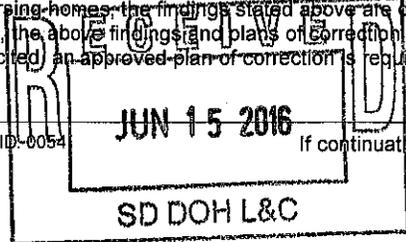


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435053	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/25/2016
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE 718 NE 8TH ST MADISON, SD 57042	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	<p><i>*Addendums noted with an asterisk per 6/27/16 per telephone with facility administrator. SC/SDDOH/EL</i></p> <p>Surveyor: 33265 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 5/23/16 through 5/25/16. Golden LivingCenter - Madison was found not in compliance with the following requirements: F176 and F281.</p> <p>A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 5/23/16 through 5/25/16. Areas surveyed included nursing services and transportation service. Golden LivingCenter - Madison was found in compliance.</p>	F 000	4) Director of nursing or designee will complete audits weekly x4 then monthly x3 to ensure residents who self-administer medications are in compliance with the policy and will bring results of audits to the monthly QAPI meeting for further review and recommendations. Corrective action will be completed by 06/24/16	6/24/16
F 176 SS=D	<p>483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE</p> <p>An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 35625 Based on observation, record review, interview, and policy review, the provider failed to ensure one of one randomly observed resident (9) had a physician's order and was assessed to self-administer medication through a nebulizer machine. Findings include:</p> <p>1. Observation on 5/24/16 at 11:15 a.m. of resident 9 during the medication pass revealed licensed practical nurse A: *Assembled the pieces of the nebulizer mask unit</p>	F 176		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE *Executive Director* (X6) DATE *6/14/16*

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 176	<p>Continued From page 1 together, placed medication in the chamber, put the mask on the resident, and started the nebulizer machine.</p> <p>*Left the room to assist other residents while his medication was dispensed.</p> <p>*Returned to the room when the treatment was finished and cleaned the nebulizer mask.</p> <p>Review of resident 9's medical record revealed:</p> <p>*There was no physician's order for self-administration of medications or nebulizer treatments.</p> <p>*No initial or quarterly assessments were completed to determine if the resident was safe to administer medications independently.</p> <p>*There was no documentation in the care plan regarding his nebulizer treatments.</p> <p>Interview on 5/25/16 at 8:20 a.m. with the director of nursing regarding resident 9 revealed:</p> <p>*There was no physician's order to allow for self-administration of medications.</p> <p>*She confirmed no assessments were completed to determine he was safe to administer his nebulizer independently.</p> <p>*Acknowledged that a physician's order and assessments were needed to establish the resident was safe to administer medication after set-up.</p> <p>Review of the provider's May 2012 Self-Administration of Medications policy revealed:</p> <p>"Residents who desire to self-administer medications are permitted to do so if the facility's interdisciplinary team has determined that the practice would be safe for the resident and other residents of the facility and there is a prescriber's order to self-administer."</p>	F 176	<p>Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</p> <p>F176 Self-administration of Drugs</p> <ol style="list-style-type: none"> 1) Resident # 9 has had a Self-Administration of Medication Evaluation completed and Physician order obtained 2) Residents residing in the facility who self-administer medications have the potential to be affected in a similar manner. 3) Residents who wish to self-administer medications have been identified and a Self-Administration of Medication Evaluation has been completed and physician orders obtained. Residents who have been deemed safe to self-administer medications have been educated and are in compliance with the Self Administration of Medication policy. New residents admitted to the living center will be educated on the Self Administration of Medication policy upon admission. Nursing staff have been re-educated on the Self Administration of Medication policy. All actions completed as of 06/15/16. 	

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

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OMB NO. 0938-0391

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F 281	Continued From page 3 record], and controlled substance sign out record, if indicated."	F 281			