

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

PRINTED: 08/22/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435122	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2023
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NAME OF PROVIDER OR SUPPLIER ST WILLIAM'S CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 103 N VIOLA ST MILBANK, SD 57252
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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 8/7/23 through 8/10/23. St. William's Care Center was found not in compliance with the following requirements: F582, F609, F610, F755, and F758.	F 000		
F 582 SS=D	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide	F 582		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rene' Thrift	Administrator	8/30/23

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.

AUG 31 2023
Event ID: 131 211

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F 582 Continued From page 1
notice to residents of the change as soon as is reasonably possible.
(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.
(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.
(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.
(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.
This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the provider failed to ensure the proper Medicare notices were completed and provided for two of two sampled residents (8 and 48) who remained in the facility following their discharge from skilled services. Findings include:

1. Review of resident 8's CMS (Centers for Medicare and Medicaid Services) SNF (Skilled Nursing Facility) Beneficiary Protection Notification Review form provided by social service designee C on 8/9/23 revealed her Medicare Part A Skilled Services Episode start date was 4/3/23 and the last covered day for Part

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F 582	<p>Continued From page 2</p> <p>A services was on 4/18/23.</p> <p>Review of resident 8's medical record revealed: *She had been admitted on 4/3/23. *Her diagnoses included cerebral infarction and dementia. *Her 7/12/23 brief interview for mental status (BIMS) was 6 and that indicated severe cognitive impairment. *She had skilled covered days remaining and continued to reside in the facility. *Her signed Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNFABN) form had been completed on 4/18/23. -That standardized notice allows Medicare beneficiaries to make informed decisions about whether to receive certain Medicare services and accept financial responsibility for those services if Medicare would not cover the cost of those services. *Her signed Notice of Medicare Non-Coverage (NOMNC) form had been completed on 4/18/23. -That standardized notice informs Medicare beneficiaries when their Medicare-covered services were ending and provided an opportunity to request an expedited determination from the Quality Improvement Organization. *Both forms were completed on the day when her last covered day of Part A services had ended.</p> <p>Interview on 8/9/23 at 3:59 p.m. with social services designee C revealed she: *Recalled she had provided both Medicare notices in person to resident 8's daughter/durable power of attorney for healthcare (DPOAHC) on 4/18/23 during her visit when she signed the forms. *Agreed that resident 8's representative was not given a two-day notice prior to the ending of her</p>	F 582		

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F 582 Continued From page 3 skilled services.

2. Review of resident 48's CMS SNF Beneficiary Protection Notification Review form provided by social service designee C on 8/9/23 revealed her Medicare Part A Skilled Services Episode start date was 5/31/23 and the last covered day of Part A services was on 6/20/23.

Review of resident 48's medical record revealed:
*She had been admitted on 5/31/23.
*Her primary diagnosis was Alzheimer's Disease.
*Her 6/27/23 BIMS score was 4 that indicated severe cognitive impairment.
*She had skilled covered days remaining and continued to reside in the facility.
*Her signed SNFABN form had been completed on 6/20/23 by her representative.
*Her signed NOMNC form had been completed on 6/20/23 by her representative.
*Both forms had been completed on the day when her last covered day of Part A services had ended.

Interview on 8/9/23 at 3:59 p.m. with social services designee C revealed:
*She had mailed resident 48's Medicare notices to her daughter/DPOAHC.
*Her daughter/DPOAHC had written "Representative" next to her signature.
*She agreed that her representative was not given a two-day notice prior to the ending of her skilled services.

3. Interview on 8/9/23 at 3:59 p.m. with social services designee C regarding Medicare notices revealed:
*She was responsible for providing the notices to residents when they were discharged from skilled

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F 582	<p>Continued From page 4 services.</p> <p>*She had both instructions:</p> <ul style="list-style-type: none"> -The six-page "Form Instructions Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNFABN) Form CMS-10055 (2018)". -The six-page "Form Instructions for the Notice of Medicare Non-Coverage (NOMNC) CMS-10123. <p>*She attended the weekly Medicare meeting held on Tuesdays where the team discussed the residents currently on Medicare Part A, including:</p> <ul style="list-style-type: none"> -The number of days left for Medicare coverage. -Therapy provided an update on each resident's therapies. -The resident's discharge plan. <p>*The provider's contracted therapy services sent an e-mail to her that informed her of the resident's last day of Medicare-covered services and the reason the resident was being discharged from Medicare Part A services.</p> <ul style="list-style-type: none"> -That e-mail provided at least a week's notice prior to the resident's discharge from Medicare Part A services. -Her practice was to fill out the Medicare notices upon receiving the e-mail and mail those forms to the resident's family. --She stated she had never called the family to inform them of the Medicare notices. --She stated she sent the notices by regular mail. <p>*She confirmed the above findings and agreed the Medicare notices were not provided in a timely manner.</p> <p>Interview on 8/9/23 at 4:40 p.m. with administrator A revealed she:</p> <ul style="list-style-type: none"> *Confirmed their process for reviewing residents' Medicare Part A stays with therapy services informing social services designee C of a resident's discharge from skilled services a week 	F 582			

