**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**

**SUN DIAL MANOR**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

410 SECOND STREET POST OFFICE BOX 337

BRISTOL, SD 57219

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
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</table>
| F 000  | INITIAL COMMENTS | F 000 | Surveyor: 35237  
A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 6/12/17 through 6/14/17. Sun Dial Manor was found not in compliance with the following requirements: F354, F425, F431, and F441.  
A complaint health survey for compliance with 42 CFR Part 483. Subpart B, requirements for long term care facilities, was conducted from 6/12/17 through 6/14/17. Areas surveyed included nursing services and administration. Sun Dial Manor was found in compliance. | F 354 | 483.35(b)(1)-(3) WAIVER-RN 8 HRS 7 DAYS/WK, FULL-TIME DON | | | |
| F 354 | (1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. | F 354 | |
| F 354 | (2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. | F 354 | |
| F 354 | (3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Surveyor: 35237 Based on interview, staff schedule review, and license review, the provider failed to ensure a registered nurse (RN) was on duty eight hours a day, seven days a week for 4 of 11 weekends | F 354 | |

**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**

Jannette Van Beek

**TITLE**

Administrator

**DATE**

07-05-2017

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 required to continued program participation.
F 354

Continued From page 1 from 4/1/17 through 6/14/17. They did not have a waiver. Findings include:

1. Review of the provider's 7/1/16 South Dakota Department of Health Nursing Facility License revealed no mention of an RN waiver.

Review of the April 2017 nurses schedule revealed there was no RN scheduled for the day or night shift during the weekends of 4/8/17 through 4/9/17 and 4/15/17 through 4/16/17. Licensed practical nurses (LPN) had been scheduled.

Review of the May 2017 nurses schedule revealed there was no RN scheduled for the day or night shift during the weekends of 5/6/17 through 5/7/17 and 5/26/17 through 5/27/17. LPNs had been scheduled.

Review of the June 2017 nurses schedule for the days prior to the survey revealed there was no RN scheduled for the weekend day or night shift on 6/4/17. LPNs had been scheduled.

Interview on 6/14/17 at 8:40 a.m. with the director of nursing and assistant director of nursing revealed:

*They confirmed they did not have an RN working eight hours a day, seven days a week during the above weekends.
-There were only LPNs on duty during the above weekends.
*They had no waiver for the RN requirement of eight hours a day, seven days a week.
*They had heard of the waiver requirement for RNs.
*There was no policy for the RN requirement.
*Both of them were on-call and would have come

F 354

Addendum
7-12-17
JVB

06-01-17

The nurse coverage schedule has been updated to assure a Registered Nurse (RN) is on duty eight hours a day, seven days a week. We are continuing to advertise for RNs. A waiver request has been sent to the Long Term Care Advisor at the South Dakota Dept. of Health Licensure and Certification division.

The Director of Nursing (DON) will monitor the nursing schedule weekly to assure compliance of a RN on duty eight hours a day, seven days a week or that we have a waiver in place for said rule.

DON will report quarterly to Quality Assurance (QA) committee for one year or until committee recommends completed.
## Statement of Deficiencies and Plan of Correction

**Provider/Supplier/Clinic Identification Number:** 435093

**Multiple Construction**

A. Building__________________________

B. Wing______________________________

**Date Survey Completed:** 06/14/2017

### Summary Statement of Deficiencies

Each deficiency must be preceded by full regulatory or local identifying information:

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix Tag</th>
<th>Description</th>
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<tr>
<td>F 354</td>
<td>Continued From page 2 in to work if they had needed to, but they were not on duty during those above weekends.</td>
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<tr>
<td>F 425</td>
<td>483.45(a)(1) Pharmaceutical SVC - Accurate Procedures, RPh (a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who--</td>
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<tr>
<td>Addendum 7-12-17 JVB</td>
<td>Mandatory training will be held on July 11, 2017 for all licensed nurses on appropriate diagnosis for medications. Staff unable to attend will complete training on their next shift. This training will be continued on an annual basis and new employees will receive this training during their orientation.</td>
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### Provider's Plan of Correction

Each corrective action should be cross-referenced to the appropriate deficiency:

- **F 354**
  - Resident 9's physician was consulted about an appropriate diagnosis for haloperidol. Diagnosis was updated per physician before surveyors left the facility.
  - The Assistant Director of Nursing (ADON) will work with the consultant pharmacist and resident physicians to assure all medications including psychotropic medications have appropriate diagnosis.
  - Nursing staff will verify all diagnosis at the time of order/input into medication administration recording system.

