

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

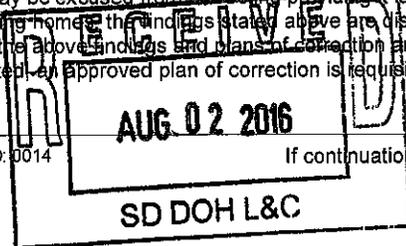
**ORIGINAL**

PRINTED: 07/21/2016  
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. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETHESDA HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 W HWY 12</b> <b>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	INITIAL COMMENTS  Surveyor: 32331 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 7/11/16 through 7/13/16. Bethesda Home was found not in compliance with the following requirements: F323 and F441.  Surveyor: 33488 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 7/11/16 through 7/13/16. Areas surveyed included nursing services. Bethesda Home was found in compliance.	F 000	*Addendums noted with an asterisk per 8/18/16 per telephone with facility Director of Nursing. JT/SDDOHEL	
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by: Surveyor: 32331  Surveyor: 34030 Based on observation, interview, and policy review, the provider failed to maintain an environment free from potential accident hazards on the concrete in one of one resident courtyard and at one of one front entrance. Findings	F 323		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
*Ann Marie Stovels* Administrator 7/27/16

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.



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F 323	<p>Continued From page 1 include:</p> <p>1. Observation on 7/12/16 at 3:00 p.m. of the residents' courtyard concrete pad revealed: *An uneven area of three-fourth inch deep by a foot and a half long. *Two outdoor chairs beyond the uneven area. *Residents would have had to cross the uneven area to get to the chairs, creating a potential for falls.</p> <p>Observation on 7/13/16 at 1:00 p.m. of the front entrance concrete pad revealed a section of concrete that appeared to have been replaced. It had sunk lower than the rest of the concrete creating an uneven surface of one inch deep.</p> <p>Surveyor: 32331 Observation on 7/12/16 at 2:20 p.m. of resident 15 in the residents' courtyard revealed: *She was seated in a wheelchair. *Her wheelchair was close to an uneven and cracked cement pad area.</p> <p>Interview on 7/12/16 at 2:25 p.m. with the administrative assistant regarding resident 15 in the residents' courtyard revealed she went out often to the above area by herself.</p> <p>Surveyor: 34030 Interview on 7/13/16 at 8:10 a.m. with the maintenance director revealed: *He agreed the above concrete surfaces had uneven areas. *He stated he had been unaware those areas were a fall hazard. *Checking outside sidewalks and concrete were not on his regular maintenance schedule. *He agreed the uneven areas were a hazard for</p>	F 323	<p>F323 FREE OF ACCIDENT HAZARDS/SUPERVISION/ DEVICES</p> <p>Action Plan:</p> <ol style="list-style-type: none"> <li>1. The Maintenance Director is obtaining quotes to fix the concrete pad in the front and back of the building. When this is obtained the work will be completed. The company is scheduled to see if they can complete the scope of work on the week of 8/1/16.</li> <li>2. All residents who go outside could be affected.</li> <li>3. All maintenance staff were re-educated by the Administrator on the importance of maintaining an accident free environment.</li> <li>4. Audits monitoring the concrete will be performed by the Maintenance Director/ Maintenance Director Designee monthly x6 then brought to the Quality Assurance Committee for further recommendations.</li> </ol> <p><i>*by the maintenance director or designee. JTSDDO/HJEL</i></p>	<p> ↓ *September 1, 2016 JTSDDO/HJEL</p>

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F 323	Continued From page 2 potential falls.  Interview on 7/13/16 at 10:45 a.m. with the director of nursing revealed: *She was unaware of the uneven concrete areas. *She agreed the uneven areas were a hazard for potential falls and should have been fixed.  Review of the provider's 1/19/16 Environmental Maintenance policy revealed: **"Visually inspect the area for unsafe or abnormal conditions or those that detract from the aesthetic appearance of the area such as cracks, unprotected pits or holes, burned-out lights and other safety hazards. Such inspections should include walkways and lighting." ***"Make minor repairs as needed and report unsafe conditions that cannot be readily corrected or which are outside the scope of the maintenance department."	F 323		
F 441 SS=E	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; (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.	F 441		

