SUN DIAL MANOR

F 000 INITIAL COMMENTS

Surveyor: 35625
A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 7/30/18 through 8/1/18. Sun Dial Manor was found not in compliance with the following requirements: F686.

F 686 Treatment/Svcs to Prevent/Heal Pressure Ulcer

$483.25(b)(1)(i)(ii)

§483.25(b) Skin Integrity
§483.25(b)(1) Pressure ulcers.
Based on the comprehensive assessment of a resident, the facility must ensure that:
(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and
(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.

This REQUIREMENT is not met as evidenced by:

Surveyor: 32335
Based on observation, record review, interview, and policy review, the provider failed to implement interventions on the care plan, complete thorough assessments, and notify the physician in a timely manner for one of one sampled resident (30) with a skin injury. Findings include:

1. Review of resident 30's medical record revealed:

Administrator, Director of Nursing, Medical Director and IDT reviewed our policy and procedure for "Prevention of Pressure Injuries" on August 21, 2018, to assure interventions are identified and implemented for residents who may be at risk for pressure injury or who have developed a pressure injury.

Directed In-Service Training was provided on August 20th and August 23rd, 2018 for all professional nurses, CNA's and dietary manager. Discussed deficiency findings. The agenda included the following: policy and procedure for "Prevention of Pressure Injuries" which includes assessment, documentation, interventions, treatments, care planning and timely notification to provider and POA whenever there was a change in the skin condition and caregivers roles and responsibilities. Re-educated the nurses on utilizing the "Initial Wound Assessment Checklist" when discovering a change in condition.

Educated nurses to utilize the website www.npap.org for information and education on prevention, treatment, documentation and staging.

Any staff that did not attend on either of these days will have until August 29th to make up training with the DON.

JVB 8-29-18
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<td>*She had been admitted on 4/30/12.</td>
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<td>*Her diagnoses included:</td>
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<td>- Anxiety disorder, unspecified.</td>
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<td>- Non-pressure chronic ulcer of back with necrosis of muscle diagnosed on 1/2/18.</td>
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<td>- Urinary tract infection.</td>
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<td>- Iron deficiency.</td>
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<td>- Anemia, unspecified.</td>
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<td>- Elevated white blood cell count, unspecified.</td>
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<td>- Nutritional deficiency, unspecified.</td>
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<td>- Difficulty in walking, not elsewhere classified.</td>
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<td>- Type 2 diabetes mellitus without complications.</td>
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<td>- Personal history of transient ischemic attack, and cerebral infarction without residual deficits.</td>
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<td>- Essential (primary) hypertension.</td>
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<td>*On 12/6/17 she had an opened area on her coccyx.</td>
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<td>*On 12/7/17 she had three opened areas on her coccyx.</td>
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<td>*There had been no documentation the physician had been notified on either of those days.</td>
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<td>*She had been admitted to hospice on 1/4/18 and discharged from hospice care on 7/2/18.</td>
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<td>Review of resident 30's 12/6/17 Minimum Data Set (MDS) assessment revealed:</td>
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<td>*Her Brief Interview for Mental Status (BIMS) score was fifteen indicating her cognition was intact.</td>
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<td>*She had required extensive assistance of two staff members for bed mobility, transferring, using the bathroom, and personal hygiene.</td>
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<td>*She was totally dependent on one staff member for getting around in her wheelchair.</td>
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<td>*She had been at risk for pressure ulcer development.</td>
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<td>- Interventions in place had been a pressure reducing device in her chair and bed, and application of an ointment.</td>
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<td>For resident #30: DON or designee will review status of Kennedy Ulcer weekly x 4 weeks to assure completion of weekly wound assessment, accurate documentation in the progress notes, and documentation of timely notification to provider and POA if there was a change of condition. DON will report results of the audits at the QAPI meeting on September 11th. At that time the committee will determine whether to continue or to resolve the weekly audits for resident #30.</td>
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<td>The DON or designee will audit 4 resident medical records and careplans weekly until all resident medical records and careplans have been reviewed for updates upon resident change of condition.</td>
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<td>DON will report results of the audit at the next QAPI meeting on September 11th. DON or designee will continue to audit 4 resident medical records and careplans until all resident medical records and careplans have been reviewed. DON will report results at the QAPI meeting on October 9th, 2018.</td>
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<td><strong>New admissions will have a baseline care plan completed within 48 hours. A head to toe assessment will be performed on the day of admission. Any skin concerns or skin conditions will be identified during the initial assessment and the provider and resident/resident POA will be notified. Interventions will be initiated as needed immediately for preventative skin care and these will be placed on the care plan. DON or designee will check the admission checklist to verify completeness and report findings on September 11 and then quarterly to the QAPI committee for 1 year or until committee recommends completeness.</strong></td>
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**SUMMARY STATEMENT OF DEFICIENCIES**

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<tr>
<th>(X4) ID</th>
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<th>(X5) COMPLETION DATE</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
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Review of resident 30's 7/5/18 MDS assessment revealed:

"Her BMI score was eleven indicating her cognition was moderately impaired.

