

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

ORIGINAL

PRINTED: 04/14/2014
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 04/02/2014
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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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(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	<p><i>Addendums noted with an asterisk per DSHH telephone to facility administrator. DK/SDH/ME</i></p> <p>INITIAL COMMENTS</p> <p>Surveyor: 16385 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 3/31/14 through 4/2/14. Dow Rummel Village was found not in compliance with the following requirements: F221 and F281.</p>	F 000	<p>Preparation, submission and implementation of the Plan of Correction does not constitute an admission or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</p>	
F 221 SS=E	<p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 32332 Based on observation, record review, interview, and policy review, the provider failed to ensure side rails had been assessed for 9 of 11 sampled residents (1, 2, 3, 4, 5, 6, 7, 8, and 9) who had side rails on their beds. Findings include:</p> <p>1. Random observations from 3/31/14 through 4/2/14 of resident 4's bed revealed one raised half side rail attached to the upper half of his bed.</p> <p>Review of resident 4's medical record revealed: *There had been no assessment indicating a need for a side rail. *There had been no physician's order for a side rail. *His revised 3/5/14 care plan: -Indicated he had been able to reposition in bed with extensive assistance.</p>	F 221	<p>F221 RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>1.) The Policy & Procedure on Restraint Use and Assessment has been reviewed and revised to include side rails as a restraint if the resident is unable to voluntarily get out of bed, as opposed to enhancing mobility while in bed. Reviewed all residents including residents #1, #2, #3, #5, #6, #7, #8, and #9 with half side rails for appropriate assessment and documentation of need for side rails for bed mobility/positioning.</p> <p>A Directed In-service Training for healthcare center associates was completed on 4/24/2014 with review of Policy & Procedure Restraint Use and Assessment. Definition of physical restraints was identified.</p> <p>(continued on next page)</p>	4/24/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Rebecca Garst</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4-29-14</i>
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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 discusable 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 discusable 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 221	<p>Continued From page 1</p> <p>-Stated "I can help [reposition] with the use of my top side rail." *His 2/19/14 Minimum Data Set (MDS) indicated side rails had not been used.</p> <p>2. Random observations from 3/31/14 through 4/2/14 of resident 6's bed revealed two raised half side rails attached to the upper half of her bed.</p> <p>Review of resident 6's medical record revealed: *There had been no assessment indicating a need for a side rail. *There had been no physician's order for a side rail. *Her revised 3/19/14 care plan: -Indicated she had required extensive assistance with repositioning in bed. -Stated "I can use the bed rail and need help with my legs." *Her 3/5/14 MDS indicated side rails had not been used.</p> <p>3. Random observations from 4/1/14 through 4/2/14 of resident 9's bed revealed one raised half side rail attached to the upper half of his bed.</p> <p>Review of resident 9's medical record revealed: *There had been no assessment indicating a need for a side rail. *There had been no physician's order for a side rail. *His revised 3/12/14 care plan: -Had not indicated the presence of the side rail. -Stated "I am totally dependent on staff to assist me with repositioning in my bed and chair." *His 2/26/14 MDS indicated side rails had not been used.</p>	F 221	<p>2.)When a restraint is deemed necessary by nursing associates, the Director of Nursing, Resident Care Supervisor and/or the Director of Social Services; a licensed nurse will complete a Pre-Restraining Evaluation form. If the resident meets criteria, a licensed nurse will obtain approval from resident's Healthcare POA and have them sign the Physical Restraint Consent Form and obtain a physician's order. Resident's care plan will be updated with type of restraint and interventions implemented. The MDS Coordinator and/or licensed nurse will document on the care plan and in Answers on Demand (AOD) electronic health records. The MDS Coordinator or designee will complete a Physical Restraint Elimination Review form at least quarterly to determine restraint reduction and/or elimination. As part of the MDS protocol, the MDS Coordinator or designee will document appropriate use of side rails. The Quality of Life (QOL) meeting, an interdisciplinary team, meets monthly and reviews restraint usage and appropriateness. The team coordinates the facility's restraint reduction efforts through a review of all restraint episodes.</p> <p>(continued on next page)</p>		

