

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2015
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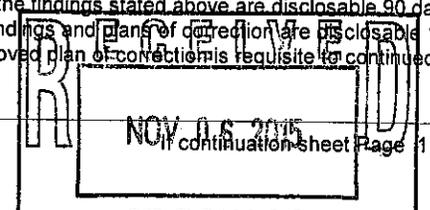
NAME OF PROVIDER OR SUPPLIER WHITE RIVER HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 515 E 8TH STREET POST OFFICE BOX 310 WHITE RIVER, SD 57579
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL 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	<p>INITIAL COMMENTS</p> <p>Surveyor: 22452 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 10/13/15 through 10/15/15. White River Health Care Center was found not in compliance with the following requirements: F170, F248, F281, F283, F309, and F441.</p> <p>F 170 SS=B 483.10(i)(1) RIGHT TO PRIVACY - SEND/RECEIVE UNOPENED MAIL</p> <p>The resident has the right to privacy in written communications, including the right to send and promptly receive mail that is unopened.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 22452 Based on interview, the provider failed to ensure Saturday mail delivery for all residents. Findings include:</p> <p>1. Group interview on 10/14/15 at 10:30 a.m. with six random residents revealed they had not received any mail delivery on Saturdays.</p> <p>Interview on 10/15/15 at 3:30 p.m. with the administrator regarding mail delivery revealed: *She confirmed there had been no mail delivery to the residents on Saturdays. *There was only one key to the mail box. *The key was kept in the administrator's office that was locked on Saturdays. *They had not wanted to leave the key at the nurses station in case it got lost.</p>	F 000	<p><i>*Addendums noted with an asterisk per 11/19/15 per telephone with facility administrator. KR/SPDOH/EL</i></p> <p>F 170 SS=B 483.10(i)(1)RIGHT TO PRIVACY- SEND/RECEIVE UNOPENED MAIL</p> <p>To ensure residents receive mail on Saturdays, the ADM or designee will check the mail on Saturday mornings before noon and promptly disburse unopened mail addressed to residents.*</p> <p><i>(administrator) KR/SPDOH/EL</i> The ADM or designee will audit weekly x 4 and report monthly to QAPI x 3 months and quarterly thereafter.</p> <p><i>→ Audits will be done on 11/6/15 a weekly basis if residents' mail is delivered on Saturdays. Results of audits will be reported to QAPI (quality assurance) monthly for three months and quarterly thereafter. KR/SPDOH/EL</i></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Carole M Gugg</i>	TITLE <i>Administrator</i>	(X6) DATE <i>11/6/15</i>
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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 for continued program participation.



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<p>F 170</p> <p>F 248 SS=E</p>	<p>Continued From page 1</p> <p>*They did not have a policy on mail delivery.</p> <p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 22452 Based on record review, interview, policy review, and job description review, the provider failed to ensure an effective activities program had been maintained for six randomly interviewed residents and six of six sampled residents (1, 2, 5, 7, 8, and 9). Findings include:</p> <p>1. Group interview on 10/14/15 at 10:30 a.m. with six randomly interviewed residents revealed: **"The facility really has no activity program at all." *Bingo was put on the calendar three times a week and sometimes the activity did not occur. *The activity director either forgot about the activity or got pulled away to do something else and did not tell the residents. *The residents would have been sitting waiting for an activity and then be told it was not going to occur. *Social times were just juice and coffee being served. There was not an activity at those times, because the activity director was not present. *Book club was when the activity director read a book to a few residents who were usually sleeping. Rarely was there a resident present</p>	<p>F 170</p> <p>F 248</p>	<p>F248 SS=E 483.15(f)(1) ACTIVITIES MEET INTEREST/NEEDS OF EACH RESIDENT</p> <p>ADM provided education to IDT and interested staff on 11/6/15 10am on the facility policy and procedures for the Activities Program. Education included onsite and offsite activities, one-on-one activities, and other staff, volunteers who can provide activities and documentation on attendees, attended but not participated and refusal of activities.*1</p> <p>An activities assistant is being sought for the QAC to build a stronger activities program.</p> <p>The QAC will report to the IDT weekly x 8 on the activities program progress and concerns/issues. The QAC will report to QAC monthly x 12 on the progress, issues and concerns of the Activities Program.</p>	<p></p> <p><i>multidisciplinary team</i> <i>KR/SDD/H/EL</i></p> <p><i>Quality activity coordinator</i> <i>KR/SDD/H/EL</i></p> <p><i>*residents 1, 2, 5, 7, 8, and 9 have been visited with regarding their activity program. 11/6/15 All residents will be interviewed at the monthly resident council for their activity satisfaction.</i> <i>KR/SDD/H/EL</i></p>
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F 248	<p>Continued From page 2 who could participate.</p> <p>*When the activity director was questioned why the activities did not occur that were listed on the calendar she told them it was written on the calendar "activities are subject to change."</p> <p>*They rarely had been on outings outside the facility. No one had gotten to go shopping the last three to four months.</p> <p>*They did not think one-to-one visits were done for residents who did not come to group activities.</p> <p>*They questioned whether the activity director was appropriately trained for the job.</p> <p>*They never mentioned their concerns with activities at the monthly resident group meeting as nothing usually ever changed.</p> <p>Review of the 9/8/15 resident council meeting minutes notes revealed: *"Bingo is put on the board but sometimes is not held." *The administrator told the residents it had been talked about in the department head. When the activity director was gone one of the department heads would do bingo.</p> <p>2. Review of resident 5's 3/25/15 care plan revealed: *He had impaired cognition (memory) and short and long term memory loss. *He had weakness, poor balance, history of right hip fracture, history of cerebrovascular accident (stroke), and arthritis (joint limitations and pain). *He had little or no activity involvement related to disinterest and his wishes to not participate. *"Invite him to activity programs that encourage physical activity such as exercise group and walking activities to promote mobility (movement)." *"Explain to him the importance of social</p>	F 248			

