STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	65371	A. BUILDING: _____ B. WING _____	07/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY HOME SIOUX FALLS	1901 SOUTH HOLLY AVENUE SIOUX FALLS, SD 57105

(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 000	Compliance Statement A 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 7/18/23 through 7/20/23. Bethany Home Sioux Falls was found not in compliance with the following requirement: S337.	S 000		
S 337	44:70:04:11 Care policies Each facility shall establish and maintain policies, procedures, and practices that follow accepted standards of professional practice to govern care, and related medical or other services necessary to meet the residents' needs. This Administrative Rule of South Dakota is not met as evidenced by: Based on interview, observation, record review, and policy review, the provider failed to ensure their policy had been followed for monitoring of fluid intake for one of one sampled resident (3) who was on a 1500 cubic centimeter (cc) restriction. Findings include: 1. Interview on 7/18/23 at 10:20 a.m. with resident 3 revealed: *She was sitting in a recliner in her room. *There was a mug of water on the stand next to her. -She stated she was only supposed to drink a little of the water, as she had heart problems. Review of resident 3's care record revealed: *Her diagnoses included: heart disease and mental and behavioral disorders. *She had an 8/10/20 physician's order to have a 1500 cc fluid restriction.	S 337	On 7/21/2023, the consulting Dietician and the DON assessed and reviewed the care plan for resident 3 and found it to be accurate. On 7/21/2023, the DON created a new nursing task to document fluid intake for resident 3 to monitor fluid intake. On 7/21/2023, the DON audited all resident charts to determine if they are on a fluid restriction and found none.	9/3/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Deborah Herrboldt
TITLE: Administrator
(X6) DATE: 8/9/2023

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S 337	Continued From page 1 Interview on 7/20/23 at 10:10 a.m. with unlicensed medication aide regarding resident 3's fluid restriction revealed: *The resident had been on a fluid restriction of 1500 cc's per day. *She had never documented the amount of cc's of fluid the resident had consumed in a day or her shift. -There was no place in the electronic medical record (EMR) to documentthe the fluid intake. -Their normal process would have been to document the cc's in the resident EMR. Interview and record review on 7/20/23 at 10:45 a.m. with director of nursing B regarding resident 3's fluid restriction revealed: *The resident had a physician's order for a 1500 cc fluid restriction each day. *When a resident was on a fluid restriction the number of cc's should have been documented in that resident's EMR. *She thought the resident's consumption of fluid was documented in the EMR. -It was a physician's order that was initiated in 2020 for the resident's heart issues. -She stated most residents were not on a fluid restriction for that long. *After a review of the resident's EMR, she confirmed there was no documentation to support how many cc's the resident consumed in a day. Review of the provider's undated policy for Restricting Fluids revealed: *"Purpose -The purpose of this procedure is to provide the resident with the amount of fluids necessary to maintain optimum health. This may include restricting fluids." *"Steps to follow:" -"6. Record the amount of fluid consumed on the	S 337	On 8/4/2023, the DON received a fax from the PCP discontinuing the fluid restriction per the resident's request. On 8/2/2023, the Administrator and DON, in consultation with the Medical Director, reviewed the Fluid Restriction Policy and found it to be correct. On 8/2/2023, the Administrator and DON, in consultation with the Medical Director, reviewed the Transcribing Physician Orders Policy and revised it to include "enter any necessary supplemental documentation in the MAR or the TAR. Ex: fluid intake. On 8/10/2023, the DON will provide personal in-service education to unlicensed medication aide D on the Fluid Restriction Policy with competency testing. Beginning 8/10/2023, the DON or her designee will provide mandatory education to all nursing staff on the Fluid Restriction and Transcribing Physician Orders policies with competency testing to be completed by 9/3/2023. Beginning 9/3/2023, the DON or her designee will audit all fluid intake charting weekly to ensure completion for any resident with fluid restriction orders x4 weeks and then monthly thereafter. The DON or her designee will present the findings of the audits to the quarterly QAPI committee for as long as the committee deems necessary.	

South Dakota Department of Health

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S 337	Continued From page 2 electronic medical record."	S 337		

South Dakota Department of Health

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{S 000}	Compliance Statement An onsite revisit licensure survey was conducted on 9/5/23 for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers for all previous deficiencies cited on 7/20/23. All deficiencies have been corrected and no new non-compliance was found. Bethany Home Sioux Falls was found in compliance with all regulations surveyed.	{S 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE