

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

**ORIGINAL**

PRINTED: 12/29/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435129</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/22/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DELLS NURSING AND REHAB CENTER INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1400 THRESHER DR</b> <b>DELL RAPIDS, SD 57022</b>
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(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
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F 000	INITIAL COMMENTS  Surveyor: 18560 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted on 12/22/14. Areas reviewed were assessments for use and safety identification for side rails and grab bars. Dells Nursing and Rehab Center Inc. was found not in compliance with the following requirement: F323.	F 000	<i>Addendums noted with an asterisk per 1/15/15 telephone to facility owner and facility Emergency Permit Holder. SBJ/SDD/DMF</i>	
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by: Surveyor: 18560 Based on record review, interview, and policy review, the provider failed to: *Assess for the appropriate use of side rails for 3 of 5 sampled residents (2, 3, and 4) reviewed with side rails. *Care plan the use of side rails for 2 of 5 sampled residents (2 and 3) reviewed with side rails. *Assess for the appropriate use of grab bars for 6 of 14 sampled residents (5, 6, 8, 10, 11, and 13) reviewed with grab bars. *Care plan the use of grab bars for 8 of 14 sampled residents (1, 5, 6, 7, 9, 11, 12, and 13) reviewed with grab bars.	F 323	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:  Administrator, DON and interdisciplinary team reviewed and revised as necessary the policy and procedures for grab bars, side rails and other bed-mobility devices.  The staff responsible for assessment, implementation, and care planning for bed rails, grab bars and other bed-mobility devices will be re-educated on the policy and procedures for use of bed rails, grab bars and other bed-mobility devices <i>by the Director of Nursing or designee, by 1/15/15. SBJ/SDD/DMF</i>	2/6/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Cheryl St. Martin</i>	TITLE  <i>Administrator</i>	(X6) DATE  <i>1/6/2015</i>
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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.

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NAME OF PROVIDER OR SUPPLIER  <b>DELLS NURSING AND REHAB CENTER INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1400 THRESHER DR</b> <b>DELL RAPIDS, SD 57022</b>		
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F 323	Continued From page 1 Findings include:  1. Review of residents 2, 3, and 4's medical records revealed no current assessments had been completed for the appropriate and safe use of side rails on their beds. Further review of residents 2 and 3's care plans revealed no documentation the residents used side rails on their beds.  2. Review of residents 5, 6, 8, 10, 11, and 13's medical records revealed no current assessments had been completed for the appropriate and safe use of grab bars on their beds. Further review of residents 1, 5, 6, 7, 9, 11, 12, and 13's care plans revealed no documentation the residents used grab bars on their beds.  3. Interview on 12/22/14 at 2:45 p.m. with the director of nursing revealed when either side rails or grab bars were used she would have expected: *An assessment to have been completed for the appropriate use of the side rails and grab bars. *The right side rail or grab bar was on the right bed. *The assessments would have been completed on admission, quarterly, annually, and with a significant change in the resident's condition. *Documentation in the residents' care plans for the use of the side rails or grab bars.  Review of the provider's 2007 Bed Safety policy revealed if side rails were used there would be an interdisciplinary assessment of the resident upon admission, quarterly, annually, and with significant change.	F 323	Residents 2, 3 [redacted] were assessed for appropriate use of bed rails, grab bars and other bed-mobility devices. All other residents with grab bars, side rails or other bed mobility devices will be assessed for appropriateness. Care plans will be updated accordingly to the assessments completed.  The DON or designee will complete audits on the appropriateness and implementation and care planning grab bars, side rails and other bed mobility devices once per week for 4 weeks then once per month for two more months. The DON or designee will present the results of these audits at the monthly QAPI meetings for review and further action if indicated.  <i>x, 4, 5, 6, 8, 10, 11, and 13 SB/SD/DH/MF</i>  <i>* including residents 1, 2, 3, 5, 6, 7, 9, 11, 12, and 13 SB/SD/DH/MF</i>		