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F 582	<p>Continued From page 5 prior to that discharge. *Confirmed that Medicare notices had always been mailed and they typically had not called the family to inform them of the discharge from Medicare part A services. *Agreed the notices above were not obtained timely.</p> <p>Review of the "Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNFABN)" form revealed below the signature line the statement ""If a representative signs for the beneficiary, write "(rep)" or "(representative)" next to the signature. If the representative's signature is not clearly legible, the representative's name must be printed."</p> <p>Review of the "Form Instructions Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNFABN) Form CMS-10055 (2018)" provided by social services designee C revealed: *"These abbreviated instructions explain when and how the SNFABN must be delivered. Please also refer to the Medicare Claims Processing Manual, Chapter 30 for general notice requirements and detailed information on the SNFABN." *"Medicare requires SNFs to issue the SNFABN to Original Medicare, also called fee-for-service (FFS), beneficiaries prior to providing care that Medicare usually covers, but may not pay for in this instance..." *"The SNFABN provides information to the beneficiary so that s/he can decide whether or not to get the care that may not be paid for by Medicare and assume financial responsibility."</p> <p>Review of the "Form Instructions for the Notice of</p>	F 582	<p>F582 Facility not able to correct prior non-compliance for resident 8 as date of discharge from skilled services was 4/18/23. Facility not able to correct prior non-compliance for resident 48 as date of discharge from skilled services was 6/20/23.</p> <p>System change: ABN Policy has been updated to reflect deliverance of the NOMNC at least two calendar days prior to Medicare covered services ending. The notice will either be personally delivered to the representative, or a telephone call will be made to the representative advising him/her when the enrollee's services are no longer covered. The date of the conversation is the date of the receipt of the notice. The confirmation of telephone contact will be made by mailing the written notice on the same date. When the direct phone contact cannot be made, the notice will be sent via certified mail with return receipt requested. The date that someone at the representative's address signs (or refuses to sign) the receipt is the date of receipt. This process will be monitored by the SSD or designee and reported to the Administrator monthly for 4 months. The information will be reported to the QAPI committee for 4 months. The QAPI committee will determine if further monitoring or reporting is required.</p>	9/6/23

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F 582	Continued From page 6 Medicare Non-Coverage (NOMNC) CMS-10123" provided by social services designee C revealed: "When to Deliver the NOMNC". -"The NOMNC must be delivered at least two calendar days before Medicare covered services end..." "Notice Delivery to Representatives". -"CMS requires that notification of changes in coverage for an institutionalized beneficiary/enrollee who is not competent be made to a representative." -"Providers are required to develop procedures to use when the beneficiary/enrollee is incapable or incompetent, and the provider cannot obtain the signature of the enrollee's representative through direct personal contact." -"If the provider is personally unable to deliver a NOMNC to a person acting on behalf of an enrollee, then the provider should telephone the representative to advise him or her when the enrollee's services are no longer covered."	F 582		
F 609 SS=G	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to	F 609		

