

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: 435127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/15/2024
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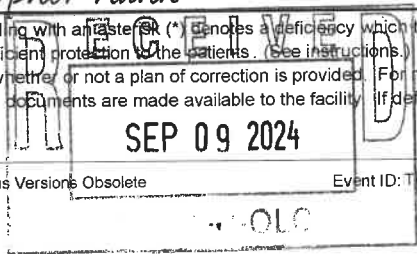
NAME OF PROVIDER OR SUPPLIER DOW RUMMEL VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1321 W DOW RUMMEL ST SIOUX FALLS, SD 57104
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F 000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 8/13/24 through 8/15/24. Dow Rummel Village was found not in compliance with the following requirement: F851. A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 8/13/24 through 8/15/24. Areas surveyed was dietary services regarding food temperatures. Dow Rummel Village was found in compliance.	F 000		
F 851 SS=F	Payroll Based Journal CFR(s): 483.70(q)(1)-(5) §483.70(q) Mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. §483.70(q)(1) Direct Care Staff. Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping).	F 851	The facility acknowledges that the Payroll Based Journal (PBJ) data for the period of January 1, 2024, through March 31, 2024, was submitted late, specifically on May 15, 2024, at 11:23 PM Central Time, past the required deadline of 11:59 PM Eastern Time. This occurred due to a misunderstanding of the time zone requirements for PBJ submissions. Upon recognizing the late submission, the Executive Director of Health Care Services and Executive Director of Human Resources reviewed the process and identified the error. As a result, the Executive Director of Human Resources and all relevant staff were retrained on the correct procedures for PBJ submissions on May 16, 2024. The training emphasized the importance of adhering to the Eastern Time deadline and addressed the need for accurate, complete, and timely submission of all required data.	CH 9/9/24 5/22/2024 8/15/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Christopher Hahn</i>	TITLE ED of Health Care Services	(X6) DATE 9/6/2024
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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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F 851	Continued From page 1 §483.70(q)(2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following: (i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS); (ii) Resident census data; and (iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual). §483.70(q)(3) Distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency. §483.70(q)(4) Data format. The facility must submit direct care staffing information in the uniform format specified by CMS. §483.70(q)(5) Submission schedule. The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly. This REQUIREMENT is not met as evidenced by: Based on Certification and Survey Provider	F 851	To prevent future late submissions, a system of checks and reminders has been implemented. A second staff member, alongside the Executive Director of Human Resources, will now review all PBJ submissions before they are finalized. This secondary review process ensures that all submissions are timely and accurate. Furthermore, calendar notifications have been set up to alert responsible personnel five days prior to each PBJ submission deadline. This will provide sufficient time to review and submit the data well before the CMS deadline. As part of ongoing monitoring, a pre-submission audit will be conducted by the Executive Director of Human Resources or designee five days before the quarterly PBJ submission deadline. This audit will verify that the submission data is complete and adheres to the correct time zone requirements. The results of this pre-submission review will be documented and presented to the Executive Director of Health Care Services for verification. For the next four quarters, the facility will conduct internal audits of the PBJ submission process to ensure compliance. The findings from these audits will be presented during Quality Assurance and Performance Improvement (QAPI) committee meetings, ensuring continued oversight and addressing any potential issues that could affect future submissions. The Executive Director of Human Resources will be responsible for ensuring that PBJ data is submitted accurately and on time, with ongoing oversight provided by the Executive Director of Health Care Services and the QAPI committee to monitor the effectiveness of the corrective actions.	

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F 851	<p>Continued From page 2</p> <p>Enhanced Reports (CASPER) reporting data review, interview, and job description review, the provider failed to ensure their Payroll Based Journal (PBJ), (information of the provider's daily staffing hours for the appropriate care of the residents) had been complete and the data had been submitted to the Center for Medicare and Medicaid Services (CMS) for one of two quarters in 2024. Findings include:</p> <p>1. Review of the provider's CASPER reporting data revealed no PBJ data had been submitted for the time period of January 1, 2024 through March 31, 2024.</p> <p>Interview on 8/15/24 at 12:07 p.m. with executive director (ED) A, ED of support services B, and ED of human resources C regarding submission of PBJ data to CMS revealed: *They submitted the PBJ data on 5/15/24 at 11:23 p.m. central time. *It was due on 5/15/24 by 11:59 p.m. eastern time. *They agreed it was submitted late.</p> <p>Review of provider's undated ED of Human Resources Job Description revealed: *Responsibilities include: -"Oversee the payroll department and ensure accurate, compliant, and timely payroll is processed." -"Gather data and process Payroll Based Journaling (PBJ) Quarterly Report submission to CMS."</p>	F 851			

