

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

PRINTED: 09/19/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A067	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2013
NAME OF PROVIDER OR SUPPLIER SOUTH DAKOTA HUMAN SERVICES CENTER - GERIATRIC			STREET ADDRESS, CITY, STATE, ZIP CODE 3515 BROADWAY AVE POST OFFICE BOX 7600 YANKTON, SD 57078	
(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 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 8/20/13 through 8/21/13. South Dakota Human Services Center was found not in compliance with the following requirements: F159 and F280.	F 000	F159 Plan of Correction for all residents: -All residents with funds deposited at SDHSC Patient Bank were affected. - SDHSC Patient Trust process was changed to pay interest to resident accounts on a monthly basis. The interest is posted to the resident's account monthly and will be shown on the quarterly statements sent to residents or their responsible parties. Completed 9/7/13	
F 159 SS=E	483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section. The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund. The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. The system must preclude any commingling of resident funds with facility funds or with the funds	F 159	- For all current residents of the SDHSC Geriatric Program with funds deposited in SDHSC Patient Trust Accounts, interest was retroactively paid for the time period January 1, 2011 to July 31, 2013. A lump sum payment of \$239.85 was made on 11/5/13. -SDHSC Business Office Policy 1.5.1 "Interest on Patient Bank Accounts" was reviewed and revised to ensure compliance with F159. -SDHSC Geriatric Program Policy 3.7.28 "Protection of Geriatric Program Patient Funds" was reviewed and found to be in compliance. -These policies were reviewed by the Social Work Staff, Administrator, and Administrative Assistant. - SDHSC Business Office will perform monthly audits to ensure payment of interest for resident accounts. This audit will be completed by reviewing monthly report of interest payment	

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

Jan Z. Ohmer

TITLE

Program Director

(X8) DATE

11-8-13

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 159	<p>Continued From page 1 of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, interview, and policy review, the provider failed to ensure any resident trust accounts with balances in excess of \$50.00 received interest on those accounts. Findings include:</p> <p>1. Review of an 8/21/13 Resident account balance report revealed: *There were 150 entrees on it that included: -The names of residents with trust accounts maintained by the provider. -Their medical record numbers. -The current balance of their trust accounts.</p> <p>Interview on 8/21/13 at 1:30 p.m. with the business office manager revealed: *When residents were admitted their money was put into a trust account. -Trust account information was given to the resident at that time.</p>	F 159	<p>F 159 continued: using accounting software. - SDHSC Business Office will send Administrator monthly reports of interest payment quarterly. -The Administrator will review and report the results of the monthly reviews to the Quality Assurance Committee quarterly. The results of the reviews will also be reported to the SDHSC Hospital Quality Council. This review will be ongoing.</p>	11/8/13

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F 159	<p>Continued From page 2</p> <ul style="list-style-type: none"> *Some residents had a lot of money in their possession when they were admitted. *They had discouraged residents from keeping money in their rooms. -Sometimes a resident had two or three billfolds with money in each of them. *The current balance in the trust account was \$83,857.82. -That amount included money deposited in the trust accounts of people who were also in their hospital as patients. -This balance was the lump sum of the hospital patients and geriatric residents. *The money had been deposited in an interest bearing account. *The residents had not been paid interest though, because all of the charges on the overall account exceeded the amount of interest that was earned. *There was a lot of activity in the account which contributed to the high charges on the account. *Some residents might have high balances and never withdrew money or accessed their accounts. They still had not received any interest. *They had not paid interest to residents with accounts for at least a year. -That had occurred as a result of all the additional charges banks had applied to accounts. <p>Review of all resident trust account ledgers from 3/1/13 through 8/21/13 revealed:</p> <ul style="list-style-type: none"> *There were 58 residents who had trust accounts. *There were 50 residents with trust accounts in excess of \$50.00. -Nineteen of those had balances from \$100.00 - \$499.00. -Five had balances from \$500.00 - \$999.99. -Six had balances over \$1000.00. *There was no evidence any interest had been paid to those residents. 	F 159			

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F 159	Continued From page 3 Review of the July 2013 bank statement revealed: *A service charge of \$17.70. *Interest paid had been \$25.58. *Interest paid to date in 2013 had been \$193.60. Review of the provider's 5/1/13 Patient's access to funds in Patient Bank policy revealed it had not addressed their trust account bearing interest. Review of the provider's 12/8/06 Your Rights policy revealed "The facility may not require you to deposit your personal funds with the facility; however if you choose to do so and give written authorization, the facility must hold your funds in accordance with the law."	F 159		
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and; to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.	F 280	F 280 F280 Plan of Correction for failure to revise one of thirteen sampled resident's (1) care plan as changes occurred: Resident # 1's physicians' orders for contact precautions were reviewed and orders added and read: History of MRSA in skin, stool, and urine. Contact Precautions continued. Care Plan was reviewed and updated under Alteration in Health to read: Staff will follow contact precautions when assisting Resident 1. Resident 1 has history of MRSA in stool, urine, skin and respiratory. Care Plan of resident 1 also updated and identified problems with alteration of skin- re-occurring open area-crease of upper buttock. Interventions: skin assessments weekly,	

