

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

ORIGINAL

PRINTED: 05/14/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/05/2015
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NAME OF PROVIDER OR SUPPLIER CENTERVILLE CARE AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 500 VERMILLION ST CENTERVILLE, SD 57014
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F 000	INITIAL COMMENTS <i>Addendums noted with an asterisk per 6/11/15 telephone to facility administrator.</i> Surveyor: 32331 A revisit health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 5/4/15 through 5/5/15. Centerville Care and Rehab Center was found not in compliance with the following requirement: F226.	F 000	F000 The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged on conclusions set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because it is required by provisions of state and federal law. Without waiving the foregoing statement, the facility states that with respect to:	
F 226 SS=E	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Surveyor: 32331 Based on record review, interview, and policy review, the provider failed to ensure they investigated and reported to the South Dakota Department of Health (SD DOH) as required for: *One of one sampled resident (16) with a fall resulting in injury. *One of one sampled resident (15) with a suicide attempt. Findings include: 1. Review of resident 16's medical record revealed he: *Was admitted on 6/13/13. *Had a history of falls. *Had diagnoses that had included depressive disorder (an illness that includes body, mood, and thoughts), personal history of a fall, and paranoid	F 226	F 226 Resident 15 and 16's Incident Detail Report was reviewed to ensure the incident was reported to the SD DOH within a two-hour reporting time frame and that a proper Five-Working Day investigation report had been completed. All other residents' Incident Detail Report was reviewed to ensure incidents that require reporting to the SD DOH were reported within the proper reporting time frame and that a proper Five-Working Day investigation report had been completed. Administrator, DON, and interdisciplinary team reviewed and revised as necessary the policy and procedure about Resident Incident reporting.	* 6/11/15 [Redacted] JTS/SDOH/MF

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Emergency Permit Holder	(X6) DATE 5/26/2015
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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.

Stamp: JUN 01 2015
If continuation sheet Page 1 of 7
SD DOH L&C

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F 226	<p>Continued From page 1</p> <p>schizophrenia (a mental illness in which a person loses touch with reality).</p> <p>Review of resident 16's 3/5/15 Minimum Data Set (MDS) quarterly assessment section C revealed he had a Brief Interview for Mental Status (a test that helps determine a resident's cognitive [thinking] understanding) score of three that indicated severe impairment or loss.</p> <p>Review of resident 16's revised 3/24/15 care plan revealed he had: *A high risk for falls due to his decreased cognition (thinking abilities). *Decreased safety awareness.</p> <p>Review of resident 16's 3/4/15 Morse Fall Scale (a fall assessment) revealed: *He was at a high risk for falling with a score of seventy-five. -A score of forty-five or higher reflected a high risk for falls.</p> <p>Review of resident 16's nurses progress notes revealed: *On 3/21/15 at 4:45 a.m. he had: -Been found laying on his right side on the floor. -A right knee abrasion (skin wound). -Complained of right leg pain. *On 3/21/15 at 3:28 p.m.: -He was having significant pain. -That area of pain was in the arm area between the shoulder and the elbow. -His medical provider ordered to have him sent to the hospital. *On 3/21/15 at 4:51 p.m.: -He left for the hospital with his guardian (a person that has authority to make decisions for him).</p>	F 226	<p>DON or designee will provide education on the resident incident reporting process and policies for all facility staff.</p> <p><i>*all STSDOH/INF</i></p> <p>DON or designee will audit Incident Detail Reports once a week for four weeks and monthly for two more months to ensure incidents that require reporting to the SD DOH within the proper reporting time frame and that a proper Five-Working Day investigation report has been completed.</p> <p>DON or designee will present finding from these audits at the monthly QAPI meetings for review.</p>	

