA and were unsure why they had not been contacted. *They agreed that there had not been a bed hold notice given to resident 71. *Social services D stated that she would have received a notification for any resident that was on a leave of absence. *She would have followed up on the residents with a leave of absence to ensure they had a received a bed hold notice. *Social services D thought that the nurse had already contacted resident 71's POA to inform them about the bed hold. 4. Review of the provider's December 2021 Bed Hold Policy revealed: *"It is the policy of this facility that residents who are transferred to the hospital are provided with written information about the State's bed hold duration and payment amount before being transferred. *"Residents and their representative will be provided with bed hold and return information at admission and before a hospital transfer." *"Nursing and social work staff are educated about the resident's bed hold and information is provided at the time the resident leaves the facility."	F 625			

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NAME OF PROVIDER OR SUPPLIER AVERA SISTER JAMES CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2111 WEST 11TH STREET YANKTON, SD 57078
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F 658 SS=D	<p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(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 three of ten sampled residents (68, 77 and 155) were assessed for ability the to safely self-administer medications that had been prepared by one of one registered nurse (RN) BB and one of one licensed practical nurse (LPN) E prior to allowing those residents to self-administer medications. Findings include:</p> <p>1. Observation and interview on 9/13/23 at 1:36 p.m. with RN BB preparing medication for administration for resident 68 reveled: *RN BB prepared gabapentin 300 milligrams (mg) oral capsule in a medication cup and placed it on the resident 68's bedside table. *RN BB stated that resident had a physician's order to self-administer her oral medication. *She had not stayed and observed the resident take their medication.</p> <p>Review of resident 68's electronic medical record (EMR) revealed: *There was no assessment completed for self-administration of that medication. *There was no physician's order to self-administer her medication.</p> <p>2. Observation and interview on 9/14/23 at 7:00 a.m. with LPN E preparing oral medication and</p>	F 658	<p>F658 Facility reviewed the current Self-Administration Policy. Identified residents were assessed and orders done by 10/2. All other residents werereviewed that self-administration was being followed according to facility policy and procedures. Inservice's will be completed for Nurses and Medication Aides by the Nurse educator by Oct. 8th on Self administration policies and procedures. Monitoring and audits of the Self Administration Process will be done by the Household Coordinator RN's weekly x4 weeks, then monthly x3 months, then quarterly x3 quarters. Household Coordinators will report findings to Director of Quality for compiling and submitting to QAPI Committee for review and recommendations weekly x4 weeks, then monthly x3 months, then quarterly x3 quarters.</p>	10/13/23
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NAME OF PROVIDER OR SUPPLIER AVERA SISTER JAMES CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2111 WEST 11TH STREET YANKTON, SD 57078	
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F 658	<p>Continued From page 4</p> <p>administering insulin for resident 77 revealed: *LPN E had prepared the following medications: -Magnesium Oxide 400 mg oral table. -Tamsulosin 0.4 mg oral capsule. -Aspirin 81 mg chewable tablet. -Pantoprazole 40 mg oral capsule. -Levothyroxine 75 micrograms (mcg) oral tablet. -Topiramate 50 mg oral tablet. -Furosemide 40 mg oral tablet. -Sertraline 25 mg oral tablet. *She placed all the above medication in a medication cup and placed them on the resident's bedside table. *She had not stayed in the room and observed the resident take those medications. *LPN E stated that resident 77 was cognitively intact and was able to self-administer his oral medication.</p> <p>Review of resident 77's EMR revealed: *He had not been assessed to safely self-administer his oral medications. *There was no physician's order for the resident to self-administer his medications.</p> <p>3. Observation and interview on 9/14/23 at 7:30 a.m. with LPN E preparing oral medication and administering insulin for resident 155 revealed: *LPN E had prepared the following oral medication: -Atorvastatin 40 mg oral tablet. -Cholecalciferol 2000 units oral tablet. -Guaifenesin ER 600 mg oral tablet. -Apixaban 5 mg oral tablet. -Calcium carbonate 500 mg oral tablet. -Docusate sodium 100 mg oral capsule. -Dapagliflozin 10 mg oral tablet. -Sacubitril/valsartan 49/51 mg oral tablet. -Potassium chloride CR 20 milliequivalents (mEq)</p>	F 658		