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F 609	<p>Continued From page 7</p> <p>the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and policy review the provider failed to ensure that two of two sampled residents (27 and 32) had an investigation completed following falls with injuries. Findings include:</p> <p>1. Observation and interview on 8/7/23 at 4:25 p.m. with resident 27 while he was sitting in his wheelchair revealed: *He had fallen a few times but could not remember when. *He used his wheelchair for mobility. *He had worn glasses and was hard of hearing.</p> <p>Review of resident 27's electronic medical record (EMR) revealed: *On 5/26/23 at 3:30 p.m. he had an unwitnessed fall. *He was able to move all of his extremities. *He had complained of head pain and the loss of vision in his left eye. *Vital signs were taken and documented as follows:</p>	F 609	<p>609</p> <p>Facility filed late reports with the SD DOH regarding resident #27 and #32. A Directed Inservice will be completed regarding the facility's policy to prevent/recognize and report potential abuse or neglect emphasizing the following:</p> <ol style="list-style-type: none"> 1. Specific reporting time frames (reports cannot be delayed until the end of the shift), 2. When an event is witnessed/reported by a Certified Nursing Assistant (CNA) the initial report should be initiated by that CNA. 3. If there is potential that there is serious bodily injury, direct communication with the Administrator, DON and/or designee will be completed (no voice mail or text). 4. If there should be an instance where none of the designated staff are available to complete the initial report,, the licensed nurse on duty or the charge nurse must proceed with the initial report to DOH. In-servicing will be completed on or before 9/6/2023 for all regular staff. Information will subsequently be reviewed with any PRN nursing staff/traveling nurses upon reporting for work because any delay in reporting will potentially affect the overall compliance outcome. The DON will oversee this component. The Administrator, Director of Nursing (DON) or designee will be responsible for monitoring that alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, and/or incidents with a potentially serious outcome are thoroughly investigated. 	<p>8/10/23</p> <p>9/6/23</p>
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F 609	<p>Continued From page 9</p> <p>*She had a medial wound measurement of 5.0 centimeter (cm) x 2.0 cm.</p> <p>*She had a lateral wound measurement of 7.0 cm x 5.0 cm</p> <p>*Both areas were painful to the touch.</p> <p>Review of resident 32's EMR revealed the following:</p> <p>*On 4/26/23 at 9:19 p.m. resident was transferred by a certified nurse aide (CNA) I with the sit-to-stand lift when the resident begun to allow her arms to "chicken wing" and hung from the waist strap on the lift rather than standing straight up.</p> <p>*CNA I unhooked the safety belt and assisted the resident to the floor and then called for help.</p> <p>*On 6/17/23 at 11:36 a.m. the resident was being transferred by CNA J with the sit-to-stand mechanical lift when the resident started to bend her legs and put arms straight up and started to fall.</p> <p>*CNA J attempted to return the resident to her chair, but she was slipping out of the sit-to-stand mechanical lift and caught her left lower leg against the lift causing two skin tears and a hematoma (bruise).</p> <p>Review of resident 32's updated August 2023 care plan revealed:</p> <p>*She was suppose to have been transferred with the help of 1 person and the mechanical Hoyer lift (total body lift).</p> <p>*The resident should have been transferred with one person and the sit-to-stand mechanical lift.</p> <p>Interview on 8/9/23 10:33 a.m. with CNA H regarding the different types of mechanical lifts and the staff required to use them revealed:</p> <p>*The Hoyer was a full-body mechanical lift which</p>	F 609		
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F 609	<p>Continued From page 10</p> <p>requires two staff persons to operate. *The sit- to- stand mechanical lift could have been operated by one staff person depending on the resident it may have required two staff persons.</p> <p>Interview on 8/9/23 3:37 p.m. with CNA G regarding resident 32's wound to her left legs revealed: *She had received the wounds as a result of using the sit-to-stand mechanical lift.</p> <p>Interview on 8/10/23 at 8:33 a.m. with DON B regarding resident 32's two incidents with the sit-to-stand mechanical lift, reporting of the event, and completing a through investigation revealed: *Resident 32 was discharged from physical therapy on 4/4/23. *The resident wanted the nursing staff to pull her up from a seated position instead of standing while using the sit-to-stand mechanical lift. *She was not re-evaluated by the physical therapists for transfer safety with the sit-to-stand lift. *Therapy participates in weekly Medicare meetings and that was when the resident falls were discussed. *They had discussed resident 32's 6/17/23 incident in their Medicare weekly meeting, but no re-evaluation by therapy had been completed. *CNA's could have used a different mechanical lift if the resident's condition had required more staff assistance. *DON B had not felt that the incident with resident 32 was reportable due to the resident's pre-existing fragile skin. *All nursing staff were able to report incidents on their internal reporting system. *Once a report had been made, then a email</p>	F 609			