- **F 425**
  - Observation on 6/12/17 at 4:15 p.m. of resident 9 in his room revealed he was seated with his hands over his ears, spoke nonsensical words, and had made repeated jerking movements of his arms and head.
  - Observation on 6/14/17 at 9:48 a.m. of resident 9 in his room revealed he made a repetitive clicking noise with his mouth and had repeated "Get, get."
F 425 Continued From page 3

Observation on 6/14/17 at 11:20 a.m. of resident 9 in the dining room revealed he had made repeated jerking movements of his head, mouth, and tongue.

Review of resident 9's medical record revealed:
* He had diagnoses of severe intellectual disability, Tourette's syndrome, autism, and dementia with behavioral disturbances.
* A physician's order on 6/25/17 for "Haloperidol tablet give 2.5 mg by mouth two times a day related to Anxiety Disorder, unspecified."

Review of the consultant pharmacist's medication regimen reviews for resident 9 from 4/6/16 through 6/6/17 revealed no recommendations and no follow-up regarding drug irregularities or appropriate diagnoses.

Interview on 6/14/17 at 11:40 a.m. with the director of nursing (DON) and the assistant director of nursing (ADON) revealed:
* They had not obtained an appropriate diagnosis for haloperidol use for resident 9.
* The nurses were to ensure a correct diagnosis was obtained when processing physician's orders.
* They would have expected the physicians and the consultant pharmacist to have reviewed medications and ensured the appropriate diagnoses were assigned.

Interview on 6/14/17 at 2:50 p.m. with pharmacist D revealed she would not typically use anxiety as a diagnosis for haloperidol.

Review of the provider's March 2018 Pharmacy Services policy revealed:
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<th>ID</th>
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<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
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<th>PROVIDER'S PLAN OF CORRECTION</th>
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<td>&quot;The pharmacy services will be under the supervision of a licensed pharmacist who provides consultation and reviews all aspects of the pharmaceutical services provided for our residents.&quot;</td>
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<td>&quot;The pharmacist will review the drug regimen for all residents on a monthly basis.&quot;</td>
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<td>&quot;The pharmacist will review the resident's diagnoses, drug regimen, and any pertinent lab findings and dietary considerations.&quot;</td>
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<td>&quot;The pharmacist will report potential drug therapy irregularities and make recommendations for improving the drug therapy of the residents to the attending providers.&quot;</td>
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<td>&quot;The pharmacist will prepare a report with the recommendations and irregularities.&quot;</td>
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<td>&quot;The ADON or DON will address the recommendations with the resident's provider.&quot;</td>
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<td>F 431</td>
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<td>483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</td>
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<td>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</td>
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<td></td>
<td>(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</td>
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<td>(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who...</td>
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### SUMMARY STATEMENT OF DEFICIENCIES

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1. (2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and

2. (3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

(g) Labeling of Drugs and Biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

(h) Storage of Drugs and Biologicals.

1. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

2. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

This REQUIREMENT is not met as evidenced by:

- Surveyor: 35121
- Based on observation, interview, and policy review, the provider failed to have a system in place to account for controlled narcotic

