

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/26/2015</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BETHESDA HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 W HWY 12 WEBSTER, SD 57274</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
--------------------	--	---------------	---	----------------------

F 000	<p><b>INITIAL COMMENTS</b></p> <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 8/24/15 through 8/26/15. Bethesda Home was found in compliance.</p>	F 000		
-------	--	-------	--	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE *Administrator* (X6) DATE *9/17/15*

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - <b>MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/25/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETHESDA HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 W HWY 12 WEBSTER, SD 57274</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: 32334 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 8/25/15. Bethesda Home was found not in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.  The building will meet the requirements of the 2000 LSC for existing health care occupancies upon correction of deficiencies identified at K074 and K141 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000	<p><b>This Response and plan of Correction is <u>not</u> a legal admission that a deficiency exists and is also not to be construed as an admission of interest against the Facility. The Facility has prepared and submitted this Plan of Correction solely because of the requirements under state and federal law that mandate submission of a Plan of Correction within the time parameters set forth by regulation. The submission of the Plan of Correction within this time frame should in no way be considered or construed as agreement with the allegation of noncompliance of admission by the Facility.</b></p> <p><b><u>K 074</u></b></p> <p>Beginning on 09/11/15 research began on finding an appropriate fire retardant product that could be applied to the vertical curtains.</p> <p>A flame retardant solution will be used on room curtains that have been identified as not being flame retardant.</p> <p>On 09/16/15 estimates are being requested on new curtains that are flame retardant.</p> <p>Beginning on 09/21/2015, maintenance supervisor and environmental manager or designee will audit all vertical curtains to identify which curtains are not flame retardant.</p>	
K 074 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD  Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.  Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13  Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3), 10.3.4. 19.7.5.3	K 074		10/15/15

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

TITLE

(X6) DATE

*Michael Smith*

*Administrators*

*9/17/15*

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.

SEP 21 2015

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

PRINTED: 09/02/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/25/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETHESDA HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 W HWY 12 WEBSTER, SD 57274</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 074	Continued From page 1  This STANDARD is not met as evidenced by: Surveyor: 32334 Based on observation and interview, the provider failed to verify the required flame resistant qualities of draperies and curtains throughout the entire facility. Findings Include:  1. Observation beginning at 12:15 p.m. on 8/25/15 when touring the facility revealed curtains were being used to separate a portion of the nurses station. Further observation of that curtain revealed no information of the flame resistance for that curtain.  Interview with the maintenance supervisor at the time of the above observation revealed he was unaware of the flame resistant requirement for those curtains.  Further observations throughout the facility revealed those same drapes and curtains being used for window coverings and closet curtains. All loose hanging fabrics drapes & curtains shall be shown to be flame resistant in accordance with National Fire Protection Association (NFPA) 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films.  NFPA 101 LIFE SAFETY CODE STANDARD  Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2.  This STANDARD is not met as evidenced by:	K 074	Beginning 10/13/15, the Maintenance Supervisor or designee will report results of inspections to the QA committee quarterly through July 2016 then ongoing as determined by the QA committee.	
K 141 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2.  This STANDARD is not met as evidenced by:	K 141	<u>K 141</u>  On 09/11/15 new signs were placed on the oxygen storage doors on A Wing and B Wing. These signs read; CAUTION OXIDIZING GASES STORED WITHIN NO SMOKING. New signage was also places around the facility and on any resident doors where oxygen is being used.  Beginning 10/01/15 monthly audits will be completed throughout the facility by Nurse Manager or designee to ensure necessary placement of signs is complete.	10/15/15

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

PRINTED: 09/02/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/25/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETHESDA HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 W HWY 12 WEBSTER, SD 57274</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 141	<p>Continued From page 2 Surveyor: 32334 Based on observation and interview, the provider failed to install no smoking signs for the oxygen storage enclosure in one of one oxygen storage location (oxygen cylinder storage room in the A-wing). Findings include:</p> <p>1. Observation at 12:45 p.m. on 8/25/15 revealed an oxygen cylinder storage room in the A-wing. The door to that room was provided with a oxygen sign on the exterior. However per NFPA 99 all oxygen cylinder storage rooms shall be provided with signage that reads "CAUTION OXIDIZING GASES STORED WITHIN NO SMOKING" that shall be readable from a distance of 5 feet.</p> <p>Interview with the maintenance supervisor at the time of the above observation revealed he was unaware of the requirement for the signage that had to be provided on oxygen storage rooms.</p>	K 141	Beginning on 10/13/15 audits will be reported to the QAPI committee at QAPI meetings through January 2016. The necessity of ongoing audits will be decided at the January 2016 QAPI meeting.	

ORIGINAL

PRINTED: 09/02/2015  
FORM APPROVED

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10706</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/26/2015</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BETHESDA HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 W HWY 12 WEBSTER, SD 57274</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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S 000	Initial Comments  Surveyor: 32334 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted from 8/24/15 through 8/26/15. Bethesda Home was found not in compliance with the following requirement: S153.	S 000		
S 153	44:04:02:10 PLUMBING  Facility plumbing systems must be designed and installed in accordance with SDCL 36-25-15 and 36-25-15.1. Plumbing must be sized, installed, and maintained to carry required quantities of water to required locations throughout the facility. Plumbing may not constitute a source of contamination of food equipment or utensils or create an unsanitary condition or nuisance.  This Administrative Rules of South Dakota is not met as evidenced by: Surveyor: 32334 Based on observation and interview, the provider failed to maintain the plumbing system that might constitute as a source of contamination in one randomly observed location (laundry department). Findings include:  1. Observation at 1:30 p.m. on 8/25/15 in the laundry department revealed a system of piping from an old fire sprinkler system that was tied to the potable water supply. That piping was approximately 10 feet long and created dead end piping on the potable water supply system. Dead end piping shall be removed and capped near the main to reduce stagnant water in the water supply system.	S 153	<u>S153</u>  Beginning on 09/11/15 a call was made to a local plumber to have the old fire sprinkler pipe removed and capped. Work will be completed by 09/30/15.  On 09/18/15 the Maintenance Manager or designee will check the entire facility to make sure there are no other old fire sprinkler pipes. If any old fire sprinkler pipes are located, they will be put on the list for the plumber to take out by 09/30/15 along with the pipe in the laundry room.  On 10/13/15 the Maintenance Manager will report to the QAPI meeting that the entire old sprinkler pipe has been taken out of the facility.	10/15/15

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

TITLE

Administrative

(X6) DATE

9/17/15

SEP 21 2015

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10706</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/26/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETHESDA HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 W HWY 12 WEBSTER, SD 57274</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) COMPLETE DATE
S 153	Continued From page 1  Interview with the maintenance director at the time of the above observation revealed he had not noticed the dead end piping. He confirmed that condition and indicated he understood the stagnant water issue.	S 153		