

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

ORIGINAL

PRINTED: 04/15/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435079	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/01/2015
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NAME OF PROVIDER OR SUPPLIER  UNITED RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 405 FIRST AVE BROOKINGS, SD 57006
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F 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 32335 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 3/30/15 through 4/1/15. Areas surveyed included staffing and quality of care issues. United Retirement Center was found not in compliance with the following requirement(s): F241, F314, and F353.</p> <p>F 241 SS=D 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 32335 Based on observations, interview, and policy review, the provider failed to ensure: *Two of two randomly observed residents (2 and 4) did not have to wait for staff to become available to assist them with eating in Robinsview dining room while the other residents had been served. *One of two sampled residents (6) was removed from the dining room table in a timely manner after completing their meal in Robinsview dining room. Findings include:  1. Observation on 3/31/15 from 11:15 a.m. through 12:05 p.m. regarding resident 2 revealed he had been in a wheelchair in the adjacent television area to the Robinsview dining room. All</p>	F 000	<p>Addendums noted with an asterisk per 4/29/15 telephone to facility SON. KE/SDDH/ME</p> <p>*2, 4, and 6, KE/SDDH/ME</p> <p>Residents [redacted] and all other residents who require assistance with dining, will be evaluated to ensure seating/dining occurs so all residents at the table are served/assisted in a timely manner to enhance socialization and dining experience. Three additional staff members have completed the Assisted Dining Course on 4/13/15, which will allow additional staff availability during meal times. Daily staffing assignment sheet will be modified to include assignment of staff to cover the floor or dining room during meal times.</p>	4/30/15
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Lavonne M. Maspar</i>	TITLE Interim Administrator	(X6) DATE 4/23/15
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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.

APR 24 2015

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F 241	<p>Continued From page 1</p> <p>the other residents had been in that dining room eating. He had been brought into the dining room at 12:00 noon. He was the last person served at 12:03 p.m. Staff had to assist him with eating. The other residents at that table who needed assistance were finished eating.</p> <p>Observation on 3/31/15 from 4:35 p.m. through 5:35 p.m. regarding residents 2 and 4 revealed both residents were in the television area adjacent to the Robinsview dining room. All the other residents had been in that dining room eating. Both residents were brought to the dining room at 5:30 p.m. The other two residents at that table had already been served and had been eating with staff assistance.</p> <p>Interview on 3/31/15 at 5:35 p.m. with certified nursing assistant D revealed those residents had to wait to eat until staff were available to assist them since they needed help. She had been passing beverages and had to complete that task before she could assist the above two residents.</p> <p>Review of the provider's undated Nutrition Services policy revealed when staff were assisting residents food orders for all residents at that dining table should have been taken. Residents who required assistance should not have been assisted to the dining room until staff members were ready and available to assist them with dining.</p> <p>2. Random observations on 3/31/15 from 3:00 p.m. through 6:35 p.m. of resident 6 revealed: *At 3:00 p.m. she had been lying in bed. *At 4:35 p.m. she had been sitting at the Robinsview dining room table in her wheelchair. *At 5:15 p.m. she had been served beverages,</p>	F 241	<p>Nutrition Services policy was reviewed and dated 4/21/15.</p>	
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F 241	<p>Continued From page 2 and then her food shortly thereafter. *At 5:50 p.m. she had finished eating. *At 6:00 p.m. she remained at the table. *At 6:20 p.m. she remained at the table. *At 6:35 p.m. she still remained at the table. *Several staff had walked past her since 6:00 p.m. without stopping to check on her.</p> <p>Interview on 3/31/15 at 6:35 p.m. with the interim administrator and director of nursing B regarding resident 6 revealed: *They were unaware she had been brought to the table at 4:35 p.m. *They both agreed two hours sitting at the table was too long. *She was supposed to be repositioned every two hours due to her having a pressure ulcer (a sore caused by unrelieved pressure that resulted in damage to the tissue). *The interim administrator asked staff to assist her to her room at that time.</p> <p>3. Review of the provider's August 2009 Quality of Life - Dignity policy revealed each resident should be cared for in a manner that promoted and enhanced quality of life, dignity, respect, and individuality.</p>	F 241	<p>Quality of Life and Dignity Policy was reviewed and dated 4/22/15. Staff will be educated on the Quality of Life and Dignity Policy and Nutrition Services Policy during mandatory all-staff meetings held on 4/28/15, 4/29/15, and 4/30/15.</p> <p>Weekly observation audits will be completed by the DON, or designee, in each dining room for one meal per dining room per week for three (3) months and reported at monthly QAPI committee meeting. When QAPI committee determines otherwise, based on compliance, the frequency of audits may be decreased or discontinued.</p>	
F 314 SS=G	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and</p>	F 314		4/30/15

