

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

**ORIGINAL**

PRINTED: 06/28/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/21/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOUNTAIN SPRINGS HEALTHCARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WESLEYAN BLVD RAPID CITY, SD 57702</b>		
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{F 000}	INITIAL COMMENTS	{F 000}			
{F 253} SS=E	<p>Surveyor: 26632 A revisit health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted on 6/21/16. Fountain Springs Health Care was found not in compliance with the following requirement: F253. 483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 26632 Based on observation, interview, document review, plan of correction (POC) review, and provider audit review, the provider failed to ensure the plan of correction had been followed from the 4/27/16 recertification survey. The provider failed to maintain, repair, clean, or monitor the following: *Random walls and floors throughout the facility. *Random ceiling tiles throughout the facility. *Two of three EZ Lifts in two of two shower rooms had chipped and broken laminate on the legs. *The cleanliness of three of three wheelchair cushions in one of three nursing supply rooms (by resident room 351). *The cleanliness of two of two wheelchair cushions in one of one wheelchair storage room on Dunn hall. Findings include:  1. Review of the provider's POC with a</p>	{F 253}	<p>Submission of this Response and Plan of correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of fault by the facility, the Administrator or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegations. Accordingly, the Facility has prepared and submitted this Plan of Correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in Title 18 and Title 19 programs. This Plan of correction is submitted as the facility's credible allegation of compliance.</p> <p><b>F253</b></p>		
	<p>1. Resident 1 &amp; 19's shared room has been cleaned and de-cluttered and the sprinkler head has been unblocked by storage. The multi-tap receptacle has been removed. The carpet has been cleaned. In room 100, the chair railing repair, including the exposed gypsum, has been completed. Room 101's wall paper has been removed and the wall repaired</p>			7-22-16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE **7-6-16**

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 253}	Continued From page 1 completion date of 6/10/16 revealed: *The administrator would conduct walking rounds with housekeeping weekly checking for room cleanliness. *The administrator or designee would conduct weekly facility rounds checking to ensure the following: -Rooms were clean and dusted. -Ceiling tiles were in good repair. -The clean storage supply rooms were free from other storage items. *Resident bathrooms were free from storage items, and the floors were clean. *The vertical blinds in resident use areas and resident rooms were in good repair.  Review of the provider's POC audits revealed two different audits had been completed by the administrator on a weekly basis from 5/25/16 through 6/17/16. Neither of those audits included the housekeeping supervisor's attendance in the rounds. The audits were as follows: *Administrator or designee would conduct weekly facility rounds to check to ensure the following: -Resident bathrooms were free from storage items and the floors were clean. -Vertical blinds in resident use areas and resident rooms were in good repair.	{F 253}	and the multi-tap adapters have been removed. The ceiling tiles in the bathroom by the nurses' station have been replaced, the bathroom cleaned, and the walls repainted. The missing ceiling tiles and by the South exit doors have been installed and the stained tiles replaced. The EZ lifts have been cleaned and the cracked/loose plastic covering the legs have been ordered and will be replaced upon receipt. A room by room audit, including common areas was completed for cleanliness, wall and ceiling tile damage and deficient areas have been cleaned, repaired or replaced as necessary.  2. All residents are at risk.  3. The Administrator and interdisciplinary team reviewed the previously submitted plan of correction and reviewed findings on the recited deficiency. The Administrator and/or Director of Nursing will educate all staff no later than 7-13-16 on maintaining a clean and clutter-free environment and on reporting flooring issues, holes in walls, chips/gouges in paint or broken/stained ceiling tiles to the Maintenance Supervisor for repair and any housekeeping issues to the Housekeeping Supervisor for cleaning. Those not in attendance at education session will be educated prior to their first shift worked.  4. The Administrator or designee will conduct walking rounds daily, Monday through Friday, to check for room		
	*Administrator or designee would conduct weekly facility rounds to check to ensure the following: -Rooms were clean and dusted. -Ceiling tiles were in good repair. -Clean storage supply rooms were free from other storage items. *The first audit noted above had been completed by the administrator weekly. No housekeeper was noted to have been included in the rounds. -The 5/25/16 audit had been completed on each				