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F 280	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on record review, interview, and policy review, the provider failed to revise one of thirteen sampled resident's (1) care plan as changes occurred. Findings include: 1. Review of resident 1's 7/31/13 physician's orders revealed an order for contact precautions for MRSA (a bacteria responsible for several difficult to treat infections) of the skin. Observation and interview on 8/20/13 at 2:30 p.m. of certified nursing assistant A revealed: *She put on a gown and gloves prior to entering resident 1's room. *She had planned to get him out of bed and to toilet him. *The reason she had put a gown and gloves on was because he had MRSA in his urine. Review of resident 1's laboratory reports revealed on 5/17/13 MRSA had been cultured on his genitalia (private parts). Review of resident 1's 6/5/13 physician's progress note revealed: **He is a MRSA carrier. *He is having regular, formed bowel movements. A month ago he did have loose BMs [bowel movements] and his stool had heavy MRSA growth." Review of resident 1's skin status record for wounds since 12/31/12 revealed:	F 280	F280 Continued reposition patient, elevate heels with heels over edge of pillows; pressure reducing mattress; Calmo-septine Ointment with peri-care to crease of upper buttock; 4X4 to crease between upper buttock and check daily. Completed 10/3/13. On 11/6/13, Contact Precautions were discontinued by PA-C staff. Standard Precautions were initiated. Resident 1's care plan and physician's orders were reviewed and updated. Interventions regarding "forcing FSBS and insulin" and "checking FSBS in dayhall or dining room per patient preference" were discontinued from the treatment plan and need will be evaluated by Medical Personnel on individual basis in each situation based upon emergent need, advanced life sustaining orders, danger to self, and guardian direction for individuals who have been judged incompetent. Changes in providers system: Professional staff involved in the development of resident care plans including: Therapeutic Recreation Specialist, Restorative Therapist, Charge Nurses, Social Workers, Dietitians, Occupational Therapists, and Physical Therapists were educated on the Care plan policy, short term care plans and the importance of ensuring that the care plans are accurate and current regarding:	

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F 280	<p>Continued From page 5</p> <p>*He had a recurring stage 2 open area to the upper crevice of his buttock.</p> <p>-During that time it had healed and reopened six times.</p> <p>*On 8/18/13 it had opened.</p> <p>*On 8/20/13 the nurse had documented it had healed.</p> <p>Interview on 8/20/13 at 4:00 p.m. with registered nurse B and review of resident 1's medical record revealed:</p> <p>*He had been admitted to the hospital on 4/26/13. When he had been discharged the physician had noted he had MRSA heavily in his BMs.</p> <p>*He was started on a probiotic for the MRSA on his genitalia on 5/9/13.</p> <p>*On 7/3/13 the probiotic had been discontinued.</p> <p>*The physician had noted on 6/5/13 that the resident was a MRSA carrier.</p> <p>*He was unable to find that he had respiratory MRSA.</p> <p>*There was no documentation regarding MRSA in his urine.</p> <p>Review of resident 1's August 2013 treatment record revealed they were to apply Calmo Septine ointment to the buttock when care was provided three times per day.</p> <p>Review of resident 1's short term care plan revealed:</p> <p>*A problem of impairment of skin integrity related to:</p> <p>-An open area on his buttock with no specific area identified on 5/13/13. The care plan had not addressed the above treatment.</p> <p>-On 5/31/13 they had added a treatment, but it was to be applied to his genitalia and was not for the buttock wound.</p>	F 280	<p>F280 Continued Diagnosis, Problems, Goals, Interventions, and Treatment Notes . Education was provided by the MDS Coordinator and the Director of Nursing. Completed 10-31-13.</p> <p>All new employees will receive training on the care planning process and read the Geriatric Care Plan policy during their orientation process as noted on the Geriatric Information Checklist used by Staff Development. Initiated: ongoing Geriatric staff will receive annual training on the Care Plan policy, process and need for accuracy as well as the need to promote patients' right to choice and refusal of treatment.</p> <p>Monitoring provider's performance: Audits of the care plans for each resident will be reviewed by the (4) Charge Nurses and (2) Social Workers every week for 5 weeks (60 care plans). Each person will complete 2 care plan audits per week using the attached Care Plan Review form (attachment #1).</p> <p>This form will examine: 1. Diagnosis on Nursing Kardex, Physician's Rewrite Orders, and Physician Orders match the diagnosis on the care plan. 2. Care plan accurately reflects the resident's Code Status, physician's Orders for Life-Sustaining Treatment, and Palliative</p>		

