

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

ORIGINAL

PRINTED: 03/02/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435102	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/25/2015
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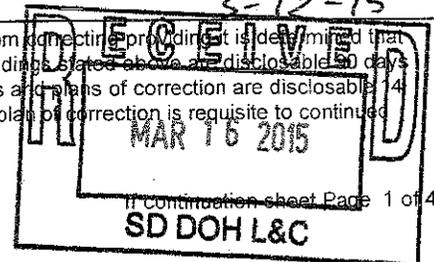
NAME OF PROVIDER OR SUPPLIER STURGIS REGIONAL SENIOR CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 949 HARMON STREET STURGIS, SD 57785
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING 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	<p>INITIAL COMMENTS</p> <p>Surveyor: 28057 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted on 2/25/15. Areas surveyed included accidents and restraints/seclusion-death. Sturgis Regional Senior Care was found not in compliance with the following requirements: F280 and F323.</p> <p>F 280 SS=E 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 28057 Based on observation, record review, and</p>	F 000	<p>Addendums noted with an asterisk per 3/3/15 telephone to facility administrator. KG/SDDH/MF</p> <p>F 280</p> <p>F280 All resident care plans, including residents 1,2,3,4,5,6, 9 will be updated within 7 days after the completion of any comprehensive assessment including the reposition bar usage assessment. A</p> <p>The Director of Nursing, or designee, will audit 5 Care Plans per month per unit (Massa and Berry Units) for completion of reposition bas assessment and updated care plan for the next 12 months. Finding will be reported to the Performance Improvement Team for at their scheduled meetings for one year.</p> <p>* Residents 7 and 8 are no longer residents and cannot be addressed. KG/SDDH/MF</p> <p>* A mandatory inservice for all staff to include the designee was held on 3/18/15 to the care planning and safe use of repositioning bars. KG/SDDH/MF</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mark Schultz - Administrator / CEO</i>	TITLE	(X6) DATE 3-12-15
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 30 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 45 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 280	Continued From page 1 interview, the provider failed to ensure care plans for 9 of 9 sampled residents (1, 2, 3, 4, 5, 6, 7, 8, and 9) had included assessments, problems, goals, and interventions for the use of repositioning bars while in bed. Findings include: 1. Care plans had not included assessment and care planning documentation for the safe use of repositioning bars for the above residents. Refer to F323, findings 1 and 2.	F 280	* Residents 7 and 8 are no longer residents and cannot be addressed. KE/SDD/HMF	
F 323 SS=G	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: 28057 Based on observation, record review, and interview, the provider failed to ensure repositioning bars had been used in a safe manner to prevent potential injury for seven of seven sampled residents (1, 2, 3, 4, 5, 6, and 8) and actual injury for one of one sampled resident (9). Findings include: 1. Observation on 2/25/15 from 10:00 a.m. through 11:30 a.m. revealed seven residents (1, 2, 3, 4, 5, 6, and 8) had one or two repositioning bars on their beds.	F 323	* 9 KE/SDD/HMF F323 All residents, including residents 1,2,3,4,5,6, with reposition bars will be assessed by the therapy department for appropriate use by March 20, 2015. Those deemed appropriate for use of the reposition bar will have an order obtained from the physician with an adequate diagnosis and number of rails to be used. Care Plans will be updated, the family notified, and a date of the next evaluation determined. The use of reposition bars will be initiated by the therapy department and reassessed quarterly by the therapy departments. The Director of Nursing, or designee, will audit 5 charts per unit (Massa and Berry Units) monthly for completion for reposition bar assessment and checklist for adequate usage. Any negative findings will be reported to the Performance Improvement Team at their scheduled meetings for one year. * [REDACTED] Refer to F323 for the inservice provided. KE/SDD/HMF	3/20/2015

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F 323	<p>Continued From page 2</p> <p>Interview on 2/25/15 at 3:15 p.m. with the director of nursing (DON) and the Minimum Data Set (MDS) assessment nurse confirmed:</p> <ul style="list-style-type: none"> *No assessments had been completed for the safe use of repositioning bars for residents 1, 2, 3, 4, 5, 6, and 8, or for any of the residents with repositioning bars attached to their beds at this time. *The use of the repositioning bars had not been documented in the care plans or on the residents' cardexes. *Each resident's cardex was used by the certified nursing assistants to provide individualized care specific to that resident. <p>2. Review of the provider's incident reports for the past six months revealed a report dated 12/2/14 for resident 9. That report dated 12/2/14 for resident 9 revealed:</p> <ul style="list-style-type: none"> *The resident had slid out of bed that morning. *She had caught her right arm in the repositioning bar. *There had been no injury identified for the following: bruising, loss of range of motion, or pain upon examination. *A slight redness had been present on the inner upper arm from the repositioning bar. *The repositioning bar was removed from the resident's bed at that time. <p>Interview on 2/25/15 at 4:00 p.m. with the DON regarding the above incident for resident 9 confirmed:</p> <ul style="list-style-type: none"> *No assessment or care planning had been completed for the safe use of the repositioning bar by the resident. *The use of the repositioning bar had not been documented on her cardex for the CNAs use. 	F 323		

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F 323	<p>Continued From page 3</p> <p>*It had not been reported to the State of South Dakota Department of Health when the resident had caught her arm in the repositioning bar.</p> <p>*She did not think the care plan had been revised after the resident had caught her arm in the repositioning bar.</p> <p>Further interview on 2/25/15 at 4:40 p.m. with the DON confirmed:</p> <p>*There had been no staff training that had addressed the use of the repositioning bars since the last survey on 6/12/14.</p> <p>*The quality assurance committee had not addressed the use of the repositioning bars since the last survey on 6/12/14.</p> <p>*After reviewing her notes from that survey she agreed the survey team had given technical assistance in regards to the repositioning bars.</p> <p>*That technical assistance had directed the provider to complete assessments and care planning for the need and safety for the use of the repositioning bars.</p> <p>*There had been no policy for the assessment and use of the repositioning bars.</p>	F 323		