

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/26/2015
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - BELLA VISTA	STREET ADDRESS, CITY, STATE, ZIP CODE 302 ST CLOUD STREET RAPID CITY, SD 57701
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F 000	<p><i>Addendums noted with an asterisk per 10/15/15 telephone to facility administrator. DW/SPDH/JJ</i></p> <p>INITIAL COMMENTS</p> <p>Surveyor: 26632 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities was conducted from 8/25/15 through 8/26/15. Areas surveyed included quality of care, abuse and neglect, and facility staffing. Golden LivingCenter-Bella Vista was found not in compliance with the following requirements: F281 and F514.</p>	F 000	<p>STATEMENT OF COMPLIANCE: The following represents the plan of correction for the alleged deficiencies cited during the survey that was conducted on August 26, 2015. Please accept this plan of correction as the living center's Credible Allegation of Compliance with the completion date of October 15, 2015. The completion and execution of this plan of correction does not constitute an admission of guilt or wrong doing on the part of the living center. This plan of correction is completed in good faith and as the living center's commitment to quality outcomes for the residents. In addition, this plan of correction is completed as it is required by law.</p>	
F 281 SS=E	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 26632 Based on record review, interview, and policy review, the provider failed to ensure professional standards were followed for 7 of 12 sampled residents (1, 7, 8, 11, 12, 17, and 18) with no documentation of assessments or interventions completed for bowel management. Findings include:</p> <p>1. Review of the provider's 2006 Bowel Management (Retraining) Program policy revealed: **"After third day, if resident has not had a bowel movement [BM], a laxative should be given as ordered by the physician." **"If the stool is hard, consider a stool softener."</p> <p>2. Review of resident 1's medical record revealed:</p>	F 281		<p><i>9-17-15</i></p> <p><i>9-24-15</i></p> <p><i>10-15-15</i></p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Timothy W. [Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE <i>9-17-15</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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F 281	<p>Continued From page 1</p> <p>*No documentation of a BM from 6/17/15 through 6/20/15. He received Milk of Magnesia (MOM) (laxative) thirty cubic centimeters (cc) on 6/17/14 at 11:51 a.m. At 4:34 p.m. it had been documented the MOM had not been effective.</p> <p>*No documentation of a BM from 6/23/15 through 6/28/15. He received a bisacodyl (laxative) suppository on 6/29/15 at 9:43 a.m. onr day four of no BM. It was documented as effective at 5:03 p.m.</p> <p>*A 7/4/15 at 5:06 p.m. nursing progress note revealed "Resident had large hard bowel movement, nurse assisted with digitally removing stool [method of removing hard stool when cannot be expelled with out help], resident tolerated well."</p> <p>*A 7/7/15 physician's order for Colace (stool softener) 100 milligram (mg) one capsule twice daily.</p> <p>*No documentation of a BM from 7/13/15 through 7/17/15. He received a bisacodyl suppository on 7/17/14 at 6:46 a.m., and it had been noted as effective.</p> <p>*No documentation of a BM from 7/27/15 through 8/1/15 and from 8/10/15 through 8/19/15. No interventions had been documented as having been done.</p> <p>*The Colace had been discontinued by his physician on 8/10/15, and Senna-S (natural laxative with a stool softener) 20 mg one time a day had been ordered.</p> <p>-That was an order when resident 1 had returned from a short stay hospitalization from 8/8/15 through 8/10/15.</p> <p>*Review of his 7/2/14 care plan for alteration in elimination of bowel revealed a goal to have a soft formed BM at least every three days.</p> <p>-Interventions included bowel medication as ordered. Monitor its use and effectiveness.</p>	F 281	<p>F 281E</p> <p>Residents # 7, 8, 11, 12, 17 and 18 have had their bowel movements care plan, tracking, and program evaluated and updated as appropriate.</p> <p>Resident #1 has been discharged.</p> <p>Residents residing in the facility having problems with bowel movements have the potential to be affected in a similar manner.</p> <p>Executive Director, Director of Nursing and Interdisciplinary team have developed a Golden Living - Bella Vista BM Protocol.</p> <p>Licensed nursing staff has been educated on the Golden Living - Bella Vista BM Protocol and documenting follow up to interventions by September 24, 2015.</p> <p><i>by nursing DW/SDDOH/JJ</i></p> <p>No BM list to be reviewed in Clinical Start up <i>* Monday through Friday as well as the weekends.</i></p> <p><i>DW/SDDOH/JJ</i></p>		