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F 609	Continued From page 11 would be sent to the administrator A and DON B for follow up. Interview on 8/10/23 at 1:47 p.m. with administrator A regarding reportable incidents revealed she: *Stated that the CNAs had just recently gained access to report incidents. *Was not aware of the incident with resident 27. *Stated that she was unsure about whether or not resident 32's incident was reportable.	F 609		
	Review of the provider's July 2023 Policy for Abuse, Neglect and Misappropriation of Resident Property policy revealed: **Staff will identify events, such as suspicious bruising of residents, occurrences, patterns, and trends that may constitute abuse: staff will determine the direction of an investigation." **"Alleged violations will be investigated and will be reported to proper authorities by the administrator, director of nursing or their representative." **"The facility must report all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property immediately to the administrator or representative." **"The results of the investigation must be reported to the SD Department of Health within five working days of the incident."		F610 The facility filed late reports with the SD DOH regarding resident #27 and #32. A Directed Inservice will be completed regarding the facility's policy to prevent/recognize and report potential abuse or neglect emphasizing the following: 1. Specific reporting time frames (reports cannot be delayed until the end of the shift), 2. When an event is witnessed/reported by a Certified Nursing Assistant (CNA) the initial report should ideally be initiated by that staff. 3. If there is potential that there is serious bodily injury, direct communication with the Administrator, DON and/or designee will be completed (no voice mail or text). 4. If there should be an instance in which none of these designated staff are available and/or able to complete the initial report about the occurrence, the licensed nurse on duty or the charge nurse must proceed with the initial report to DOH.	8/10/23 9/6/23
F 610 SS=G	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:	F 610		

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NAME OF PROVIDER OR SUPPLIER ST WILLIAM'S CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 103 N VIOLA ST MILBANK, SD 57252		
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F 610	Continued From page 12 §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review the provider failed to ensure that two of two sampled residents (27 and 32) who had falls with injuries were reported to the South Dakota (SD) Department of Health after falls with injuries. Finding include: *One of one sampled resident 27 required a transfer to the emergency room for further evaluation and treatment. *One of one sampled resident 32 had sustained injuries to her left leg from improper use of the sit-to-stand mechanical lift. *Refer to F609.	F 610	F610 con't The Administrator, Director of Nursing (DON) or designee will be responsible for monitoring that alleged violations involving abuse, neglect, exploitation or mistreatment, are thoroughly investigated per timelines established through the SD DOH. Monitoring for compliance will be completed on a weekly basis with a report to the interdisciplinary team, consideration being given to referring a resident for therapy services should a fall involve an assistive device being used during a transfer and/or result in a potentially serious outcome. Findings will then be forwarded to QAPI to assure compliance for 4 months. The QAPI committee will determine if further monitoring/reporting is needed.	8/11/23	
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law	F 755			

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F 755	Continued From page 13 permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review the provider failed to ensure narcotic medication had been reconciled correctly for one of one sampled resident (12). Findings include: Observation and interview on 8/10/23 10:39 a.m. with medication aide (MA) E while counting resident 12's morphine sulfate 100 milligram (mg) per 5 milliliters (ml) revealed: *The medication bottle was received on 9/22/22 with a total of 30 ml.	F 755	F755 The possible diversion of a liquid controlled medication was reported to the DOH. In consideration of the fact that resident 12 has not required PRN medication administration for several months, this resident's MD discontinued her PRN dose. The policy and procedure for accounting for controlled medications was updated and will be reviewed with all of the nursing staff responsible for medication administration. This policy includes specific guidance regarding liquid controlled medications that are often dispensed in multi-dose containers which indicate approximate volume. The policy notes: 1. The containers may also be opaque to protect the medication from light. 2. It should be noted that absolute accuracy in tracking volume and use of liquid controlled medications may not be possible. 3. The actual volume in these containers may be slightly over or under the manufacturer's stated volume depending on the shape and material of the container and the formulation of the medication such as thick liquid suspensions. 4. The general standard of practice for documenting usage of liquid controlled medications is to record the starting volume from the label, record each dose administered, subtract the dose administered from the previously recorded volume, and record the remaining amount.	9/6/23