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F 658	<p>Continued From page 5</p> <p>oral tablet.</p> <p>-Acetaminophen 500 mg two oral tablets.</p> <p>-Metoprolol succinate XL 100 mg oral tablet.</p> <p>-Tramadol 50 mg two oral tablets.</p> <p>-Amiodarone 200 mg oral tablet.</p> <p>*LPN E had handed the cup of medications to the resident to take.</p> <p>*She had not stayed in the room and observed the resident taking those medications.</p> <p>Review of resident 155's EMR revealed:</p> <p>*He had not been assessed to safely self-administer his oral medications.</p> <p>*There was no physician's order for the resident to self-administer his medications.</p> <p>Interview on 9/14/23 at 12:30 p.m. with DON B, RN C and social services D regarding the above observations of residents self-administering their medications revealed:</p> <p>*DON B stated that residents should have been assessed to ensure the resident could safely self-administer medications.</p> <p>*Once an assessment was completed the physician should have been contacted for an order to self-administer their medication.</p> <p>*They agreed that the above resident had not been assessed nor had an order to self-administer medications.</p> <p>Review of the provider's October 2022 Self-Administration of Medication policy revealed:</p> <p>**"An assessment of the resident's ability to self-administer medication will be performed by the IDT every three months, based on changes in the residents' medical and decision-making status, and as needed"</p> <p>**A physician's order will be obtained and recorded in the EMR. The order also will include</p>	F 658		

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NAME OF PROVIDER OR SUPPLIER AVERA SISTER JAMES CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2111 WEST 11TH STREET YANKTON, SD 57078		
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F 658	Continued From page 6 which specific medication can be kept at the bedside." **The order is placed on the Resident Status Bar."	F 658			

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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 9/12/23 through 9/14/23. Avera Sister James Care Center was found in compliance.	E 000		9/12/23

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

Anthony L Crickson

TITLE

Vice President - Senior Services

(X6) DATE

10/03/2023

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435070	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2023
NAME OF PROVIDER OR SUPPLIER avera sister james care center			STREET ADDRESS, CITY, STATE, ZIP CODE 2111 WEST 11TH STREET YANKTON, SD 57078	
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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 9/12/23. Avera Sister James Care Center (building 01) was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000		10/03/23

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

Anthony L Erickson

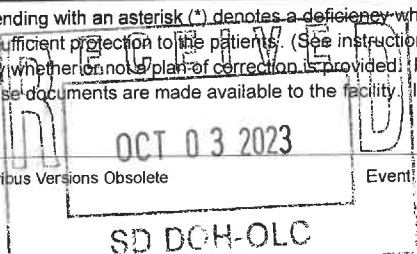
Vice President - Senior Services

TITLE

(X6) DATE

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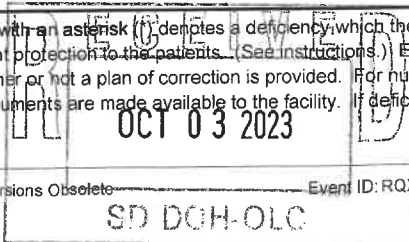
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NAME OF PROVIDER OR SUPPLIER avera sister james care center			STREET ADDRESS, CITY, STATE, ZIP CODE 2111 WEST 11TH STREET YANKTON, SD 57078	
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K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 9/12/23. Avera Sister James Care Center (building 03) was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000		10/03/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Anthony L Erickson Vice President - Senior Services TITLE
10/03/23 (X6) DATE

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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10716	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/14/2023
NAME OF PROVIDER OR SUPPLIER AVERA SISTER JAMES CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2111 W 11TH STREET YANKTON, SD 57078		
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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 9/12/23 through 9/14/23. Avera Sister James Care Center was found in compliance.	S 000		10/03/23
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 9/12/23 through 9/14/23. Avera Sister James Care Center was found in compliance.	S 000		

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

Anthony L Erickson

Vice President - Senior Services

TITLE

(X6) DATE

10/03/23

STATE FORM

6899

NOX111

If continuation sheet 1 of 1

