

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435080	(X2) MULTIPLE CONSTRUCTION A. BUILDING----- B. WING	(X3) DATE SURVEY COMPLETED 09/30/2015
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NAME OF PROVIDER OR SUPPLIER BETHESDA OF BERESFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 606 W CEDAR BERESFORD, SO 57004
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F 000 INITIAL COMMENTS **Addendums noted with an asterisk per 11/10/15 per telephone with facility administrator* F 000
 Surveyor: 34030 (CEO). SW/SDDOH/EL
 A recertification health survey for compliance with 42 CFR Part 483, Subpart 8, requirements for long term care facilities, was conducted from 9/28/15 through 9/30/15. Bethesda of Beresford was found not in compliance with the following requirements: F280 and F281.

F 280 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP F 280
 SS-D

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.

**All other residents with self-administration medications will be identified and care plans will be updated accordingly. SW/SDDOH/EL*

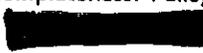
This REQUIREMENT is not met as evidenced by:
 Surveyor: 32335
 Based on observation, record review, interview, and policy review, the provider failed to revise

F280 RIGHT TO ANTICIPATE PLANNING CARE-REVISE CP
 Corrective Action:
 Resident #6: Self-Administration of Medications-

a. Resident #6 had a physician order to self-administer medications. The list of medications on the self-administer assessment did not match the list of self-administered medications on the careplan. The careplan was updated on 9/23/15 to reflect resident's preference to self-administer medications left at bedside by nurse/MA and creams/ointments that can be self-applied.

**11/13/15 SW/SDDOH/EL*

b. 

c. Changes to be made: The nurse obtaining the order for self-administration of medications will update the careplan and eMAR to ensure completeness. Policy has been updated  **SW/SDDOH/EL*

Changes to Process:
 Resident #6: Self-Administration of Medications-
 a. A self-administration note pertinent to each individual resident will be added to the "Administration Notes" section of the eMAR.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Scott C. Lane</i>	TITLE Administrator	(X6) DATE 10/21/15
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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.

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

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FORM APPROVED
OMB NO 0938-0391

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F 280	Continued From page 1 and update resident care plans for 2 of 13 sampled residents (6 and 10). Findings include: 1. Review of resident 6's medical record revealed she had a physician's order to self-administer her medications after the nurse had dispensed them. Review of resident 6's 9/16/15 self-administration assessment revealed the following medications were approved for her to self-administer: *Calcium with vitamin D. *Cranberry. *Multivitamin. *Fionase (nasal spray). *Lexapro (used to treat anxiety and major depressive disorder). *Lisinopril (used to treat high blood pressure and congestive heart failure). *Milk of magnesia (used to treat constipation). *Miralax (used to treat constipation). *Fish Oil. *Prilosec (used to treat symptoms of a digestive disorder). *Atenolol (used to treat chest pain and high blood pressure). *Vitamin C. *Aiprazolam (used to treat anxiety disorders, panic disorders, and anxiety). *Nasal strips. *Clotrimazole (used to treat fungal infections). *Neutrogena lotion. Interview on 9/30/15 at 11:00 a.m. with licensed practical nurse C revealed she was unaware resident 6 had a self-administration order for any medications. She was aware she was able to keep some lotions at her bedside. Interview on 9/30/15 at 1:35 p.m. with clinical care	F 280	Monitoring: Resident #6: Self-Administration of Medications- a. Clinical Care Coordinators (CCC) will complete an audit of each resident's self-administration of medications on eMAR and careplan. b. CCC will complete audits on residents corresponding with the quarterly/annual MDS schedule or with a significant change. c. The CCC will report audit results at QA meetings quarterly x 4. Correction Date: Resident #6: Self-Administration of Medications- Audits will be implemented by 10/26/15. Education provided by DON on updated policy, Care Planning and documentation to be completed with Nurses on 10/22 and at all staff meeting on 10/27. F280 RIGHT TO ANTICIPATE PLANNING CARE-REVISE CP Corrective Action: Resident #10: Infection Control practices- a. Resident #10 was returned to facility with diagnosis of MRSA in the urine. Procedure is to add Infection Control Alert to careplan pocket along with temporary careplan. This step was overlooked upon admission. On 9/30/15, Infection Control Alert document was added to careplan pocket and "MRSA in urine" and "contact isolation" was added to	