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F 314	<p>Continued From page 3 prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 32335 Based on observation, record review, interview, and policy review, the provider failed to update interventions and follow their policy for two of three sampled residents (3 and 6) who developed pressure ulcers (sores caused by unrelieved pressure that resulted in damage to the tissue) while residing at the facility. Findings include:</p> <p>1. Review of resident 6's weekly pressure ulcer flow sheets revealed: *On 1/2/15 a stage II pressure ulcer (reddened area with a break in the skin) measuring 0.5 centimeters (cm) by 0.5 cm had developed on her tailbone. *The following measurements: -On 1/6/15 0.5 cm by 0.2 cm. -On 1/13/15 0.4 cm by 0.8 cm. -On 1/20/15 1.0 cm by 0.5 cm. -On 1/26/15 0.7 cm by 1.2 cm. -On 2/3/15 1.1 cm by 2.0 cm. -On 2/10/15 1.0 cm by 1.3 cm. -On 2/17/15 1.0 cm by 0.7 cm. -On 2/24/15 0.8 cm by 0.6 cm. -On 3/2/15 0.3 cm by 0.2 cm. -On 3/9/15 0.4 cm by 0.4 cm. -On 3/16/15 0.1 cm by 0.3 cm. -On 3/23/15 it had been closed. -On 3/30/15 it had been closed. *There had been no measurements for depth of the pressure ulcer. *On 1/20/15 the treatment had changed. *From 1/20/15 through 3/23/15 the pressure ulcer had gotten larger in size before getting smaller</p>	F 314	<p>The Skin Assessment and Pressure Ulcer Prevention and Treatment Policy was updated on 4/24/15 to include comprehensive assessment, implementation of appropriate individualized interventions, monitoring and evaluating response to preventative efforts and treatments, and documentation. All nursing staff will be educated at a mandatory meeting on 4/24/15. All other direct care staff will receive this education on mandatory training dates of 4/28/15, 4/29/15, and 4/30/15.</p> <p>Residents 3 and 6 pressure ulcers (PUs) are currently healed and physicians were notified of current condition as of 4/13/15. Residents 3 and 6 will be monitored for 30 days using daily skin observations and documented. Braden Scale assessments will be completed quarterly, and if there is a significant change. Residents 3 and 6 are currently receiving nutritional supplements as recommended by the Registered Dietician. Residents' Care Plans have been updated to reflect current status.</p> <p>13 pressure relieving mattresses were ordered 4/21/15, and mattresses will be placed on residents 3 and 6's beds upon arrival.</p> <p>Resident 6, and all other residents at risk to develop PUs, will be identified by observation, monitoring nutrition, and using Braden Scale with appropriate interventions put in place to first prevent PUs from developing, and in instance of a new PU, increased repositioning, notification of family and physician, with treatment initiated per order.</p>	
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F 314	<p>Continued From page 4 again.</p> <p>*During that timeframe: -The treatment had not changed. -There had been no documentation of notification to the physician.</p> <p>Review of resident 6's 1/20/15 fax to the physician revealed: *Staff had requested a change in treatment. *They had asked to start "2x2 foam dressing to pressure area on right buttock with skin prep [preparation] to periwound [tailbone] secured with mexif tape - change QD [every day] and PRN [as needed]."</p> <p>Observations on 3/31/15 of resident 6 at the following times revealed: *At 12:05 p.m. she had been taken to her room from the Robinsview dining room. *At 3:00 p.m. she had been lying in bed. *From 4:35 p.m. through 6:35 p.m. she had been sitting at the dining room table in her wheelchair.</p> <p>Review of resident 6's 12/23/14 and 3/17/15 Minimum Data Set (MDS) assessments revealed: *She had short and long term memory problems and could not complete the resident interview. *Her ability to make daily decisions was moderately impaired. *She needed extensive assistance of two staff members to move in bed, transfer, dress, use the bathroom, and complete personal hygiene tasks. *She needed extensive assistance of one staff member to eat. *She was frequently incontinent (inability to control) of bladder and bowel. *She had been at risk for pressure ulcer development. She had a device in her chair, was on a repositioning program, received pressure</p>	F 314	<p><i>*LOW KLAS DOOHIME</i></p> <p>Resident 3's ROHO cushion is in place. Resident 3 was screened by Physical Therapy Assistant for a high ROHO, which due to the height, prevented him from using the arm rests to reposition, and, therefore, limited independent weight shifting.</p> <p>All residents at high risk for PUs (Braden Scale of 13 or less) will be on a repositioning plan, have nutritional evaluation/intervention, and receive a pressure redistribution mattress. Weekly Skin Assessment Team will monitor Braden Scores throughout the facility and discuss plan of care for residents with Braden Score of 16 or less. If changes are needed in the plan of care, it will be shared with interdisciplinary team and physician, and family updated as needed. The Skin Assessment and Pressure Ulcer Prevention and Treatment Policy will reflect that preventative measures which will be put in place for residents who are at mild risk (Score of 16 or less on Braden Scale).</p> <p>Weekly audits of a minimum of 3 residents will be completed by the DON, or designee, to assure The Skin Assessment and Pressure Ulcer Prevention and Treatment Policy is being followed. The findings will be reported monthly to the QAPI committee for three months. When the QAPI committee determines otherwise, based on compliance, the frequency of audits may be decreased or discontinued.</p>		