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F 755	<p>Continued From page 14</p> <p>*The medication bottle had lines with numbers on the side of the bottle to help with counting the number of cubic centimeters (ccs) that remained in the bottle.</p> <p>*The medication count record had indicated that 26 ccs remained in the bottle.</p> <p>*The medication level was closer to the twenty-one numbered line than the twenty-seven numbered line.</p> <p>*The medication had been poured into a measuring medication cup with 20 ccs remaining in the bottle.</p> <p>*MA E manually withdrew the medication from the medication cup with a syringe and injected it into the medication bottle.</p> <p>-She had withdrawn 20 ccs of morphine sulfate.</p> <p>*She stated that she would report any medication count discrepancies to DON B.</p> <p>Review of resident 12's medication administration record (MAR) on the electronic medical record (EMR) for morphine sulfate 100 mg/ 5 ml revealed:</p> <p>*She had an order for 0.5 ml every two hours as needed for pain.</p> <p>*There was a medication count on the MAR for staff to document the remaining amount of medication after it had been prepared for administration to the resident.</p> <p>*She had last received an as needed dose of morphine on 2/18/23 at 12:47 p.m. that made the total number of remaining medication 26 ccs.</p> <p>*There were missing medication counts on the following days 3/7/23, 3/15/23, 5/13/23, 6/18/23, 6/19/23, 6/22/23, 6/26 to 7/11/23, 7/14/23, 7/16/23, 7/18/23, 7/20 to 8/2/23.</p> <p>Interview on 8/10/23 at 11:00 a.m. with administrator A, DON B, and RN F regarding</p>	F 755	<p>F755 Con't</p> <p>a. Upon shift change narcotic reconciliation procedure, each controlled medication in liquid form should be placed on a flat surface (not the medication cart because it slants).</p> <p>b. If there is difficulty visualizing amount left in the bottle, a photo app can be utilized that enables magnification to better estimate amount remaining in the bottle.</p> <p>5. Any observed discrepancy between the recorded amount and what appears to be remaining in the container will prompt measuring the exact amount using a medication cup and withdrawing medication into a syringe to determine the total amount remaining.</p> <p>6. Findings should be reported to the DON immediately.</p> <p>The policy also notes:</p> <p>1. It is not a recommended practice to withdraw medication on a regular basis because this will result in some loss of the medication with residual amounts being left in the medication cup and syringe. If concerns arise, this could potentially be considered a monthly practice.</p> <p>2. If a major discrepancy or a pattern of discrepancies occurs or if there is apparent criminal activity, the DON will notify the Administrator and Consultant Pharmacist immediately. This is prompt further discussion as to whether other action(s) are needed, e.g., notification of police or other enforcement personnel, notification of family, physician, the Department of Health, etc.</p>	

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F 755 Continued From page 15 medication discrepancy and the missing counts on the EMR MAR revealed:
*DON B stated that they had switched from the medication count on the EMR MAR to paper documentation.
*They were unsure of how they would track down the missing doses of morphine sulfate.
*They thought that maybe the staff used the as needed morphine sulfate bottle instead of the scheduled morphine sulfate bottle.

Review of the provider's January 2023 Controlled Substance Accountability policy revealed:
*"This is a system of records including receipt and disposition of all controlled medications will be maintained with sufficient detail to enable accurate reconciliation."
*"When a physician's order is received for a controlled medication, the order will be entered into the electronic charting system. Entering this administered and the corresponding "Narc count" and "Narc note" for that time."
*"When a nurse or trained medication aide administers a controlled medication that is either a scheduled two or ordered with as needed frequency, the E-MAR will automatically request a number to be entered.(Signifying the number of doses remaining.)"

F 758 SS=D Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)

§483.45(e) Psychotropic Drugs.
§483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:
(i) Anti-psychotic;

F 755 F755 con't
The DON or her designee will monitor compliance with the accurate reconciliation of narcotic medication by completing at least weekly checks of written/digital narcotic reconciliation records and the actual amount on hand for at least four months. Findings will be reported to the QAPI committee meeting for 4 months to determine the duration/frequency of monitoring.

9/1/23

F 758

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F 758	<p>Continued From page 16</p> <p>(ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that--</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for</p>	F 758		

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F 758 Continued From page 17
the appropriateness of that medication.
This REQUIREMENT is not met as evidenced by:
Based on record review, interview, and policy review the provider failed to ensure one of five sampled residents (41) with a PRN (as needed) order for Seroquel had physician's documentation of the rationale for the continued use beyond the limited 14-day use. Findings include:

- Review of resident 41's medical record revealed:
 - *She had been admitted on 8/15/22.
 - *She had diagnoses of anxiety, Alzheimer's disease with late onset and bipolar disorder, unspecified.
 - *Her physician orders included a 5/19/23 order for Seroquel (quetiapine fumarate) 25MG tablet dose ordered: (1tablet/25mg) by mouth every 8 hours as needed for anxiety.
 - *Her electronic Medication Administration Record (eMAR) revealed the PRN Seroquel had been administered two times in July 2023.
 - *The consulting pharmacist medication record review dated 6/20/23 revealed multiple adjustments were made to the resident's psychotropic medications quetiapine 25 mg every eight hours prn had been added but the resident had not been evaluated every 14 days by the physician and a gradual dose reduction (GDR) reminder was sent to both the resident's regular physician and psychiatric provider.

