

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

**ORIGINAL**

PRINTED: 12/10/2015  
FORM APPROVED  
OMB NO. 0938-0391

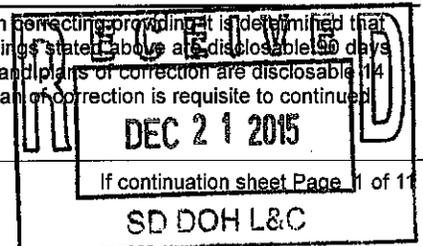
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435099</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/25/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESTELLINE NURSING AND CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>205 FJERESTAD AVENUE EAST POST OFFICE BOX 130 ESTELLINE, SD 57234</b>	
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F 000	INITIAL COMMENTS	F 000		
F 278 SS=E	<p>Surveyor: 18560 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 11/23/15 through 11/25/15. Estelline Nursing and Care Center was found not in compliance with the following requirements: F278 and F283.</p> <p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p>	F 278	<p>Res #6: A progress note was written explaining that even though the interview, which was completed as per MDS Federal Guidelines, showed no mood indicators, staff did note that resident was anxious and frequently awake and verbal during the night.</p> <p>Res #1, 9, 2, and 4: Have had new MDS assessments completed per their schedule. Bowel and Bladder Training/Assessment policy and Resident Assessment Instrument policy have both been updated. DON/ADON (MDS Coordinator) met with MDS team on 12/16/15 and reviewed policies. All members of the MDS team verbalized understanding. The DON will complete MDS audit of 10% of MDS completed per month. This (Continued next page...)</p>	

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 15 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 278	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 26180 Based on record review, interview, and policy review, the provider failed to ensure the accuracy of Minimum Data Set (MDS) assessments for 5 of 13 sampled residents (1, 2, 4, 6, and 9) related to mood and toileting programs. Findings include:</p> <p>1. Review of resident 6's 10/26/15 MDS assessment revealed she: *Had been admitted on 8/7/15. *Scored a 4 on the Brief Interview for Mental Status (BIMS) assessment (a measure of memory and mental decline). -A score of 0 to 7 revealed severe mental impairment. *Had not exhibited any signs of a mood problem or anxiety including sleep issues. *Was frequently incontinent (loss of bladder control) but had an individualized toileting program.</p> <p>Review of resident 6's October 2015 psycho-active (mood altering) medication monitoring record revealed she was anxious thirteen out of thirty-one days. Her behaviors included yelling, whimpering, calling out, crying out due to nightmares, and resisting care.</p> <p>Interview on 11/23/15 at 1:50 p.m. with registered nurse (RN) B regarding resident 6 revealed: *She frequently was awake during the night and was very anxious. *Staff would get the resident up due to the anxiousness during the night and bring her out to the nursing station.</p>	F 278	<p>will be done monthly x 6 months. The audit will include monitoring bowel and bladder and mood status. Results of the audits will be brought to the QA Committee at the monthly/quarterly QA meetings. Will continue with monthly audits until QA Committee advises to discontinue monitoring. Education will be provided to all CNA's by the end of December regarding bowel and bladder training program.</p>	12/30/15

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F 278	<p>Continued From page 2</p> <p>*It was not uncommon for the resident to be up out of bed when the day shift came on duty. *She received medications to help with the anxiety.</p> <p>Interview on 11/25/15 at 9:00 a.m. with the social services director regarding resident 6 revealed: *The resident had verbally denied any mood or sleep issues when she had been interviewed for the MDS assessment. *She confirmed the resident had scored a 4 on the BIMS assessment that indicated severe mental impairment. -She understood she was still to interview a resident if they could speak no matter how confused they were. -She did not think the resident was as confused as her BIMS assessment revealed. -She confirmed the resident had scored a 3 on her initial BIMS assessment in August. *She was aware the resident was frequently awake during the middle of the night, and due to anxiety she was gotten up out of bed.</p> <p>Review of resident 6's 8/20/15 care plan revealed she was frequently bladder incontinent. The plan had not addressed an individual toileting schedule.</p> <p>Interview on 11/24/15 at 10:50 a.m. with certified nursing assistant (CNA) B regarding resident 6 revealed: *She was very verbal and anxious at times. *She was always nervous if she did not know where her roommate was at. *A lot of times when she came on duty the resident had already been gotten up during the night because of her anxiety. *Sometimes she would tell staff if she needed to</p>	F 278		

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F 278	<p>Continued From page 3 go to the bathroom. -Otherwise they would take her every two to three hours if she had not asked. -There was not actually a set schedule for toileting her. -There were too many residents to have a set toileting schedule. *She was frequently incontinent.</p> <p>Interview on 11/24/15 at 12:20 p.m. with CNA A regarding resident 6 revealed: *She was toileted every two hours and was on a toileting schedule. *She could usually tell staff when she had to go to the bathroom. *She could tell if a resident was on a toileting program by looking where they documented toileting in the electronic medical record system. -If there was a box around their name they were on a two hour toileting plan. *She was unsure why the resident was incontinent so often if she could tell staff when she had to go to the bathroom and was on an individualized toileting program.</p> <p>Review of resident 6's 10/26/15 through 11/24/15 toileting documentation revealed: *On 10/26/15 staff attempted to toilet her eight times. -She refused twice. -She was incontinent three times. *On 10/31/15 staff attempted to toilet her six times. -She refused once and was incontinent three times. *On 11/8/15 staff attempted to toilet her six times. -She refused once and was incontinent once. *On 11/18/15 staff attempted to toilet her five times.</p>	F 278		