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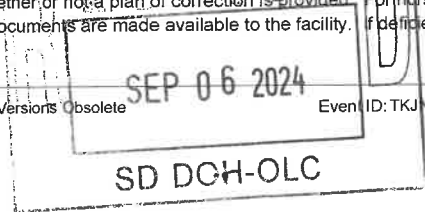
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K 000	INITIAL COMMENTS A recertification survey was conducted on 8/13/24 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Dow Rummel Village was found not in compliance. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of the deficiencies identified at K325 and K362 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 325 SS=E	Alcohol Based Hand Rub Dispenser (ABHR) CFR(s): NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: * Corridor is at least 6 feet wide * Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols * Dispensers shall have a minimum of 4-foot horizontal spacing * Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room * Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 * Dispensers are not installed within 1 inch of an ignition source * Dispensers over carpeted floors are in sprinklered smoke compartments * ABHR does not exceed 95 percent alcohol * Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11)	K 325	All maintenance and housekeeping staff will be educated on the amount of alcohol-based hand rub that can be stored in one storage room by September 6th, 2024. In addition to the department meeting education, a memo to the maintenance and housekeeping team members was sent on September 3rd, 2024, from the Director of Building Services. On August 20th, the excess alcohol-based hand rub was removed from the storage area by the Director of Building Services to ensure there was 5 gallons or less. The Director of Building Services or designee will audit to confirm there is no more than 5 gallons of alcohol-based hand rub in one smoke compartment place 1 time a week for 4 weeks and then monthly for 3 months. The Director of Building Services will report to the QAPI committee the results of these audits for further review and recommendations.	9/13/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Christopher Hahn</i>	TITLE ED of Health Care Services	(X6) DATE 9/6/2024
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K 325	Continued From page 1 * ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to comply with requirements for storage of alcohol based hand rub (ABHR) in one storage room (west wing storage room adjacent to resident room 733). Findings include: 1. Observation on 8/13/24 at 10:30 a.m. revealed the west wing storage room adjacent to resident room 733 contained approximately 7 gallons of ABHR. The ABHR was contained in 2 bottles of 0.5 liters each, 2 bottles of 1 liter each, and 54 bottles of 12 ounces each. Quantities in storage are regulated under NFPA 30 and limited to five gallons per smoke compartment. Interview with the environmental services director at the time of the observation confirmed that finding. The deficiency affected one of numerous requirements for ABHR use.	K 325			
K 362 SS=F	Corridors - Construction of Walls CFR(s): NFPA 101 Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above	K 362			

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K 362	<p>Continued From page 2</p> <p>the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code.</p> <p>Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames.</p> <p>If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area.</p> <p>19.3.6.2, 19.3.6.2.7</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the provider failed to maintain corridor wall integrity throughout the Allen wing as required.</p> <p>Findings include:</p> <p>1. Observations on 8/13/24 throughout the morning building tour revealed the new installation of the Point of Care computer system had resulted in a two-inch diameter hole through the corridor wall for each computer installed. The contractor had not installed a smoke seal when the hole was present in a thirty-minute wall, nor a fire seal when present at a one-hour wall. Numerous installations occurred within each smoke compartment.</p> <p>Interview with the maintenance supervisor and director of environmental services at the time of the observations confirmed that finding.</p> <p>The deficiency had the potential to affect 100% of the occupants of all of the smoke compartments.</p>	K 362	<p>All maintenance staff will be educated on the importance of maintaining corridor wall integrity throughout the Allen Wing to create a smoke barrier by September 6th, 2024. In addition to the department meeting education, a memo to the maintenance team members was sent on September 3rd, 2024, from the Director of Building Services.</p> <p>The corridor walls that did not create a smoke barrier due to the installation of technology had all been repaired by August 26th to maintain wall integrity by creating a smoke barrier.</p> <p>The Director of Building Services or designee will audit to confirm corridor wall integrity 1 time a week for 4 weeks and then monthly for 3 months. The Director of Building Services will report to the QAPI committee the results of these audits for further review and recommendations.</p>	9/13/2024

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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 on 8/13/24. Dow Rummel Village was found in compliance.	E 000		

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

Christopher Hahn

TITLE

ED of Health Care Services

(X6) DATE

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SEP 06 2024

South Dakota Department of Health

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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 8/13/24 through 8/15/24. Dow Rummel Village 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 8/13/24 through 8/15/24. Dow Rummel Village was found in compliance.	S 000		

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STATE FORM

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If continuation sheet 1 of 1