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F 248	<p>Continued From page 3</p> <p>interaction and leisure time activity time." **"Encourage his participation by inviting him to attend activities of his interest." **"Remind him he may leave activities at any time, and he is not required to stay for entire activity." *Goal was for him to participate in activities of choice up to one time per week.</p> <p>Review of resident 5's medical record revealed no documentation of his daily activity attendance.</p> <p>3. Review of resident 7's 7/16/15 care plan revealed: *She had potential for impaired social interaction and social isolation related to short and long term memory deficits, loud behavior, and lack of social graces." **"Encourage her to start and finish projects." **"Provide with activities calendar." **"Her preferred activities are bingo and social time." **"Redirect or remove her from activities if she becomes disruptive." **"Supervise her in all activity settings." **"Thank her for attendance at activity function." *Goal was for her to interact appropriately while in a group setting.</p> <p>Review of resident 7's medical record revealed no documentation related to her daily activity attendance and appropriate interactions. Surveyor: 32332</p> <p>4. Review of resident 1's 4/10/15 care plan revealed: *He was dependent on staff for meeting emotional, intellectual (to help with understanding), physical, and social needs related to Alzheimer's disease (causes a decline in brain functioning).</p>	F 248		
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F 248	<p>Continued From page 4</p> <p>*He was to have participated in activities up to two times weekly.</p> <p>*He was to have received one-to-one interaction three times weekly.</p> <p>Review of his medical record revealed: *The 8/27/15 Minimum Data Set (MDS) assessment revealed his brain functioning was severely impaired. *A 9/8/15 Quarterly Activity Summary indicated: -He enjoyed social time, bingo, and watching television. -He was encouraged to participate in activities up to three times weekly. *There was no documentation of activity participation or one-to-one activity.</p> <p>5. Review of resident 9's 7/6/15 care plan revealed: *He had little or no activity involvement because of dementia and cognitive impairment (decline in brain functioning). *He was to have participated in activities one to two times weekly. *He needed a variety of activity types and locations to have maintained his interests. *His preferred activity was television and music channels.</p> <p>Review of his medical record revealed: *The 9/9/15 MDS had indicated he had severe mental impairment. *The 9/21/15 Quarterly Activity Summary indicated: -He did not participate in activities. -He was to have received one-to-one activity up to three times weekly. *There was no documentation of activity participation or one-to-one activity.</p>	F 248		
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F 248	<p>Continued From page 5 Surveyor: 32355 6. Review of resident 2's medical record revealed: *A 10/23/13 admission date. *Diagnoses of vascular dementia (forgetfulness), depression (sadness), Alzheimer's disease (difficulty with understanding, judgement, memory, reasoning), and weight loss. *He relied upon the staff to meet his psychological (mental) and social needs. *The 7/16/15 MDS assessment revealed his brain functioning was severely impaired, and he was not interviewable. *A 7/21/15 quarterly activity summary indicated: -He did not participate in activities. "He preferred to do his own thing." -He enjoyed sitting in his recliner, listening to music, and watching television. -He received staff interaction when personal care was provided. -He was to have received one-to-one activity three times a week as tolerated. *There was no documentation of activity participation or one-to-one activities provided.</p> <p>Random observation on 10/13/15 from 8:30 a.m. through 5:00 p.m. revealed: *He had only been out of his room for meals. *When he was in his room he had been laying in bed. *The television had been on a random channel. *He had staff interaction during personal care and meals only.</p> <p>Review of resident 2's current care plan revealed: *Focus area: -"[Name] has little or no activity involvement r/t [related to] disinterest, he prefers his own routine."</p>	F 248		
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F 248	<p>Continued From page 6</p> <p>-"[Name] has a hard time staying on task." -"[Name] has a hx [history] of being combative." *Goal: "[Name] will participate in activities of his choice as tolerated." *Intervention: He preferred to stay in his room and listen to the radio or watch television. *No documentation to support he was to have received one-to-one activity three times a week.</p> <p>Interview on 10/15/15 at 10:50 a.m. with the activity coordinator regarding resident 2 revealed: *She had done one-to-one activity with the resident as he tolerated. *She had started documenting his activity participation this month. *She had no other documentation to support activity participation prior to October 2015. *She agreed if there was no documentation to support his one-to-one activity participation it appeared as if it had not occurred. *She had not been aware the care plan had not supported a one-to-one activity program for the resident. Surveyor: 35121 7. Review of resident 8's current care plan revealed: *She had emotional, intellectual (knowledgeable, rational, logical), physical, and social needs related to physical limitations, immobility (not able to move independently), and cognitive (memory, thinking, reasoning) deficits. *She was to have participated in activities three to five times a week. *Staff were to have ensured her activities were: -Compatible with her physical, mental, and individual needs. -Compatible with her known interests and preferences. -Adapted as needed.</p>	F 248		
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F 248	Continued From page 7 Review of her medical record revealed: *She had a fractured (broken) lower leg. *The 8/5/15 Minimum Data Set (MDS) assessment showed: -Her brain functioning was severely impaired. -She preferred listening to music and caring for her personal belongings *A 7/31/15 Significant Change and Quarterly Activity Summary indicated: -She enjoyed social time, bingo, church services, and group exercises prior to a recent hospital stay. -After she returned from the hospital, she watched TV, listened to the radio, and visited with her husband. -Staff was to have interacted with her when providing her care. -The activities director was to encourage her to do one-to-one activities until she was able to attend activities again. *There was no documentation of activity participation or one-to-one participation. Surveyor 22452 8. Interview on 10/14/15 at 10:30 a.m. with the activity director regarding activities revealed: *She was aware the residents were not always satisfied with the activity program. *The residents had talked to the administrator with their concerns, and she was told by the administrator to ask the residents what they wanted. *She had asked the residents if they wanted bingo five times a week. They had said bingo was fine three times a week. *There were a few times bingo was not held due to her needing to drive the facility van for a resident's doctor appointment, or when she was	F 248			