*She required extensive assistance of two staff members for bed mobility.

*She was totally dependent on two staff members for transferring and using the bathroom.

*She was totally dependent on one staff member for getting around in her wheelchair.

*She had been at risk for pressure ulcer development.

-The interventions had been the same as above with the addition of application of a dressing.

Review of resident 30's 12/4/17 Braden Scale for Predicting Pressure Sore Risk assessment revealed she had a score of fourteen. A score of fourteen indicated she had been at moderate risk for pressure ulcer development.

Review of resident 30's current undated care plan revealed:

*A focus area for "Risk for diminished functional mobility due to sedentary lifestyle with a DX [diagnosis] of Blindness."

-The intervention had been "I will participate in a RT [restorative therapy] Functional Maintenance Program to include bilateral upper extremity 2# rods and bilateral lower extremity AAROM [active assistive range of motion] exercises daily 6-7 days per week. Goal: To maintain her current level of functional mobility."

*A focus area for "Risk for skin breakdown due to sedentary lifestyle and incontinence of bowel and bladder with a DX of Blindness."

-"My goal is to maintain my skin integrity thru next review."

The DON or designee will check the 24 hour summary report in PCC daily x 1 week and then 2x weekly for 1 year to check for completeness of assessments, documentation, interventions, treatments, careplanning and timely notification to provider and POA. When there was a change in the skin condition. Results will be reported by the DON at the QAPI meeting on September 11th and then quarterly for 1 year or until committee recommends completeness.
**SUN DIAL MANOR**

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| F 686         | Continued From page 3  
- The interventions had been:  
  -- "Alternating fictions mattress on bed" initiated on 2/12/16 and revised on 7/31/18.  
  -- "Coccyx cushion in chair daily" initiated on 6/25/27 and revised on 1/12/18.  
  -- "Resident has functional/urge incontinence: toilet upon rising, before and after meals, hs [bedtime] and prn [as needed] daily" initiated on 11/18/15 and revised on 4/29/16.  
  -- "Skin inspection: skin inspection from cna's [certified nursing assistant] with am, pm, night and prn with incontinent product changes. Observe for redness open areas, scratches, cuts, bruises and report changes to the nurse" initiated on 2/12/16.  
  *There had been no documentation of resolved or discontinued interventions for skin breakdown.  
  *There had been no documentation of the opened areas developed on 12/6/17 and 12/7/17.  
  *There had been no interventions of repositioning until after the areas had opened.  
Random observations of resident 30 on 7/30/18 at the following times revealed:  
* At 2:00 p.m.:  
  - She had been lying on her back in her bed.  
  - She was able to answer questions and stated her family had been there to visit.  
  - They had brought Dairy Queen for lunch.  
* At 4:33 p.m. she had been sleeping in bed on her back.  
* At 4:41 p.m. the staff had brought her out of her room. She was sitting in a wheelchair.  
* At 5:00 p.m. staff took her into the dining room.  
Random observations of resident 30 on 7/31/18 at the following times revealed:  
* At 8:05 a.m. staff were in her room getting her up for the day. | F 686         | | | |
F 686  Continued From page 4
*At 8:10 a.m. she was brought out of her room for breakfast.
*At 9:00 a.m. she was in the therapy room doing exercises.
*At 9:14 a.m. she was brought back to her room from therapy.
*At 4:15 p.m. she had been lying on her back on her bed.

Interview on 7/31/18 at 9:10 a.m. with resident 30 revealed:
*She knew she had a sore on her bottom.
*She stated she could not feel her bottom and was not in pain.

Review of resident 30's skin/wound documentation revealed:
*12/6/17, "Resident has a 1 cm [centimeter] in diameter open area on left buttock. Area was cleansed and Zinc Oxides placed in resident's bathroom for use on open area."
*12/7/17, "Resident has 3 open areas on her left buttocks/coccyx area. Area #1 is about 2 millimeters in diameter, area #2 is about 2.5 by 1.5 centimeters, and area #3 is about 1 centimeter in diameter. She also has generalized redness on the right buttocks/coccyx area. Areas were cleansed, and zinc oxide ointment applied."
*There had been no documentation the physician had been notified on either date.