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F 226	<p>Continued From page 2</p> <p>*On 3/21/15 at 6:57 p.m. he: -Returned from the emergency room. -Had significant inflammation. -That above area of inflammation was not specified in the nurses notes.</p> <p>Review of the provider's incident report for resident 16 revealed: *On 3/21/15 at 4:45 a.m. licensed practical nurse (LPN) C had: -Observed him laying on the floor on his right side. -His bed linens had come off his bed and had wrapped around him. -He had complained of right leg pain.</p> <p>Interview on 5/5/15 at 5:30 p.m. with the social services designee (SSD) regarding resident 16's fall on 3/21/15 revealed: *The fall had not been investigated and reported to the SD DOH. *She stated the fall was to have been reported to the SD DOH. -That fall had been unwitnessed. -He had decreased cognition and he was unable to tell staff what had happened. -He had received an injury of unknown origin. -The charge nurse had been responsible for submitting the initial report to the SD DOH. -She was responsible for submitting the five-working day investigation report.</p> <p>Interview on 5/5/15 at 8:00 a.m. with the director of nursing (DON) regarding resident 16's fall on 3/21/15 revealed: *She stated the fall was to have been reported to the SD DOH. -That fall had been unwitnessed. -That resident was a poor historian, and he was</p>	F 226		

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F 226	<p>Continued From page 3</p> <p>unable to tell staff what had happened.</p> <p>-She had considered his fall to have been one of serious injury.</p> <p>-That fall should have been reported within two hours to the SD DOH.</p> <p>-The charge nurse had been responsible for submitting the initial report to the SD DOH.</p> <p>*She was responsible for investigating all reportable events.</p> <p>*The SSD was responsible for submitting the five-working day investigation report.</p> <p>*She stated the provider's system for reporting to the SD DOH needed to have been improved.</p> <p>-Their current system had a "communication breakdown."</p> <p>Surveyor: 35121</p> <p>2. Review of resident 15's medical record revealed he:</p> <p>*Was admitted to the facility on 4/13/15.</p> <p>*Had diagnoses of:</p> <p>-Chronic obstructive pulmonary disease (disease that blocks airflow in the lungs).</p> <p>-Coronary artery disease (damage in the heart's blood vessels).</p> <p>-Hypertension (high blood pressure).</p> <p>-Depression (mood disorder).</p> <p>*Had been receiving hospice services.</p> <p>*Was discharged on 4/22/15.</p> <p>Review of licensed practical nurse (LPN) C's progress note on 4/22/15 at 3:15 a.m. regarding resident 15 revealed on 4/21/15 he had:</p> <p>**"Started to have behaviors around 11 am."</p> <p>*Had yelled "someone kill me."</p> <p>*Had tried to "strangle self with bandana."</p> <p>Review of the provider's Incident Detail Report</p>	F 226			

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F 226	<p>Continued From page 4</p> <p>dated 4/22/15 regarding the incident on 4/21/15 involving resident 15 revealed on 4/21/15 he had tried to "hang self with bandana."</p> <p>Review of the 4/22/15 Required Nursing Facility Event Reporting form regarding the incident on 4/21/15 involving resident 15 revealed:</p> <p>*He began yelling "about 11 p.m." *The hospice registered nurse D had arrived at "about 2345 [11:45 p.m.]." *The resident had: -"Continued to be anxious, yelling." -"Tied a bandana around his neck to try to strangle himself." -"Threatened to kill his family and to harm staff." *The SD DOH was notified on 4/22/15 at 4:05 p.m. *No Five-Working Day Investigation Report was completed.</p> <p>3. Interview on 5/5/15 at 8:00 a.m. with the DON regarding incident reporting revealed: *The charge nurse was to have completed the incident report. *The SSD was to have completed and submitted the Five-Working Day Investigation Report to the SD DOH. *The DON was to have completed the investigation. *She stated the incident involving resident 15 should have been reported within two hours of the event.</p> <p>Interview on 5/5/15 at 9:10 a.m. with the SSD regarding incident reporting revealed: *She expected the charge nurse to have: -Filled out the incident report at the time of the incident. -Completed the twenty-four hour report and</p>	F 226		

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F 226	<p>Continued From page 5</p> <p>handed it in to her for her to have determined if the SD DOH had needed to be notified. *There was no Incident Report completed when she had arrived at work on 4/22/15 at 9:00 a.m. *She had: -Reported the 4/21/15 incident to the SD DOH on 4/22/15. -Referred to the progress notes to complete the report. -Considered the incident on 4/21/15 a serious bodily injury event. -Not been aware there was a two hour reporting time frame. -Agreed there was not a Five-Working Day Investigation Report completed. -Not completed a Five-Working Day Investigation Report, because she "Did it all that day. There was no more information to be gained."</p> <p>Interview on 5/5/15 at 10:20 a.m. with the DON regarding the incident reporting on 4/22/15 revealed she had expected the charge nurse to have filled out the: *Incident report as soon as possible after the resident had been transferred. *Twenty-four report as soon as possible after the resident had been transferred.</p> <p>Phone interview on 5/5/15 at 10:42 a.m. with LPN C regarding the 4/21/15 incident involving resident 15 revealed she: *Considered the event an attempt at serious bodily injury. *Had thought the event needed to have been reported within twenty-four hours. *Stated there was a breakdown in the facility's system.</p> <p>Review of the provider's 7/10/13 Resident</p>	F 226		