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F 314	<p>Continued From page 5</p> <p>ulcer care, and had an ointment administered for preventative care.</p> <p>Review of resident 6's 3/19/15 care plan revealed: *She did not walk. *She was at risk for skin breakdown. Interventions for that focus area included the following: -I have a stage II pressure area to right buttock [bottom], nursing monitor area QD and MDS to measure weekly until healed. See TAR [treatment administration record] for tx [treatment] and wound book for measurements. Date initiated: 3/26/15. -Braden scale with each MDS and PRN. Date initiated: 10/16/13. Revision on 11/4/13. -I am on a turning plan. Date initiated: 10/16/13. Revision on 11/4/13. -I have a body pillow. Date initiated: 10/17/13. Revision on 11/4/13. -I have a cushion in my w/c [wheelchair]. Date initiated: 10/16/13. Revision on 11/4/13. -I have new shoes to provide my feet comfort and not cause any areas of breakdown. Date initiated: 10/16/13. Revision on 11/4/13. -I should lay down in the afternoon but would be nice to be up for afternoon activity. Date initiated: 10/16/13. Revision on 11/4/13. -I wear incontinent products to help keep my skin dry. Date initiated: 10/16/13. Revision on 11/4/13. -Nursing staff will follow my repositioning program. Date initiated: 10/16/13. Revision on 11/4/13. -Please see nutrition related focus for further nutrition related interventions. Date initiated: 9/29/14. -Staff will assist me with toileting, complete peri-cares [personal cares], and change my</p>	F 314			

