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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CIA IDENTIFICATION NUMBER:

435057

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

(X3) DATE SURVEY COMPLETED

01/17/2019

NAME OF PROVIDER OR SUPPLIER

ARMOUR CARE AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

106 BRADDOCK POST OFFICE BOX 488

ARMOUR, SD 57313

(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: 36413
A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care Facilities, was conducted from 1/15/19 through 1/17/19. Armour Care and Rehabilitation Center was found not in compliance with the following requirement: F609.

F 609 Reporting of Alleged Violations

SS=D

CFR(s): 483.12(c)(1)(4)

§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:

§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified

F 000 STATEMENT OF COMPLIANCE: The following represents the plan of correction for the alleged deficiencies cited during the recertification health survey that was concluded on 01/17/2019.

Please accept this plan of correction as the facility's Credible Allegation of Compliance. The completion and execution of this plan of correction does not constitute an admission of guilt or wrongdoing on the part of the facility. This plan of correction is completed in good faith and as the facility's commitment to quality outcomes for the residents. In addition, this plan of correction is completed as it is required by law.

1. Administrator was notified of resident to resident altercation and an investigation was completed.

2. An audit was completed to identify any resident to resident altercations where the administrator was not notified, and investigation not completed. Audit results identified no other resident to have been affected.

3. Department Managers, who act in the capacity of Manager on Duty, were educated on the facility's policy on abuse, neglect, and exploitation including the importance of timely notification of administration so that facility policy and procedure is adhered to. All staff have been educated on facility's abuse, neglect, and exploitation policy and procedure including reporting requirements.

4. Audits on all incidents involving resident to resident altercations (SRG 02/12/2019) will be conducted by the Medical Director or designee (SRG 02/12/2019) once a week for 4 weeks, then every other week for 4 weeks, then once a month for 4 months on all resident to resident altercations to ensure administration is notified and facility policy is followed. All results will be reported to QAPI.

5. Substantial compliance will be achieved by 02/15/2019.

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Stefanie Geigle

Administrator

01/31/2019

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 resident (cross referenced). Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey which is 90 days following the date of surveying homes, the above findings and plan 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 required to continue program participation.
<table>
<thead>
<tr>
<th>F 609</th>
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<tbody>
<tr>
<td></td>
<td>appropriate corrective action must be taken.</td>
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<td>This REQUIREMENT is not met as evidenced by:</td>
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<td>Surveyor: 36413</td>
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<td>Based on observation, interview, chart review, and policy review, the provider failed to identify, investigate, and report a resident-to-resident contact for one of one sampled resident (28).</td>
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<td>Findings include:</td>
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<td>1. Observation and interview on 1/16/19 at 9:25 a.m. with the social services designee (SSD) and resident 28 revealed:</td>
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<td>&quot;The resident who was visibly upset and shouting at the SSD who was in his room. &quot;</td>
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|       | "The resident told him to "get the hell out of his room."
|       | Continued interview with the SSD about the above with resident 28 revealed: |
|       | "He had just walked out of the resident's room. " |
|       | "He talked with the resident daily. " |
|       | "The resident stated he wanted his roommate, resident 8, to move out of his room. " |
|       | "SSD stated that resident 28's voice escalated and he appeared angry when he was reminded by the SSD, that his roommate might "not be moved and that he (resident 28) probably would not get along with anyone."
|       | "Resident 28 had previously reported that he was kicked by his roommate. |
|       | "He felt that might have been a made up story, so he could get his roommate to move out. " |
|       | "Resident 28 was not able to remember when this kick happened. " |
|       | Interview on 1/16/19 at 1:15 p.m. with the interim director of nursing (DON) revealed: |
|       | "Resident 28 reported about a week ago to her that his roommate, resident 8, had kicked him. |
Continued From page 2
*At that time she looked at his legs and did not see anything.*
*He was unable to state what had happened, when it was, or what leg was injured.*
*She had reported the incident to the SSD, and that the roommates had not been getting along.*
*The SSD had responded to her that resident 28 would not have gotten along with anyone.*
*She stated she "differs with that," and said he had gotten along with roommates before.*
*She had requested a move before this incident to the SSD.*
*She was not sure if the kick had ever happened.*
*"Nobody had done any investigation on it."
*No dates were available regarding the kick incident.*
*She stated she felt there might have been a power struggle between the SSD and the resident.*
*She did not feel like his roommate, resident 8, would care if he moved.*
*He had a hard time finding his room and maybe a closer room would be beneficial for him.*
*Other rooms were available.*
*Both residents were yelling at each other on Sunday, December 27, 2018, when she had worked.*
*She had left a note to the SSD that one of the residents should have been moved.*
*She had reported in stand-up there had been the above mentioned grievance about a week ago and mentioned it again this morning in stand-up.*

