

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

ORIGINAL

PRINTED: 03/18/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435083	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2015
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NAME OF PROVIDER OR SUPPLIER THE NEIGHBORHOODS AT BROOKVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 YORKSHIRE DR BROOKINGS, SD 57006
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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
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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 3/9/15 through 3/11/15. The Neighborhoods at Brookview were found not in compliance with the following requirements: F431 and F441.	F 000	Addendums noted with an asterisk per 4/15/15 telephone to facility administrator. JTSDDH/MF	
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to	F 431	F431 1. The system for Fentanyl Patch destruction is compromised. All nursing staff that disposes of full sharps containers will be instructed on proper disposal of the sharps containers *by the director of nursing (copy). 2. Biohazard bin will be removed from the [redacted] medication room. The keypad to the Biohazard room in the service wing will be disabled. The door will only allow key access. Only the [redacted] *DON Maintenance staff will be permitted to have a key. *Maple/ASH JTSDDH/MF *see page 2. JTSDDH/MF	* [redacted] 4/15/15 JTSDDH/MF JTSDDH/MF JTSDDH/MF

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 3/26/15
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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 45 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continue program participation.

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F 431	<p>Continued From page 1</p> <p>abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 32332 Based on observation, interview, and policy review, the provider failed to have a system in place to secure Fentanyl (government-controlled narcotic medication) awaiting destruction. Findings include:</p> <p>1. Interview on 3/11/15 at 10:05 a.m. with registered nurse (RN) E revealed: *When Fentanyl patches were removed from a resident's skin they were signed off by two nurses as removed, then placed in a sharps container (a box that contained sharp objects such as used needles) on the medication cart. *After the sharps container was full it was placed in a storage container in the Elm/Pine medication room until it could be incinerated.</p> <p>Interview on 3/11/15 at 10:20 a.m. with RN F in the Elm/Pine medication room revealed a sharps biohazard (substances that pose a threat the humans, such as medical waste) collection storage box. RN F reported: *When the collection storage box was full she called the maintenance department to pick it up. *The maintenance person then placed the container in the service wing until it was hauled away for incineration.</p> <p>Observation of the service wing revealed:</p>	F 431	<p>3. The DNS/designee will complete random audits to insure that the door to the Bio-hazard room is locked weekly x 4, then monthly x 3. Results of the audits will be reported by the DNS and discussed at the monthly Quality Assessment and Assurance for further review and recommendations and/or continuation/discontinuation of audit.</p> <p>4. April 25, 2015</p> <p><i>* (continued from bottom of page 1) maintenance staff was informed by the administrator regarding the door changes for the biohazard room on 3/11/15. JTS/DOH/MF</i></p>	

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F 431	<p>Continued From page 2</p> <p>*Staff members had access to the wing by using their badges to open the secured door.</p> <p>*A room on that wing had a locked door with push-button numbers.</p> <p>*The access code was the same code all staff used to access secured neighborhood doors.</p> <p>Interview on 3/11/15 at 2:00 p.m. with the director of nursing and the administrator revealed:</p> <p>*The push-button entry door was accessible to all staff (licensed and unlicensed) who had access to the other push-button doors in the building with the same code.</p> <p>*Narcotic medications in the sharps containers awaiting destruction in the service wing had not been secured.</p> <p>Review of the provider's January 2014 Controlled Medication Disposal policy revealed:</p> <p>*Only authorized licensed nursing and pharmacy personnel had access to controlled medications.</p> <p>*If a resident refused a controlled medication two licensed staff witnessed disposal of the medication in the sharps container.</p> <p>*Two licensed staff were to have destroyed Fentanyl patches into the sharps container.</p> <p>*No indication where the sharps container was to have been stored awaiting incineration.</p>	F 431		
F 441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program</p>	F 441	<p>F441</p> <p>*including CNA A and CNA B JTSDDHME</p> <p>1. All residents requesting a whirlpool bath are at risk. All nursing staff that performs bathing duties will be instructed on the correct whirlpool cleaning procedures.</p>	<p>* [REDACTED]</p> <p>4/25/15 JTSDDHME</p>