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F 314	<p>Continued From page 6</p> <p>incontinent product when soiled per toileting plan. Date initiated: 10/16/13. Revision on 11/4/13.</p> <p>-Staff will observe my skin with cares and toileting. Date initiated: 10/16/13. Revision on 3/27/15.</p> <p>-Staff will put protective ointment to my bottom/back twice a day for my scratches. Date initiated: 10/16/13. Revision on 11/4/13."</p> <p>*She needed assistance with her activities of daily living. She could use the bathroom but was frequently incontinent and was on a toileting program. That intervention had been revised on 3/26/15.</p> <p>*There had been no nutritional interventions, no pressure relieving mattress, and no interventions from the physician listed.</p> <p>Review of resident 6's Braden Scale for Predicting Pressure Sore Risk assessments revealed: *On 9/23/14 and 12/23/14 she was at moderate risk to develop a pressure ulcer. *On 3/17/15 she was at high risk for developing pressure ulcers. She had already developed a pressure ulcer at that time.</p> <p>2. Review of resident 3's weekly pressure ulcer flow sheets revealed: *On 3/6/15 a stage II pressure ulcer measuring 0.4 cm by 0.4 cm had developed on his tailbone. -On 3/9/15 it had healed. *On 3/6/15 a stage II pressure ulcer measuring 0.6 cm by 0.5 cm had developed on his left buttock. -On 3/9/15 it had healed. *On 3/24/15 a stage II pressure ulcer measuring 0.2 cm by 0.2 cm had developed on his tailbone. *On 3/30/15 it had measured 0.2 cm by 0.5 cm.</p>	F 314		

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F 314	<p>Continued From page 7</p> <p>Observation and interview on 3/31/15 at 8:55 a.m. with an unidentified certified nursing assistant (CNA) revealed they were assisting resident 3 into the bathroom.</p> <p>Observation on 3/31/15 at 10:30 a.m. of resident 3 revealed he was resting in his recliner in his room.</p> <p>Observation on 3/31/15 at 11:15 a.m. revealed resident 3 was in the dining room eating partially on his own, but staff were cueing him.</p> <p>Observation and interview on 3/31/15 at 11:45 a.m. with CNA E revealed:                  *She had taken resident 3 back to his room.                  *She had transferred him into his bed using a stand aid.                  *She had not gotten help to assist with the transfer.                  *She had not asked him if he needed to use the bathroom.                  *She had not assisted him with toileting.                  *She placed a long pillow under his right side to shift his weight.                  *She stated he used to walk, but he had become weaker.                  *He used to do a pivot transfer but that required two staff members, so they used the stand aid to transfer him.</p> <p>Observation on 3/31/15 at 3:00 p.m., 3:30 p.m., and 3:46 p.m. of resident 3 revealed he had been laying in bed in the same position as earlier at 11:45 a.m. The long pillow was still under his right side.</p> <p>Observation on 3/31/14 at 4:35 p.m. of resident 3 revealed he was at the table waiting for supper to</p>	F 314		
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F 314	<p>Continued From page 8</p> <p>be served. At 5:15 p.m. he was served a sandwich, steak fries, corn and peaches. He was eating the steak fries on his own, and staff sat down to assist him.</p> <p>Review of resident 3's 7/8/14 significant change MDS assessment revealed: *His thinking ability was moderately impaired. *He needed extensive assistance from two staff members to move in bed, transfer, walk in his room, dress, and use the toilet. *He needed extensive assistance from one staff member to move in the hallways and bath. *He ate independently. *He was occasionally incontinent of urine. *He was not at risk for pressure ulcers but had a device in his chair.</p> <p>Review of resident 3's quarterly 10/7/14 MDS assessment revealed: *His thinking ability was not impaired. *He needed extensive assistance from one staff member to move in bed, transfer, walk in his room, move in the hallways, dress, use the toilet, complete his personal hygiene and bath. *He needed supervision of one staff member to eat. *He was occasionally incontinent of urine. *He was not at risk for pressure ulcers, but had a device in his chair and used a preventative ointment. *He had improvements since his last MDS on 7/8/14.</p> <p>Review of resident 3's significant change 12/9/14 MDS assessment revealed: *Staff had identified he had long and short term memory problems and could not complete the resident interview.</p>	F 314			