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F 248	<p>Continued From page 8 off due to a sick child.</p> <ul style="list-style-type: none"> *She thought she usually informed the residents if an activity was not going to be held or changed. *She thought it had been decided another department head staff was going to hold bingo if she was unavailable. She had not followed-up if that had occurred. *She made no documentation in the residents' charts regarding their activity attendance or participation except with their quarterly Minimum Data Set (MDS)/care plans. *She thought the residents who were sleeping at book club when she read them a book were really listening and just had their eyes closed. *She confirmed at social time it was the expectation the residents visit among each other. It was on the calendar, but she often was not present in the dining room during that time. *Daily exercises on the calendar were usually done by the restorative staff. Activities used to take turns doing the exercises when she had a second person in the activities department to help her. *One of the residents had requested to do more kick ball, and she had put that on the activity calendar. <p>9. Interview on 10/14/15 at 4:00 p.m. with the administrator regarding activities revealed:</p> <ul style="list-style-type: none"> *The activity director had been employed at the facility for about two years. *She had completed the activity director course in October 2014. *She was aware the residents were not happy with the activity program, but she was unsure what they really wanted. *She knew the activity director had asked them if they wanted bingo five times a week, and they had told her they wanted to keep it at three times 	F 248		
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F 248	<p>Continued From page 9 a week.</p> <p>*She knew there were a few times she had asked the activity director to drive the van for a resident's doctor appointment. She thought the activity director had informed the residents if an activity was not going to be held.</p> <p>*The plan was to hire a second activity staff person staff so activities could go uninterrupted.</p> <p>*She agreed there should have been some activity documentation in the residents' medical records other than on a quarterly basis.</p> <p>Review of the provider's undated Activity Coordinator job description revealed: *"Develop, organize, and implement a program of activities for the social, emotional, physical, and other therapeutic [beneficial] needs of the individual residents within a specified budget." *"Maintain detailed records of activity programs and participation of individual residents, identifying progress or lack of progress toward established care plan goals."</p> <p>Surveyor 32355 Review of the provider's 6/29/11 Individual Activities and Room Program policy revealed: *"Individual activities will be provided for those residents whose situation or condition prevents participation in other types of activities, and for those residents who do not wish to attend group activities." *"Individual activities are provided for individuals who have conditions or situations that prevent them from participating in group activities, or who do not wish to do so." *"It is recommended that residents on a full room visit program receive, at a minimum, three room visits per week. Typically a room visit is ten to fifteen minutes in length."</p>	F 248		
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F 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 32332 Based on record review, interview, and policy review, the provider failed to: *Obtain accurate weights for one of ten sampled residents (6) requiring daily weights. *Follow physician's orders to contact the physician for weight gains for one of ten sampled residents (6). Findings include:</p> <p>1. Review of resident 6's medical record revealed he had been hospitalized 8/11/15 through 8/19/15 for respiratory (breathing) failure from congestive heart failure (heart unable to pump enough to maintain the blood flow). Orders were received upon return from the hospital for: *Weights daily. *Contact his physician if there was a sudden weight gain of two to three pounds in one day, or five pounds in one week.</p> <p>Review of the medical record revealed weekly weight documentation by the dietary manager: *8/20/15: 229 pounds (lb) in wheelchair (w/c). *8/26/15: 227 lb in w/c. *8/28/15: 222.5 lb in mechanical lift (weighed in a sling lifted into the air). *9/1/15: 223 lb in mechanical lift. *9/3/15: 210.5 lb in mechanical lift. *9/7/15: 220 lb in mechanical lift. *9/12/15: 213 lb in mechanical lift.</p>	F 281	<p>F 281 SS=D 483.20 (K) (3) (I) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>"Nurses are responsible for performing all procedures correctly and exercising professional judgment as they carry out healthcare providers' and "Nurses follow health care providers' orders unless they believe the orders to be in error or harmful to patients."</p> <p>Obtain accurate weights for one of ten sampled residents (6) required daily weights.</p> <p>Follow physician's order to contact the physician for weight gains for one of ten sampled residents (6).</p> <p>All residents being admitted to the White River Nursing Home and residents with an active order will be at risk.</p> <p>One on one education was held on 10-13-15 to review the professional standards and physician order with employee C. Employee C verbalized an understanding on how services will be provided or arranged by the facility and how it must meet the professional standards of quality as defined by F281.</p> <p>One on one education was held on 10-13-15 to review the professional standards and physician order with full time R.N. The full time R.N. verbalized an understanding on how services will be provided or arranged by the facility and how it must meet the professional standards of quality as defined by F281.</p> <p>One on one discussion was held on 10-13-15 to review the professional standards, physician order, NAR program and notification of the dietician by the dietary manager. The dietary manager verbalized understanding and how the services will be provided or arranged by the facility and how it must meet the professional standards of quality as defined by F281.</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2015
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NAME OF PROVIDER OR SUPPLIER WHITE RIVER HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 515 E 8TH STREET POST OFFICE BOX 310 WHITE RIVER, SD 57579
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F 281	<p>Continued From page 11</p> <ul style="list-style-type: none"> *9/15/15: 215 lb in mechanical lift. *9/19/15: 222.5 lb in mechanical lift. *9/24/15: 217.5 lb in w/c. *9/26/14: 223.5 lb in mechanical lift. *10/1/15: 220 lb in w/c. *10/1/15: 226 lb in mechanical lift. *10/4/15: 223.5 lb in mechanical lift. *10/5/15: 218 lb in mechanical lift. *10/7/15: 180 lb in mechanical lift. *10/12/15: 220.5 lb in mechanical lift. *10/13/15: 235.4 lb in mechanical lift. <p>Review of the daily weights documented on the monthly medication administration records (MAR) from August through October 2015 revealed:</p> <ul style="list-style-type: none"> *August weights (from hospital return on 8/20/15 through 8/31/15) showed five days the weights had increased more than two lbs in one day. *September had seven days the weight increased more than two lbs in one day. *October 1 through October 13 had four days the weight increased more than two lbs in one day. <p>Review of the nursing progress notes from 8/20/15 through 10/13/15 revealed:</p> <ul style="list-style-type: none"> *On 8/26/15 the dietary manager indicated, "Weight 227# [pounds], up 53 this month, and up 2.5 # past six months." *Another note on 8/26/15 by the dietary manager, "[certified nursing assistant] and I rechecked [resident 6] weight as it looked like he put on 46#." *On 9/3/15 by the Minimum Data Set (MDS) coordinator indicated in a care conference the dietary manager had discussed the weight of 227 lb. "He is up 5#." *No other documentation regarding weight fluctuations or weight gain. *No documentation the physician had been 	F 281	<p>10-1-15 nursing evaluated tottos lift scale against wheel chair scale and found only 0.4 pounds weight discrepancy. 10-22-15 maintenance evaluated tottos lift scale against wheel chair scale and found a 14.6 pound weight discrepancy. 10-26-15, 10-27-15, 11-2-15 and 11-4-15 call placed to Tollos for equipment technical support. [redacted] *PHYSICIAN talked with Trevor and Jack service manager to get back for calibration. Tollos will send an upgraded swivel assembly that will address the variable weight issues you have reported, once this is received Tollos will coordinate with their local rep for him to come check things out and confirm full functionality to reduce the risk of equipment variances and they</p> <p>are sending the attachment spreader bar to meet the professional standards of quality as defined by F281</p> <p>10-14-15 nursing placed a call to [redacted] to follow up for professional standard and clarify order on resident (6). T.O. Dr. Plumage Restart nutrition at risk for overweight obesity, change weights to weekly, notify M.D. of weight gain of 10 pounds in one week nurse only to weigh resident with Hoyer lift scale first and wheel chair scale second at 05:00, to meet the professional standards of quality as defined by F281. Review of resident (6) weights on 10-14-15 was 217.6 pounds, 10-22-15 218 pounds, 10-29-15 218.6 pounds and 11-5-15 was 218.4 meeting the standard of quality as defined by F281.</p> <p>Review and revision of the policy for the professional standards of quality as defined by F281. "Nutrition (impaired)/unplanned weight loss-clinical protocol" and "Weight assessment and intervention," and "Significant weight gain," "Charting and documentation" and concern to assist with the professional standards of quality as defined by .privacy and confidentiality of records in the facility F281.</p> <p>Mandatory staff meetings was held on [redacted] to review the above findings and policies with all staff and departments related to the services provided or arranged by the facility and how it meets the professional standards of quality F281.</p>	<p>*PHYSICIAN</p> <p>*PHYSICIAN</p>
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F 281	<p>Continued From page 12 contacted regarding weight changes. *No dietitian documentation.</p> <p>Interview on 10/14/15 at 3:30 p.m. with the MDS coordinator regarding resident 6's weights revealed: *The dietitian had been in the facility on 8/21/15, 9/18/15, and 10/2/15, but she was unable to find documentation from him. *Resident 6 had been on the Nutrition At Risk (NAR) program prior to his hospitalization. She believed he had remained on the the program after his return from the hospital. *She called the dietary manager (not in the building during the survey) to ask about dietitian involvement and found out resident 6 had been removed from the NAR program before he went to the hospital. *It was the dietary manager's responsibility to notify and involve the dietitian of residents in need of the NAR program. *The dietary manager had not notified the dietitian. *The certified nursing assistants obtained daily weights with oversight from the dietary manager. *She agreed the weights had not been consistent. *The nurses had not followed the physician's order to notify him of weight changes of more than two pounds in one day, or five pounds in one week.</p> <p>Interview on 10/15/15 at 1:45 p.m. with licensed practical nurse C regarding resident 6 revealed: *She had not notified the physician of his weight changes. *She stated he did not have the edema (swelling) in his legs anymore. *She stated the weight had been caused by over-eating.</p>	F 281	<p>All staff will follow up on an as needed basis on any concerns witnessed or observed, at that time the director of nursing, administer and or designated person in charge will follow up with concern to uphold the professional standards of quality as defined by F281.</p> <p>The director of nursing, minimum data set assessment coordinator, charge nurse and dietary manager have reviewed and made revisions on how the facility staff handles the professional standards of quality as defined by F281.</p> <p>The director of nursing will re-educate nursing staff on 11-18-15 on the policy for the professional standards of quality as defined by F281. "Nutrition (impaired)/unplanned weight loss-clinical protocol" and "Weight assessment and intervention," and "Significant weight gain," "Charting and documentation" and concern to assist with the professional standards of quality as defined by .privacy and confidentiality of records in the facility F281.</p> <p>The director of nursing will review with the dietary manager on 11-4-15 the policy for the professional standards of quality as defined by F281. "Nutrition (impaired)/unplanned weight loss-clinical protocol" and "Weight assessment and intervention," and "Significant weight gain," and concern to assist with the professional standards of quality as defined by .privacy and confidentiality of records in the facility F281.</p> <p>The dietary manager or assigned designee will ensure that the policy of nutrition (impaired)/unplanned weight loss-clinical protocol ,weight assessment and interventions, significant weight gain and is following the professional standards of quality as defined by F281.</p> <p>The dietary manager or assigned designee will monitor residents (6) weights weekly times 4 weeks then as ordered by the physician to meet the professional standards of quality as defined by F281.</p>	