### Addendum

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<td>F 431</td>
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<td>7-12-17</td>
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<td>JVB</td>
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The controlled medications were removed from the Emergency Medications kit (E-kit) by the Director of Nursing and another Registered nurse and were stored appropriately until the consultant pharmacist can destroy them. No controlled medication will be stocked in the E-kit going forward.
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<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
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<tbody>
<tr>
<td>F 431</td>
<td>Continued From page 6 medication (med) and to ensure limited access to those meds in one of one emergency med kit (E-kit) in one of one med room. Findings include:</td>
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<td>1. Observation and interview on 6/14/17 at 10:10 a.m. with registered nurse (RN) E of the medication room revealed: *She had opened the locked med room door. *She opened a med cupboard inside the med room with the same key. *There were three of those keys. -One key for each of the two staff who administered meds. -One key for the director of nursing (DON). *One E-kit was on a shelf in that cupboard. -It was locked shut with a black zip tie. -Controlled meds were listed on its contents label. *She stated the routine for obtaining meds from the E-kit would have been as follows: -Nurses would cut the zip tie to obtain meds from the E-kit and fill out a sheet kept inside of it to notify the pharmacy what had been taken out of it. -They did not keep a count of those meds after the E-kit had been unlocked. -The unlocked E-kit would have been placed back in the cupboard until facility staff were able to take it to the pharmacy to be stocked and locked. -The pharmacy was located off-site. -A certified nursing assistant (CNA) would have routinely delivered the unlocked E-kit to the pharmacy. -Occasionally the pharmacy staff would have picked up the unlocked E-kit when they delivered other meds to the facility. Interview on 6/14/17 at 11:15 a.m. with RN F confirmed: *There were three keys to the med room and...</td>
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<td><strong>F 431</strong> Continued From page 7</td>
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<td>controlled med cupboard.</td>
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<td>-One key for each of the two staff who administered meds.</td>
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<td>-One key for the DON.</td>
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<td>*They did not count the controlled meds in the E-kit.</td>
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<td>*They would routinely send the unlocked E-Kit with a CNA to the pharmacy to be stocked and locked.</td>
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<td>2. Observation on 6/14/17 at 11:20 a.m. with RN F and the DON of the meds in the E-kit revealed it contained the following controlled meds:</td>
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<td>-Three lorazepam 0.5 milligram (mg) tablets.</td>
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<td>-Three diazepam 10 mg tablets.</td>
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<td>-Six Tylenol with Codeine tablets.</td>
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<td>Interview on 6/14/17 at 11:24 a.m. with the DON and the assistant DON revealed:</td>
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<td>*They confirmed the above process for E-kit usage and delivery to the pharmacy.</td>
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<td>*They did not count the controlled meds in the E-kit.</td>
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<td>*The E-kit was not always taken to the pharmacy on the same day it was unlocked.</td>
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<td>-It would have been kept in the locked cupboard in the locked med room on those days.</td>
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<td>-The same key was used for the med room and the controlled med cupboard in it.</td>
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<td>-There were three of those keys: two for the staff who administered meds including med aides, and one for the DON.</td>
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<td>*CNAs and med aides did not have authorization to have access to those controlled meds.</td>
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<td>*Those meds were not secured when they were delivered in the unlocked E-kit to the off-site pharmacy.</td>
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<tr>
<td>*They had not followed their policies regarding controlled medications.</td>
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</table>
Interview on 6/14/17 at 2:40 p.m. with pharmacist D regarding the E-kit revealed:
* The provider’s staff would routinely deliver the unlocked E-kit to the pharmacy.
* The pharmacy staff would sometimes take the unlocked E-kit back to the pharmacy if they had made a delivery to the facility.
* A nursing home pharmacy technician would routinely compare the number of controlled meds in it to the amount indicated as used by the provider’s nurses.
* She was not aware who would have been authorized to deliver an unlocked E-kit with controlled meds in it from the provider to the pharmacy.

Review of the provider’s undated Unlicensed Assistive Personnel (UAP) Policy and Procedure revealed the UAP “Can not administer any medications from the Emergency Drug Kit.”

Review of the provider’s January 2017 Controlled and Scheduled Medications policy revealed:
* "Controlled and Scheduled Medications shall be subject to special handling, storage, disposal, and recordkeeping [record keeping]."
* "Only authorized licensed nursing personnel have access to controlled drugs."
* "Controlled medications held for future use will be counted at the beginning of each shift by a nurse coming on duty and a nurse going off duty."
* "The Charge Nurse on duty maintains the keys to controlled drug storage areas. The Director of Nursing maintains a set of back-up keys for all drug storage areas.”

Review of the March 2016 Pharmacy Services policy revealed “The pharmacy services will be
Continued From page 9
under the supervision of a licensed pharmacist
who provides consultation and reviews all aspects
of the pharmaceutical services provided for our
residents."

F 441
483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL,
PREVENT SPREAD, LINENS

(a) Infection prevention and control program.

The facility must establish an infection prevention
and control program (IPCP) that must include, at
a minimum, the following elements:

(1) A system for preventing, identifying, reporting,
investigating, and controlling infections and
communicable diseases for all residents, staff,
volunteers, visitors, and other individuals
providing services under a contractual
arrangement based upon the facility assessment
conducted according to §483.70(e) and following
accepted national standards (facility assessment
implementation is Phase 2);

(2) Written standards, policies, and procedures
for the program, which must include, but are not
limited to:

(i) A system of surveillance designed to identify
possible communicable diseases or infections
before they can spread to other persons in the
facility;

(ii) When and to whom possible incidents of
communicable disease or infections should be
reported;

(iii) Standard and transmission-based precautions
to be followed to prevent spread of infections;
Continued from page 10

(iv) When and how isolation should be used for a resident; including but not limited to:

(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and

(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.