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F 314	<p>Continued From page 9</p> <ul style="list-style-type: none"> <li>*He needed extensive assistance from two staff members to move in bed, transfer, move in the hallways, dress, use the toilet, and complete personal hygiene.</li> <li>*He needed limited assistance from one staff member to walk in his room.</li> <li>*He had not walked in the hallway.</li> <li>*He needed extensive assistance from one staff member to eat.</li> <li>*He was frequently incontinent.</li> <li>*He was at risk for developing pressure ulcers. He had a device on his chair and used a preventative ointment.</li> </ul> <p>Review of resident 3's significant change 3/10/15 MDS assessment revealed:</p> <ul style="list-style-type: none"> <li>*His thinking ability was moderately impaired.</li> <li>*He needed extensive assistance from two staff members to move in bed, transfer, move in the hallways, dress, use the toilet, and complete personal hygiene.</li> <li>*He needed extensive assistance from one staff member to eat and bath.</li> <li>*Walking in his room or in the hall had not occurred.</li> <li>*He was frequently incontinent of urine.</li> <li>*He was at risk for developing pressure ulcers. He had a device on his chair and bed and used a preventative ointment.</li> </ul> <p>Review of resident 3's 10/7/14, 12/9/14, and 3/10/15 Braden Scale for Predicting Pressure Sore Risk assessments revealed he was at risk for developing pressure ulcers. The 10/7/14 Braden scale assessment did not match the 10/7/14 MDS assessment that indicated he was not at risk.</p> <p>Review of resident 3's 3/19/15 care plan</p>	F 314		
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F 314	<p>Continued From page 10 revealed: *He needed assistance with his activities of daily living. -An intervention for that focus area included being on a toileting plan due to being frequently incontinent of bladder and occasionally incontinent of bowel. *He was at risk for skin breakdown (pressure ulcers and or abrasions). Interventions for that focus area included the following: -"Dietary will monitor intakes. Date initiated: 10/17/13. Revision on 11/4/13. -I am encouraged to change positions often to relieve pressure off my bottom. Date initiated: 10/17/13. Revision on 11/4/13. -I am frequently incontinent of bladder and occasionally incontinent of bowel. Staff assist with toileting. Staff assist with changing incontinent product when soiled. Date initiated: 10/17/13. Revision on 12/19/14. -I do have a diagnosis of depression and take antidepressants and see [name of mental health provider]. Date initiated: 10/17/13. Revision on 11/4/13. -I feel that I get up frequently enough throughout the day. Date initiated: 10/17/13. Revision on 11/4/13. -I had pressure areas to my bottom that occurred on 3/6/15 and resolved on 3/9/15. Monitor area x [times] 30 days and continue preventative tx [treatment]. Date initiated: 3/19/15. -I have a pressure relieving cushion in my w/c [wheelchair] along with my recliner. Date initiated: 10/17/13. Revision on 3/19/15. -I have a transfer bar on my bed. My Braden is 17 [at risk for pressure ulcers]. Date initiated: 1/24/14. Revision on 3/19/15. -I have diabetes, nursing will monitor lab [laboratory tests] and blood sugars as ordered.</p>	F 314		
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F 314	<p>Continued From page 11</p> <p>Date initiated: 4/17/14.</p> <p>-I will consume protein with each meal. Encourage me to consume 4 ounces milk with my breakfast cereal and offer me PB [peanut butter] if I have toast. I do not want scheduled snacks at this time. Date initiated: 7/13/14.</p> <p>-Labs will be monitored as ordered. Date initiated: 10/17/13. Revision on 11/4/13.</p> <p>-Staff assist with positioning. I am on a re-positioning plan. Date initiated: 12/19/14.</p> <p>-Staff will observe for [skin] breakdown with cares and toileting. Date initiated: 4/17/14. Revision on 7/15/14."</p> <p>Review of resident 3's 3/19/15 repositioning plan revealed he was to be repositioned every two hours during awake hours and on rounds at night. That involved completely lifting him and removing all weight from his bottom and other dependent areas. Two staff members were to be used. The goal was to prevent skin breakdown related to pressure, they indicated they had met that goal.</p> <p>Review of resident 3's 3/19/15 toileting schedule revealed he was to be "offered the toilet at get up, every two hours during awake hours, and offer the toilet on rounds at night." He was to be assisted by two staff members.</p> <p>Interview and document review on 4/1/15 at 11:50 a.m. with MDS coordinator C regarding resident 3 revealed:</p> <p>*They had changed his cushion in his wheelchair from a high ROHO cushion to a low ROHO cushion.</p> <p>*She did not know when that had occurred.</p> <p>*He currently had the low ROHO cushion in his chair.</p> <p>*Physical therapy (PT) had made the change but</p>	F 314		

