

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435096	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/22/2014
NAME OF PROVIDER OR SUPPLIER BETHANY HOME SIOUX FALLS			STREET ADDRESS, CITY, STATE, ZIP CODE 1901 SOUTH HOLLY AVENUE SIOUX FALLS, SD 57105	
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F 000	INITIAL COMMENTS Surveyor: 27473 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities was conducted on 4/22/14. Areas surveyed included: resident safety and falls, accidents, nursing services, and resident assessment. Bethany Home Sioux Falls was found not in compliance with the following requirements: F157, F498, and F514.	F 000	Addendums noted with an asterisk per 5/16/14 telephone to facility DON. DWISDCH/ME	
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of	F 157		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Alma J. ...* TITLE *Administrator* (X6) DATE *5/15/2014*

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 157	<p>Continued From page 1 this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 27473 Based on progress note review, Fall Scene Investigation Report review, Physician's Office Fax Form review, Protocol for Notification of a Physician review, Accident Supervision Fall Prevention policy review, and interview, the provider failed to ensure timely notification to the physician and resident designated power of attorney of a fall with injury for one of six sampled residents (6). Findings include:</p> <p>1. Review of resident 6's 4/6/14, 02:22 (2:22 a.m.) progress notes and Fall Scene Investigation Report revealed: *She had been found on the floor beside her bed on 4/6/14 at 12:15 a.m. *She had a 6 centimeter (cm) X (by) 4 cm raised area on "previously bruised area" on her forehead. *She had a 6 cm X 2 cm skin tear on her left forearm that had "appeared" to have occurred "from her watch." *She had a "sm (small) bruise area noted on chin."</p> <p>Review of a Physician's Office Fax Form dated 4/6/14 with information about resident 6's fall revealed: *A fax time stamp of 04/06/2014 at 23:24 (11:24 p.m.) 3380241.</p>	F 157	<p>* Documentation was made related to physician + family notification of resident (w/ fall with injury. (see F614 plan of correction) DW/SD/CH/ME</p> <p>The DON reviewed Bethany's policy "Accidents & Supervision fall risk management fall prevention" and found it to be accurate. The DON reviewed Bethany's procedure for "Protocol for notification of a physician" and it was updated that immediate notification means the physician should be informed at the time the event occurs directly via telephone system and also to notify the physician with all falls. A policy and procedure was written for the fall scene investigation report and was reviewed with the nurses at the meeting on 5/7/2014 The DON held a Nursing in-service on 5/7/2014 on family and physician notification, the proper way to fill out the fall scene investigation report. The Neighborhood leader or designee will follow up on all falls to ensure that family and the physician are properly notified for four weeks. Then up to four falls monthly and report findings to CQI quarterly for as long as the committee deems necessary.</p> <p>*The auditor will report to CQI. DW/SD/CH/ME</p>	5/16/14	

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F 157	<p>Continued From page 2</p> <p>*The Physicians Office Response portion had an acknowledgement date of 4/7/14.</p> <p>Review of the provider's policy for Accidents and Supervision Fall Prevention dated 4/6/12 revealed: "11. Resident/Designated representative/family - Will be notified of any falls when they occur..."</p> <p>Review of the provider's Protocol for Notification of a Physician numbered 13.01.03 revealed: *Three column headers identifying "Condition, Immediate, or Non immediate." **"Immediate notification" means the physician should be informed at the time the event occurs directly or via an electronic or telephone system. ***"Non-immediate notification" means the attending physician should be informed of the event during normal office hours and generally no later than the next regular office day. *In the condition column for falls, immediate reflected, "Falls with any suspected serious injury, obvious deformity of extremities (e.g. shortening of lower extremities with outward rotation); hip pain with palpation or inability to walk; head injury; abnormal neurological status; new onset of confusion; laceration with poorly controlled bleeding; bruising over rib cage." *In the condition column for falls, non-immediate reflected, "Increased frequency of falls in a 24-72 hour period. NOTE: Falls without injury do not need notification of physician."</p> <p>Interview on 4/22/14 at 1:30 p.m. with the director of nurses about resident 6's fall on 4/6/14 at 12:15 a.m. confirmed and revealed: *The physician was faxed, not called. *The family was not notified but discovered the resident's injury on a visit to her on 4/8/14. The</p>	F 157			

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F 157	Continued From page 3 nurse on duty had reported she had forgot to call the family. Interview on 4/22/14 at 3:30 p.m. with resident 6's son, her designated representative, confirmed family had not been notified but had discovered her injuries on a visit to see her on 4/8/14.	F 157		
F 498 SS=D	483.75(f) NURSE AIDE DEMONSTRATE COMPETENCY/CARE NEEDS The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Surveyor: 27473 Based on Bethany Lutheran Home Door Sheet (daily posted nurse staffing information) review, personnel file review, and interview, the provider failed to ensure one of one sampled nurse aide (NA) (A) had: *Accurate documentation completed for training and competency of skills, and *Was not working independently prior to completing certified nurse aide (CNA) competency testing. Findings include: 1. Review of the door sheets for 4/1/14 through 4/14/14 for the 11:30 p.m. to 7:30 a.m. shift revealed: *On 4/1/14, NAA was in orientation working with a CNA. *On 4/4/14, she was listed as working independently.	F 498	F498 NA A's file was reviewed and it was determined that she had successfully completed the 75 hours of required training. She was removed from the schedule until she had successfully passed the competency exam on 5/01/2014. NA's will be provided with the 75 hours of required training and pass the competency exam before being allowed to work on the floor independently. The DON will ensure that all NA's are certified. The administrator will sign off on all CNA certifications and report to CQI quarterly for as long as the committee deems necessary.	5/16/14