Interview on 8/9/23 at 10:59 a.m. with DON B regarding the PRN psychotropic medication for resident 41 revealed:
*The only documented 14-day review for resident 41's Seroquel was completed on 6/22/23.
*Resident 41 had switched physicians during this

F 758 F758
The PRN medication for resident 41 was dc'ed.
The policy for "Automatic Stop Orders" was revised as follows:
1. When entering the PRN order into the electronic charting system (ECS), in addition to noting the PRN dose, frequency, and date the medication is to be started, the button for "PRN Psyc Med END p 14 days" will be chosen. This option will show that the medication is to be discontinued after 14 days.
2. The attending physician or prescribing practitioner must directly examine the resident prior to issuing a new PRN order for an antipsychotic medication. This evaluation entails assessing the resident's current condition and progress to determine if the PRN antipsychotic medication is still needed. Consideration should be given to the following issues:
a. Is the antipsychotic medication still needed on a PRN basis?
b. What is the benefit of the medication to the resident?
c. Have the resident's expressions or indications of distress improved as a result of the PRN medication?
d. Is the resident experiencing possible side effects to the medication?
3. If the attending physician or prescribing provider believes that it is appropriate for the PRN order to be extended beyond 14 days, an exception to this "Automatic Stop Order" policy will be made as long as the rationale for doing so is documented in the resident's medical record and the duration of the PRN order is also projected.

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F 758	Continued From page 18 time frame. *She was being seen today by her new physician. *It was DON B's expectation that PRN psychotropic medications would have been followed up every 14 days. *She agreed resident 41 should have been evaluated every 14 days by her primary physician for continued use of the PRN Seroquel. Review of the provider's March 2022 Automatic Stop Orders policy revealed: **Policy: The facility administers and monitoring medications to ensure compliance with regulatory statutes addressing the administration of psychotropic medication ordered on a PRN basis. Procedure: Psychotropic drugs include, but are not limited to anti-psychotics, anti-depressants, anti-anxiety, and hypnotic medications. When an order for a psychotropic medication is received and the medication is "as necessary" {PRN}, the order will normally be limited to 14 days."	F 758	F758 con't The provider may, after 14 days determine that a PRN medication could be completely discontinued, may conclude that medication should actually be prescribed as a regularly scheduled medication for the resident, or determine that if there is an acute change in status that a STAT dose of medication be administered rather than maintaining a PRN order. The Consultant Pharmacist has been instructed to notify physician of the 14 automatic stop order policy and that it will be implemented without exception and a new order must be issued with the physician visit. Nursing personnel will be inserviced on this process. The DON or designee will monitor this process for 4 months reporting results to QAPI committee. The QAPI committee will determine if further monitoring/reporting is needed.	9/6/23	

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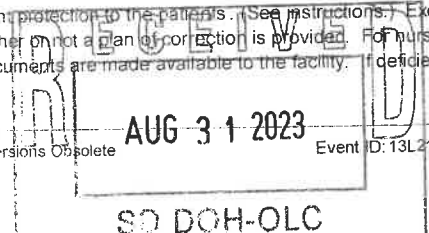
NAME OF PROVIDER OR SUPPLIER ST WILLIAM'S CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 103 N VIOLA ST MILBANK, SD 57252
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E 000	<p>Initial Comments</p> <p>A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted from 8/7/23 through 8/10/23. St. William's Care Center was found in compliance.</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Rene' Thrift	TITLE Administrator	(X6) DATE 8/30/23
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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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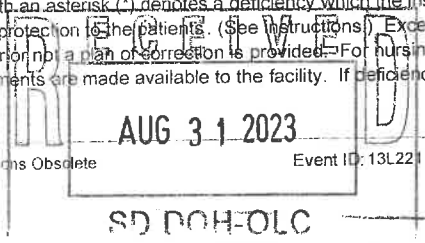
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K 000	<p>INITIAL COMMENTS</p> <p>A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 8/9/23. St. William's Care Center was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
Rene' Thrift **Administrator** **8/30/2023**

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.



South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10649	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2023
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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 8/7/23 through 8/10/23. St. William's Care Center 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 8/7/23 through 8/10/23. St. William's Care Center was found in compliance.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rene' Thrift ADMINISTRATOR TITLE: 8/30/23 (X6) DATE