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F 221	<p>Continued From page 2 Surveyor: 29162</p> <p>4. Random observation throughout the entire survey from entrance on 3/31/14 at 2:30 p.m. through exit on 4/2/14 at 4:00 p.m. of resident 1's bed revealed one half side rail on the upper half of her bed near her bedside stand. During the observation time frame the side rail had been observed in the raised position three times.</p> <p>Review of resident 1's medical record revealed: *There had been no assessment indicating a need for a side rail. *There had been no physician's order for a side rail. *There had been focus areas on her care plan that had start dates of 2/21/14 for: -Activities of daily living as a problem that included use of side rails on the bed as having been helpful. -Pressure ulcers as a problem that included use of top side rails for repositioning. *Her 2/10/14 MDS indicated "bed rails" had not been used.</p> <p>5. Random observations throughout the entire survey from entrance on 3/31/14 at 2:30 p.m. through exit on 4/2/14 at 4:00 p.m. of resident 3's bed revealed one half side rail on the upper half of her bed and half side rail on the lower half of her bed. Those side rails had been on the side of her bed closest to her bedside stand. During the observation period those side rails had been observed in the raised position three times.</p> <p>Review of resident 3's medical record revealed: *There had been no assessment indicating a need for a side rail. *There had been no physician's order for a side rail.</p>	F 221	<p>3. Director of Nursing (DON) or designee will audit bed rail position monthly for appropriate use of bed rails (bed mobility) and any physical restraints currently in use. The DON or designee will report results of the audit to the Continuous Quality Improvement Committee for a period of 3 months or until substantial compliance has been achieved and maintained as determined by the QAPI Committee.</p>		

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F 221	<p>Continued From page 3</p> <p>*There had been no mention of side rails in her 1/21/14 care plan.</p> <p>*Her 1/8/14 MDS indicated "bed rails" had not been used.</p> <p>6. Random observations throughout the entire survey from entrance on 3/31/14 at 2:30 p.m. through exit on 4/2/14 at 4:00 p.m. of resident 8's bed revealed side rails on both sides of her bed. There were two half side rails on the upper half of her bed and two half side rails on the lower half of her bed. During the observation period the upper and lower side rails nearest her bedside table had been observed raised two times.</p> <p>Review of resident 8's medical record revealed: *There had been no assessment indicating a need for a side rail. *There had been no physician's order for a side rail. *There had been no mention of side rails in her 1/30/14 care plan. *There had been a statement under the activities of daily living area of her 1/30/14 care plan that had stated "Needs total assistance with bed mobility." *Her 1/31/14 MDS indicated "bed rails" had not been used.</p> <p>Surveyor: 12218</p> <p>7. Random observation from 3/31/14 through 4/2/14 of resident 2's bed revealed one raised half side rail attached to the upper half of her bed.</p> <p>Review of resident 2's medical record revealed: *There had been no assessment indicating the need or use of a side rail. *There had been no physician's order for a side</p>	F 221			

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F 221	<p>Continued From page 4 rail.</p> <p>*Her 12/21/13 initial temporary care plan completed upon return from the hospital with a pelvic fracture indicated: -Assist of one to two to do transfers. -Assist/Grab bar was checked under special equipment category</p> <p>*Her current 1/03/14 care plan: -Had not indicated the presence or the use of a side rail or grab bar. -Indicated she had required extensive assistance with transfers.</p> <p>Surveyor: 16385 8. Random observations from 3/31/14 through 4/2/14 of resident 5's bed revealed one raised half side rail attached to the upper half of her bed.</p> <p>Review of resident 5's medical record revealed: *There had been no assessment indicating a need for a side rail. *There had been no physician's order for a side rail. *Her 1/29/14 MDS had indicated: -Required extensive assistance of one person with bed mobility (how resident moves to and from lying position, turns side-to-side, and positions body while in bed). -Bed (side) rails had not been used. *Her care plan had indicated "provide extensive assistance with repositioning in my bed."</p> <p>9. Random observations from 3/31/14 through 4/2/14 of resident 7's bed revealed one raised half side rail attached to the upper half of her bed.</p> <p>Review of resident 7's medical record revealed: *There had been no assessment indicating a</p>	F 221			

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F 221	Continued From page 5 need for a side rail. *There had been no physician's order for a side rail. *Her 3/12/14 MDS had indicated: -Required extensive assistance of one person with bed mobility. -Bed (side) rails had not been used. *Her care plan had indicated "I like to use a turn rail on my bed so that I can reposition myself independently." 10. Interview on 4/2/14 at 9:30 a.m. with the director of nursing (DON) revealed restraint assessments were not completed for residents who had used the side rails for repositioning in bed or for transfer in and out of bed. She had stated she was not aware of that requirement. Review of the provider's 4/23/12 Restraint Use and Assessment policy revealed, "A thorough assessment of the resident by a nurse is required prior to initiating a restraint. The restraint must be the most appropriate and least restrictive device that allows the resident to retain as much dignity as possible."	F 221			
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: 29162 Based on observation, record review, interview, and policy review, the provider failed to ensure: *A nebulizer treatment had been administered	F 281			