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F 281	<p>Continued From page 13</p> <p>Interview on 10/15/15 at 2:00 p.m. with the director of nursing regarding resident 6 revealed she had agreed:</p> <ul style="list-style-type: none"> *The weights had not been accurate. *The nursing staff had not followed physician's orders to notify him of weight gain. *She stated the resident had gained weight, because he was over-eating. <p>Review of the provider's 2011 Weighing and Measuring the Resident policy revealed:</p> <ul style="list-style-type: none"> *The resident was to have been weighed at the same time of day each time. *The same scale was to have been used for weighing the resident each time. *The resident was supposed to have worn the same amount of clothing. *Staff were to have made sure the scale had been calibrated (balanced to zero). <p>Review of the provider's Weight Assessment and Intervention policy revealed:</p> <ul style="list-style-type: none"> *Any weight change of 5% or more since the last weight assessment would be retaken the next day for confirmation. *If the weight was verified nursing would immediately notify the dietitian in writing. *The dietitian would respond within twenty-four hours. <p>Review of Patricia A. Potter et al., Fundamentals of Nursing, 8th Ed., Elsevier, St. Louis, Mo., 2013, page 306, revealed:</p> <ul style="list-style-type: none"> **Nurses are responsible for performing all procedures correctly and exercising professional judgment as they carry out health care providers' orders." **Nurses follow health care providers' orders 	F 281	<p>The dietary manager or assigned designee will monitor weights weekly times 4 weeks then weekly or monthly as ordered by the physician the professional standards of quality as defined by F281.</p> <p>The results of audit F281 will be corrected instantly at the time of the audit with reeducation and then will be reported by dietary manager or designee to the QA/PI monthly with further follow up as recommended by the interdisciplinary team.</p> <p>11-18-15</p>	11/6/15
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F 281	Continued From page 14 unless they believe the orders to be in error or harmful to patients."	F 281	<p><i>Handwritten:</i> DON will audit all discharge summaries. KR/SDD/H/EL</p> <p>F-283 SS=D 483.20(1)(1)&(2) ANTICIPATE DISCHARGE RECAP STAY/FINAL STATUS</p> <p>When the facility anticipate 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.</p> <p>1. Review of resident 10's closed record revealed: he had been discharged to the hospital on 8/4/15, there was no documentation of a discharge summary nor a recap completed of his stay.</p> <p>All residents being admitted/ transferred/ discharged to or from the White River Nursing Home will be at risk.</p> <p>One on one review and education on 10-14-15 with minimal data set assessment coordinator, director of nursing and social service that discharge summary will need to be performed when residents are transfer from facility for care and later discharge. Recapitulations of all residents being discharged will be implemented as they anticipate discharge recap stay/final status as defined by F283.</p> <p>The director of nursing, minimum data set assessment coordinator, charge nurse and social service designee have reviewed and made revisions on how the facility staff handles the professional standards of quality as defined by F283, recapitulation was added to the discharge summary on the residents stay.</p> <p>The minimum data set assessment coordinator will review with all department heads the discharge recompilation form that is to be filled out on admission and discharge by 11-6-15 as defined by F283.</p>	
F 283 SS=D	483.20(1)(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: 32355 Based on record review, interview and policy review, the provider failed to ensure one of one discharged resident (10) had a discharge summary and a recapitulation (recap) (summary) of stay. Findings include: 1. Review of resident 10's closed record revealed: *He had been discharged to the hospital on 8/4/15. *There was no documentation of a discharge summary nor a recap completed of his stay. Interview on 10/7/15 at 10:30 a.m. with the director of nursing and Minimum Data Set assessment coordinator confirmed a discharge summary and a recap of resident 10's stay had not been completed. The provider would not have completed a recap on any resident who had been discharged from their facility.	F 283		

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F 283	Continued From page 15 Review of the provider's December 2012 Discharging the Resident policy revealed no procedure on the documentation required after a resident had been discharged from the facility.	F 283	Mandatory staff meetings was held on 11-06-15 to review the above findings and the policies with all staff and departments related to the services provided or arranged by the facility to anticipated discharge recap stay/final status as defined by F283.	
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Surveyor: 22452 Based on record review, interview, and policy review, the provider failed to ensure the physical, mental, safety, and psychosocial (relating to mind and social) needs were being met for one of one sampled resident (7) who displayed significant behavior issues. Findings include: 1. Review of resident 7's medical record revealed: *A 5/8/14 admission date. *Diagnoses: End stage renal (kidney) disease (ESRD), anxiety disorder, major depressive (sad) disorder severe with psychotic (false thoughts) symptoms, and moderate cognitive (memory) impairment. Review of resident 7's 7/6/15 care plan revealed she: **Pulls the call string for the call light for both her	F 309	All staff will follow up on PRN basis if this concern is witnessed or observed at the time and DON / Administer/ or designated person in charge will be notified to follow up with concern to assist with anticipated discharge recap stay/final status as defined by F283. The director of nursing, minimum data set assessment coordinator, charge nurse and social service designee have reviewed and made revisions how the facility staff handles and anticipated discharge recap stay/final status as defined by F283. The director of nursing or minimum data set assessment coordinator will re-educate nursing staff, activities, social serve designee and dietary manager by 11-18-15 on the policy related to anticipating discharge recap stay/final status as defined by F283. The social service designee or assigned designee will ensure that discharge summary will be completed on any anticipated discharge as defined by F283. The social service designee or assigned designee will ensure that anticipated discharge summary and/ or recompilation is completed weekly times 4 weeks then weekly or monthly as defined by F283. The results of audit F283 will be corrected instantly at the time of the audit with reeducation and then will be reported by dietary manager or designee to the QA/PI monthly with further follow up as recommended by the interdisciplinary team. F 309 SS=D 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING	11/6/15