(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and

(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.

(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:

Surveyor: 35237
Based on observation, interview, and policy review, the provider failed to maintain appropriate infection control conditions related to:

"A large amount of dusty build-up on surfaces in one of one laundry room area, in one of one

1) The oxygen storage closet was cleaned and dusted immediately. This closet cleaning has been added to the weekly housekeeping cleaning schedule.

2) The soiled laundry room was cleaned and dusted immediately. The shelf/unfinished wood will be replaced with a new shelf that has a cleanable surface.

The clean laundry room was cleaned and dusted immediately. The rusty spots on the dryer and the heater vent will be painted to create a cleanable surface. A new laundry cart has been ordered and will be included on the cleaning list.

Laundry staff will be responsible for the overall cleanliness of the laundry room, including washing/disinfecting, dusting and mopping.

A policy and procedure for cleaning surfaces in the oxygen storage closet and laundry rooms was written to ensure proper techniques are followed.

This cleaning was added to the housekeeping laundry daily/weekly cleaning list.

Housekeeping/Laundry supervisor (HLS) will monitor overall cleanliness of the oxygen storage closet and laundry rooms weekly for one month and then monthly. HLS will report quarterly to the Quality Assurance committee for one year or until committee recommends completed.
### F 441
Continued From page 11

oxygen storage closet, and in one of one beauty shop.

* A large amount of brownish debris and water under one of one whirlpool tub.

* An improper cleaning and disinfecting process for re-usable combs, razors, and nail clippers by two of two certified nursing assistants (CNA) A and B.

Findings include:

1. Observation on 6/13/17 at 8:55 a.m. of the oxygen storage closet revealed a large amount of dust and lint on the carpet under the oxygen tanks and on the bottom of the cupboard.

2. Observation and interview on 6/13/17 from 9:10 a.m. through 9:30 a.m. with laundry staff person C in the laundry room area revealed:
   * In the soiled linen room area there was:
     - A large amount of dust on the door hinges, door frame, vent cover, and hanging from the ceiling.
     - A three-shelf unit under the counter-top with most of the surface cracked, broken, and exposing the particle board.
     - Unfinished two-by-four wood pieces were holding the shelves up.
     - A blue plastic soiled linen weigh bin had a large amount of dusty build-up along all four edges and corners on the top.
   * In the clean laundry room area there was:
     - A dryer with a large amount scratches and rust on the top surface along with dusty build-up.
     - The washing machines had a large amount of dusty build-up on the tops, on the detergent control panel, and on the tubing/cords.
     - A heater vent had scratches on the top surface and rust.
     - A home-made clean linen cart was attached to a wheelchair frame. The frame had dusty build-up.

### Addendum
7-12-17
JVB

F 441 continued.

3) The tray underneath the whirlpool tub was cleaned immediately. The bath aide will clean under the whirlpool tub daily at the end of the shift.

A policy and procedure was written for cleaning and disinfecting common use combs, nail clippers and razors used in the whirlpool room. A set of drawers will be purchased so each resident has a separate drawer for their personal combs and nail care items. These will also be cleaned after every use by the bath aide. The bath aide will bring the resident’s personal razor to the tub room for use and will clean and return them to the resident’s room after use. No common-use razor will be kept in the tub room.

The Director of Nursing (DON) will monitor cleaning and disinfecting and cleanliness under the whirlpool tub and the cleaning/disinfecting of combs, clippers and razors weekly for one month and then monthly thereafter. DON will report to the Quality Assurance committee quarterly for one year or until committee recommends completed.

4) The beauty shop was cleaned and dusted immediately.

A policy and procedure regarding the cleaning and dusting of the beauty shop was written to ensure proper compliance. The beautician will clean and dust all surfaces on the days shop is used and housekeeping staff will mop each day the shop is used and as needed.

