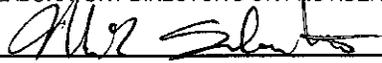


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>04/15/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>STURGIS REGIONAL SENIOR CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>949 HARMON STREET STURGIS, SD 57785</b>
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{F 000}	INITIAL COMMENTS  Surveyor: 26632 A revisit complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted on 4/15/15. Sturgis Regional Senior Care was found not in compliance with the following requirements: F280 and F323.	{F 000}	Addendums noted with an asterisk per family telephone to facility DON. K/W/SSDOH/MF	
{F 280} SS=E	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP  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.  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.  This REQUIREMENT is not met as evidenced by: Surveyor: 26632 Based on observation, record review, interview, and policy review, the provider failed to ensure	{F 280}	<b>F280</b> All residents Care Plans including resident, 5, 10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25 & 26 will be updated within 7 days after the completion of any comprehensive assessment including the reposition bar usage assessments. The Director of Nursing, or designee, will audit 5 Care Plans per month per unit (Massa & Berry Unit) for completion of reposition bar assessment & update of Care Plans for the next 12 months. Findings will be reported to the Performance Improvement Team at their monthly scheduled meetings for one year*by the DON or designee. Mandatory in-service for all staff completed on 3/18/15 to the care planning and safe use of repositioning bars* by the DON and resident care coordinator. K/W/SSDOH/MF	4-16-2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Administrator/CEO</b>	(X6) DATE <b>5-1-15</b>
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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.

MAY 04 2015  
If continuation sheet Page 1 of 7  
SD DOH L&C

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{F 280}	<p>Continued From page 1</p> <p>the plan of correction (POC) for the 2/25/15 survey had been followed. Care plans for 18 of 18 sampled residents (5, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, and 26) had not included assessments, problems, goals, and interventions for the use of repositioning bars while in bed. Findings include:</p> <p>1. Observation on 4/15/15 from 11:00 a.m. to 11:15 a.m. with the Minimum Data Set (MDS) assessment coordinator revealed resident's 5, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, and 26's had either left, right, or bilateral repositioning bars on their beds.</p> <p>Interview on 4/15/15 at 10:30 a.m. with the MDS coordinator revealed:</p> <ul style="list-style-type: none"> <li>*She had not updated the care plans for residents 5, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, and 26 for the use of repositioning bars.</li> <li>*She stated an assessment was to have been completed by the nursing staff and forwarded to the physical therapy (PT) director for her review and assessment. The PT director and the director of nursing (DON) would have then determined if a repositioning bar was safe for each resident.</li> <li>*After the PT director and the DON had completed the assessments an order was to have been received from each resident's physician that would have also included a diagnosis for the use of the repositioning bar.</li> <li>*She would have then received the list to add the repositioning bar use to each resident's care plan.</li> <li>*She was aware the POC had not been followed as written.</li> <li>*She had completed the audits for each unit (Massa and Berry units) as directed.</li> <li>*She was aware residents had reposition bars</li> </ul>	{F 280}		
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{F 280}	<p>Continued From page 2</p> <p>and no assessment had been completed. These care plans had not been updated.</p> <p>*She had informed the director of nursing (DON) about her audits.</p> <p>*She had brought the information regarding the audits to the quality assurance performance improvement meeting.</p> <p>Phone interview on 4/16/15 at 9:20 a.m. with the DON revealed:</p> <p>*She was aware the POC had not been completed.</p> <p>*She and the PT director would have all the assessments completed by today (4/16/15).</p> <p>*The MDS coordinator would have all the care plans updated by today also.</p> <p>Review of the provider's 2/25/15 survey POC with a completion date of 3/18/15 revealed:</p> <p>***All resident care plans, including residents 1, 2, 3, 4, 5, 6, and will be updated within 7 days after the completion of any comprehensive assessment including the reposition bar assessment."</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 bar assessment and updated care plan for the next 12 months."</p> <p>Review of the provider's 3/11/15 Repositioning Bars policy revealed:</p> <p>*A list of all residents with reposition bars would have been kept with the MDS coordinator in order to ensure all care plans were kept up to date.</p> <p>*Reassessments would be completed quarterly on all residents with reposition bars to ensure continued need.</p>	{F 280}			

