

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

ORIGINAL

PRINTED: 03/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/05/2014
NAME OF PROVIDER OR SUPPLIER SANFORD CARE CENTER VERMILLION			STREET ADDRESS, CITY, STATE, ZIP CODE 125 WALKER ST VERMILLION, SD 57069		
(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: 32331 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 3/3/14 through 3/5/14. Sanford Care Center Vermillion was found not in compliance with the following requirement: F468.	F 000	<p><i>Addendums noted with an asterisk per 4/3/14 telephone to facility chief Nursing officer. JT/SDD/MLM</i></p> <p><u>F468 Plan of Correction:</u></p> <ol style="list-style-type: none"> Plant Operations staff secured the handrails to the walls on all halls – North, South, West and in the Special Care Unit on 3/4/14. The Care Center Environmental Rounds team will add a check for loose handrails quarterly on all halls with any variances reported immediately to the Plant Operations Manager for repair. A check of the handrails on all halls of the Care Center for maintenance needs was added to the Plant Operations' Preventative Maintenance schedule and quarterly Care Center Environmental Rounds checks. 		
F 468 SS=E	<p>483.70(h)(3) CORRIDORS HAVE FIRMLY SECURED HANDRAILS</p> <p>The facility must equip corridors with firmly secured handrails on each side.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 32331 Based on observation, interview, and testing, the provider failed to maintain handrails in a firmly secured manner in four of four neighborhood hallways (North, South, West, and the special care unit). Findings include:</p> <ol style="list-style-type: none"> Observation, interview, and testing on 3/4/14 at 9:25 a.m. in the North, South, and West neighborhood hallways revealed: *The handrails were not firmly secured and moved a half inch or more away from the wall when any weight was applied to them during testing on the following: -The North neighborhood between residents' rooms 102 and 104, 106 and 108, 107 and 109, and next to 110 and 114. -The South neighborhood next to the mechanical room door. -The West neighborhood between the residents' lounge area and resident's room 132. 	F 468			

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

TITLE

(X6) DATE

Timothy J. Tracy

CEO

3/27/14

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2014
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NAME OF PROVIDER OR SUPPLIER SANFORD CARE CENTER VERMILLION	STREET ADDRESS, CITY, STATE, ZIP CODE 125 WALKER ST VERMILLION, SD 57069
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F 468	<p>Continued From page 1</p> <p>Observation, interview, and testing on 3/4/14 at 2:20 p.m. with the plant manager and maintenance assistant staff A in the neighborhood hallways as listed above and in the special care unit neighborhood regarding the handrails revealed:</p> <p>*In the special care unit between residents' rooms 121 and 123, 122 and 124, and next to room 130 were not firmly secured to the wall and moved when tested.</p> <p>*The plant manager and staff A agreed the handrails in the above noted locations were not firmly attached to the walls.</p> <p>*The plant manager revealed they had an environmental safety walk through on a quarterly basis each year and a monthly preventive maintenance program that had not included testing the handrails.</p> <p>*The plant manager confirmed:</p> <ul style="list-style-type: none"> -They did not have a policy and procedure for handrails. -They did not have a handrail maintenance program. 	F 468	<p>*the plant manager will provide JT/SDDH/MF</p> <p>4. At the quarterly Care Center CQI Meeting beginning with the April 2014 meeting a review of the quarterly handrail</p> <p>checks from the PM log and environmental rounds will be reviewed by the committee to ensure they have been checked at least quarterly and any handrails identified as loose have been fixed by Plant Operations staff.</p>	<p>Completion date: 3/19/14</p>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A098	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
NAME OF PROVIDER OR SUPPLIER SANFORD CARE CENTER VERMILLION			STREET ADDRESS, CITY, STATE, ZIP CODE 125 WALKER ST VERMILLION, SD 57069	
(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
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 3/4/14. Sanford Care Center Vermillion 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
Timothy J. Tracy TITLE **CEO** (X6) DATE **3/27/14**

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SOUTH DAKOTA DEPARTMENT OF HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10697	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2014
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NAME OF PROVIDER OR SUPPLIER SANFORD CARE CENTER VERMILLION	STREET ADDRESS, CITY, STATE, ZIP CODE 125 WALKER STREET VERMILLION, SD 57069
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S 000	Initial Comments Surveyor: 32331 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted from 3/3/14 through 3/5/14. Sanford Care Center Vermillion was found in compliance.	S 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Timothy J. Traeger</i>	TITLE <i>CEO</i>	(X6) DATE <i>3/27/14</i>
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