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F 309	<p>Continued From page 17</p> <p>dialysis (process for removing waste and excess water from the blood) appointments. She goes to dialysis three times a week."</p> <p>Review of resident 7's 7/6/15 through 10/8/15 nursing progress notes revealed:</p> <p>*7/19/15, "She went into another resident's room and stole 3 cans of orange soda which were on the resident's chair. Continues to refuse cares to be given. She is easily agitated."</p> <p>*7/21/15, "Asked her to change her clothes this morning before breakfast but she refused. She does have a foul odor about her."</p> <p>*8/4/15, "Was reported that resident will get aggressive and strikes out at staff members."</p> <p>*8/6/15, "Resident came down hallway and attempted to pull phone out of wall. Resident would not let go and hit this nurse twice. Resident had bled on counter from a skin tear that she sustained when pulling on the phone cord. She is status post antibiotic for area to leg. She refused dressing changes and unplugged her bed from the wall and was yelling at certified nursing assistant [CNA] to plug it in by the TV in the extension cord. Due to safety hazard resident was educated that is was not safe and bed was plugged back into the wall. After CNA left room the resident unplugged the bed and plugged bed into the extension cord. The cords were hanging about a foot off the floor and the TV almost came off the counter. The resident's roommate was unable to get to the restroom. She attempted to pull on cord almost knocking TV to the ground."</p> <p>*8/10/15, "Resident is very abusive to staff, her roommate, other residents, and dialysis staff. Refuses activities of daily living [ADL, assistance with bathing, dressing, toileting, grooming, and eating] and when we try to assist her she gets angry and says no. Strikes out at staff also, hitting</p>	F 309	<p>Social service designee will communicate with the interdisciplinary team members, to include but not limited to staff in the [REDACTED] the resident and her guardian. On resident (?) or for the residents in the facility as defined by F309. *KL/SDDDH/EL</p> <p>The policy for "charting and documentation" and unmanageable resident was reviewed an revised on 11-6-15 with interdisciplinary staff.</p> <p>Mandatory staff meetings was held on 11-06-15 to review the above findings and review and revise polices on documentation and management on unmanageable residents, review the importance of hand in hand training to meet the needs of special need residents with all staff and departments related to the services provided or arranged by the facility to provide care/services for highest wellbeing as defined by F309.</p> <p>All staff will follow up on PRN basis if there is a concern that is witnessed or observed at the time with the social service designee, director of nursing, administer and/or designated person in charge to provide care/services for the highest wellbeing as defined by F309.</p> <p>The social service designee has reviewed and made revisions how the facility staff will handle the care needs of resident to provide care/services for highest wellbeing as defined by F309.</p> <p>The director of nursing or minimum data set assessment coordinator will re-educate nursing staff on 11-18-15 to identify and provide care services for highest wellbeing and review plan of care.</p> <p>The social service designee or assigned designee will ensure the care and services provided are meeting the resident's highest wellbeing as defined by F309.</p>		

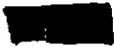
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F 309	<p>Continued From page 18 or kicking them." *8/12/15, "Resident this morning was yelling at staff and one visitor today she fired them and did not like them. She has stolen items from more than one resident and the residents are very upset." *8/13/15, "Resident was trying to take roommate's underwear and socks. Roommate was crying. Nurse redirected the resident and she screamed she hated me and to go away and swung at staff. She pinched this nurse on the left upper arm leaving a bruise. Tried to take another resident's TV off the stand; that resident became upset. When asked to leave the resident's room she yelled at the staff and swung at them." *8/17/15, "Has been hateful towards the staff lately, calling them names." *8/17/15, "Resident continues to steal other resident's belongings and this morning yelled at staff when she was redirected." *8/20/15, "Her behaviors have not improved since your last visit on 7/14/15 [documentation to the physician]. She was started on antibiotic on 7/25/15 for worsening left shin [front of lower leg] wound. She hit a charge nurse on 8/4/15 and got a skin tear [cut] on her wrist. She saw the doctor on 8/5/15 and he was advised of all her behaviors and the only change he made was to discontinue her Claritin [medication for nasal congestion]. Nursing was contacting physician almost daily on her behaviors so she was started on Depakote [mood stabilizer] sprinkles on 8/13/15. She fell on 8/13/15 and on 8/15/15." *8/28/15, "Care plan conference held with resident and resident's nephew/guardian. Nursing discussed resident's multiple behaviors: stealing items from other residents' rooms, hoarding rotten food, layering clothes, scratching skin until it bleeds, refusing to change clothes or shower,</p>	F 309	<p>The social service designee or assigned designee will ensure that the anticipated care and services provided to the residents at the White River Health Care Center to meet the resident's highest wellbeing is completed weekly times 4 weeks then monthly as defined by F309.</p> <p>The results of audit F309 will be corrected instantly at the time of the audit with reeducation and then will be reported by dietary manager or designee to the QA/PI monthly with further follow up as recommended by the interdisciplinary team.</p> <p> *K12/SDDOH/EL</p>	11/6/15
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F 309	<p>Continued From page 19</p> <p>and hitting at staff. Her table location was moved to the chapel area so she does not have to pass any tables to get there. Nephew asked mental retardation and dementia [memory loss]. Explained memory and behaviors will more than likely worsen."</p> <p>*9/2/15, "Going into other residents' rooms trying to take their belongings. Would not come out of the chapel area, taking signs off the oxygen storage room door. Told repeatedly to come out of the dining room, started yelling at writer that she no longer liked me."</p> <p>*9/5/15, "Tonight has been up wandering the hallways and attempting to take other residents' belongings."</p> <p>*9/7/15, "Was in a very bad mood today. Kept going into other people's rooms and taking things that did not belong to her. Did also take papers off the walls and took remotes from other peoples' rooms."</p> <p>*9/9/15, "Went down her hallway and into another room and took shampoo and lotion from another resident. This resident does not care or has no feelings for other residents. No matter what is told to her, she continues to take other residents' belongings."</p> <p>*9/12/15, "Dialysis van driver was upset this morning as the resident was very slow to leave her room and get to the van outside."</p> <p>*9/14/15, "Resident's behaviors remain uncooperative yet and combative."</p> <p>*9/17/15, "Has been refusing her bath or to change clothes. Gets demanding at times."</p> <p>*9/18/15, "Wanders about facility and into residents' rooms and takes things that do not belong to her. Very uncooperative with ADLs and bathes."</p> <p>*9/23/15, "Went to another resident's room and started to take things from her. Redirected with a</p>	F 309		
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F 309	<p>Continued From page 20</p> <p>lot of combativeness and yelling. Other staff tried to help and she attempted to hit them. Very uncooperative and hard to redirect."</p> <p>*9/26/15, "Resident was very difficult to get her ready for dialysis this morning. She was yelling and did not want to get into the wheelchair. At times she was swinging her arms at the staff and the dialysis van driver."</p> <p>*10/6/15, "Refused her bath this evening. More confused."</p> <p>*10/7/15, "She was going from table to table in the dining room taking other residents' utensils, napkins, and salt/pepper and sugar packets. Resident redirected back to her table and stated no to leave her alone. Refused to give writer the packets or utensils."</p> <p>Review of resident 7's 7/20/15 through 9/19/15 social service designee's progress notes revealed:</p> <p>*7/20/15, "Received a complaint from another resident that the resident went into her room and was digging around. The other resident was upset with her for coming into her room. Was going through her roommate's drawers, her roommate got mad and told her to leave and go back to her own place."</p> <p>*7/22/15, "Nephew stated that she has always been mean to people, and that her family is scared of her."</p> <p>*7/31/15, "Resident went into another resident's room and took a remote control that was under the pillow of the other resident."</p> <p>*8/4/15, "Received word from charge nurse resident had taken another resident's remote for her TV. The charge nurse stated that she tried to take the remote from and she had hit her. She asked me to help her look for her remote, when I did she started opening her drawers, got mad,</p>	F 309		
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F 309	<p>Continued From page 21</p> <p>and swung at me for going through her stuff. Advised her to look for her remote, that I did not want to get hit by her so she will have to look around her room for it."</p> <p>*8/16/15, "Received many complaints from staff of her going into residents' rooms and taking things and giving them to other residents."</p> <p>*8/21/15, "Has been moved to another room closer to the nurse's desk. Gets frustrated with staff and tells them she hates them and fires them. Gets angry if they show back up for work as she hates them and fired them. Likes to go out to eat, only problem she likes to borrow things without asking at the stores and in residents' rooms. You can not tell her not to. Guardian gets angry with her. She does not remember these things."</p> <p>*9/7/15, "Was walking around tearing signs off the walls and putting them in her basket. She went into another resident's room and started taking their calendar and a log knick knack they had on their TV. She was trying to take spoons out of the medication cart, she got angry because I was standing there and told her not to do that."</p> <p>*9/14/15, "She was trying to go into other residents' rooms. They were guarding their rooms and not wanting her to go into their rooms. I closed the door to one resident's room as they were both sleeping, She got angry with me and swung at me. I advised her they were both sleeping. She got mad and said who cares as I want to go in there. She tried to go into three other residents' rooms but all the residents were in front of their doors so she could not go in. She tried to push her way into one resident's room but the other resident pushed her out of her room. The other resident stated she had asked her not to come into her room but she did anyway, that is why she had pushed her."</p>	F 309		
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F 309	<p>Continued From page 22</p> <p>*9/19/15, "Had a hard time loading her into the dialysis van as she was getting agitated."</p> <p>Review of resident 7's 1/27/15 through 8/11/15 physician's notes revealed:</p> <p>*1/27/15, "Has been struggling with intermittent behavioral difficulties. She has baseline level of cognitive impairment related to depression and generalized anxiety with psychotic [loss of contact with reality] features. Mood still cycles and nursing notes clear documentation of difficulties in the past. At this point Paxil [antidepressant] 20 milligrams [mg] and Seroquel [mood and behavior altering medication] 50 mg. My initial intent was to try and get her off the Seroquel, but given the multiple behavior changes recently, I really do not think I would make this change at all."</p> <p>*4/7/15, "We still struggle with behaviors. Despite the fact that she appears good today, we have had multiple variable difficulties with her behaviors. Mood seems to be stable and I certainly would not downward dose titrate [reduce] either the Paxil or the Seroquel based on her past history."</p> <p>*6/5/15, "Mood always continues to fluctuate at times. At times aggressive and other times quite passive. She speaks in an almost childlike voice. Depression with psychotic features and intermittent explosive behaviors. Medications for her mood include Paxil 20 mg and Seroquel 100 mg, these together have kept her in relatively good repair with only intermittent explosive behaviors which nursing has been able to redirect for the most part."</p> <p>*8/11/15, "She is an endstage dialysis patient [resident] with a prior history of schizophrenia [mental illness losing touch with reality] and aggressive behaviors. She still continues as such</p>	F 309		
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F 309	<p>Continued From page 23</p> <p>despite her declining age. Nursing notes that she has had multiple behaviors as of late. She seems to be entering everyone's rooms, stealing anything from snacks to a remote control. We have been trying to redirect her but not having any luck. She is on a fair amount of medication to help depression, it is probably reasonable to get a psychiatric consult. Her medications that are primarily controlled by psychiatry shows Seroquel 50 mg in the morning and 100 mg at bedtime. Shows Paxil 10 mg daily. I did not recommend any new medication changes, other than to continue to try and redirect and discontinue the Claritin for now."</p> <p>Review of resident 7's 6/16/15 through 9/23/15 psychiatrist's progress notes revealed: *6/16/15, "Is doing about the same but her physical condition is deteriorating rapidly. Recommend no changes." *7/14/15, "No major changes noted. Behaviors still bad at times. Physical condition quite poor. No change in medications." *8/18/15, "Is in very poor physical condition. No other changes recommended." *9/23/15, "Was very cooperative today on exam [examination]. Nursing reports she continues to wander into other resident's rooms stealing items but seems to redirect well."</p> <p>Review of resident 7's 3/22/15 through 9/24/15 hospital dialysis notes revealed: *3/22/15, "Follow-up with the facility notes that the facility had to move her roommate out of the room due to resident hitting the other resident. She is aggressive when she does not get her way." *5/1/15, "Due to dementia [memory loss], she is not capable to understand her fluid and diet</p>	F 309			

