

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>43A135</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/18/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTERN STAR HOME OF SD, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>126 W 12TH AVENUE POST OFFICE BOX 150 REDFIELD, SD 57469</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 000	INITIAL COMMENTS  Surveyor: 12218 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 12/16/13 through 12/18/13. Eastern Star Home of South Dakota was found not in compliance with the following requirement: F281.	F 000	F281 Services Provided Meet Professional Standards	
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Surveyor: 32332 Based on record review, interview, and protocol review, the provider failed to follow their own protocol and standing orders for treatment of hypoglycemia (low blood sugar) for 1 of 4 sampled residents (6) with a diagnosis of diabetes, including: *Not providing a carbohydrate snack for 7 of 27 blood sugar readings below 80. *Not rechecking blood sugars for effectiveness of treatment on 24 of 27 of the episodes. *Not notifying the on-call physician of the low blood sugars for 25 of 27 episodes. Findings include:  1. Review of resident 6's medical record revealed: *A diagnosis of diabetes. *A 10/16/13 physician's order for glucometer (blood sugar) checks to be obtained daily at 6:00 a.m. and as needed (PRN).	F 281	On 12/17/13 the Director of Nursing obtained parameters for Resident #6's physician order dated 10/16/13 for glucometer (blood sugar) checks from Resident #6's primary physician. The parameters are:  If FSBS <80, give a 15 gram carb snack & recheck in 15 minutes.  If FSBS is still <80 give another 15 gram carb snack & recheck in 15 minutes.  If the second check is <70 or >400 notify the physician.  Since the implementation of the above parameters on 12/17/13, Resident #6 has not had a FSBS <80.	

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

TITLE

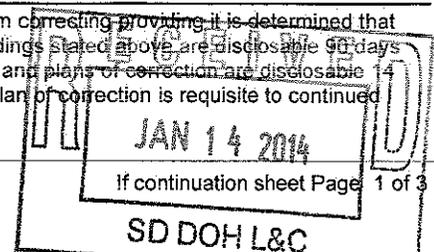
(X6) DATE

*Mary Rice Osbornell*

*Administrator*

*1-13-2014*

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 281	<p>Continued From page 1</p> <p>*The above order had not included parameters (guidelines) for when the physician was to have been notified.</p> <p>*June 2013 through December 2013 blood sugar flowsheets indicated twenty-seven occasions the blood sugars had been below 80 (57-76).</p> <p>*Of those occasions:</p> <ul style="list-style-type: none"> <li>-No snack had been documented after the low reading on seven of twenty-seven occasions.</li> <li>-There had been no documentation the staff had rechecked low blood sugar readings on twenty-four of twenty-seven occasions.</li> <li>-There had been no documentation the on-call physician had been notified of the low blood sugar readings.</li> </ul> <p>Interview on 12/17/13 at 3:45 p.m. with licensed practical nurse A regarding physician's orders and notification for parameters of the low blood sugars revealed the provider used the protocol identified in their standing orders for hypoglycemia.</p> <p>Review of the provider's October 2013 Standing Orders revealed for blood sugars below 80 the nurse was to:</p> <ul style="list-style-type: none"> <li>*Give a carbohydrate snack or use glucose gel (used for residents who had difficulty swallowing).</li> <li>*Recheck the blood sugar in fifteen minutes.</li> <li>*Repeat the cycle until the blood sugar was greater than 80.</li> <li>*Notify the on-call physician if the blood sugar had been below 80 or above 400 unless otherwise indicated.</li> </ul> <p>Interview on 12/18/13 at 8:25 a.m. with the director of nursing revealed:</p> <ul style="list-style-type: none"> <li>*She agreed the standing orders for hypoglycemia protocol had not been followed.</li> </ul>	F 281	<p>Since all residents with a diagnosis of diabetes are at risk without FSBS parameters that are individualized, as of 1/8/2014, all residents receiving FSBS have individualized parameters that are posted on each resident's MAR under the FSBS. Individualized parameters are also posted on each diabetic resident's Blood Glucose Record.</p> <p>On 12/19/13 the Director of Nursing placed a note in the Med Room explaining this deficiency and reminding all nurses to apply the standing order for hypoglycemia or the residents individualized parameter. Every resident receiving scheduled FSBS has his own parameters. Parameters are listed on each residents MAR as well as on the Blood Glucose Record and are highlighted in yellow to draw the nurse's attention.</p>		