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F 281	<p>Continued From page 2 Monitor bowel status frequency.</p> <p>3. Review of resident 7's medical record revealed: *He had a 7/11/14 physician's order for bisacodyl suppository every seventy-two hours as needed for constipation. *He had a 7/11/14 physician's order for MOM 30 ml every twenty-four hours as needed for constipation. May give 30 ml for three doses. *No documentation of a BM from 8/9/15 through 8/15/15 and from 8/22/15 through 8/25/15. There had been no interventions provided for BM elimination. *Review of his August 2015 medication administration record (MAR) revealed he was on no routine bowel medications. *Review of his 8/5/14 care plan for alteration in elimination of bowel revealed a goal to have a soft formed BM at least every three days. -nterventions included bowel medication as ordered. Monitor its use and effectiveness. Monitor bowel status frequency.</p> <p>4. Review of resident 8's medical record revealed: *No documentation of a BM from 7/11/15 through 7/15/15. *Review of her interdisciplinary progress notes (IPN) revealed: -A 7/17/15 11:45 a.m. note "Resident "trying to poop it won't come out" Suppository given as resident would not drink MOM." It was noted as effective at 3:40 p.m. *No documentation of a BM from 7/18/15 through 8/4/15. *Review of resident 8's July 2015 MAR revealed MOM had been given on 7/21/15 at 9:48 a.m. and was documented as not effective. MOM was</p>	F 281 3-5 DW/SMBH/JT	<p>Director of Nursing or designee will complete random audits weekly x 4 weeks then monthly x 2 months to ensure protocols are followed and documentation is complete.</p> <p>The Director of Nursing or designee will present results at the monthly QAPI meetings for further recommendations and monitoring progress in a Performance Improvement Plan.</p>		

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F 281	<p>Continued From page 3</p> <p>given on 7/22/15 at 8:27 a.m. and was documented as effective.</p> <p>*No documentation of the BM was noted on the resident's continence log.</p> <p>*She received a bisacodyl suppository on 8/6/15 at 5:49 p.m., and it had been documented as effective.</p> <p>*No documentation of a BM from 8/7/15 through 8/12/15 and from 8/14/15 through 8/21/15.</p> <p>*She had been offered MOM two times on 8/20/15 but the resident had refused it.</p> <p>*Review of her 2/6/15 care plan for alteration in elimination of bowel revealed a goal to have a soft formed BM at least every three days.</p> <p>-Interventions included bowel medication as ordered. Monitor its use and effectiveness. Monitor bowel status frequency.</p> <p>-A 7/6/15 hand written note was included in the interventions "Pelvic fracture could cause problems with BM process and is also receiving narcotics [pain medication] for pain.</p> <p>5. Review of resident 11's medical record revealed:</p> <p>*No documentation of a BM from 8/5/15 through 8/10/15.</p> <p>*Review of her August 2015 MAR revealed she received psyllium husk powder (fiber laxative) one tablespoon a day and Colace 100 mg two times a day for rectal prolapse (when rectum protrudes).</p> <p>*She had received no other interventions for her bowel management.</p> <p>*Review of her 10/1/13 care plan for alteration in elimination of bowel revealed a goal to have a soft formed BM at least every three days.</p> <p>-Interventions included bowel medication as ordered. Monitor its use and effectiveness. Monitor bowel status frequency.</p>	F 281			