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{F 253}	Continued From page 2 wing and all had been marked yes to have been in compliance. -The 5/31/16 through 6/3/16 audit had been completed on four random resident rooms on the Dunn and Simpson halls. Each room had been marked yes to have been in compliance. -The 6/6/16 through 6/10/16 audit had been completed on eight random rooms on the Watson hall. Each room had been marked yes to have been in compliance. -The 6/13/16 through 6/17/16 audit had been completed on eight random resident rooms on the Garman hall. Each room had been marked yes to have been in compliance. *The second audit noted above had been completed by the administrator weekly. No housekeeper was noted to have been included in the rounds. -The 5/25/16 audit had been completed on each of the five wings and four had been marked yes to have been in compliance. A handwritten comment stated "Did walk around found areas to be good this week." -The 5/31/16 through 6/3/16 audit had been completed on four random rooms on the Dunn and Simpson halls. Each room on the Dunn hall had been marked yes to have been in compliance. The four rooms had been marked no that they were clean and dusted and the ceiling tiles were in good repair. Handwritten comments stated "In rooms 514, 505, 507, and 506 the overhead vent are in need of dusting. Housekeeping was informed and cleaned. Vents in section 500 of TCU [transitional care unit] rooms. Will do walk thru with/[housekeeping supervisor] on 6/2/16." There was no documentation a walk through had been completed on 6/2/16 with the housekeeping supervisor.	{F 253}	cleanliness and to ensure the rooms and common areas are clean and free from needing wall, floor or ceiling tile repair. Daily rounds will include a sample of resident rooms so that all rooms are checked weekly. Common areas will be observed daily. Daily rounds will include checking that: Rooms are clean, including floors, rooms are dusted and clutter-free, closet storage does not impede the automatic sprinkler head and no multi-tap adapters are in use; Ceiling tiles are in good repair and free from cracks or stains; Resident equipment is clean and in good repair; Walls are free from gouges, chips, or wall paper damage; Audits will continue for four weeks and then monthly for three months. Audits will be discussed by the Administrator in monthly Quality Assurance Process Improvement (QAPI) for review and recommendations of continuation/discontinuation of audit.		

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{F 253}	<p>Continued From page 3</p> <p>-The 6/6/16 through 6/10/16 audit had been completed on eight random resident's rooms on the Watson hall. Each room had been marked yes to have been in compliance.</p> <p>-The 6/13/16 through 6/17/16 audit had been completed on eight random resident's rooms on the Garman hall. Each room had been marked yes to have been in compliance.</p> <p>*Resident 1 and 19's room had not been on either of the audits, nor was it listed in the POC.</p> <p>Interview on 6/21/16 at 3:30 p.m. with the administrator revealed:</p> <p>*He had completed the audits related to this deficiency.</p> <p>*He was not aware he had not correctly completed audits according to the POC.</p> <p>*He agreed those audits had not been completed correctly to ensure the POC had been met.</p> <p>2. Random observation on 6/21/16 from 10:30 a.m. to 1:30 p.m. revealed:</p> <p>*Resident 1 and 19's shared room revealed:</p> <p>-The automatic sprinkler head was blocked in the closet.</p> <p>-A multi-tap adapter for the electrical receptacle was hidden behind papers on the dresser.</p> <p>-Stacks and loose lying clutter around the room created a trip-hazard.</p> <p>-The piles of clothes on the floor and the pile of clothes over two feet tall on the closet floor created areas of refuge for insects and rodents.</p> <p>-The carpet had large dark stains throughout the room.</p> <p>-Interview at that same time with the administrator and director of nursing (DON) revealed they were aware of the clutter in resident 1 and 19's shared room. The DON stated they had tried to help the residents remove some of the clutter, so it would</p>	{F 253}			

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{F 253}	Continued From page 4 not be a hazard to themselves or the facility. *In room 100 the chair railing had been reattached to the wall. There was still exposed gypsum board in the corner. The entire repair had not been completed. *In room 101 there were two multi-tap adaptors in use. The wall paper behind the head of the bed and behind the recliner had large strips either ripped off and hanging or missing. *The resident use bathroom by the nurses station had stained ceiling tiles, chipped paint on the walls, and was in need of a thorough deep cleaning. *The ceiling tiles by the south exit door of the Garman/Simpson/Miller bathing room had areas missing and stained. *Two of three EZ lifts had debris on the standing platform and cracked and loose plastic that covered the legs of the lift. One of those EZ lifts also had a moderate amount of visible hair wrapped around one of the two front wheels. *Random walls, floors, and ceiling tiles in all five halls (Garman, Miller, Watson, Dunn and Simpson) had either gouges, soiling, or missing areas. That was both in residents' rooms and the common hallways.  Interview on 6/21/16 at 3:00 p.m. with the maintenance supervisor revealed he kept track of work orders requested from staff. Review of those work orders from the past three months (including and since the past survey) revealed there were very few that included repair of floors, walls, or ceilings. He stated most of the work orders had been resident requests. Staff did not report holes in walls, chipped and gouged paint, or broken and/or stained ceiling tiles.  Review of a room cleaning schedule from the	{F 253}			

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{F 253}	Continued From page 5 housekeeping supervisor revealed a list of resident rooms and the days of the week they were to have been cleaned. There was no documentation the resident rooms had actually been cleaned on those days.  Interview on 6/21/16 at 3:00 p.m. with the housekeeping supervisor revealed he did not do any audits of the housekeepers. Since he would also be cleaning he felt he could ensure they had cleaned what was assigned. He stated he kept a weekly housekeeping log to ensure the EZ stands, Hoyer lifts, and the documentation kiosks had been cleaned. Review of that log revealed he had reviewed those items on a weekly basis.	{F 253}			