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

PRINTED: 12/30/2013  
FORM APPROVED  
OMB NO. 0938-0391

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F 281	Continued From page 2 *The physician should have been notified of the low blood sugars. *If the snacks or other blood sugar rechecks had not been documented they had not been done.  Interview on 12/18/13 at 1:20 p.m. with the resident's physician revealed he agreed the standing orders had not been followed but should have been.	F 281	Beginning January 1, 2014 the Director of Nursing is responsible for completing spot checks on 4 residents with FSBS each week. If the spot checks reveal that the above noted protocols are not being followed, education will be provided to the nurse and medication error procedures will be implemented.  The Director of Nursing will report weekly spot check findings to the Quality Assurance / Quality Improvement Committee monthly for 3 months and then quarterly until the QA / QI Committee advises otherwise.  Completion Date: 1-8-14		

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ORIGINAL

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K 000	INITIAL COMMENTS  Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 12/18/13. Eastern Star Home of SD, Inc was found not in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.  The building will meet the requirements of the 2000 LSC for existing health care occupancies upon correction of deficiency identified at K0130 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 130 SS=C	NFPA 101 MISCELLANEOUS  OTHER LSC DEFICIENCY NOT ON 2786  This STANDARD is not met as evidenced by: Surveyor: 14180 The provider must comply with the National Fire Protection Association (NFPA 99) Medical Facilities section 94.2 (H) cylinder and container storage requirements (see attachment).  Based on observation and interview, the provider failed to secure 2 of 23 oxygen cylinders to prevent tipping. Findings include:  1. Observation at 10:00 a.m. on 12/18/13 revealed three oxygen cylinders in the oxygen storage room were not secured. Interview with the director of maintenance at the time of observation confirmed those findings.	K 130	K130 NFPA 101 Miscellaneous  All residents are potentially at risk when oxygen cylinders are not secured when being stored within the facility. On 12-18-13 the 2 of 23 oxygen cylinders that were noted to be unsecured in the nursing home west wing storage room were placed in a wooden storage rack by the Maintenance Supervisor to prevent them from tipping. Beginning 1/1/14, the Director of Nursing is responsible for completing one spot check per week to ensure that all oxygen cylinders within the facility are properly secured to prevent tipping. The Director of Nursing will report spot check findings to the Quality Assurance/Quality Improvement Committee monthly for 3 months and then quarterly until the QA/QI Committee advises otherwise.	12-18-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mary Rice O'Donnell</i>	TITLE <i>Administrator</i>	(X6) DATE
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PRINTED: 12/30/2013  
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SOUTH DAKOTA DEPARTMENT OF HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10670</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/18/2013</b>
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NAME OF PROVIDER OR SUPPLIER <b>EASTERN STAR HOME OF SOUTH DAKOTA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>126 W 12TH AVE, P.O. BOX 150 REDFIELD, SD 57469</b>
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S 000	Initial Comments  Surveyor: 12218 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted from 12/16/13 through 12/18/13. Eastern Star Home of South Dakota was found not in compliance with the following requirements: S290 and S296.	S 000	<i>Addendums noted with an asterisk per 1/28/14 and 1/29/14 telephone to facility administrator. MJH/SDDOH/JJ</i> <b>S290 Food Supply</b>  All residents are potentially at risk when a supply of nonperishable foods adequate to meet the requirements of planned menus for three days are not maintained within the facility.	
S 290	44:04:07:02.04 FOOD SUPPLY  An on-site supply of nonperishable foods adequate to meet the requirements of planned menus for three days must be maintained.  This Rule is not met as evidenced by: Surveyor: 12218 Based on record review, observation, calculation, and interview, the provider failed to ensure: *A variety and an adequate supply of protein type non-perishable meat and meat substitute foods were available to meet the needs and requirements of a three day food supply for twenty-eight residents on oral diets. *There were three days of planned emergency menus and menu extensions for texture modified diets that coordinated with the requirements of the non-perishable food supply. Findings include:  1. Observation on 12/18/13 at 9:00 a.m. of the dry food storage area and the food supply with the dietary manager (DM) revealed: *There was not enough variety of protein type non-perishable meat or meat substitute foods to meet the protein requirement (five ounces per	S 290	On 1-10-14 a Three-Day Emergency Menu was completed by the Dietary Manager to ensure that the facility is adequately prepared to meet the requirements for emergency supply and preparations. This menu will be approved the by Registered Dietitian on 1/14/14 during her scheduled monthly visit.  The Dietary Manager will be responsible for weekly spot checking of the emergency supply of nonperishable food stored in the Dry Storage Room in the Kitchen to ensure that it is adequate to supply the Three-Day Emergency Menu and includes an adequate variety of meat or meat-substitutes to meet the 5 ounce per day of protein requirement for each resident within the facility. <i>* Texture modified and therapeutic diets will be included.</i> <i>MJH/SDDOH/JJ</i>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Mary Rice O'Donnell*