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F 314	<p>Continued From page 12</p> <p>had not documented it anywhere.</p> <p>*PT had provided her a document with the kind of ROHO cushions they were.</p> <p>*The high ROHO cushion would be used for "those unable to independently shift weight."</p> <p>*The low ROHO cushion would "maximize stability and prevents risk of potential tissue breakdown...It is for those who can independently shift weight and transfer."</p> <p>*According to the above MDS assessments he could not shift his weight or transfer independently.</p> <p>Review of resident 3's interdisciplinary notes revealed a note on 3/9/15 titled "Communication - with physician." The note stated "new chair cushion placed on 3/6/15." That was the date the first pressure ulcer had developed.</p> <p>3. Interview and document review on 4/1/15 at 10:45 a.m. with director of nursing B and MDS coordinator C regarding residents 3 and 6 revealed:</p> <p>*Neither resident currently had a pressure relieving mattress on their bed.</p> <p>*They only had overlays in the building. There were no pressure relieving mattresses that they were aware of.</p> <p>*Staff had discussed buying all new mattresses for the facility, but that had not happened.</p> <p>*They had asked the supervisor of housekeeping in front of this surveyor if they had pressure relieving mattresses. She said no there were none in the building.</p> <p>*They had attempted the overlay on resident 3's bed, but he would move around so they took it off.</p> <p>*She was unsure of when they had attempted that.</p>	F 314		
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F 314	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>*Resident 6 had never had any type of pressure relieving mattress.</li> <li>*Resident 6 had developed her pressure ulcer because of the staffing issue.</li> <li>*She had not been getting assisted to the bathroom which prompted them to initiate the red dot program (a system where a red dot is placed with the individual and once a CNA finds the dot after assisting the resident the CNA reports to the charge nurse and turned in the red dot).</li> <li>*They had started the red dot program back in February 2015.</li> <li>*On 3/19/15 the red dot had been placed with resident 6 at 8:17 a.m. and not found until 12:30 p.m.</li> <li>*They had not contacted resident 6's physician since 1/20/15 to request a change in pressure ulcer treatment.</li> <li>*The care plan revision date would be when the intervention had last been revised.</li> <li>*Nutritional interventions for wound healing had been started after the development of the pressure ulcers.</li> <li>*They had not been following their Skin Assessment and Pressure Ulcer preventative policy.</li> <li>*They did not have an interdisciplinary team (IDT) to address residents at risk for pressure ulcer development.</li> </ul> <p>Review of the provider's 4/6/13 Skin Assessment and Pressure Ulcer Prevention and Treatment Policy revealed:</p> <ul style="list-style-type: none"> <li>*Residents identified to be at risk for skin breakdown or who currently had skin breakdown would have specific interventions care planned by the IDT.</li> <li>*If a resident had a pressure ulcer daily documentation was to be completed by a</li> </ul>	F 314			

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F 314	Continued From page 14 licensed nurse. *A consultant wound nurse could have been consulted if needed.	F 314		
F 353 SS=G	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS  The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.  The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:  Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.  Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.  This REQUIREMENT is not met as evidenced by: Surveyor: 29354  Surveyor: 35121  Surveyor: 35237	F 353		4/30/15