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<p>{F 323}</p> <p>{F 323} SS=E</p>	<p>Continued From page 3</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 26632 Based on observation, record review, interview, and policy review, the provider failed to follow the plan of correction (POC) for the 2/25/15 survey to ensure repositioning bars had been used in a safe manner to prevent potential injury for 18 of 18 sampled residents (5, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, and 26) who had repositioning bars. Findings include:</p> <p>1. Observation on 4/15/15 from 11:00 a.m. to 11:15 a.m. with the Minimum Data Set (MDS) assessment coordinator revealed resident's 5, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, and 26's had either left, right, or bilateral repositioning bars on their beds.</p> <p>Interview on 4/15/15 at 10:30 a.m. with the MDS coordinator revealed: *She had not updated the care plans for residents 5, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, and 26 for the use of repositioning bars. *She stated an assessment was to have been completed by the nursing staff and forwarded to</p>	<p>{F 323}</p> <p>{F 323}</p>	<p>F323 All residents including residents 1,2,3,4,5,6,9,10,11,12,13,14,15,16,17,18,19,20, 21,22,23,24,25&amp;26 have been assessed by the Therapy Department. Those deemed appropriate for use of the reposition bar will be reassessed quarterly by the Therapy Department or Designee. The Director of Nursing, or designee, will audit 5 charts per unit (Massa &amp; Berry Units) month for completion of reposition bar assessments for adequate usage. Any finding will be reported to the Performance Improvement Team at their scheduled monthly meeting for one year *by the DON, or designee. KWSDDH/MF Mandatory in-service on 3/18/15 included teaching of the safe use of repositioning bars as well as Care Planning of use. *by the DON and resident care coordinator KWSDDH/MF All Care Plans and reposition bar assessments have been completed as of [redacted] and will continue to be reassessed quarterly by the therapy department or designee. A list of residents with reposition bars is kept by the MDS Coordinator for Care Plan purposes. Assessments will be completed on all new admits. Policy has been changed to reflect no physician order is needed as reposition bar is an assistive devise not a restraint. *4/16/15 KWSDDH/MF</p>	<p>*4/16/15 KWSDDH/MF</p>
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{F 323}	<p>Continued From page 4</p> <p>the physical therapy (PT) director for her review and assessment. The PT director and the director of nursing (DON) would have then determined if a repositioning bar was safe for each resident.</p> <p>*After the PT director and the DON had completed the assessments an order was to have been received from each resident's physician that would have also included a diagnosis for the use of the repositioning bar.</p> <p>*She would have then received the list to add the repositioning bar use to each resident's care plan.</p> <p>*She was aware the POC had not been followed as written.</p> <p>*She had completed the audits for each unit (Massa and Berry units) as directed.</p> <p>*She was aware residents had reposition bars and no assessment had been completed and the care plan had not been updated.</p> <p>*She had informed the director of nursing (DON) about her audits.</p> <p>*She had brought the information regarding the audits to the quality assurance performance improvement meeting.</p> <p>Interview on 4/15/15 at 10:45 a.m. with the PT director revealed:</p> <p>*She had completed some of the repositioning bars for residents.</p> <p>*She was not aware of the 3/20/15 completion date.</p> <p>*She and the DON had a meeting scheduled for next week to complete all the assessments.</p> <p>Phone interview on 4/16/15 at 9:20 a.m. with the DON revealed:</p> <p>*She was aware the POC had not been completed.</p> <p>*She and the PT director would have all the assessments completed by today (4/16/15).</p>	{F 323}			

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{F 323}	<p>Continued From page 5</p> <p>*The MDS coordinator would have all the care plans updated by today also.</p> <p>Review of the provider's 2/25/15 survey POC with a completion date of 3/20/15 revealed:            **All residents, including residents 1, 2, 3, 4, 5, 6, and 9 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."</p> <p>Review of the provider's 3/11/15 Repositioning Bars policy revealed:            **All residents will be assessed for the use of a repositioning bar upon admission or re-entry to the facility and then quarterly thereafter."            **Residents will not have repositioning bars placed prior to the assessment process being completed to include therapy department screening, physician notification of need, physician order received for repositioning bar, and appropriate diagnosis included in the physician order."            **The steps of the Assessment process are as follows:            -"a. Therapy department will be notified of all admissions/re-entries in to the facility so the</p>	{F 323}		

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{F 323}	Continued From page 6 resident screening process can be initiated. This process will include the indication for use of repositioning bar as well as the number of bars to be placed." -"b. If the therapy department completes the Repositioning Bar Assessment/Screen and they feel a repositioning bar is not appropriate the completed assessment will be placed in the resident's chart and no repositioning bar will be placed. The resident and/or a POA [power of attorney] will be notified of the determination of the assessment." -"c. If the therapy department completes the Repositioning Bar Assessment/Screen and they feel that a repositioning bar is appropriate and the benefits outweigh the risk of use, an order will be obtained from the attending physician. This order will include an appropriate diagnosis for use of the reposition bar, and indicate use of one or two reposition bars." -"d. Physician order, family, or resident request alone is not sufficient for placing a repositioning bar." **" A list of all residents with reposition bars will be kept with the MDS coordinator in order assure all care plans are kept up to date and reassessment completed quarterly on all residents with reposition bars to assure continued need." **"Any questions regarding this policy are to be directed to the Director of Nursing (DON) or the CEO [chief executive officer]."	{F 323}			