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F 441	<p>Continued From page 3</p> <p>The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 35121 Preceptor: 32332 Based on observation, interview, and disinfection instructions review, the provider failed to follow manufacturer's instructions for disinfecting two of two whirlpool tubs during cleaning observations by two of two certified nurse aides (CNA) A and</p>	F 441	<p>2. Staff Development Director will provide education to all of the nursing staff that performs bathing duties on the correct way to clean and sanitize the whirlpool tub according to the manufactures guidelines. The in-service/training will be completed by April 6, 2015.</p> <p>3. The DNS/designee will complete random audits to insure proper cleaning of the whirlpool tubs weekly x 4, then monthly x 3. Results of the audits will be reported by the DNS and discussed at the monthly Quality Assessment and Assurance for further review and recommendations and/or continuation/discontinuation of audit.</p> <p>4. April 25, 2015</p>	

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F 441	<p>Continued From page 4</p> <p>B. Findings include:</p> <p>1. Observation on 3/10/15 at 9:14 a.m. with certified nurse aide (CNA) A revealed she: *Added approximately three inches of disinfectant to the foot well of the tub. *Added water in the tub until it covered the backrest of the shower chair. *Did not: -Start the air blower. -Allow air blower to run for 30 seconds.</p> <p>Interview on 3/10/15 at 9:24 a.m. with CNA A revealed she "Always cleans it this way."</p> <p>Observation on 3/10/15 at 9:46 a.m. with CNA B revealed she: *Added disinfectant to the foot well of the tub until it just covered the jets on the bottom of the tub. *Added water in the tub until it reached above the seat of the shower chair. *Did not: -Use one to one half gallons of disinfectant. -Rinse the air jets. -Perform the final rinse of the whirlpool.</p> <p>Interview on 3/10/15 at 10:06 a.m. with CNA B revealed she: *Was not sure exactly how much disinfectant she used. *Had been told to hold the disinfectant button down for 20 seconds. *Added enough disinfectant to cover the jets on the bottom of the tub. *Had been trained "By whoever I followed and showed me how." *Had attended neighborhood "Refresher training meetings here and there."</p>	F 441			

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F 441	<p>Continued From page 5</p> <p>Review of the undated manufacturer's Cascade Aqua-Aire Bathing System Disinfection Instructions revealed:</p> <p>*"Press and hold the Rinse button located on the left side of the control panel until clear water runs from all the air jets. Then release the Rinse button."</p> <p>*"Finish rinsing the interior surfaces of the tub with the shower sprayer."</p> <p>Surveyor: 32332</p> <p>Interview on 3/11/15 at 2:00 p.m. with the director of nursing and the administrator regarding the whirlpool tub cleaning observations revealed:</p> <p>*Their expectation had been the whirlpool tub should have been cleaned according to the manufacturer's guidelines.</p> <p>*The policy the staff were to have followed was the manufacturer's instructions.</p> <p>*Those instructions had been posted in each whirlpool tub location.</p> <p>*Staff received their training from the whirlpool tub manufacturer's representative.</p> <p>*The administrator had phoned their whirlpool representative and was informed:</p> <p>-The whirlpool tub automatically mixed the correct amount of water with disinfectant as it was sprayed into the tub.</p> <p>-For proper disinfection no more water should have been added to the tub.</p> <p>*Staff had not followed the manufacturer's instructions for tub disinfection.</p> <p>Review of the manufacturer's undated Bathing System Disinfection Instructions revealed the bathing assistant was to:</p> <p>*"Press and hold the Disinfect Button located on the left side of the tub. As the button is held</p>	F 441		

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F 441	Continued From page 6 down, the properly mixed cleaning solution is running through the air injection system and out all the air jets. Release the button after you see solution coming out of the air jets and you have 1 to 1 1/2 gallons of disinfectant solution in the foot of the tub." *After the tub had been scrubbed the disinfectant was to have been allowed to set for ten minutes then the tub and jets were rinsed with water. *After rinsing, the bathe aid was to have pressed the air blower button and allowed it to run for thirty seconds. "This pushes the rinse water out of the air injection system."	F 441			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435083	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2015
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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 new health care occupancy) was conducted on 03/11/15. The Neighborhoods at Brookview was found in compliance with 42 CFR 483.70(a)(1) requirements for Long Term Care Facilities.</p> <p>The building will meet the requirements of the 2000 LSC for New Health Care Occupancies in conjunction with the provider's commitment to continued compliance with the fire safety standards.</p>	K 000		9/0
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 3-26-15
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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.

