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

ORIGINAL

PRINTED: 07/20/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	435051		C 07/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - MEADOWBROOK	2500 ARROWHEAD DR RAPID CITY, SD 57702

(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
F 000	*Addendums noted with an asterisk per 8/2/16 per telephone with facility administrator. MPISDDOH/EL INITIAL COMMENTS Surveyor: 29162 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 7/13/16 through 7/14/16. Golden LivingCenter - Meadowbrook was found not in compliance with the following requirements: F281 and F309.	F 000	STATEMENT OF COMPLIANCE: The following represents the plan of correction for the alleged deficiencies cited during the survey that was conducted on July 14, 2016. Please accept this plan of correction as the living center's Credible Allegation of Compliance with the completion date of August 4, 2016. 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.	
F 281 SS=G	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Surveyor: 29162 Based on record review, interview, and policy review, the provider failed to ensure complete respiratory nursing assessments were done for one of two sampled residents (2). Findings include: 1. Review of resident 2's medical record revealed she had been admitted to the hospital on 7/7/16 with pneumonia and chronic obstructive pulmonary disease. The resident's respiratory assessment had not been completed. Refer to F309.	F 281	**F281** Residents #2 no longer resides in the facility. Residents residing in the facility have the potential to be affected in a similar manner. Refer to F 309 for additional information. **F309** Residents # 2 no longer resides in the facility. Residents residing in the facility have the potential to be affected in a similar manner.	Aug 4, 2016 Aug 4, 2016
F 309 SS=G	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment	F 309	MPISDDOH/EL *All current residents with a change of condition, including respiratory conditions were reviewed for accurate and complete nursing assessment and documentation	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Executive Director - Interim | (X6) DATE: 7/26/2016

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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JUL 28 2016
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F 309	Continued From page 1 and plan of care. This REQUIREMENT is not met as evidenced by: Surveyor: 29162 Based on record review, interview, and policy review, the provider failed to ensure complete respiratory nursing assessments for one of two sampled residents (2) had been done. Findings include: 1. Review of resident 2's medical record revealed she had been admitted on 5/31/16. Her diagnoses on admission had been: *Chronic obstructive pulmonary disease (COPD) with acute exacerbation. *Pneumonia due to pseudomonas. *Dependence on supplemental oxygen. *Malignant neoplasm of lung. *Helicobacteria pylori *Humerus fracture. *Edema *Diabetes mellitus. *Anemia. *Hypertension. *Anxiety. *Pain. *Constipation. Resident 2 had been seen by the: *Physician on 6/1/16 for her admission visit. *Certified nurse practitioner (CNP) on 6/3/16 for order clarification. *CNP on 6/16/16 for anxiety. *CNP on 6/28/16 for a thirty day follow-up for the physician. *CNP on 6/29/16 for medication management	F 309	Executive Director, Director of Nursing, Medical Director and Interdisciplinary Team will review and approve the policies and procedures by August 4, 2016. Directed In-service training for staff responsible (licensed nurses) to include accurate and complete resident assessment, nurse action and documentation will be completed by August 4th, 2016. Director of Nursing or designee will complete audits of residents with a change in condition, nurse assessments, nurse actions and documentation weekly x 12 weeks to ensure policies and procedures are followed and documentation is complete. The Director of Nursing or designee will present results of the audits at the monthly QAPI meetings for further recommendations and monitoring progress in a Performance Improvement Plan. *all new admissions and all current MP/SDDOH/EL	

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F 309	Continued From page 2 that had included an order for an additional prn (as needed) nebulizer respiratory treatment. Resident 2 had the following medications ordered during June 2016: *Spiriva HandiHaler Capsule 18 micrograms, inhale one daily for COPD. *Advair Diskus Aerosol Powder Breath Activated 500-50 microgram dose, one puff orally two times a day for COPD. *Levalbuterol HCl Nebulization Solution 1.25 milligram (mg), three times daily for COPD. *Levalbuterol HCl Nebulization Solution 1.25 mg every two hours as needed for cough related to COPD with acute exacerbation, ordered on 6/29/16. *Continuous oxygen at three liters per nasal cannula. Resident 2 had the following medications ordered during July 2016: *Spiriva HandiHaler Capsule 18 micrograms, inhale one daily for COPD. *Advair Diskus Aerosol Powder Breath Activated 500-50 microgram dose, one puff orally two times a day for COPD. *Levalbuterol HCl Nebulization Solution 1.25 milligram (mg), three times daily for COPD. *Levalbuterol HCl Nebulization Solution 1.25 mg, every two hours as needed for cough related to COPD with acute exacerbation. -She had received that as needed medication for exacerbated COPD on 7/1/16, 7/5/16, 7/6/16, and 7/7/16. -She had not needed the prn nebulizer in June 2016. *Continuous oxygen at three liters per nasal cannula.	F 309		