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F 353	Continued From page 15  Surveyor: 32335 Based on observation, record review, and interview, the provider failed to maintain adequate staff to prevent care issues and meet basic care needs for: *Two of four sampled residents (3 and 6) who had developed pressure ulcers (sores caused by unrelieved pressure that resulted in damage to the tissue) after admission into the facility. *Two of two randomly observed residents (2 and 4) who needed assistance with eating. *Two of four sampled residents (1 and 5) in the memory support unit who had declines in their activities of daily living. Findings include:  1. Review of resident 3 and 6's medical records revealed they had developed pressure ulcers after admission into the facility. Refer to F314, findings 1, 2, 3, and 4.  2. Random observations and interview on 3/31/14 regarding residents 2 and 4 revealed they had to wait for staff to be available before they could eat. Refer to F241, finding 1.  Surveyor: 35121 3. Observation on 3/31/15 from 9:05 a.m. through 12:09 p.m. of resident 1 in the Memory Care Unit (MCU) lounge revealed at: *9:05 a.m. she was asleep in a recliner with her feet elevated on the foot rest. *11:10 a.m. she had remained asleep in the recliner in the same position.	F 353	1. Residents 3 and 6 PUs are currently healed and physicians were notified of current condition as of 4/13/15. Residents 3 and 6 will be monitored for 30 days using daily skin observations. During quarterly MDS the Braden Scale assessments will be completed, and if there is a significant change. Residents 3 and 6 are currently receiving nutritional supplements as recommended by the Registered Dietician. Residents Care Plans have been updated to reflect current status.  2. Residents 2 and 4, and all other residents who require assistance with dining, will be evaluated to ensure seating/dining occurs so all residents at the table are served/assisted in a timely manner to enhance socialization and dining experience.  To assist in dining, 3 additional staff have completed the Assisted Dining Course on 4/13/15.  Resident 1 has a repositioning plan in place, and is part of the plan of care. Resident 1, and all other residents at risk in Memory Care, will be assessed quarterly with MDS assessment, and with significant change, and an appropriate repositioning plan will be instituted based on needs.  Resident 5's mobility was assessed by the Physical Therapy Assistant and an updated restorative plan put in place on 4/23/15.  All staff will receive education on the Nutrition Services and Quality of Life and Dignity Policy, which includes the importance of assistance in a timely manner during dining experience on 4/28/15, 4/29/15, and 4/30/15.	4/30/15	

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F 353	Continued From page 16 *11:12 a.m. a licensed practical nurse had awoken her and administered her medications to her. *11:38 a.m. she had remained awake in the recliner in the same position. *11:42 a.m. she had fallen asleep in the recliner in the same position. *11:53 a.m. she had awoken. *11:58 a.m.: -She asked CNA H to take her to the dining room table. -CNA H asked her to "wait a few minutes." -CNA H assisted another resident to the bath room. *12:07 p.m. CNA H assisted her to the dining room table.  Interview on 3/31/15 at 10:30 a.m. with CNA H revealed she stated: *Resident 5 had been on a walking program but was no longer walking. *Six residents had been on a walking program. *Six residents now required the assistance of two staff members. *They (staff): -No longer performed the walking program, because they "don't have time to do much more than the basic care." -"I have to choose between helping a resident go to the bathroom or walking another one. I need to help the one who needs to use the bathroom first." -"We are short [not working with full staff] a lot." *A worker had called in and they "begged" her co-worker who was to leave at 10:00 a.m. to stay. *She would be working alone on the Sunshine wing today from around 2:15 p.m. through 4:30 p.m. *Her schedule reflected she was to be in	F 353	All resident call lights should be answered within 10 minutes. If there is a delay in intervention, this resident needs to be made aware of approximate time of interventions.  5. On 4/26/15 the Administrator will conduct the facility's Annual Meeting and share with attendees (which includes Board Members, residents, families, and staff) the facility's plan to recruit and retain staff members, and seek input from stake holders present. This topic will be addressed at the Resident Council meeting 4/24/15 and periodically at residents' request.  6. Staff turnover is expected to continue at semester time, due to number of nursing students employed. Historically, school breaks have impacted staffing. To be proactive, contracts have been completed with staffing agencies to supplement staff during these times. A staffing recruitment and retention committee has been meeting weekly to develop ideas and strategies. A sign-on bonus and referral bonus have been implemented for Full and Part Time Nursing Staff which is retroactive to 3/1/15.  The facility has contracted with staffing agencies to schedule CNAs and RN/LPNs to assist residents and staff while in the process of hiring and training new employees. HR staff visited Brookings High School CNA class on 3/9/15, participated in a city-wide job fair 3/25/15, and expanded job posting advertisements to include increased radio advertisements, Elkton newspaper, Town Shopper, 3rnet.org, craigslist.com, as well as local flyers posted in the area. HR staff will attend a Nursing Student forum on 4/28/15 in attempt to recruit CNAs and nursing staff.		