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F 226	Continued From page 6 Incident policy revealed: *Event reports would have been sent to the SD DOH. *The reports would have been completed by the charge nurse, DON, or social worker. *Incidents that required an event report had included: -Serious bodily injury. -Falls resulting in serious injury. -Injuries of unknown origin.	F 226		
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South Dakota Department of Health

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S 000	Initial Comments Surveyor: 32331 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted from 5/4/15 through 5/5/15. Centerville Care and Rehab Center was found not in compliance with the following requirement: S206.	S 000	S000 The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged on conclusions set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because it is required by provisions of state and federal law. Without waiving the foregoing statement, the facility states that with respect to:	
S 206	44:04:04:05 PERSONNEL-TRAINING The facility must have a formal orientation program and an ongoing education program for all personnel. Ongoing education programs must cover the required subjects annually. These programs must include the following subjects: (1) Fire prevention and response. The facility must conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, monthly fire drills must be conducted to provide training for all staff; (2) Emergency procedures and preparedness; (3) Infection control and prevention; (4) Accident prevention and safety procedures; (5) Proper use of restraints; (6) ...Resident rights; (7) Confidentiality of...resident information; (8) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; (9) Care of...residents with unique needs; and (10) Dining assistance, nutritional risks, and hydration needs of...residents. ...Additional personnel education shall be based on facility identified needs.	S 206	S 206 AseraCare Hospice provided education to all staff regarding resident end of life care on May 19, 2015. All staff records will be audited once per month for 3 months by the Business Office Manager or designee to ensure any new employee has received the End of Life Care education. Business Office Manager or designee will present findings from these audits at the monthly QAPI meetings for review.	* 6/1/15 [Redacted] JTSDDH/MF

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

Emergency Permit Holder

(X6) DATE

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S 206	Continued From page 1	S 206		
	<p>This Administrative Rules of South Dakota is not met as evidenced by: Surveyor: 32331 Based on record review, interview, policy review, and plan of correction review, the provider failed to ensure all staff received education on resident end-of-life care as per the provider's plan of correction for the South Dakota Department of Health (SD DOH) complaint survey ending on 3/12/15. Findings include:</p> <p>1. Record review of the provider's plan of correction from the complaint survey completed on 3/12/15 revealed: *Education was to have been provided to all staff responsible for the provision of end-of-life care. *The director of nursing (DON) and the facility's ombudsman were to have provided that education to all staff. *The completion date for that education was to have been by 5/1/15. *The above education had not been provided to all staff as of 5/5/15.</p> <p>Interview on 5/4/15 at 5:15 p.m. with licensed practical nurse (LPN) B and the administrator regarding the education to all staff regarding resident end-of-life care revealed: *There had not been any education on the above topic after the last complaint survey ending on 3/12/15. *That education needed to have been completed by 5/1/15 as per their plan of correction submitted to the SD DOH.</p> <p>Interview on 5/5/15 at 8:00 a.m. with the DON regarding the education to all staff regarding resident end-of-life care revealed that education had not been attempted nor completed after the last complaint survey ending on 3/12/15.</p>			

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S 206	Continued From page 2	S 206		
	<p>Interview on 5/5/15 at 8:40 a.m. by the telephone with the facility's ombudsman revealed she had not provided any education to all staff regarding resident-end-of life care after the last survey ending on 3/12/15.</p> <p>Review of the provider's 4/30/13, 44:04:04:05. Personnel Training policy revealed: *Additional personnel education was to have been based on the facility's identified needs. *The facility had established additional personnel education needs regarding resident end-of-life care in their plan of correction to the SD DOH from the complaint survey ending on 3/12/15.</p>			