

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

ORIGINAL

PRINTED: 08/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2016
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NAME OF PROVIDER OR SUPPLIER MENNO-OLIVET CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 402 S PINE STREET MENNO, SD 57045
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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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<p>F 000</p> <p>F 281 SS=D</p>	<p>INITIAL COMMENTS</p> <p>Surveyor: 34030 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 8/15/16 through 8/17/16. Menno-Olivet Care Center was found not in compliance with the following requirements: F281 and F354.</p> <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: 22452 Based on observation, interview, and policy review, the provider failed to ensure professional standards with medication administration was followed for four of four sampled residents (6, 11, 12, and 13). Findings include:</p> <p>1. Observation on 8/15/16 at 5:27 p.m. of unlicensed assistive personnel (UAP) B revealed: *She was administering medications from the medication cart in the dining room to multiple residents. *In the top drawer of the medication cart there were four white paper medication cups that each contained two oblong white tablets. *There were initials written on each of the medication cups for residents 6, 11, 12, and 13.</p> <p>Interview on 8/15/16 at that time with UAP B revealed: *The four medication cups each contained two</p>	<p>F 000</p> <p>F 281</p>	<p>This Plan of Correction constitutes our written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p><i>*Including UAP B and LPN A</i> All staff responsible for medication/narcotic administration were educated to policy and procedure changes regarding proper medication/narcotic administration on 09/08/2016. Any staff not in attendance will be educated before they are allowed to return to work. Acting Director of Nursing or designee will conduct Medication/Narcotic administration audit 1x week for 2 months. The data collected will be taken to QAPI by DON or designee for discussion or review. At that time QAPI committee will make any follow-up recommendations.</p> <p><i>*Addendums noted with an asterisk per 9/19/16 per telephone with facility Interim administrator.</i></p>	<p>9.30.16</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Interim Administrator</i>	(X6) DATE <i>9.8.16</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 to continued program participation.

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NAME OF PROVIDER OR SUPPLIER MENNO-OLIVET CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 402 S PINE STREET MENNO, SD 57045		
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F 281	<p>Continued From page 1</p> <p>tablets of hydrocodone for the above residents.</p> <p>*The nurse handed her the white medication cups before she started her supper medication administration.</p> <p>*The nurse took the hydrocodone out of the locked cupboard in the medication room and handed them to her to administer to the residents.</p> <p>*The nurses administered the scheduled medications to the UAPs to administer, so the nurse could verify the count of scheduled medications was accurate.</p> <p>*The nurse documented on the scheduled medication count sheet the medication had been removed from the locked box. The UAP usually signed the count sheet also to verify the medications had been given to them to administer to the residents.</p> <p>*It was the responsibility of the UAP to document on the residents' medication administration record when the medications had been administered to the residents.</p> <p>*She kept the hydrocodone tablets in the medication cart until she was ready to administer them to each of the residents.</p> <p>Interview on 8/15/16 at 6:00 p.m. with licensed practical nurse A regarding the above residents revealed she:</p> <p>*Had administered the hydrocodone for the above residents to UAP B about 5:00 p.m.</p> <p>*Had put the above resident's initials on each of the above medication cups.</p> <p>*Was aware the UAPs then usually kept the medication cups with pills in them in the top drawer of the medication cart until they were ready to administer them to each resident.</p> <p>*Agreed the UAPs should not have been administering medications that had been</p>	F 281		

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F 281	<p>Continued From page 2 administered by the nurse.</p> <p>*Agreed the nurse that dispensed the medications should have been the one to administer the hydrocodone to the residents.</p> <p>*Stated their policy used to be the UAPs would remove the scheduled medications from the locked box on the medication cart and administer them to the residents.</p> <p>*Thought the policy had been changed by the previous director of nursing due to problems with the count being off for some of the scheduled medications.</p> <p>Interview on 8/16/16 at 4:00 p.m. with the director of nursing regarding the above revealed she agreed:</p> <p>*The nurses should have been administering the scheduled medications instead of dispensing them to the UAPs to administer.</p> <p>*It was an unsafe practice to have medications in paper medication cups sitting in the top drawer of the medication cart until they were administered to each resident.</p> <p>*They followed nursing professional standards for the administration of medication.</p> <p>Review of the provider's March 29, 2016 UAP meeting minutes revealed: *"The narc key will be on the nurse's keys." *"The nurse will have to dispense and the UAP may administer."</p> <p>Review of the provider's 3/7/16 Administering Medications policy revealed: *"Medications shall be administered in a safe and timely manner." *There was no documentation staff should not administer medications set-up by another staff member.</p>	F 281			