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F 309	<p>Continued From page 24</p> <p>requirements. She will sneak or take food or fluids from other residents. There is also a risk of aggression if she is confronted or redirected from food or fluid."</p> <p>*5/24/15, "She is picking at her skin to the point where she bleeds. There are also some issues with her in the van not wanting to sit up front."</p> <p>*8/29/15, "Will work with interdisciplinary team and also explore a team inservice to assist with deescalating patient's aggression when patient does not get what she is wanting."</p> <p>*10/6/15, "Needs difficult to manage due to patient's mentation [thinking process]."</p> <p>Review of resident 7's 10/6/15 occurrence investigation report completed by a CNA revealed:</p> <p>"I was trying to change her in her bathroom in front of the toilet. I slid her pants down that were covered with bowel movement."</p> <p>"She reaches over and punches me in the face and was yelling and pulling on my top. She was smearing bowel movement on the floor."</p> <p>"She was wearing three pairs of underwear with wet paper towels between all of them."</p> <p>Interview on 10/14/15 at 8:45 a.m. with the social service designee regarding resident 7 revealed:</p> <p>*Other residents often guarded their doors to their rooms if they saw the resident wandering down the halls.</p> <p>*The staff had tried to redirect her from other residents' rooms, but her memory was so poor she had forgotten the redirection.</p> <p>*Many residents and the staff had voiced their frustration with her wandering and stealing things.</p> <p>*She had hit both staff and residents when she had been provoked. Recently it had been more the staff that had been verbally or physically</p>	F 309		
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F 309	<p>Continued From page 25</p> <p>abused by the resident.</p> <p>*She stated they had talked in department head meetings about her behaviors but had made the decision it was likely no other facility would accept her with her behaviors.</p> <p>*None of the staff had called any other nursing facilities that had a dementia unit. They thought their only option was a stay at the mental health hospital that they thought would be very disturbing to her.</p> <p>*Her family had threatened her if she did not behave they would move her to a psychiatric hospital.</p> <p>*They did try changing her dialysis times from mornings to the afternoons to see if maybe that would improve her behaviors. She thought maybe allowing her to sleep later in the morning had at least helped her resistance with getting ready to go out for dialysis.</p> <p>*She had informed the social worker consultant the resident had been moved to a table in the dining room by herself near the door.</p> <p>*She had not consulted the social worker consultant regarding her concerns for the resident's safety from other residents when she was in their rooms. There were always other residents' concerns that needed to be addressed first when she made her quarterly visits.</p> <p>*She had not contacted the ombudsman (social service advocate) regarding her behaviors and aggression towards the staff.</p> <p>*A couple of the other residents had told her they would hit the resident if she came into their room.</p> <p>*They had talked about getting her a basket of items she could rummage in to see if that would help her taking things from other residents. As far as she knew the administrator had asked the activity director to get the basket, and it had not been gotten yet.</p>	F 309		
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F 309	Continued From page 26 Interview on 10/15/15 at 10:00 a.m. with the administrator and director of nursing regarding resident 7 revealed: *They agreed it had been discussed with the interdisciplinary team it was likely another facility would not accept her with her significant behaviors. *They did not disagree there was a potential for injury both for her and the other residents when she wandered repeatedly into their rooms. *They did think moving her to a more secure unit at another facility would be upsetting to her, as she seemed to know the staff and were familiar with them. *At times she was more receptive to redirection, it depended on her day. *They had talked about getting a bunch of cheap TV remotes for her, since her main obsession was taking other residents' TV remotes. They had not done that yet. *Dialysis had called them today and told them they were changing her dialysis days and times back to mornings. They had not given them a reason they were doing that, and they did not think it was a good idea. They had a call out to the dialysis unit to find out why the change was being made. Review of the provider's undated Safety and Supervision of Residents policy revealed: *"Our resident-oriented approach to safety addresses safety and accident hazards for individual residents." *"The interdisciplinary care team shall analyze information obtained from assessments and observations to identify any specific accident hazards or risks for that resident. The care team shall target interventions to reduce the potential	F 309			