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F 281	<p>Continued From page 6</p> <p>according to facility procedure by one of one unlicensed assistive personnel (UAP) B for one of one sampled resident (8) with a nebulizer treatment during two of two observed treatments. *Medications were administered in a safe manner by one of one observed UAP (A) during three of three observed medication passes. Findings include:</p> <p>1 a. Observation on 4/1/14 at 10:50 a.m. of resident 8 while she had been in her room revealed she had a facial nebulizer mask in place that was administering medication. Observations at 11:15 a.m. and 11:35 a.m. revealed the nebulizer was running but not misting. At 11:40 a.m. certified nursing assistant (CNA) D removed the nebulizer from the resident and turned it off. The resident did not assist CNA D. That nebulizer had been in place for 50 minutes.</p> <p>Interview on 4/1/14 at 11:40 a.m. with CNA D revealed she had removed the nebulizer mask from resident 8. She knew it was okay to remove the nebulizer, because it had not been "smoking." She stated she removed it if it was meal time, and the resident was ready to go.</p> <p>b. Interview on 4/1/14 at 11:45 a.m. with UAP B revealed she left resident 8 alone after she had started her nebulizer. She usually went back and took it off in fifteen to twenty minutes.</p> <p>Observation on 4/2/14 at 10:30 a.m. of resident 8 revealed UAP B started her nebulizer treatment and left the room.</p> <p>2. Observation on 3/31/14 from 5:30 p.m. through 5:50 p.m. of UAP A while he was preparing and passing medications in the dining room revealed</p>	F 281	<p>F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>1.)The services provided or arranged by the facility must meet professional standards of quality. All residents have the potential to be affected by this practice. UAP A and UAP B were given follow up education.</p> <p>2.)UAP B has been re-educated on General Dose Preparation and Medication Administration Policy, emphasized nursing associates should not leave medications or chemicals unattended. Education completed on 4/03/14.</p> <p>UAP A has been re-educated on General Dose Preparation and Medication Administration Policy, emphasized all measures required prior to administration of medication - verify each time a medication is administered that it is the correct medication, at the correct dose, at the correct route, at the correct rate, at the correct time for the correct resident. Education completed on 4/02/14.</p> <p>(continued on next page)</p>	4/03/14	

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F 281	<p>Continued From page 7</p> <p>three times he prepared medications for individual residents. All three of those times he did not compare their medication cards to the medication administration record (MAR).</p> <p>Observation on 4/1/14 from 4:50 p.m. through 5:10 p.m. of UAP A while he was preparing and passing medications to residents in the dining room revealed eight times he prepared medications for individual residents. All eight of those times he did not compare their medication cards to the MAR.</p> <p>3. Interview with UAP A on 4/1/14 at 5:50 p.m. revealed he would look at the MAR, memorize all of the residents medications, and then close the MAR book. He would then get the medication cards out of the drawer and punch the residents' medications into pill cups from memory. He stated he had not been taught to prepare medications that way. He stated he had been taught to compare the medication card directly with the MAR.</p> <p>Interview on 4/2/14 at 2:10 p.m. with the director of nursing revealed their protocol for administering nebulizer treatments was to stay with the resident throughout the entire treatment. She would have expected UAP B to have stayed with resident 8 during her treatments. She agreed UAP A had not prepared the medication in a safe manner.</p> <p>Review of the provider's last revised 1/1/13 General Dose Preparation and Medication Administration policy revealed each time medication had been administered it should have been verified that it was the correct medication, correct dose, correct route, correct time, and</p>	F 281	<p>3.)Resident Care Supervisor (RCS) or designee will be randomly monitoring UAP A & UAP B every week X 4 to ensure compliance with safe medication administration. Additional random monitoring will be done with other UAP - medication aides by RCS or designee every week X 4, then monthly x 2. The RCS or designee will report results of the audit to the Continuous Quality Improvement Committee in June where determination of frequency for continued monitoring will be made.</p>		

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F 281	Continued From page 8 correct resident.	F 281		

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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 4/2/14. Dow Rummel Village 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 <i>Rebecca Jarost</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4-29-14</i>
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DISCLOSED

MAY 01 2014

continuation sheet Page 1 of 1

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SOUTH DAKOTA DEPARTMENT OF HEALTH

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S 000	<p>Initial Comments</p> <p>Surveyor: 16385 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted from 3/31/14 through 4/2/14. Dow Rummel Village was found in compliance.</p>	S 000		

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

Rebecca Varis

TITLE

Administrator

DATE

STATE FORM

021199

UFUN11

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