The Housekeeping/Laundry Supervisor (HLS) will monitor the cleanliness of the beauty shop weekly for one month and then monthly thereafter. HLS will report quarterly to the Quality Assurance committee for one year or until committee recommends completed.
F 441 Continued From page 12
- The shelf under the air conditioning unit had a large amount of dust on it.
  *The air conditioning unit was dusty itself and blowing towards the clean linen folding area.
  *She agreed:
    -The laundry room area had not been maintained in a sanitary manner.
    -The shelves, unfinished wood, and rusty surfaces were not cleanable surfaces.
    --Those areas were not appropriate to maintain infection control of potential microorganisms.
  *The laundry room area was not on a cleaning schedule.
  *Housekeeping did not clean the laundry room.
  *Laundry staff were responsible for mopping the floors, wiping the counters and bins, and cleaning the lint out of the dryers only.
  *She agreed the laundry area should have been maintained properly to have ensured appropriate infection control for the residents' linen.

Interview on 8/13/17 at 9:35 a.m. with the housekeeping and laundry director regarding the laundry room and oxygen storage closet concerns revealed:
*The laundry staff person was responsible for the overall cleanliness of the laundry area.
*The laundry room area and oxygen storage closet were not on a cleaning schedule.
*There was no policy for cleaning the laundry room or oxygen storage closet.

Interview on 8/13/17 at 3:30 p.m. with the maintenance director regarding the laundry room and oxygen storage closet revealed.
*He agreed those areas had a large amount of dusty build-up and were not cleaned properly.
*No one had told him about the condition of the shelves in laundry until today.

F 441 continued
A mandatory training will be provided to all staff regarding these cleaning policies and procedures on July 11, 2017 so we can provide a safe, sanitary and comfortable environment to help prevent the development and transmission of infection.
Staff unable to attend will complete training on their next shift. The training will be continued on an annual basis and new employees will receive training during their orientation.
F 441 Continued From page 13

*He agreed the shelves were in poor condition and were not considered cleanable.

3. Observation, interview, and label review, on 6/13/17 at 1:35 p.m. with CNA A in the whirlpool tub room revealed:
*During the tub cleaning process she moved the tub seat into a reclining positioning.
*Underneath the tub there was a plastic tray-like area containing a large amount of brownish debris and a small amount of water.
*She was unsure if that area was on a cleaning schedule or who was responsible for cleaning that part of the tub since it was on the outside.
*She agreed it had not been maintained properly for infection control purposes.

Observation of the counter top at the same time while in that room revealed:
*There were three plastic combs, along with more combs, two razors, and four nail clippers in the drawer.
*She stated the combs on the counter were ones she had used for residents that morning after their baths.
*For cleaning the combs she stated she would have put them in warm water and "some" bleach.
*She did not measure the bleach.
*For cleaning the razors and clippers she would have used alcohol prep pads and wiped them off.
*She was unsure what the cleaning process for the combs, razors, and clippers should have been.
*She confirmed those items were used for multiple residents.
*She agreed if those items had not been cleaned or disinfected properly there was a risk of spreading germs to other residents.
*Alcohol prep pads were stored in the drawer with
F 441 Continued From page 14
the above items.
*The label stated they were for preparation of skin
prior to injection.
*She agreed there was no mention of using the
alcohol pads for cleaning and disinfection on their
label.

Interview on 6/13/17 at 2:20 p.m. with CNA B
regarding resident combs, clippers, and razors
revealed:
*She was aware those items were available for
staff to use for any resident.
*She stated they cleaned razors by soaking parts
of them in alcohol in a dish and then wiping the
surface with an alcohol prep pad.
*For nail clippers and combs she would have
wiped them off with an alcohol prep pad to clean
them.
*She was unsure if that was the correct process
for cleaning those items.

4. Observation on 6/13/17 at 2:20 p.m. of the
beauty shop revealed three stand-up hair dryers
with a moderate amount of dust on their surfaces
and in their filters.

5. Interview on 6/13/17 at 3:30 p.m. with the
director of nursing (DON) and assistant DON
regarding the above concerns revealed:
*Appropriate cleaning and disinfecting of razors,
nail clippers, and combs should have been
completed to maintain infection control.
*Staff using those items should have known the
correct process for cleaning them.
*The DON stated staff used alcohol to clean
resident razors, she did not mention what the
process should have been for combs and
clippers.
*They were unsure if staff had been trained on
F 441 Continued From page 15

- Cleaning and disinfecting of razors, clippers, and combs.
- Most residents had their own combs, clippers, and razors, but these items were available in the tub room for resident use.
- They agreed the laundry room, oxygen storage closet, under the whirlpool tub, and the beauty shop should have been maintained in a clean and sanitary condition.
- Proper infection control would not have included dusty build-up, un-cleanable surfaces, and dirty debris in those areas.