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F 281	Continued From page 4 6. Review of resident 12's medical record revealed: *No documentation of a BM from 7/30/15 through 8/6/15 and from 8/15/15 through 8/20/15. *Review of her July 2015 and August 2015 MARs revealed she received Lactulose (laxative) solution 45 ml one time a day for constipation. *She had received no other interventions for her bowel management. *Review of her 10/20/10 care plan for alteration in elimination of bowel revealed a goal to have a soft formed BM at least every three days. -Interventions included bowel medication as ordered. Monitor its use and effectiveness. Monitor bowel status frequency. 7. Review of resident 17's medical record revealed: *No documentation of a BM from 7/23/15 through 7/30/15 and from 8/15/15 through 8/19/15. *She had a 7/22/15 physician's order for docusate sodium (stool softener) two times a day for constipation. *She had received no other interventions for her bowel management. *Review of her 8/5/14 care plan for alteration in elimination of bowel revealed a goal to have a soft formed BM at least every three days. -Interventions included bowel medication as ordered. Monitor its use and effectiveness. Monitor bowel status frequency. 8. Review of resident 18's medical record revealed: *No documentation of a BM from 8/15/15 through 8/21/15. *She had received no interventions for her bowel management.	F 281			

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F 281	<p>Continued From page 5</p> <p>*Review of her 8/18/15 care plan for alteration in elimination of bowel revealed a goal to have a soft formed BM at least every three days. -Interventions included bowel medication as ordered. Monitor its use and effectiveness. Monitor bowel status frequency.</p> <p>9. Interview on 8/26/15 at 9:15 a.m. with RN A revealed: *He just changed to day shift in the last couple of months. *He had previously worked the night shift. *The first day a resident would show up on the No BM Sheet/Log was on day three of no BM. *He would go more on a physical assessment for a resident before initiating an bowel management. *He stated he did not document any of his assessments that indicated the resident would not have needed any bowel medication. *He would go by the physician's orders for each resident on which bowel medications to have used.</p> <p>Interview on 8/26/15 at 10:00 a.m. with the director of nursing revealed: *The night charge nurse was responsible to print the No BM Sheet/Log. *The night charge nurse would review the No BM Sheet/Log and determine who had gone three days or more with no documented BM. *When the No BM Sheet/Log was reviewed a small BM was not counted, only the extra-large, large, and medium sized BMs were counted. *The night charge nurse would give any suppositories if needed. *The day charge nurse would then review the lists and instruct the licensed practical nurses and the medication aides on the other halls on which</p>	F 281			

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F 281	Continued From page 6 residents were to have received MOM or other interventions. *The No BM Sheet/Log was kept in a binder; she stated she reviewed that on at least a weekly basis. *She did not look for any residents with trends of always having been on the No BM Sheet/Log. *She did not do specific charting audits of residents that were frequently on the No BM Sheet/Log.	F 281	F 514E Residents # 7, 8, 11, 12, 17 and 18 have had their bowel movements care plan, tracking, documentation, and program evaluated and updated as appropriate. Resident #1 has been discharged.	ER 9/24/15	
F 514 SS=E	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. 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. This REQUIREMENT is not met as evidenced by: Surveyor: 26632 Based on record review, interview, and policy review, the provider failed to ensure documentation of assessments or interventions completed for bowel management were followed for 7 of 12 sampled residents (1, 7, 8, 11, 12, 17, and 18). Findings include:	F 514	Residents residing in the facility having problems with bowel movements have the potential to be affected in a similar manner. Executive Director, Director of Nursing and Interdisciplinary team have reviewed appropriate interventions and documenting results of interventions. Licensed nursing staff has been educated on the Golden Living BM Protocol, interventions, and appropriate outcomes of interventions documentation by September 24, 2015. BM Protocol, interventions, and outcomes of protocol will be reviewed in Clinical Start up ^{*Monday} through Friday as well as weekends.	10-15-15 by nursing DwlssooH/JJ	

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F 514	Continued From page 7 1. Review of resident's 1, 7, 8, 11, 12, 17, and 18's medical records revealed either no documentation of having a bowel movement (BM), the physical nursing assessment of whether the resident had needed an intervention to promote a BM, or the results of the those interventions. Refer to F281.	F 514 3-5 ← Dw/soath/jj	Director of Nursing or designee will complete random audits weekly x 4 weeks then monthly x 2 months to ensure appropriate interventions have been completed and charting has been completed. The Director of Nursing or designee will present results at the monthly QAPI meetings for further recommendations and monitoring progress in a performance Improvement Plan.		