Interview on 1/17/19 at 9:35 a.m. with the SSD and the administrator revealed:
*The administrator stated any report of resident-to-resident conflict should have been reported to her immediately.*
*She was made aware of the incident yesterday*
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<th>ID</th>
<th>PREFIX</th>
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in stand-up.

- She had educated staff yesterday about reporting resident-to-resident contact.

* The SSD stated he had made a note on 1/7/19 when he had talked with resident 28 about respecting his roommate. He had asked him when it happened and he did not recall a date.
- He was okay when he had left his room.
- Nothing more was said about it until yesterday.
- He talked with him daily.

* The administrator added his roommate, resident 8, had not had any aggressive behavior known here or at previous places he had lived.
- She agreed any resident-to-resident conflict, kicking or yelling, should have been investigated immediately.

Review of resident 28's complete medical record revealed:

* On 12/30/18 a late entry note written by the DON revealed:
  - The medication aide had reported resident 28 was yelling he wanted his roommate out of his room.
* On 1/7/19 an SSD note revealed resident 28 reported his roommate had kicked him.
* On 1/9/19 a late entry note written by the DON revealed:
  - He had reported he wanted a new roommate.
  - He had reported his roommate had kicked him.
  - He wanted him out of his room, "I can't stand him."

* On 1/16/19 the DON wrote a note that revealed:
  - Resident 28 wanted a different roommate.
  - She had reported that to the SSD.

Review of the provider's 5/1/11 How to Conduct and Investigation policy revealed:

* Not all occurrences that happened to residents,
Continued from page 4

alleged or suspected, required a thorough investigation, but did require assessments to assist in preventing a reoccurrence.
*Protective interventions included moving a resident to another room.
*Procedures included:
  - Initiate investigation action plan.
  - Collect related facts and circumstances of the incident being investigation.
  - That information should have included who, what, when, where, how, and why.

Review of the provider’s 5/1/11 Accidents and Incidents policy revealed:
*The facility defines an accident/incident as an event, occurrence or a happening that might produce an actual or potential undesirable outcome and included:
  - Resident-to-resident assault.
  - Abuse or suspected resident abuse.
*A thorough investigation and follow-up would be completed within five working days and documented.
  - An investigation was not completed and documented.
*All occurrences would be reviewed by the administrator, DON, medical director, and quality improvement.
  - This had not been reviewed.
*Incident reports were initiated by a clinician as soon as the occurrence was discovered.
  - This was not done by the DON when the incident was reported to her.
*All unusual occurrences would have been reported immediately to the manager/Supervisor on call, and an incident report would have been completed.
  - This was not reported to the administrator by the DON or SSD.
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| F 609        | Continued From page 5

*All incidents where there was suspected mistreatment would have been reported to the DON and the administrator immediately.

*This was not reported to the administrator.

*Procedure included protecting the resident from further immediate harm or potential harm.

*The roommate remained in the same room.

*Staff were making arrangements to separate them but they were still roommates during survey. | F 609 |
Surveyor: 36413

An initial health survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness requirements for Long Term Care Facilities, was conducted from 1/15/19 through 1/17/19. Armour Care and Rehabilitation Center was found in compliance.
K 000 INITIAL COMMENTS

Surveyor: 40506
A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 1/16/19. Armour Care and Rehabilitation Center (building 01) was found in compliance with 42 CFR 483.70(a) requirements for Long Term Care Facilities.
South Dakota Department of Health

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106 BRADDOCK POST OFFICE BOX 489
ARMOUR, SD 57313

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<td>S000</td>
<td>Compliance/Noncompliance Statement</td>
<td>S000</td>
<td>[Deficiency Details]</td>
<td>[Action Plan]</td>
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Surveyor: 36413
A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 1/15/19 through 1/17/19. Armour Care and Rehabilitation Center was found in compliance.

Surveyor: 36413
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 1/15/19 through 1/17/19. Armour Care and Rehabilitation Center was found in compliance.