TITLE  
*Administrator*  
DATE  
*1-15-2014*

RECEIVED (X6) DATE

JAN 15 2014

SD DOH L&C

Continuation Sheet 1 of 4

SOUTH DAKOTA DEPARTMENT OF HEALTH

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S 290	Continued From Page 1  day) for all residents on oral diets for three days. *The provider had canned tuna, pork and beans, and peanut butter for protein choices. -A usual pattern for protein was one ounce at breakfast, two ounces at dinner, and two ounces at supper to equal five ounces of protein for the day to meet the minimum portion requirement. -A one ounce serving of meat or meat substitute equals seven grams (gm) of protein. -A usual entree two ounce serving at lunch or supper equaled fourteen grams of protein. *There was enough two ounce servings of tuna (fish type protein) for almost two meals for twenty-eight residents. *There was enough one cup servings of pork and beans for one meal for all residents on oral diets. *There was enough peanut butter for one ounce servings at breakfast for three days and peanut butter sandwiches at two meals. *If a resident did not like tuna or pork and beans the choice was peanut butter for all meals on all three days. *If the resident who did not like fish was on a dysphagia or mechanical soft diet for swallowing or choking problems the peanut butter would not have been a good choice. The stickiness of the peanut butter could cause possible swallowing difficulties.  Interview with the DM at that time revealed: * There were no emergency menus planned for the three day requirement that she could find. *She had not been aware there were no emergency menus. *She and the registered dietitian (RD) had both started in August 2013. *She was unsure of what protein-type food items she should have had on hand.	S 290	The Dietary Manager will report weekly spot check findings to the Quality Assurance / Quality Improvement Committee monthly for 3 months and then quarterly until the QA / QI Committee advises otherwise.	1-14-14

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S 296	Continued From Page 2	S 296		
S 296	<p>44:04:07:07 Director of dietetic services</p> <p>A full time dietary manager who is responsible to the administrator shall direct the dietetic services. Any dietary manager that has not completed a Dietary Manager's course, approved the Dietary Managers Association, must enroll in a course within 90 days of the hire date and complete the course within 18 months. The dietary manager and at least one cook must successfully complete and possess a current certificate from a ServSafe Food Protection Program offered by various retailers or the Certified Food Protection Professional's Sanitation Course offered by the Dietary Managers Association, or successfully completed equivalent training as determined by the Health Department. The dietetic manager shall monitor the dietetic service to ensure that the nutritional and therapeutic dietary needs for each...resident are met. If the dietary manager is not a dietitian, the facility shall schedule dietitian consultations onsite at least monthly. The dietitian must approve all menus, assess the nutritional status of...residents with problems identified in the assessment, and review and revise dietetic policies and procedures during scheduled visits. Adequate staff whose working hours are scheduled to meet the dietetic needs of the...residents must be on duty daily over a period of 12 or more hours in nursing facilities...</p> <p>This Rule is not met as evidenced by: Surveyor: 12218 Based on record review and interview, the provider failed to ensure the dietary manager and at least one cook had completed the ServSafe class, had passed the national examination, and had received an official ServSafe certificate. Findings include:</p>	S 296	<p>S296 Director of Dietetic Services</p> <p>All residents are potentially at risk when the Dietary Manager and at least one cook has not completed a ServeSafe Food Protection Program and passed the national examination and received an official certificate.</p> <p>On 1-7-14 the Dietary Manager and <sup>*two cooks</sup> were scheduled to complete the ServeSafe Certification course in Aberdeen, South Dakota on 2-18-14 in order to meet the minimum requirement as determined by the Health Department.*</p> <p><i>MJH   SD00H   JJ</i></p> <p><i>MJH   SD00H   JJ</i></p> <p>The Dietary Manager will be responsible for spot-checking expiration dates on the ServeSafe certificates on all cooks working at the facility on a monthly basis.</p>	

SOUTH DAKOTA DEPARTMENT OF HEALTH

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S 296	Continued From Page 3  1. Interview at 9:00 a.m. on 12/17/13 with the dietary manager revealed: *She had completed a certified food safety manager's course and received a certificate but had not been scheduled to complete the ServSafe certificate class. *The previous dietary manager had a ServSafe certificate, but she had changed positions and had not been working in the dietary department since August 2013. *The cook that had the ServSafe certificate had left the position. *No other cooks had been scheduled for the SErvSafe class. *She confirmed they did not have anyone working in the dietary department at that time that had a current ServSafe certificate.  Interview with the administrator on the afternoon of 12/18/13 revealed they were fully qualified up until this past summer when the dietary manager and the cook that had the ServSafe certificates decided to make changes in their work life.	S 296	The Dietary Manager will report spot check findings monthly to the Quality Assurance / Quality Improvement Committee for 3 months and then quarterly until the QA /QI Committee advises otherwise.	1-7-14