

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

PRINTED: 05/31/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A095	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/25/2016
NAME OF PROVIDER OR SUPPLIER WESKOTA MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 608 1ST STREET NE WESSINGTON SPRINGS, SD 57382	
(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: 32355 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 5/24/16 through 5/25/16. Weskota Manor was found not in compliance with the following requirements: F371 and F425. A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 5/24/16 through 5/25/16. Areas surveyed included admission and discharge processes along with the information given and reviewed with the families/residents, accountability process with medications and policy/procedures, and misappropriation of funds. Weskota Manor was found in compliance.	F 000		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Surveyor: 32573 Based on observation, interview, and policy review, the provider failed to ensure pureed food	F 371		

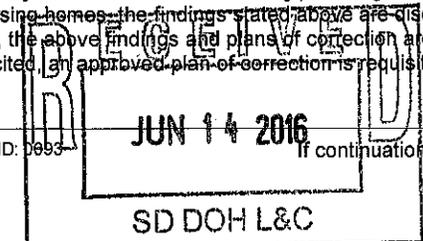
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Joel Blue

Administrator & CEO

06/13/2016

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 371	<p>Continued From page 1</p> <p>was at the proper temperature before serving for two of two meal services by two of two observed cooks (A and B). Findings include:</p> <p>1. Observation on 5/24/16 at 11:45 a.m. of the noon meal food preparation revealed cook A: *Took chicken out of the steam table and added gravy to puree it. -She poured the pureed chicken into three sectioned plates. *She took broccoli out of the steam table to puree it. -She poured the pureed broccoli into the sectioned plates. *She covered the plates and put them into a metal rack to bring out to the dining room. *She had not checked the temperature of the pureed foods before serving the residents.</p> <p>Interview on 5/24/16 at 12:15 p.m. with cook A revealed she had taken the temperature of the food when she put it in the steam table. She had not recorded the temperatures yet.</p> <p>Review of the food temperature log on 5/24/16 at 5:50 p.m. revealed the temperatures had been recorded as follows from the noon meal: *Pureed meat, 186 degrees Fahrenheit (F). *Meat, 186 degrees F. *Pureed vegetable, 189 degrees F. *Vegetable, 189 degrees F.</p> <p>Observation on 5/24/16 at 5:50 p.m. of the supper meal food preparation revealed cook B: *Took rice out of the steam table to puree it. -She poured the pureed rice into three sectioned plates. *Took peas out of the steam table to puree them. -She poured the pureed peas into the sectioned</p>	F 371	<p>The Food Service Manager and Dietician Consultant updated the Temperatures of Hot and Cold Foods policy on June 9, 2016. The Food Service Manager or Cook will monitor the temperatures of pureed foods on each meal daily for the first week and then random checks at meal times three times per week thereafter. The Food Service Manager will report the results of this review to the Risk Management/QI Committee quarterly. The review will continue until the Risk Management/QI Committee advises to discontinue.</p> <p>DIRECTED IN-SERVICE EDUCATION: The Food Service Manager provided education to all Dietary staff on June 13, 2016 on the proper process for maintaining proper temperatures (at least 140 degrees F) on pureed foods. The Temperatures of Hot and Cold Foods policy was reviewed with Dietary staff on June 13, 2016.</p>	<p>7/14/2016</p> <p>7/14/2016</p>

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F 371	Continued From page 2 plates. Interview at tthe above time revealed cook B did not usually take the temperature of the food after it had been pureed. When asked to check the temperature of the pureed food it revealed: *The temperature of the pureed rice had been 120 degrees F. *She heated up the three sectioned plates, so the pureed food had been 140 degrees F for service. *She checked the temperature of the food in the steam table to show: -Rice-, 84 degrees F. -Peas, 180 degrees F. Interview on 5/25/16 at 9:10 a.m. with the dietary manager revealed: *Pureed food temperatures should have been checked before serving. *She had not realized staff had not been checking pureed food temperatures. *She had not thought about how much food would have cooled down when it was pureed. Review of the provider's April 2016 Temperatures of Hot and Cold Food policy revealed: *All hot food items must be held and served at a temperature of at least 140 degrees F. *Temperatures should have been taken periodically to ensure hot foods stayed above 140 degrees F.	F 371			
F 425 SS=E	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit	F 425			

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F 425	<p>Continued From page 4 expected the narcotic sheets to have been signed immediately after counting the narcotics.</p> <p>Review of the narcotic count sheets revealed since 1/26/16 sixteen initials had been omitted. The initials would have confirmed the narcotics had been accounted for when keys had been exchanged between nurses usually at change of shift.</p> <p>Review of the provider's May 2015 narcotic count policy revealed: *The narcotic count would be performed accurately between incoming and outgoing shifts twice daily. *Both signatures along with titles of each nurse and date were to be recorded on the narcotic count sheets. *The nurses initialed the narcotic count sheet but did not include their title.</p>	F 425		

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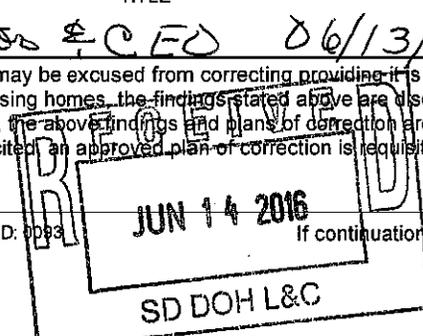
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K 000	INITIAL COMMENTS Surveyor: 32334 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 5/24/16. Weskota Manor was found not in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities. The building will meet the requirements of the 2000 LSC for existing health care occupancies and the Fire Safety Evaluation System (FSES) dated 5/25/16 upon correction of the deficiency identified below. Please mark an "F" in the completion date column for the deficiency identified as meeting the FSES to indicate the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 038 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Surveyor: 32334 Based on observation and interview, the provider failed to install a paved path of exit discharge to the public way at one of two exits from the basement (the north exit). That exit from the basement had a landing that ended greater than 200 feet from the nearest street. Findings include: 1. Observation at 10:00 a.m. on 5/24/16 revealed the north exit from the east basement was not paved to the public way. It had a concrete landing that ended greater than 200 feet from the nearest	K 038		F

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Joan Blue</i>	TITLE <i>Administrator & CEO</i>	(X6) DATE <i>06/13/2016</i>
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K 038	Continued From page 1 street. The terrain from the concrete landing to a public way would make the installation of a sidewalk difficult. Interview with the maintenance supervisor at the time of the observation indicated that basement area was used for storage and laundry. The basement was for staff use only. The building meets the FSES. Please mark an "F" in the completion date column to indicate correction of the deficiencies identified in K000.	K 038		

SD Department of Health Vital Records

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10707	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/25/2016
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NAME OF PROVIDER OR SUPPLIER WESKOTA MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 608 1ST ST NE WESSINGTON SPRINGS, SD 57382
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S 000	<p>Compliance/Noncompliance Statement</p> <p>Surveyor: 32355 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 5/24/16 through 5/25/16. Weskota Manor was found in compliance.</p>	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Joan Blue</i> Administrator	TITLE Administrator	(X6) DATE 5/25/2016
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STATE FORM

6899

WSH911

Continuation sheet 1 of 1