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F 309	Continued From page 27 for accidents." **Implementing interventions to reduce accident risks and hazards shall include the following: -Communicating specific interventions to all relevant staff. -Providing training as necessary. -Ensuring that interventions are implemented. -Documenting interventions. -Monitoring the effectiveness of the interventions." **Resident supervision is a core component of the systems approach to safety. The type and frequency of resident supervision is determined by the individual resident's assessed needs and identified hazards in the environment." **These risk factors and environmental hazards include unsafe wandering."	F 309		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility;	F 441	F441 SS=D 483.65 INFECTION CONTROL, PREVENT SPREAD, LINEN 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. (a)Control Infection Program The facility must establish and Infection Control Program under which it. (1)Investigates, controls, and prevents infections in the facility; (2)Decides what procedures, such as isolation, should be applied to an individual resident and (3)Maintains a record of incidents and corrective actions related to infections. (b)Preventing Spread of Infection	

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F 441	<p>Continued From page 28</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 Based on observation, interview, and disinfection instruction review, the provider failed to follow manufacturer's instructions for disinfecting two of two whirlpool tubs by two of two certified nursing assistants (CNA) A and B. Findings include:</p> <p>1. Observation and interview on 10/15/15 at 10:35 a.m. with CNA A revealed she had: *Placed shampoo and body wash in a bin to soak the whirlpool tub jet pieces in.</p>	F 441	<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 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>Based on observation, interview and disinfection instruction review the provider failed to follow manufacturer's instructions for disinfecting (two of two whirlpool tube by two of two certified nursing assistants (CNA) A and B</p> <p>One on one education was held on 10-15-15 with (CNA) A by the director of nursing to reeducate her on the process of whirlpool disinfectant and cleaning, the chemicals used to clean the whirlpool. A review of the use of supplies used to clean and disinfecting in the facility was done by the house keeper supervisor on 10-15-15. The CNA verbalized an understanding of infection control practices as defined by 441.</p> <p>One on one education was held on 10-15-15 with (CNA) B by the director of nursing to reeducate her on the process of whirlpool cleaning and disinfectants used and the need to scrub surfaces if the surface are visibly dirty or not: scrubbing is required in the process of cleaning the whirlpool. The CNA a verbalized an understanding of infection control practices as defined by 441.</p> <p>All residents being admitted to the White River Nursing Home and residents that utilize the whirlpool tub will be at risk.</p> <p>Housekeeping supervisor/ or designated person in charge will be notified to follow up with staff member being hired in the facility.</p>	

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

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F 441	<p>Continued From page 29</p> <ul style="list-style-type: none"> *Sprayed the inside surfaces of the whirlpool tub with an odor eliminator (spray to reduce odor). *Stated both of the above products were disinfectants. *Been trained by another CNA on how to disinfect that whirlpool tub. *Not been able to remember who the CNA was who had trained her. *Agreed: <ul style="list-style-type: none"> -Neither container was labeled as a disinfectant. -The spray bottle labeled as the disinfectant did not match the color of the spray she had used. -The shampoo and body wash she had used matched an unopened jug of shampoo and body wash in appearance. -She had not used disinfectant products to clean the whirlpool tub. <p>Observation and interview on 10/15/15 at 11:21 a.m. with CNA B revealed she had:</p> <ul style="list-style-type: none"> *Not scrubbed the whirlpool tub surfaces with a scrub brush. *Stated she would not have scrubbed the whirlpool tub surfaces with a scrub brush unless they were visibly dirty. *Stated "These tubs are like a year old." *Not received any training on how to disinfect the new whirlpool tub. <p>Interview on 10/15/15 at 11:42 a.m. and 2:10 p.m. with the director of nursing (DON) revealed:</p> <ul style="list-style-type: none"> *The provider: <ul style="list-style-type: none"> -Had no specific policy for whirlpool tub cleaning. -Was to have followed the manufacturer's instructions for disinfecting the whirlpool tub. -Had been using Turquoise 3 disinfectant instead of the disinfectant recommended by the manufacturer. *She: 	F 441	<p>The Director of Nursing will re-educate nursing staff at the [redacted] nursing meeting on the policy and procedure of whirlpool cleaning and disinfecting as defined by infection control, prevent spread, and lines as defined by F441 463.65.</p> <p>The director of nursing or assigned designee will audit post whirlpool use of staff to ensure that the policy of whirlpool cleaning/disinfecting will be maintained in the facility as defined by F441.</p> <p>The housekeeping supervisor or assigned designee will ensure that the policy of whirlpool cleaning/disinfecting will be maintained in the facility as defined by F441.</p> <p>Housekeeping supervisor or designee will audit the whirlpool cleaning once a week weekly times 4 weeks then monthly as defined by F44.</p> <p>The results of audit F441 will be corrected instantly at the time of the audit with reeducation and then will be reported by [redacted] or designee to the QA/PI monthly with further follow up as recommended by the interdisciplinary team.</p>	<p>*11/16/15 KR/SDDO/H/L</p> <p>*DON will do weekly audits x4 then monthly. KR/SDDO/H/L</p> <p>*Housekeeping supervisor. KR/SDDO/H/L 11/6/15 cc</p>
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F 441	<p>Continued From page 30</p> <ul style="list-style-type: none"> -Had provided the disinfectant training when the new whirlpools were installed. -Would have expected new CNAs and travel CNAs to ask the DON or the charge nurse how to disinfect the whirlpool tubs. -Agreed the whirlpool had not been disinfected properly by CNA A or B. <p>Review of the December 2011 manufacturer's Invacare TheraPure Side Entry Whirlpool Tubs disinfection instructions revealed to:</p> <ul style="list-style-type: none"> ***Remove and disassemble all jet assemblies. Lay all pieces in the bottom of the tub. ***Clean the pieces and spray all surfaces of the tub with Dispatch Cleaner and Disinfectant. ***Take a long handled brush and thoroughly clean the interior surfaces of the tub and the and the jet casings. 	F 441		
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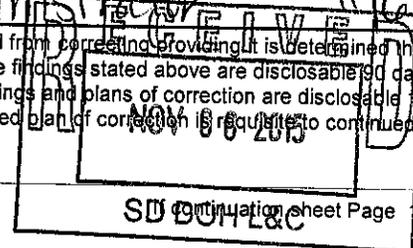
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K 000	INITIAL COMMENTS Surveyor: 18087 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 10/15/15. White River Health Care Center was found not in compliance with 42 CFR 483.70 (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 K038, K069, and K144 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000	* Addendums noted with an asterisk per 11/12/15 per telephone with facility administrator. CH/SDDO/H/EL	
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Surveyor: 18087 Based on observation, measurement, and interview, the provider failed to ensure one of five exits (west exit on the north side of the kitchen) was readily accessible at all times. Findings include: 1. Observation at 11:15 a.m. on 10/15/15 revealed the exit discharge sidewalk from the west exit on the north side of the kitchen (in the service wing) building exits had two resident beds and two wood chairs kept in that location. The	K 038	K038 SS=D NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 *CH/SDDO/H/EL maintenance cleared sidewalk. Maintenance will monitor all fire exits and report to QA/PI for 3 months and quarterly thereafter. * CH/SDDO/H/EL	11/6/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Charles M. Guay	TITLE Administrator	(X6) DATE 11/6/15
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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 required to continued program participation.