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F 278	<p>Continued From page 4</p> <p>-She refused once and was incontinent three times.</p> <p>*The number of times staff attempted to toilet her on any day ranged from five to eight times.</p> <p>Interview on 11/24/15 at 4:00 p.m. with the director of nursing (DON) regarding resident 6 revealed:</p> <p>*They could not provide additional information to support the resident's toileting program was more individualized than every two hours.</p> <p>*She confirmed resident 6 was frequently incontinent.</p> <p>*The resident was very anxious a lot of the time and was frequently awake and verbal during the night.</p> <p>-The MDS assessment had not been completed accurately for the resident's mood.</p> <p>Surveyor: 35625</p> <p>2. Review of resident 1's 7/13/15 MDS assessment revealed:</p> <p>*He was on a urinary toileting program that had resulted in decreased wetness.</p> <p>*He was frequently incontinent of urine.</p> <p>*His BIMS assessment showed he had moderate cognitive impairment (difficulty with the thought process).</p> <p>Review of resident 1's 9/21/15 MDS assessment revealed:</p> <p>*He was on a urinary toileting program that had resulted in decreased wetness.</p> <p>*He was occasionally incontinent of urine.</p> <p>*His BIMS assessment showed moderate cognitive impairment.</p> <p>3. Review of resident 9's 6/15/15 MDS assessment revealed:</p>	F 278		

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F 278	<p>Continued From page 5</p> <p>*He was on a urinary toileting program that had resulted in decreased wetness. *He was frequently incontinent of urine. *His BIMS assessment showed severe cognitive impairment.</p> <p>Review of resident 9's 9/14/15 MDS assessment revealed: *He was on a urinary toileting program that had resulted in decreased wetness. *He was frequently incontinent of urine. *His BIMS assessment showed severe cognitive impairment.</p> <p>4. Interview on 11/24/15 at 1:30 p.m. with the DON and the MDS nurse regarding the toileting program for residents 1 and 9 revealed: *All residents were started on a toileting program on admission. *The residents were reassessed with each MDS review to determine if they should continue on the toileting program. -Information was obtained through interview and review of documentation by nursing staff. *The care plans had not listed individualized time frames when residents were to be toileted. -General time frames of night rounds, upon rising in the morning, after breakfast and dinner, mid-afternoon, and after supper were noted on each care plan. *They verbalized residents 1 and 9 would both have been appropriate for a toileting program as they could make their needs known.</p> <p>Interview on 11/24/15 at 4:45 p.m. with licensed practical nurse G regarding residents 1 and 9 revealed: *Resident 1 would likely be able to make his needs known due to a recent medication change</p>	F 278		

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F 278	<p>Continued From page 6 that had decreased his level of confusion. *Resident 9 was too advanced with his dementia to state when he had to use the bathroom.</p> <p>Interview on 11/25/15 at 9:20 a.m. with CNA E regarding the toileting program for residents 1 and 9 revealed: *Resident 1 had some intermittent periods of increased confusion but was sometimes able to make his needs known. *Resident 9 was not able to effectively make his needs known due to his advanced stage of dementia.</p> <p>Surveyor: 34030 5. Review of resident 2's 9/14/15 MDS assessment revealed: *A BIMS assessment score of severely impaired. *She needed extensive assistance of two to toilet her. *She was frequently incontinent of bladder and bowel and wore a brief. *She was on a toileting program.</p> <p>Review of resident 2's 11/24/15 care plan revealed: **She requires extensive assist[ance] by two staff for toileting. She will refuse at times." **Assist to bathroom at these times: check on night rounds, when she first gets up, after breakfast and dinner, mid-afternoon, after supper, [and] at bedtime." *No individualized toileting program.</p> <p>Review of resident 2's medical record revealed: *A diagnosis of early onset Alzheimer's dementia (difficulty with understanding, judgement, memory, reasoning, and memory loss). *A Bowel and Bladder Elimination checklist from</p>	F 278		

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F 278	<p>Continued From page 7</p> <p>the last fourteen days showed most days she had been incontinent. For one time period she was marked as continent.</p> <p>*A 6/23/15 progress note "She continues to have an occasional continent episode but there is not really a pattern to it."</p> <p>*No assessment had been found to determine if she was appropriate for a toileting program nor to show there was an individualized toileting program.</p> <p>6. Review of resident 4's 9/21/15 MDS assessment revealed:</p> <p>*A BIMS assessment score of two that was severely impaired.</p> <p>*She needed extensive assistance of two to toilet her.</p> <p>*She was frequently incontinent of bladder and wore a brief.</p> <p>*She was on a toileting program.</p> <p>Review of resident 4's 11/24/15 care plan revealed:</p> <p>**"She requires extensive assistance of one to two staff for toileting."</p> <p>**"Assist to bathroom at these times: Check on night rounds, when she first gets up, after breakfast and dinner, mid-afternoon, after supper, and at bedtime."</p> <p>*No individualized toileting program.</p> <p>Review of resident 4's medical record revealed:</p> <p>*A diagnosis of dementia and Parkinson's (degenerative nerve) disease.</p> <p>*A Bowel and Bladder Elimination checklist from the last fourteen days showed half the time she had been incontinent and half the time not.</p> <p>*A 9/21/15 progress note "She is frequently incontinent of urine with some control present</p>	F 278		