MAR 30 2015

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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10600	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/11/2015
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NAME OF PROVIDER OR SUPPLIER THE NEIGHBORHOODS AT BROOKVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 YORKSHIRE DRIVE BROOKINGS, SD 57006
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S 000	Initial Comments Addendums noted with an asterisk per 4/10/15 telephone to facility administrator. JTS/DOH/ME	S 000	S 130	[Redacted] 4/10/15 JTS/DOH/ME
S 130	44:04:02:06 FOOD SERVICE Food service must be provided by a licensed facility or food establishment that is inspected by a local, state, or federal agency. The facility must meet the safety and sanitation procedures for food service in chapters 44:02:07:01, 44:02:07:02, and 44:02:07:04 to 44:02:07:95, inclusive, the Food Service Code. In addition, a mechanical dishwasher must be provided in all facilities of 20 beds or more. The facility must have the space, equipment, supplies, and mechanical systems for efficient, safe, and sanitary food preparation if any part of the food service is provided by the facility. This Administrative Rules of South Dakota is not met as evidenced by: Surveyor: 32331 Based on observation, interview, and policy review, the provider failed to ensure proper hand hygiene by five of five randomly observed dietary staff (E, F, G, H, and I) for four of four meal observations in two of three galley kitchens (Ash/Maple and Oak/Birch). Findings include: 1. Observation on 3/9/15 from 5:45 p.m. through	S 130	1. All residents are at risk. The Dietary Service Manager will re-educate the dietary staff on the hand hygiene requirements that are listed in our policy. 2. The Dietary Services Manager will in-service all dietary staff V on the proper hand hygiene requirements that are stated in our policy. In-service will be completed no later than April 6, 2015. *including staff E, F, G, H, and I JTS/DOH/ME 3. The Dietary Services Manager will complete audits weekly X 4, then monthly X 3 to insure that proper hand hygiene is being performed by the food service workers working in the galley kitchens. Results of the audits will be reported by the Dietary Services Manger at the monthly Quality Assessment and Assurance meeting for further review and recommendations and/or continuation/discontinuation of audit.	

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

[Handwritten Signature]

STATE FORM

6899

17X111

TITLE: *Administrative* (X6) DATE: _____

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South Dakota Department of Health

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S 130	<p>Continued From page 1</p> <p>6:00 p.m. during the evening meal service in the Ash/Maple galley kitchen revealed: *Cook I: -With gloved hands opened and closed the refrigerator door, opened the microwave door, opened a cupboard door and obtained a plate, cut up a hot dog with a fork, opened a freezer door and obtained a bacon package, unrolled the bacon from the package, opened the freezer door and placed the bacon package inside, placed the bacon on a plate, opened the microwave, placed bread in the toaster, and then buttered the toast. -After the above observation the gloves were removed, hands were not washed, and new gloves were put on. -With gloved hands opened the refrigerator door and obtained lettuce and salad dressing, closed the refrigerator door, and made a bacon/lettuce/tomato sandwich for an unidentified resident. -At no time were the hands washed.</p> <p>2. Observation on 3/10/15 from 8:12 a.m. through 8:22 a.m. during the breakfast meal service in the Ash/Maple galley kitchen revealed: *Cook H: -With gloved hands was preparing bacon. -After the above observation the gloves were removed, hands were not washed, and new gloves were put on. -With gloved hands broke two eggs and placed them in the fry pan. -At no time were the hands washed.</p> <p>3. Observation on 3/10/15 from 9:45 a.m. through 10:03 a.m. during the breakfast meal service in the Oak/Birch galley kitchen revealed: *Cook G: -With gloved hands was preparing pancakes. -After the above observation the gloves were</p>	S 130	4. April 25, 2015	