Review of resident 30's skin observation tools revealed:
*There had been no skin assessment completed on 12/6/18 regarding the first opened area.
**12/7/17. There had been measurements for length and width but not depth.
-The pressure area had not been staged.
-There was no other documentation regarding the
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color or lack of the pressure ulcer.  
Interview on 8/1/18 from 9.57 a.m. through 10:20 a.m. and again at 3:13 p.m. with the director of nursing (DON) and the assistant director of nursing (ADON) revealed:  
*The first notification to the physician had been on 12/21/17 for the areas that had opened on 12/6/17 and 12/7/17.  
*They identified them as pressure ulcers when they had developed.  
*The initial skin assessments should have included staging the pressure ulcers.  
*In January the physician deemed it a Kennedy ulcer and then made a referral to hospice that started on 1/4/18.  
*They had not currently had a wound nurse.  
-They had one, but she had been gone for about one year.  
*All the nurses currently did the measurements.  
*The DON stated they had two people usually lock at the pressure ulcer and stage them, because not everyone measured them the same way.  
*When the pressure had been developed they implemented the pressure relieving mattress.  
-When hospice came on board they got the one that was currently on the bed.  
*They should have notified the physician on 12/6/17 and again on 12/7/17, since it was a change in condition.  
*They should have been completing the wound assessment versus the skin observation tool for pressure ulcers and the Kennedy ulcer.  
*They agreed the care plan had not been updated or revised in December 2017 to reflect the opened areas.  
*There had not been any other interventions implemented regarding the potential for skin | F 686        |                                                                                   |                 |
**SUN DIAL MANOR**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**IDENTIFICATION NUMBER:** 436093

**STREET ADDRESS, CITY, STATE, ZIP CODE**
410 SECOND STREET POST OFFICE BOX 337
BRISTOL, SD 57219

**DATE SURVEY COMPLETED:** 08/01/2018

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breakdown.

*They should have had an intervention for repositioning since she required staff assistance.

Interview on 8/1/18 at 1:00 p.m. with the ADON revealed she had attempted to find the skin assessment for 12/6/18, but there had not been one completed.

Interview on 8/1/18 at 1:05 p.m. with the restorative therapy manager regarding resident 30 revealed:

*Prior to the development of the pressure ulcers she had been on a Panacea pressure relieving mattress.

*The catalog had not stated it was pressure relieving, but she stated the company representative had assisted them with picking them out.

*When she was admitted to hospice there had been a different pressure relieving mattress on her bed.

*After she had been discharged from hospice they replaced the mattress they had taken with the AccuMax Quantum TS convertible turn support therapy system.

-She had not liked that mattress.

*The administrator had since gotten her a different bed with an air mattress.

*They had ordered a new coccyx cushion after the development of the 12/7/17 pressure ulcer.

Review of the provider's April 2018 Prevention of Pressure Ulcer policy revealed:

**Residents will be evaluated/assessed for being at risk for skin breakdown.**

**The care plans will be updated as needed.**

*The weekly documentation should have included the following:
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- Stage.  
- Measurements of ulcer.  
- Depth.  
- Exudate type.  
- Exudate amount.  
- Surrounding skin color.  
- Surrounding skin.  
- Culture sent.  
- Documentation for notification to the dietary department, physician, and family.  
- Current treatment.  
- Response to treatment.  
- Care plan updated.  

Review of Patricia A. Potter and Anne Griffin Perry, Fundamentals of Nursing, 9th Ed., St. Louis, Mo. 2017, p. 359, revealed. "The quality of patient [resident] care depends on your ability to communicate with other members of the health care team. Regardless of whether documentation is entered electronically or on paper, each member of the health care team needs to document patient information in an accurate, timely, concise, and effective manner to develop and maintain an effective, organized, and comprehensive plan of care. When a plan is not communicated to all members of the health care team, care becomes fragmented, tasks are repeated, and delays or omissions in care often occur."
SUN DIAL MANOR

E 000 Initial Comments

Surveyor: 35625
An initial health survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness requirements for hospitals and providers of long term care services, was conducted from 7/30/18 through 8/1/18. Sun Dial Manor was found in compliance.

Administrator

08-16-2018
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<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
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<tr>
<td>K 000 INITIAL COMMENTS 18087</td>
<td>Surveyor: 18087 A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 8/01/18. Sun Dial Manor was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.</td>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided 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. Failure to implement, an approved plan of correction is requisite to continued program participation.
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<th>Summary Statement of Deficiencies (Each deficiency must be preceded by full regulatory or LSC identifying information)</th>
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<th>Provider's Plan of Correction (Each corrective action should be cross-referenced to the appropriate deficiency)</th>
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| S000 | Compliance/Noncompliance Statement | Surveyor: 35525  
A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 7/30/18 through 8/1/18. Sun Dial Manor was found in compliance. | S000 | Compliance/Noncompliance Statement | Surveyor: 35525  
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 7/30/18 through 8/1/18. Sun Dial Manor was found in compliance. | 08-16-2018 |