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F 280	<p>Continued From page 2</p> <p>coordinators A and B revealed resident 6 liked to have her morning medications left in her room, so she could get up when she wanted. She also liked having her bedtime pills left at her bedside.</p> <p>Review of resident 6's 7/1/15 care plan revealed she had a goal "to keep and administer some of her ointments, lotions and nasal strips." She kept clotrimazole ointment, Neutrogena lotion, and nasal strips at her bedside. There had been no documentation of her medications being left at her bedside in the morning or at bedtime.</p> <p>2. Observation on 9/29/15 at 8:30a.m. revealed there was an isolation cart containing gloves and gowns outside of resident 10's room.</p> <p>Interview at that time with the director of nursing revealed resident 10 had returned from the hospital at the end of the day on 9/28/15. He had methicillin-resistant staphylococcus aureus (MRSA, an infection resistant to certain antibiotics). After confirming with another staff member she informed this surveyor the MRSA was in his urine. He was on contact isolation that meant if staff were making contact with the resident they were required to wear gloves and sometimes a gown.</p> <p>Review of resident 10's 9/28/15 temporary care plan revealed it had not included him being on contact isolation or having MRSA</p> <p>3. Interview on 9/30/15 at 2:00p.m. with the director of nursing revealed the care plan for resident 6 should have included the medications being left at her bedside in the morning and in the evening. Resident 10's temporary care plan should have included the contact precautions for</p>	F 280	<p>a. Other potential residents identified to have MDRO will have MDRO placed on the facesheet of EMR. This will help with continuity of care amongst providers when identified residents are discharged, transferred, or have follow-up appointments outside of the facility and with readmissions upon return to our facility.</p> <p>Changes to Process: Resident #10: Infection Control practices-</p> <p>a. The charge nurse will notify the Infection Control nurse (or designee) of any infectious disease diagnosis.</p> <p>b. Infection Control section was added to the temporary careplan. It includes MDRO (organism) and site. And type of isolation [REDACTED]. The admitting nurse will update the temporary careplan appropriately.</p> <p>c. MDRO will be added to facesheet upon admission or when new diagnosis is identified.</p> <p>Monitoring: Resident #10: Infection Control practices-</p> <p>a. The careplan and facesheet will be audited by the Infection Control Nurse (or designee) following admission to verify adequate documentation of any identified Infection Control diagnosis and appropriate interventions x 4months for compliance.</p> <p>b. The above compliance report will be presented by the IC nurse at the QA meeting quarterly x 4.</p>		

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F 280	Continued From page 3 the MRSA	F 280	Correction Date: Resident #10: Education provided by DON on Care Planning and documentation to be completed with Nurses on 10/22 and at all staff meeting on 10/27. This process will go into effect 10/22/15.		
F 281 SS=D	Review of the provider's Resident Assessment and Care Planning Using the Minimum Data Set 3.0 policy revealed goals on the care plan should have been "realistic and measurable, include a time frame, when appropriate, and will reflect the unique needs of the resident." When a resident was admitted into the facility a temporary care plan should have been completed within twelve hours by the admitting nurse. That care plan was to serve as the short-term plan of care. 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: 32335 Based on record review, interview, and policy review, the provider failed to follow-up on a medication error for one of one sampled resident (6) on a scheduled two medication. Findings include: 1. Review of resident 6's medical record revealed a fax to the physician on 9/7/15 stating resident 6 had been given oxycodone 5 milligrams (mg) instead of morphine 15 mg at bedtime on 9/6/15. Review of resident 6's 8/17/15 physician's orders confirmed she did not have an order for oxycodone. She did have an order for morphine 15 mg tablet immediate release.	F 281	F281 Services Provided Meet Professional Standards Corrective Action: Resident #6- 9/30/15 when it was identified the Medication error involved more than one resident, DON researched the involvement of the other resident. Resident #6 had received a medication that was not prescribed for her. The physician had been notified at time of event. DON did notify Pharmacy provider 9/30/15 of medication error and identification of proper charges. DON verified that documentation did reveal the medication count was corrected at time of event; error was identified on both controlled substance records. Changes to the Process: a. Medication errors will be reviewed with nursing management team as they occur to ensure proper investigation and follow-up. b. Medication Error report has been developed to include Date of error, Staff involved with error, 6 Rights and determination of which Right was affected, indication of narcotic involvement and follow-up * This form will be	* 11/13/15 SWISDDO#EL	

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F 281	<p>Continued From page 4</p> <p>Review of resident 6's 9/7/15 medication error report revealed she had been given another resident's oxycodone. No information had been documented regarding whose oxycodone it had been, if the oxycodone had been counted, or if the pharmacy had been contacted.</p> <p>Interview on 9/30/15 at 9:15 a.m. with the director of nursing revealed she thought resident 6 had an order for the oxycodone. Because of that she had not looked into the issue any further. The only thing she had done was to speak to the nurse responsible about the six rights of medication administration.</p> <p>Review of the provider's 9/12/06 Medication, General Rules policy revealed <i>staff</i> should only give medications upon a written order of a physician. "If medications are not dispensed utilizing the six rights resulting in a medication error, an occurrence report will be filed...The director of nursing will review, follow-up/educate and report medication errors at the QA [quality assurance] meeting."</p>	F 281	<p>submitted for review at QA meeting. It will allow an "at a glance" summarization of number and types of medications errors on a monthly basis.</p> <p>Monitoring:</p> <p>a. Data to be monitored: Medication error reports will be pulled from Matrix and reviewed with Nursing Management team each week. The DON or Designee will pull the report. The DON or Designee will add this data to the Medication Error Report form. This Medication Error Report will be included and reported at the QA monthly meeting. The data will also be reported at the monthly nursing department meeting.</p> <p>Correction date: This process will go into effect 10/26/15. Education provided by DON on medication error reporting and follow-up to be completed with Nurses on 10/22 and at all staff meeting on 10/27.</p>	

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ORIGINAL

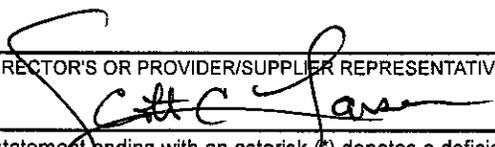
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 9/29/15. Bethesda of Beresford was found in compliance with 42 CFR 483.70 (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



Administrator

10/21/15

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ORIGINAL

South Dakota Department of Health

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S 000	<p>Initial Comments</p> <p>Surveyor: 34030 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted from 9/28/15 through 9/30/15. Bethesda of Beresford was found in compliance.</p>	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 10/21/15
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