South Dakota Department of Health

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S 130	<p>Continued From page 2</p> <p>removed, hands were not washed, and new gloves were put on.</p> <p>-With gloved hands opened and closed the refrigerator door, served a resident meal to an unidentifed staff person, buttered pancakes, and placed syrup on top of the pancakes, served another resident meal, and then removed gloves.</p> <p>-At 10:03 a.m. she washed her hands for less than ten seconds.</p> <p>*Employees were to have vigorously washed their hands and the exposed portions of their arms with soap and warm water for at least twenty seconds.</p> <p>*Dietary assistant E:</p> <p>-With gloved hands was preparing resident meal trays, placed toast in the toaster and buttered the toast, opened and closed the refrigerator, opened a container of prunes, and dished up the prunes.</p> <p>-At no time were the hands washed.</p> <p>4. Observation on 3/10/15 from 11:20 a.m. through 11:39 a.m. during the noon meal service in the Ash/Maple galley kitchen revealed:</p> <p>*Cook H:</p> <p>-Was observed taking off her gloves, hands were not washed, and new gloves were put on.</p> <p>-With gloved hands took food temperatures, removed her gloves, hands were not washed, and new gloves were put on.</p> <p>-With gloved hands cut up pizza with a cutting tool and opened and closed the refrigerator.</p> <p>-After the above observation she removed her gloves, hands were not washed, and new gloves were put on.</p> <p>-With gloved hands opened and closed the refrigerator and obtained cottage cheese, opened and closed a drawer and obtained a scoop, dished up lettuce, opened and closed the refrigerator, and held a tomato while cutting it up with a knife.</p>	S 130		
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South Dakota Department of Health

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

THE NEIGHBORHOODS AT BROOKVIEW **2421 YORKSHIRE DRIVE**
BROOKINGS, SD 57006

(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) COMPLETE DATE
S 130	<p>Continued From page 3</p> <p>-At 11:32 a.m. she removed the gloves, hands were not washed, and new gloves were put on.</p> <p>-With gloved hands continued to cut tomatoes, took pizza out of a pizza box and placed on a plate, and made a salad with the lettuce and the tomatoes.</p> <p>-After the above observation removed the gloves, hands were not washed, and new gloves were put on.</p> <p>-With gloved hands opened the freezer and removed a bag with sausage and closed the freezer, opened the microwave, placed the sausage inside, and closed the microwave.</p> <p>-At 11:39 a.m. she removed the gloves and hands were washed for less than ten seconds.</p> <p>*After the above observation she put on new gloves and with those gloved hands she:</p> <p>-Opened and closed the refrigerator.</p> <p>-Took cheese slices out of a bag.</p> <p>-Opened a bag of buns and removed a bun.</p> <p>-Placed a slice of cheese on that bun.</p> <p>*She removed her gloves, hands were not washed, and new gloves were put on.</p> <p>*Cook F:</p> <p>-With gloved hands was preparing resident food trays, opening and closing the refrigerator, cupboards, and drawers.</p> <p>-At 11:39 a.m. she removed her gloves and hands were washed for less than ten seconds.</p> <p>Interview on 3/11/15 at 10:45 a.m. with the certified dietary manager and the food service supervisor confirmed:</p> <p>*Gloves were to have been changed when they had become dirty or contaminated and before starting another task.</p> <p>*Hands were to have been washed before putting gloves on.</p> <p>*Hands were to have been washed for at least twenty seconds.</p>	S 130		