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F 309	Continued From page 3 The resident's antibiotic ciprofloxacin HCl tablet 500 mg used to treat pneumonia had been completed on 6/7/16. On 5/31/16 the director of nurses had completed resident 2's admission assessment. The resident's lung sounds had been diminished in the bases and had bilateral wheezes. That had been recorded on the Clinical Health Status assessment at 5:30 p.m. on that date. During resident 2's entire admission and stay there had been only one progress note that had recorded assessment of her lung sounds. That note had been completed on 5/31/16 by the director of nurses at 5:40 p.m. Resident 2 had been taken to the emergency room by her family on 7/7/16. She had been admitted to the hospital with pneumonia and COPD. Review of the resident's care plan initiated on 6/10/16 revealed a focus area for: *Altered respiratory status. There had been a goal to have adequate gas exchange as evidenced by no adventitious breath sounds, absence of respiratory distress, and absence of shortness of breath. -There had been no interventions specific for monitoring the resident's audible gas exchange. *Impaired cardiovascular status related to hypertension and abdominal aortic aneurysm. -The interventions stated to assess breath sounds as necessary and report abnormalities. -There had been no monitoring of the resident's breath sounds. 3. Interview on 7/13/16 at 4:30 p.m. with the	F 309		

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F 309	Continued From page 4 director of nurses revealed she agreed assessments of resident 2's lung sounds had not been completed. She had been aware the shift nurses had not been assessing lung sounds when they should have been. Interview on 7/14/16 at 11:45 a.m. with the interim administrator and consulting administrator revealed they agreed an assessment that included lungs sounds had not been completed for resident 2. Review of the provider's version 4 last reviewed 2/3/16 Clinical Health Status-Change of Condition Guideline policy revealed an objective assessment was to have been completed including the physical assessment. Review of Patricia A. Potter et al., Fundamentals of Nursing, 8th Ed., Televise, St. Louis, Mo., 2013, page 834, revealed: "Auscultation of lung sounds involves listening for movement of air throughout all lung fields: anterior, posterior, and lateral. Adventitious, or abnormal breath sounds occur with collapse of a lung segment, fluid in a lung segment, or narrowing or obstruction of an airway." Review of the http://sdlegislature.gov South Dakota Codified laws accessed on 7/18/16 at 3:30 p.m. revealed: *"36-9-3. Practice of registered nurse. The practice of a registered nurse includes: - (1) Providing comprehensive nursing assessment of health status of patients; - (2) Collaborating with the health care team to develop and coordinate an integrated patient-centered health care plan; - (3) Developing the comprehensive	F 309		

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F 309	Continued From page 5 patient-centered health care plan, including: (a) Establishing nursing diagnosis; (b) Setting goals to meet identified health care needs; and (c) Prescribing nursing interventions; - (4) Implementing nursing care through the execution of independent nursing strategies and the provision of regimens requested, ordered, or prescribed by authorized health care providers; - (5) Evaluating responses to interventions and the effectiveness of the plan of care; - (6) Designing and implementing teaching plans based on patient needs; - (7) Delegating and assigning nursing interventions to implement the plan of care; - (8) Providing for the maintenance of safe and effective nursing care rendered directly or indirectly; - (9) Advocating for the best interest of the patient; - (10) Communicating and collaborating with other health care providers in the management of health care and the implementation of the total health care regimen within and across settings; - (11) Managing, supervising, and evaluating the practice of nursing; - (12) Teaching the theory and practice of nursing; - (13) Participating in development of health care policies, procedures, and systems; and - (14) Other acts that require education and training consistent with professional standards as prescribed by the board, by rules promulgated pursuant to chapter 1-26, and commensurate with the registered nurse's education, demonstrated competence, and experience." *"36-9-4. Practice of licensed practical nurse. A licensed practical nurse practices under the supervision of a registered nurse, advanced practice registered nurse, licensed physician, or	F 309		

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F 309	Continued From page 6 other health care provider authorized by the state. A licensed practical nurse is guided by nursing standards established or recognized by the board and includes: - (1) Collecting data and conducting a focused nursing assessment of the health status of a patient; - (2) Participating with other health care providers in the development and modification of the patient-centered health care plan; - (3) Implementing nursing interventions within a patient-centered health care plan; - (4) Assisting in the evaluation of responses to interventions; - (5) Providing for the maintenance of safe and effective nursing care rendered directly or indirectly; - (6) Advocating for the best interest of the patient; - (7) Communicating and collaborating with patients and members of the health care team; - (8) Assisting with health counseling and teaching; - (9) Delegating and assigning nursing interventions to implement the plan of care; and - (10) Other acts that require education and training consistent with professional standards as prescribed by the board, by rules promulgated pursuant to chapter 1-26, and commensurate with the licensed practical nurse's education, demonstrated competence, and experience."	F 309		