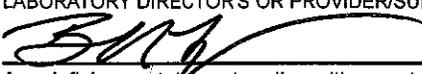


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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435084 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 08/02/2016 |
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| NAME OF PROVIDER OR SUPPLIER FAULKTON SENIOR LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 1401 PEARL ST FAULKTON, SD 57438 |
|---|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| F 000 | INITIAL COMMENTS Surveyor: 32572 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted on 8/2/16. Faulkton Senior Living was found not in compliance with the following requirement: F514. | F 000 | *Addendums noted with an asterisk per 8/25/16 per telephone with facility administrator. LAISDDOHT/EL | |
| F 514 SS=D | 483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Surveyor: 14477 Based on record review and interview, the provider failed to ensure accurate documentation in the medical record of one of one sampled resident (2) with allergies. Findings include: 1. Review of resident 2's medical record revealed: *An admission date of 06/09/16. *A typed note in the front cover of the resident's chart stated "ALLERGIES - NKA (no known | F 514 | | |

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|---|------------------------------------|-----------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE Executive Director | (X6) DATE 8-15-16 |
|---|------------------------------------|-----------------------------|

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.

AUG 19 2016
SD DOH L&C

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

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FORM APPROVED
OMB NO. 0938-0391

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| F 514 | <p>Continued From page 1 allergies)."</p> <p>*An undated current care plan stated "No Known Allergies."</p> <p>*The August 2016 Medication Administration Record stated "No Known Allergies."</p> <p>*The August 2016 Treatment record stated "No Known Allergies."</p> <p>*A History and Physical from a hospital admission dated 05/17/16 with the following allergies listed: "Iron. Codeine. Penicillin. Sulfa. Almonds. Strawberries. Amitriptyline. Prazosin. Remeron. Patient is also sensitive to Fentanyl patch."</p> <p>*An out of town clinic provider medication order dated 07/20/16 showed the following medication allergies: "codeine phosphate, Hydromorphone, pregabalin, Penicillins." The order was to give "Injectafer (50 iron mg/mL), Solution 750 mg" on 07/27/16.</p> <p>Further review of the resident's medical record revealed:</p> <p>*The facility Order Summary Report dated 7/5/16 showed the resident was receiving the following medications:</p> <ol style="list-style-type: none"> "FentaNYL Patch 72 hour 12 MCG/HR Apply 2 patch transdermally in the evening every 3 day(s) for Pain and remove per schedule." "Morphine Sulfate Tablet 15 MG Give 1 tablet by mouth every 6 hours for Pain Morphine sulfate IR." A local clinic referral/visit summary document showed the Injectafer infusion had been given "750 mg in 100 NS" [normal saline]" on 7/27/16. <p>The consulting pharmacist's monthly visits dated 6/2/16 and 7/2/16 had not identified a discrepancy regarding resident 2's current medications and her allergies.</p> | F 514 | <p>This facility denies that the alleged facts as set forth constitute a deficiency under interpretations of Federal and state law. The preparation of the following plan or correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction was prepared solely because it is required by provisions of state and federal law. Without waiving the foregoing statement, the facility states that with respect to:</p> <ol style="list-style-type: none"> The medical record of the identified resident has been corrected to ensure all known allergies/sensitivities have been listed. Consultant pharmacist reviewed identified residents medication list against allergies/sensitivities on 8/8/16. Found no concerns with current medication regimen. All current medical records will be audited for updated and current allergy/sensitivity lists by | 8/22/16 | |

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| F 514 | Continued From page 2 Interview on 08/02/16 at 3:30 p.m. with the Director of Nursing and administrator regarding the above for resident 2 revealed it was important the allergies were documented in the medical record. They were aware the resident and physician had agreed the benefit outweighed the risk in regards to the use of the Fentanyl patch. | F 514 | <p>August 22, 2016.</p> <ol style="list-style-type: none"> All new admissions will be reviewed by two nurses for accurate allergy/sensitivity listing. The Director of Nursing or her designee will audit all admissions for accuracy in transcribing allergy information for 3 months. The data collected will be presented to the QAPI committee at least quarterly by the Director of Nursing or her designee, including any identified patterns or system failure. The committee will make the decision for further action. <p><i>*4. Staff were educated on the new process on 08/05/16. LAISDDOTTEL</i></p> | |