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F 353	<p>Continued From page 17 Morningview unit for her whole shift. *Staffing issues had been a problem starting back in October 2014.</p> <p>4. Observation on 3/3/15 from 11:35 a.m. through 12:12 p.m. of resident 5 in the MCU revealed at: *11:35 a.m. he was at the dining room table in his wheelchair with his eyes closed. *11:50 a.m. his food was sat in front of him. *12:12 p.m. CNA N had begun assisting him with eating.</p> <p>Surveyor: 29354</p> <p>5. Confidential interview on 3/31/15 at 10:30 a.m. with a small group of residents revealed: *A few of the residents felt the staff had not answered their call lights at night. One resident had waited forty minutes and finally shut the call light off him/herself. *One resident felt there had been a problem with call lights being answered in the late afternoon and after the evening meal. *One resident felt the staff would place dependent (required staff assistance) residents in the dining room at 5:00 p.m. and make them wait until 7:00 p.m. before taking them back to their rooms. *A few residents felt the evening shift needed more help. *One resident felt there had been "a big turnover in staff at the end of each semester." *One resident felt there was not enough staff on the night shift or on the weekend shift to help the residents. *One resident felt the staff "brush off" what we ask for."</p> <p>Surveyor: 35237</p> <p>6. Interview on 3/30/15 at 4:50 p.m. with RN F</p>	F 353	<p>On April 11 &amp; 12, the Interim Administrator discussed with federal and state legislators workforce challenges currently impacting long term care advocating for changes in reimbursement that would enhance the opportunity to recruit and retain qualified staff. They were also encouraged to engage their colleagues in these discussions and recognize the commitment of the long term care staff in caring for the country's most vulnerable citizens.</p> <p>*Through 2015 KGISDDHMF Director of HR will submit a monthly report to QAPI committee that will include vacant positions, turnover rates (both regret and non-regret), and recruitment activities.</p> <p>*The MDS coordinator will notify the DON, or designee weekly of all significant changes. The DON, or designee will report to QAPI committee for 3 months. When the QAPI committee determines otherwise, based on compliance, the audits may be decreased or discontinued. KGISDDHMF</p>		

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F 353	<p>Continued From page 18 revealed:</p> <ul style="list-style-type: none"> <li>*The provider had been having staffing issues that affected resident care.</li> <li>*The decreased staffing was more evident in the late afternoon, at evening, and at night.</li> <li>*She felt administration was trying to work on the problem, but they could do a better job.</li> <li>*Sometimes there were only three CNAs for the whole building.</li> <li>-She felt that was not enough for seventy-eight residents.</li> </ul> <p>Interview on 4/1/15 at 10:30 a.m. with activity coordinator G revealed:</p> <ul style="list-style-type: none"> <li>*The activity department had recently been down one staff member.</li> <li>*The provider had been using the remaining activities staff as CNAs at times because of the shortage of CNAs.</li> <li>*That sometimes the activity documentation would not get done, because activities was working on the floor.</li> </ul> <p>Surveyor: 32335 Multiple random interviews on 3/31/15 and on 4/1/15 with the interim administrator, the director of finance, director of nursing A, and director of nursing B revealed they had been experiencing staffing issues. They had a 2 percent unemployment rate in the city and were finding it difficult to find new employees. They had attempted an incentive program in February 2014. They had began using a temporary service today.</p> <p>Interview on 3/31/15 at 2:30 p.m. with human resources generalist I revealed:</p> <ul style="list-style-type: none"> <li>*It could not be determined who was working on which unit on any given day based on the staffing</li> </ul>	F 353		
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NAME OF PROVIDER OR SUPPLIER  <b>UNITED RETIREMENT CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 FIRST AVE</b> <b>BROOKINGS, SD 57006</b>		
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F 353	Continued From page 19 calendar and twenty-four hour staff sheets. *This surveyor had requested who had been working in the memory support unit on 3/27/15, but she had not provided that information by the end of the survey. *If someone was scheduled on one unit and pulled to work a few hours on a different unit that was not put on the calendar. *Time cards would not have reflected what unit they had worked on.	F 353			