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NAME OF PROVIDER OR SUPPLIER THE NEIGHBORHOODS AT BROOKVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2421 YORKSHIRE DRIVE BROOKINGS, SD 57006
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S 130	<p>Continued From page 4</p> <p>Review of the provider's June 2013 Sanitation in Food Handling policy revealed: *All staff were to have maintained proper handwashing technique. *General guidelines had included: -Wash hands after handling fresh produce. -Wash hands after touching anything that might contaminate hands such as dirty equipment or work surfaces. *Handwashing technique had included: -Rub hands together, using a rotary motion and some friction for ten to fifteen seconds. -Rinse hands well under running water, holding them so the water flows from the wrists down the fingers.</p> <p>Review of the provider's undated Using Gloves policy revealed: **Wash hands before putting gloves on. *Do not use gloves as a replacement for handwashing. *Always take gloves off when you go to the restroom, go on break, or leave your work area. *Always change gloves when they are torn, dirty, or contaminated and before starting another job."</p>	S 130		
S 166	<p>44:04:02:17(1-10) OCCUPANT PROTECTION</p> <p>The facility must take at least the following precautions: (1) Develop and implement a written and scheduled preventive maintenance program; (2) Provide securely constructed and conveniently located grab bars in all toilet rooms and bathing areas used by patients or residents; (3) Provide a call system for each...resident bed and in all toilet rooms and bathing facilities</p>	S 166	<p>S166</p> <p>1. All residents are at risk. The front entrance to the facility will be mag-locked and alarmed when doors cannot be supervised by staff.</p>	<p>* [REDACTED]</p> <p>4/25/15 JTSDDHMF</p>

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S 166	<p>Continued From page 5</p> <p>routinely used by...residents. The call system must be capable of being easily activated by the...resident and must register at a station serving the unit;</p> <p>(4) Provide handrails firmly attached to the walls on both sides of all resident corridors in nursing facilities;</p> <p>(5) Provide grounded or double-insulated electrical equipment or protect the equipment with ground fault circuit interrupters. Ground fault circuit interrupters must be provided in wet areas and for outlets within six feet of sinks;</p> <p>(6) Install an electrically activated audible alarm on all unattended exit doors in nursing facilities. Other exterior doors must be locked or alarmed. The alarm must be audible at a designated nurses' station and may not automatically silence when the door is closed;</p> <p>(7) Portable space heaters and portable halogen lamps may not be used in a facility;</p> <p>(8) Household-type electric blankets or heating pads may not be used in a facility;</p> <p>(9) Any light fixture located over a...resident bed, in any bathing or treatment area, in a clean supply storage room, any laundry clean linen storage area, or in a medication set-up area must be equipped with a lens cover or a shatterproof lamp; and</p> <p>(10) Any clothes dryer must have a galvanized metal vent pipe for exhaust.</p> <p>This Administrative Rules of South Dakota is not met as evidenced by: Surveyor: 32573 Based on observation, interview, and policy review, the provider failed to ensure one of one front exit doors was alarmed or attended at all</p>	S 166	<p>2. The Administrator will in-service all staff to educate them that the front doors will be locked/alarmed when there is no staff to supervise the doors. The in-service will be completed no later than April 6, 2015.</p> <p>3. The Administrator/designee will complete audits weekly x 4 then monthly x 3 to ensure the doors are locked/alarmed when they are not being supervised by staff. Results of the audits will be reported by the Administrator and discussed at the monthly Quality Assessment and Assurance meetings for further review and recommendations and/or continuation/discontinuation of audits.</p> <p>4. April 25, 2015</p>	