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F 441	Continued From page 3  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (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. (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.  (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.  This REQUIREMENT is not met as evidenced by: Surveyor: 35121 Based on observation, interview, manufacturer's instruction review, and policy review, the provider failed to follow manufacturer's instructions for disinfecting two of two whirlpool tubs during cleaning observations by two of two certified nursing assistants (CNA) (A and B). Findings include:  1. Observation and interview on 7/12/16 at 11:50 a.m. with CNA during disinfection of the B wing whirlpool tub revealed: *After she had scrubbed the whirlpool surfaces with the disinfectant mixture she: -Let the disinfectant mixture remain in the foot	F 441	F441 INFECTION CONTROL, PREVENT SPREAD, LINENS  Action Plan:  1. On 7/28/16 the policy for sanitizing the whirlpool tubs was revised to meet the manufactures recommendations.  2. All residents who use the whirlpool tub could be affected.  3. All nursing staff was re-educated by the Director of Nursing/Director of Nursing designee on 7/28/16 regarding the Bethesda Policy and Procedure for disinfecting the whirlpool tubs. Further education will be provided to the nursing staff on 8/9/16.  Audits monitoring whirlpool sanitizing compliance will be completed by the Director of Nursing/ Director of Nursing designee weekly x4, bi-weekly x2, monthly x3 then brought to the Quality Assurance Committee for further recommendations.	August 9, 2016
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*\*The nursing staff had included all CNAs, including CNAs A and B. 7/20/16*

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F 441	<p>Continued From page 4</p> <p>well of the whirlpool tub for ten minutes.</p> <ul style="list-style-type: none"> <li>-Did not monitor the whirlpool tub or whirlpool chair for dried surfaces.</li> <li>-Would routinely leave the whirlpool room after the disinfectant had been applied.</li> <li>-Agreed there were surfaces of the whirlpool tub and whirlpool chair that had dried.</li> <li>-Did not know the whirlpool tub surfaces were to have remained wet for ten minutes.</li> <li>-Had been trained by another CNA.</li> <li>-Had not had any additional training regarding disinfection of the whirlpool tub.</li> <li>-Confirmed the disinfection directions on the disinfectant container indicated surfaces were to have remained wet for ten minutes.</li> </ul> <p>2. Observation and interview on 7/12/16 at 12:15 p.m. with CNA B during disinfection of the C wing whirlpool revealed:</p> <ul style="list-style-type: none"> <li>*After she had scrubbed the whirlpool tub surfaces with the disinfectant mixture she:</li> <li>-Did not monitor the whirlpool tub or whirlpool chair for dried surfaces.</li> <li>-Would routinely leave the whirlpool room after the disinfectant had been applied.</li> <li>-Agreed some of the surfaces of the whirlpool tub and chair had dried in less than ten minutes.</li> <li>-Did not know the whirlpool tub surfaces were to have remained wet for ten minutes.</li> <li>-Had been trained by another CNA.</li> <li>-Had not had any additional training regarding disinfection of the whirlpool tub.</li> <li>-Confirmed the disinfection directions on the disinfectant container indicated surfaces were to have remained wet for ten minutes.</li> </ul> <p>Interview on 7/13/16 at 10:10 a.m. with the director of nursing, Minimum Data Set coordinator, and the infection control nurse</p>	F 441		

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F 441	<p>Continued From page 5</p> <p>confirmed the above CNAs had not followed: *The provider's whirlpool disinfecting policy. *The manufacturers' instructions for disinfecting the whirlpools.</p> <p>Review of the provider's 1/4/16 Whirlpool Disinfecting policy revealed they were to follow the manufacturer's instructions for disinfecting the whirlpool tubs.</p> <p>Review of the undated Superior Sit-Bath System 6300 cleaning instructions revealed to "Let disinfectant stay on surface for 10 minutes. (Or, as recommended by the instructions on the disinfectant concentrate container)."</p> <p>Review of the undated Apollo Advantage seated bathing system disinfecting process revealed after scrubbing surfaces with the disinfectant solution to "Leave wet for 10 minutes."</p> <p>Review of the Penner Patient Care whirlpool disinfectant cleaner instructions revealed to "Wet all surfaces thoroughly. Allow to remain wet for 10 minutes."</p> <p>Review of the Cid-A-L II disinfectant instructions revealed to "Wet all surfaces thoroughly. Allow to remain wet for 10 minutes."</p>	F 441			

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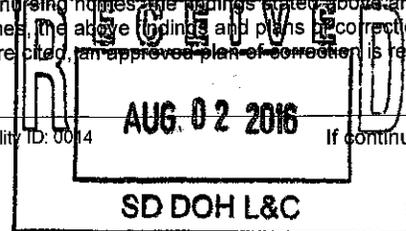
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 7/12/16. Bethesda Home was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.</p> <p>The building will meet the requirements of the 2000 LSC for Existing Health Care Occupancies in conjunction with the provider's commitment to continued compliance with the fire safety standards.</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Juanita Torres* TITLE *Administrator* (X6) DATE *7/27/16*

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.



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SD Department of Health Vital Records

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>07/13/2016</b>
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S 000	Compliance/Noncompliance Statement  Surveyor: 32331 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, requirements for nursing facilities, was conducted from 7/11/16 through 7/13/16. Bethesda Home was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement  Surveyor: 32331 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 7/11/16 through 7/13/16. Bethesda Home was found in compliance.	S 000		

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

*Jane Morales*

TITLE

(X6) DATE

*7/27/16*