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F 280	<p>Continued From page 6</p> <p>-A decubiti (pressure ulcer) had been identified on his left heel on 7/14/13.</p> <p>-The identification of MRSA on his genitalia and in his BMs was never addressed.</p> <p>Review of resident 1's treatment plan revealed: *He had a history of MRSA-Respiratory to RD (abbreviation not identified). This treatment plan originated 11/2/11. *Problem 2 identified: -Requires health care maintenance; needs monitoring and treatment related to diagnosis as evidenced by seizure disorder, status post CVA (cardio vascular accident), status post myocardial infarction [heart attack], diabetes Type II, coronary artery disease, hypertension (high blood pressure). *Interventions included: -"Staff will be aware that ___[resident's name] has a history of MRSA, Respiratory. -Staff will follow contact precautions when assisting ___[resident's name] due to history of respiratory MRSA." *The plan had not addressed his recurring open area on his buttock.</p> <p>Interview on 8/20/13 at 4:40 p.m. with the Minimum Data Set coordinator regarding resident 1's care plan revealed: *She was responsible for the care plan development. *The charge nurses were to update care plans as changes had occurred. *His care plan had not been updated and was not accurate for his recent treatment of MRSA. *The precautions for respiratory MRSA and MRSA in his BMs would have been different. *The care plan had not addressed the current treatment for the sore on his buttock.</p>	F 280	<p>F280 Continued Care Orders. 3. Long Term Interventions (i.e. treatments, cares, equipment use) ordered per Physician orders and/ or in Nursing Kardex per Nursing Directive for chronic, re-occurring problems/ illness are present in the care plan. 4. Interventions on care plans are accurate and on care plans are accurate and current, clearly reflecting the care being provided to the patient. Completed 10-31-13.</p> <p>Audit form updated 11-7-13 to include resident right to refuse treatment. All care plans will be reviewed and updated to ensure interventions respect the resident's right to refuse treatment. Education will be provided to all staff by 11-15-13.</p> <p>Ongoing review by Charge Nurses and Social Workers will complete 1 care plan audit each week (6) until all resident care plans have been reviewed.</p> <p>Ongoing chart audits will be completed by Charge Nurses- 3 randomly selected care plans each month.</p> <p>All care plan audits will be sent to the Director of Nursing and present at the Quality Assurance Meeting. Care plan audits will be ongoing.</p>	11/8/13	

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F 280	Continued From page 7 Interview on 8/21/13 at 10:15 a.m. with the director of nursing revealed resident 1's treatment plan should have addressed his pressure ulcer on the buttock. It had been a recurring problem. Review of the provider's undated treatment plan policy revealed: **Nursing staff shall review and address nursing problems as identified in nursing assessment, other assessments and the transferring program's care plan using nursing interventions on the Initial Geriatric Treatment Plan. *Nursing staff shall initiate short-term care plans in the Initial Care Plan as appropriate and staff shall document on identified problems and interventions in the resident's progress notes/record. *If a problem develops that requires treatment intervention before the next regular meeting (after the formal care plan is developed), members of at least three disciplines from the Treatment Team may hold an emergency meeting and develop a plan of care. *The emergency meeting shall be documented in the Progress Notes indicating who met and what was decided. Interventions shall be documented on the Treatment plan dated and initialed by the team member."	F 280			

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K 000	<p>INITIAL COMMENTS</p> <p>A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 8/20/13. South Dakota Human Services Center - Geriatric (Building 01, Spruce I and II) was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.</p> <p>The building will meet the requirements of the 2000 LSC for Existing Health Care Occupancies in conjunction with the provider's commitment to continued compliance with the fire safety standards.</p>	K 000			

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

TITLE

(X6) DATE

[Signature]

Program Director

9-27-13

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K 000	<p>INITIAL COMMENTS</p> <p>A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 8/20/13. South Dakota Human Services Center - Geriatric (Building 02, Willow I) was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.</p> <p>The building will meet the requirements of the 2000 LSC for Existing Health Care Occupancies in conjunction with the provider's commitment to continued compliance with the fire safety standards.</p>	K 000			

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

James J. Johnson

TITLE

Program Director

(X6) DATE

9-27-13

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ORIGINAL

SOUTH DAKOTA DEPARTMENT OF HEALTH

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S 000	<p>Initial Comments</p> <p>Surveyor: 18560 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted from 8/20/13 through 8/21/13. South Dakota Human Services Center was found in compliance.</p>	S 000		
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Jerry Johnson, Emergency Permit Holder

9-6-13

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

TITLE