Interview on 6/13/17 at 5:45 p.m. with the DON and ADON regarding the above concerns revealed:
- The razors in the tub room should not have been there, and they should not have been used for residents due to the risk of infection.
- Alcohol prep pads and bottles of alcohol were not meant to be used as a disinfectant for resident use items.
- When items such as combs, razors, and clippers were not cleaned and disinfected properly their was an infection risk to the residents.
- There was no policy for cleaning the razors, clippers, or combs.
- They agreed staff had no policy to follow and had not been trained in cleaning those items.
- There was no policy on environmental cleaning relating to the laundry room, beauty shop, oxygen storage room, or the outside surface of the tub.
- They agreed overall cleanliness and sanitation of the building was important for infection prevention and control.

Review of the provider's February 2016 Infection Control Program policy revealed:
- This program will prevent infections, and
Continued From page 16

provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of infection."

*There was nothing specific for the above infection control concerns.

Review of the provider's May 2017 Policy and Procedure for Prevention and Control of Infection, System of Surveillance and Outbreaks revealed:

**"Will maintain a clean environment with regular cleaning and disinfection of frequently touched surfaces and objects."

*There was nothing specific for the above infection control concerns.
K 000 INITIAL COMMENTS

Surveyor: 14180
A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 6/13/17. Sun Dial Manor was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**SUN DIAL MANOR**
410 2ND STREET POST OFFICE BOX 337
BRISTOL, SD 57219

**SUMMARY STATEMENT OF DEFICIENCIES**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(X5) COMPLETE DATE</th>
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<tbody>
<tr>
<td>S 000</td>
<td>Compliance/Noncompliance Statement:</td>
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<td>Surveyor: 35237</td>
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<td>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 6/12/17 through 6/14/17. Sun Dial Manor was found not in compliance with the following requirement: S206.</td>
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<td>S 206</td>
<td>44:73:04:06 Personnel Training</td>
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<td>The facility shall have a formal orientation program and an ongoing education program for all personnel. Ongoing education programs shall cover the required subjects annually. These programs shall include the following subjects:</td>
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<td>(1) Fire prevention and response. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, monthly fire drills shall be conducted to provide training for all staff;</td>
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<td>(2) Emergency procedures and preparedness;</td>
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<td>(3) Infection control and prevention;</td>
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<td>(4) Accident prevention and safety procedures;</td>
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<td>(5) Proper use of restraints;</td>
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<td>(6) Resident rights;</td>
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<td>(7) Confidentiality of resident information;</td>
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<td>(8) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms;</td>
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<td>(9) Care of residents with unique needs;</td>
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<td>(10) Dining assistance, nutritional risks, and hydration needs of residents; and;</td>
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<td>(11) Abuse, neglect, misappropriation of resident property and funds, and mistreatment.</td>
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<td>Any personnel whom the facility determines will have no contact with residents are exempt from training required by subdivisions (9), (9), and (10) of this section.</td>
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</tbody>
</table>

**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**

Jannette Van Beek

**TITLE**

Administrator

**(X9) DATE**

07-06-2017
Continued From page 1

Additional personnel education shall be based on facility identified needs.

This Administrative Rule of South Dakota is not met as evidenced by:
Surveyor: 35121
Based on record review and interview, the provider failed to ensure mandatory training was provided for seven of seven sampled employees (G, H, I, J, K, L, and M) regarding residents with unique needs. Findings include:

1. Review of the training records for staff G, H, I, J, K, L, and M revealed they had not received training regarding tic disorders, intellectual disability, hospice, or any other unique needs residents might have.

Interview on 6/14/17 at 9:40 a.m. with certified nursing assistant N revealed she had not received any specific training for residents regarding the above unique needs.

Interview on 6/14/17 at 3:25 p.m. with the director of nursing and the assistant director of nursing revealed:
*They would have considered residents with tic disorders, intellectual disability or who had received hospice services as having had unique needs.
*They recently had a resident who had received hospice services.
*They had a resident with tic disorders and intellectual disabilities.
*They did not offer training on those topics.

Surveyor: 35237
Continued From page 2

A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 6/12/17 through 6/14/17. Sun Dial Manor was found in compliance.

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