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F 278	<p>Continued From page 8</p> <p>during the day but still no pattern noted." *No assessment had been found to determine if she was appropriate for a toileting program nor to show there was an individualized toileting program.</p> <p>7. Interview on 11/24/15 at 10:00 a.m. with RN C revealed there were no assessments done for individualized toileting programs.</p> <p>Interview on 11/24/15 at 10:05 a.m. with CNA D regarding residents 2 and 4 revealed: *She was familiar with both residents. *There were no specific times residents 2 or 4 were toileted. It was done "when they get up, between meals and after lunch." *It was "not specific for the residents." *Resident 2 "can voice when she needs the bathroom."</p> <p>Interview on 11/24/15 at 1:30 p.m. with the DON and the MDS nurse regarding the toileting programs for residents 2 and 4 revealed: *All residents were started on a toileting program on admission. *The residents were reassessed with each MDS review to determine if they should continue on the toileting program. -Information was obtained through interview and review of documentation by nursing staff. *The care plans had not listed individualized time frames when residents were to be toileted. -General time frames of night rounds, upon rising in the morning, after breakfast and dinner, mid-afternoon, and after supper were noted on each care plan. *Resident 4 would have been appropriate for a toileting program as she could generally make her needs known.</p>	F 278		

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F 278	Continued From page 9 *Resident 2 would not have been appropriate for a toileting program. *They were unsure why individualized times were necessary with a toileting program.  8. Review of the provider's March 2014 Bowel and Bladder training policy revealed "If the resident is incontinent, will review the bowel and bladder charting, interview direct care staff, and interview resident, if appropriate, to determine whether or not resident would benefit from scheduled toileting. If the resident is not appropriate for a bowel and bladder program, they will be checked routinely."	F 278		
F 283 SS=D	483.20(I)(1)&(2) ANTICIPATE DISCHARGE: RECAP STAY/FINAL STATUS  When the facility anticipates discharge a resident must have a discharge summary that includes a recapitulation of the resident's stay; and a final summary of the resident's status to include items in paragraph (b)(2) of this section, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or legal representative.  This REQUIREMENT is not met as evidenced by: Surveyor: 26180 Based on record review and interview, the provider failed to ensure one of one sampled resident (14) had a discharge summary completed at the time of her transfer to another skilled nursing facility (SNF). Findings include:  1. Review of resident 14's closed (no longer at facility) medical record revealed she had been	F 283	A discharge recapitulation was completed on res #4.  Beginning immediately, when a resident has an anticipated discharge/transfer to another facility, a discharge recapitulation of the resident's stay will be completed. The Transfer of Resident to Another Facility policy was updated to include doing a discharge recapitulation on anticipated transfer to another nursing home. All licensed nurses were informed by DON and acknowledged that they understood the new policy. The DON will be responsible to monitor that (Continued to next page...)	

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F 283	Continued From page 10 transferred to another SNF on 7/24/15. A discharge summary had not been completed at the time of her transfer.  Interview on 11/25/15 at 9:30 a.m. with the director of nurses revealed she: *Confirmed resident 14's closed record did not have a discharge summary. *Was unaware a discharge summary was required when a resident was transferred to another SNF. -They had not been doing that. *They did not have a policy on discharge summaries.	F 283	discharge recaptulations are done on all discharges. All anticipated discharges/transfers to another nursing facility will be audited for the next 6 months. Results of audit will be reported to the monthly quarterly QA Committee. QA Committee will advise when to discontinue auditing.	12/18/15	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435099</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/24/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESTELLINE NURSING AND CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>205 FJERESTAD AVENUE EAST POST OFFICE BOX 130 ESTELLINE, SD 57234</b>	
(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	INITIAL COMMENTS  Surveyor: 18087 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 11/24/15. Estelline Nursing and Care Center was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000		

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

TITLE

(X6) DATE

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.

*Michael P. Ward* 12-17-15

ORIGINAL

PRINTED: 12/10/2015  
FORM APPROVED

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10617</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/25/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ESTELLINE NURSING AND CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>205 FJERESTAD AVE E POST OFFICE BOX 130 ESTELLINE, SD 57234</b>
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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) COMPLETE DATE
S 000	Compliance/Noncompliance Statement  Surveyor: 18560 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 11/23/15 through 11/25/15. Estelline Nursing and Care Center was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement  Surveyor: 18560 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 11/23/15 through 11/25/15. Estelline Nursing and Care Center was found in compliance.	S 000		

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

TITLE

12-17-15

(X6) DATE