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K 038	Continued From page 1 beds and chairs covered approximately 54% of the surface area of the exit discharge sidewalk. Interview with the maintenance supervisor at the time of the observation confirmed that finding. This deficiency affected one of numerous exit discharge locations.	K 038		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Surveyor: 18087 Based on document review and interview, the provider failed to conduct the required inspection of the cooking facility's fire suppression system. Inspections of the system for the range hood must be conducted not less than every six months. The records regarding the kitchen hood fire suppression system indicated: the inspections had been held April 21, 2014 and April 2, 2015; it didn't activate the fire alarm system; and there had not been a six month hydrostatic test performed on the cylinder. Findings include: 1. Document review at 1:15 p.m. on 10/15/15 of the kitchen hood fire suppression system records indicated the inspections had been held 4/21/14 and 4/02/15. The kitchen hood fire-suppression system must be inspected not less than every six months. There was no further documentation indicating other required inspections had taken place. Interview with the administrator and the maintenance director at 2:15 p.m. on 10/15/15 revealed they were unaware they were not in compliance with the requirements for inspecting the kitchen hood fire suppression system.	K 069	K069 SS=D NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3, 19.3.2.6, NFPA 96 CH/SDDOH/EL [REDACTED] Sigler Inspected System KUCERA installed wiring for the fire panel alarm to ansul system. ABC connected wiring to the alarm panel for the ansul system. [REDACTED] [REDACTED] CH/SDDOH/EL * Maintenance will monitor all inspections of ansul system every six months. CH/SDDOH/EL	11/6/15

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K 069	Continued From page 2 2. Document review at 1:15 p.m. of the kitchen hood fire suppression system records indicated the checklist from the contractor did not mark/check the line item under the "Requirements" section the item "System interlocked with building alarm". Interview with the maintenance supervisor at the time of the document review revealed he was unaware if the kitchen hood fire suppression system was interlocked with the fire alarm system. 3. Document review at 1:15 p.m. of the kitchen hood fire suppression system records indicated the last hydrostatic date for the Ansul 3 gallon R102 tank was 2008. There was no documentation that a 6 year hydrostatic inspection had been performed. Interview with the maintenance supervisor at the time of the document review revealed he was unaware if the Ansul R102 tank had a 6 year hydrostatic certification. This deficiency affected three of numerous kitchen hood fire suppression system requirements. NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 069	K144 SS=E NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. *CH/SPD/H/EL Rosebud Sioux Tribe will order a new generator within a couple of months. Maintenance will report to QA/ PI monthly on the status of generator. *CH/SPD/H/EL battery pack was ordered. Maintenance will inspect and test monthly and report to QA/PI for 3 months then quarterly thereafter. *CH/SPD/H/EL	11/6/15
K 144 SS=E		K 144		

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K 144	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Surveyor: 18087 Based on observation and interview, the provider failed to install a remote alarm in a continuously occupied location to indicate when the generator system was in a trouble status in accordance with NFPA 99 Section 3-4.1.1.15 (see attachment). The battery pack emergency light above the generator did not function. Findings include:</p> <p>1. Observation at 10:45 a.m. on 10/15/15 revealed the 15 kilowatt propane-fueled Onan generator was located in the boiler room in the service wing. Interview with the maintenance supervisor at the time of the observation confirmed the generator/boiler room would not be a continuously occupied space. A generator requires a monitored generator annunciator.</p> <p>There was no annunciator at a continuously occupied space (nurse station, for example) that would indicate when the generator was in a trouble status.</p> <p>2. Observation and testing at 10:50 a.m. on 10/15/15 revealed the battery pack emergency light located above the Onan generator in the boiler room did not function. Interview with the maintenance supervisor at the time of the observation confirmed that finding.</p> <p>Interview with the maintenance supervisor confirmed those conditions. This deficiency affects all fifty-two residents at this facility.</p>	K 144		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10710	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/15/2015
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S 000	Compliance/Noncompliance Statement Surveyor: 18087 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 10/13/15 through 10/15/15. White River Health Care Center was found not in compliance with the following requirement: S169.	S 000		
S 169	44:73:02:18(6) Occupant Protection The facility shall take at least the following precautions: (6) Install an electrically activated audible alarm on all unattended exit doors. Any other exterior doors shall be locked or alarmed. The alarm shall be audible at a designated staff station and may not automatically silence when the door is closed; This Administrative Rule of South Dakota is not met as evidenced by: Surveyor: 18087 Based on observation, testing, and interview, the provider failed to maintain the electrically activated audible alarm for unattended doors in an active condition for four of five exterior doors (east wing exit, west wing exit, east exit by the administration office, and the east exit from the dining room). Findings include: 1. Observation and testing beginning at 10:30 a.m. on 10/15/15 revealed the exit doors for the east wing, west wing, east door by the administration office, and the east exit door from the dining room were equipped with delayed egress magnetic locks. That door would unlock if the proper code was typed into a keypad. The code to unlock the door was posted on a sign attached to that keypad. Once the proper code was entered the magnetic door lock would	S 169	S169 44:73:02:18(6) OCCUPANT PROTECTION The east door by administrator office and main door to facility have dual codes for exiting the facility. One code is a visitor code, if a resident is wearing a transmitter and is within 5 feet of the keypad, the code will not open the door. The second code is an employee code, which will override the signal from the transmitter. The visitor code was displayed on side of keypad, which has now been removed. Staff will assist in helping visitors exit. ADM or designee will monitor keypad functionality and report to QAPI monthly x3 and quarterly thereafter.	11/6/15

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

Clawde M. Grogg

TITLE
Administrator

(X6) DATE
11/6/15

STATE FORM

6899 JIWF11

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NOV 06 2015
SD DOH L&C

continuation sheet 1 of 2

South Dakota Department of Health

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WHITE RIVER HEALTH CARE CENTER

**515 E 8TH STREET POST OFFICE BOX 310
WHITE RIVER, SD 57579**

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S 169	Continued From page 1 release. When the door was opened the alarm did not sound. The posted code would allow residents to input the code and leave the building without sounding the door alarm. Interview with the maintenance supervisor at the time of the observation confirmed that condition.	S 169		