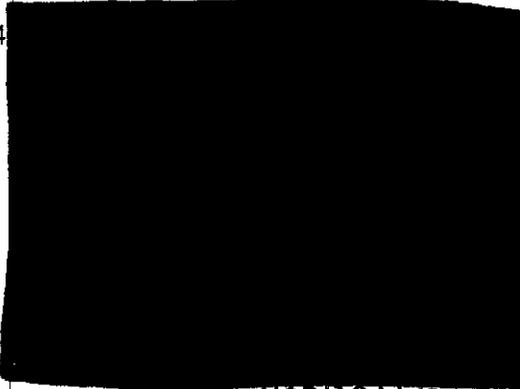
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F 281	Continued From page 3 Review of Patricia A. Potter and Ann Griffin Perry, Fundamentals of Nursing, 8th ED., St. Louis, MO, p. 585, revealed: *Because the nurse who administers the medication is responsible for any errors related to it, nurses administer only the medications they prepare. You cannot delegate preparation of medication to another person and then administer the medication to the patient." *Related to the right patient: "Medication errors often occur because one patient gets a drug intended for another person. Therefore an important step in safe medication administration is being sure that you give the right medication to the right patient."	F 281		
F 354 SS=D	483.30(b) WAIVER-RN 8 HRS 7 DAYS/WK, FULL-TIME DON Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Surveyor: 22452 Based on record review and interview, the	F 354		

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NAME OF PROVIDER OR SUPPLIER MENNO-OLIVET CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 402 S PINE STREET MENNO, SD 57045	
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F 354	Continued From page 4 provider failed to ensure registered nurse (RN) coverage for eight consecutive hours, seven days a week, for four of four randomly reviewed months (April 2016 through July 2016). Findings include: 1. Review of the April 2016 through July 2016 daily staffing forms and nursing schedule revealed the following days without RN coverage: *April 24, 2016. *May 21, 2016. *June 18, 2016 and June 19, 2016. *July 3, 2016 and July 16, 2016. Interview on 8/17/16 at 11:00 a.m. with the director of nursing and RN nurse consultant regarding the above revealed they: *Were aware an RN was necessary for seven days a week for eight hours. *Did not have an RN to cover the above days.	F 354	 <i>*SWISDOFFEL</i> The active DON and scheduler were in-serviced on 09/08/2016 to schedule the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. As of 08/17/2016 Interim Administrator or designee has monitored weekly to verify that the facility use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. This monitoring will continue 1 time per week for 3 months, the data collected will be taken to the QAPI committee at least quarterly by the Administrator or designee for discussion and review. At this time the committee will make the decision for any necessary follow-up studies.	9.30.16

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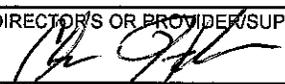
PRINTED: 08/26/2016
FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435113	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2016
NAME OF PROVIDER OR SUPPLIER MENNO-OLIVET CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 402 S PINE STREET MENNO, SD 57045	
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 8/17/16. Menno-Olivet Care Center (Building 01) 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

TITLE

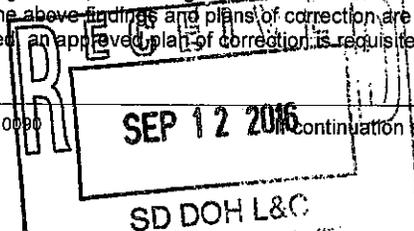
(X6) DATE



Interim Administrator

9-9-16

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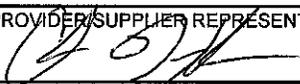
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435113	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2016
NAME OF PROVIDER OR SUPPLIER MENNO-OLIVET CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 402 S PINE STREET MENNO, SD 57045	
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 8/17/16. Menno-Olivet Care Center (Building 02) 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

TITLE

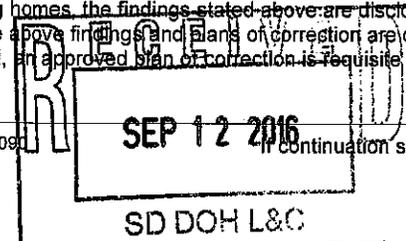
(X6) DATE



Interim Administrator

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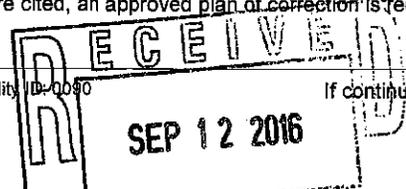
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435113	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - BUILDING 03 B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2016
NAME OF PROVIDER OR SUPPLIER MENNO-OLIVET CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 402 S PINE STREET MENNO, SD 57045	
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 8/17/16. Menno-Olivet Care Center (Building 03) 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 _____ TITLE _____ (X6) DATE _____

[Signature] *Interim Administrator* *9.9.16*

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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10648	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2016
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S 000	Compliance/Noncompliance Statement Surveyor: 34030 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 8/15/16 through 8/17/16. Menno-Olivet Care Center was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement Surveyor: 34030 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 8/15/16 through 8/17/16. Menno-Olivet Care Center was found in compliance.	S 000		

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

[Handwritten Signature]

TITLE

Interim Administrator

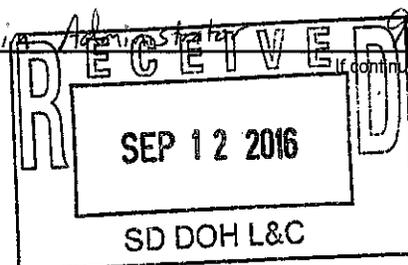
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9-9-16

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If continuation sheet 1 of 1