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S 166	<p>Continued From page 6</p> <p>times. Findings include:</p> <p>1. Observation throughout the survey from 3/9/15 through 3/11/15 revealed the front door was either not alarmed or attended at all times surveyors were present (attended after 8:00 a.m. until about 5:30 p.m.). There were three hallways off of the front door that led to three neighborhoods where residents resided. Those neighborhoods were broken up into six households. There were doors to enter and exit the six households. Those doors had been unalarmed while surveyors had been present.</p> <p>Interview on 3/11/15 at 11:00 a.m. with the front desk receptionist revealed she watched the front door from 8:00 a.m. to 5:00 p.m. Monday through Friday. No one was assigned to watch the front door from 5:00 p.m. to 8:00 a.m. when she was not working. No one worked at the front desk on the weekends.</p> <p>Interview on 3/11/15 at 12:00 noon with the administrator revealed the front door had been alarmed from 9:00 p.m. until 5:00 a.m. every day. Each household door was alarmed at 7:00 p.m. until 5:00 a.m. That left household doors and the front door either unalarmed or unattended from 5:00 p.m. until 7:00 p.m. and 5:00 a.m. to 8:00 a.m. Monday through Friday. Those doors were either unalarmed or unattended from 5:00 a.m. until 7:00 p.m. on Saturdays and Sundays. He felt the facility had been staffed well enough to keep an eye on the doors during those times. He understood that did not meet the requirements that the exit door be either alarmed or attended twenty-four hours a day.</p> <p>Review of the 1/1/14 Door Locking Times policy revealed the above stated times had been the</p>	S 166		
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S 166	Continued From page 7 provider's policy. Residents with Wander Guard bracelets (bracelet alarm for wandering residents) would have caused any of the doors to lock if they had tried to exit the households at any time.	S 166	IS 301	[REDACTED]
S 301	44:04:07:16 Required dietary inervice training The dietary manager or the dietitian in ...nursing facilities...shall provide ongoing inservice training for all dietary and food-handling employees...Topics shall include: food safety, handwashing, food handling and preparation techniques, food-borne illnesses, serving and distribution procedures, leftover food handling policies, time and temperature controls for food preparation and service, nutrition and hydration, and sanitation requirements. This Administrative Rules of South Dakota is not met as evidenced by: Surveyor: 32331 Based on record review, interview, and policy review, the provider failed to ensure seven of nine required annual in-service training sessions (food safety, food handling and preparation techniques, food-borne illness, serving and distribution procedures, leftover food handling policies, time and temperature controls for food preparation and service, and sanitation requirements) were offered yearly for all food handling staff. Findings include: 1. Record review of the required in-service training sessions from February 2014 through March 10, 2015 for all food handling staff revealed:	S 301	<ol style="list-style-type: none"> All residents are at risk. The Dietary Services Manager will provide ongoing annual in-service training to all food handling staff. The Dietary Services Manager will develop an education calendar to insure that all trainings will be completed*see page 9. The Administrator will in-service the Dietary Services Manager and the Staff Development Director regarding he requirement to provide annual education to all food handling staff to include the following: food safety, hand washing, food handling and preparation techniques, food-borne illnesses, serving and distributing procedures, left over food handling, time and preparation controls for food preparation and service, nutrition and hydration and sanitization requirements. In-service to the Dietary Services manager and Staff 	<p>4/20/15 JTSDDO4/MF</p> <p>JTSDDO4/MF</p>

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S 301	<p>Continued From page 8</p> <p>*Those staff had received no annual training on the following: -Food safety. -Food handling and preparation techniques. -Food-borne illness. -Serving and distribution procedures. -Leftover food handling policies. -Time and temperature controls for food preparation and service. -Sanitation requirements.</p> <p>Interview on 3/10/15 at 3:20 p.m. with registered nurse J and at 3:25 p.m. with the certified dietary manager (CDM), and at 5:40 p.m. with the director of nursing regarding required annual in-service training sessions for all food handlers revealed food handling staff were identified as dietary, nursing, and activities.</p> <p>Interview on 3/11/15 at 10:45 a.m. with the CDM regarding required annual in-service training sessions for all food handlers revealed: *There had been an in-service on the above listed topics for all dietary staff. *There had not been an in-service on those topics for all staff identified as food handlers. *He had not known that all food handling staff were to have received that annual in-service training.</p> <p>Review of the provider's August 2011 Food Safety Training Attendance Roster policy revealed there was to have been ongoing training for all employees.</p>	S 301	<p>Development Director will be completed no later than April 6, 2015.</p> <p>3. The Administrator or Designee will complete audits monthly x 4 to ensure that the Dietary Services Manager or the Staff Development Director has provided all food handling staff with the required annual education. Results of the audits will be reported by the Administrator and discussed at our monthly Quality Assessment and Assurance meetings for further review and recommendations and/or continuation/discontinuation of audits.</p> <p>4. April 25, 2015</p> <p><i>*(continued from page 8, #1) by the Dietary Services Manager, Staff Development Director, and the Registered Dietitian by 4/21/15 for all food handlers. JTSDDH/MF</i></p>	
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