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F 498	Continued From page 4 *On 4/5/14, she was listed as working independently. *On 4/7/14, she was listed as working independently as a CNA. *On 4/9/14, she was listed as working independently as a CNA. *On 4/11/14, she was listed as working independently. *On 4/14/14, she was listed as working independently as a CNA. Review of NAA's personnel file revealed: *She had been hired and began the certified nurse aide training program on 3/20/14. *The Attendance Record for training had ten dated entries with hours reflected. Four of those ten entries had NAA's signature; six had no signature. *She had not taken the CNA competency Knowledge or Skill examination as of the 4/22/14 survey exit. Interview on 4/22/14 at 3:00 p.m. with the director of nurses confirmed and revealed she had thought NAA could work independently until she had taken the competency exam. She had completed the course. The lack of signatures for some of the entries on the Attendance Record made it look incomplete.	F 498	F 514 The date on resident 1's 5-working day investigation report was corrected to show the correct date of 1/3/14. Personal inservice on 5/15/2014 for Social Services and the nurse that filled out the "Required nursing facility event reporting" form. A nursing in-service on how to properly fill out the "required nursing facility event reporting" form was held on 5/7/2014. The DON will audit the required nursing facility event reporting form and the 5-working day investigation report weekly for 4 weeks then monthly and report finding to CQI quarterly for as long as the committee deems necessary.	5/16/14	
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.	F 514	A new policy and procedure was written for the "Fall scene investigation report." A nursing in-service on the proper way to fill out the fall scene investigation report was held on 5/7/2014. The DON will audit the "fall scene investigation report" for completeness for four weeks then monthly. The DON will report the findings to the CQI quarterly for as long as the committee deems necessary.		

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F 514	<p>Continued From page 5</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 27473 Based on record review, Required Nursing Facility Event Reporting for 24 hr (hour) and 5 working day report, and interview, the provider failed to ensure documentation was accurate and completed for three of six sampled residents (1, 2, and 6). Findings include:</p> <p>1. Review of resident 1's progress notes for 1/3/14 at 20:43 (8:43 p.m.) revealed he had an unwitnessed fall with injury, was sent to the emergency room, and was admitted. The Required Nursing Facility Event Reporting form and the 5-Working Day Investigation Report form submitted to the Department of Health indicated the fall with injury had occurred on 1/4/14.</p> <p>2. Review of resident 2's progress notes for 3/1/14 at 20:06 (8:06 p.m.) revealed she had an unwitnessed fall. There was no Fall Scene Investigation Report completed by the nurse on duty or by any other staff following the fall.</p> <p>3. Review of resident 6's progress notes about a fall on 4/6/14 at 12:15 a.m. revealed there was no family or physician notification. Refer to F157.</p> <p>4. Interview on 4/22/14 at 4:50 p.m. with the</p>	F 514	<p><i>*A Fall Scene Investigation Report could not be generated for resident 2. A new policy and procedure for the use of the Fall Scene Investigation Report was created. DW/SDDON/ME</i></p> <p>A late entry progress note was entered on 5/14/2014 into Point Click Care stating the notification of the family of resident 6 after they had arrived at the facility to visit. Physician was notified of resident 6's fall via fax on 4/6/2014 at 2324 and a late entry on 5/15/2014 into the progress notes was made for the physician notification. The DON reviewed "Protocol for notification of a physician" and it was updated to clarify that immediate notification means the physician should be informed at the time the event occurs directly via telephone system and also to notify the physician with all falls. A nursing in-service on "Family and physician notification, proper documentation in resident's progress notes, how to complete the fall scene investigation report and the required nursing facility event reporting form and reviewing the protocol for notification of a physician. The DON or designee will audit progress notes for residents that fall to ensure proper notification in progress notes weekly for four weeks then monthly. The DON or designee will report finding to the CQI quarterly for as long as the committee deems necessary.</p>	

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F 514	Continued From page 6 executive director and the director of nurses confirmed and revealed the facility policy for physician and family notification had not been followed. The facility staff had been using the Fall Scene Investigation Report form for a while, probably since late fall. There was no specific policy or procedure for when and how to utilize that document.	F 514	A policy and procedure was written for the Fall scene investigation report form. A nursing in-service was given on 5-7-2014 and covered "Protocol for notification of a physician, Fall scene investigation report and the policy & procedure , Required nursing facility event reporting (department of health) and Accidents & Supervision fall risk management fall prevention. The DON will audit the "fall scene investigation report" for completeness for four week then monthly. The DON will report the findings to the CQI quarterly for as long as the committee deems necessary.		