

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

PRINTED: 04/26/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVENUE REDFIELD, SD 57469	
(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	INITIAL COMMENTS	F 000		
F 623 SS=D	<p>A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 4/11/23 through 4/13/23. Eastern Star Home of South Dakota, Inc was found not in compliance with the following requirement: F623.</p> <p>Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)</p> <p>§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p>	F 623	<p>F 623 Notice Requirements Before Transfer/Discharge</p> <p>Since it is the responsibility of the facility to ensure that residents and/or their representatives are notified of the Bed Hold Policy/Notice before a transfer/ discharge as well as the facility notifying the Ombudsman of a transfer/discharge, the following has been implemented.</p> <p>(1) On Monday May 1, 2023, the Administrator reviewed the following policies: Bed Hold Prior to Transfer, Bed Hold Notice Upon Transfer, and Therapeutic Leave. The following was implemented based on this review: *The Administrator will email the assigned Regional Long Term Care Ombudsman before the 5th of every month with the current resident list.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Deborah Bowar

Administrator

05/15/2023

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 623	Continued From page 1 (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and	F 623	F 623 Notice Requirements Before Transfer/Discharge Continued.... *The Administrator will report all transfers/ discharges to the SD Department of Human Services Division of Long Term Services and Support using the following link: https://sddhs.seamlessdocs.com/f/report_dischargetransfer_ombudsman_program within 24 hours of transfer/discharge. * The Charge Nurse is responsible for reviewing and completing the Bed Hold Notice Form with the resident and/or resident representative before resident is transferred/discharged. The completed Bed Hold Notice Form will be placed in resident's medical record and the signed Bed Hold Notice Policy will be sent with the resident. (2) The Administrator held educational meetings concerning the above changes. *Meetings will be held on 05/04/2023 and 05/06/2023 with the charge nurses and DON.	

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F 623	<p>Continued From page 2</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and policy review the provider failed to ensure residents and/or their representative received a written notice with information regarding the transfer to the hospital and to provide a copy of the transfer notice to the Office of the State Long-Term Care Ombudsman for one of one sampled residents (17) reviewed for facility-initiated hospital transfer to the hospital. Findings include:</p> <p>1. Interview and record review on 4/12/23 at 9:50 a.m with resident 17 revealed she:</p>	F 623	<p>F 623 Notice Requirements Before Transfer/Discharge Continued...</p> <p>*The DON will be responsible for reviewing with any PRN and/or new hire nurses the Bed Hold Notice form prior to their shift or with their new hire paperwork.</p> <p>*A reminder note was placed on the Charge Nurses' Resident Log form reviewing that the Bed Hold Notice Form needs to be reviewed and completed with every discharge/transfer.</p> <p>*The Bed Hold Notice Upon Transfer Policy was changed to reflect the following procedures:</p> <p>5) Upon each discharge/transfer, the Charge Nurse will review and complete the Bed Hold Notice Form with the resident and/or resident's representative/DPOA.</p> <p>6) The Administrator is responsible for notifying the Department of Human Services Division of Long Term Services and Support.</p> <p>*Going forward all staff will be educated on the Bed Hold Notice Upon Transfer Policy and Form during the annual Staff Extravaganza.</p> <p>Addendum Date: 05/15/2023 DB</p> <p>The DON will be responsible for completing one audit (DB 5/15/2023) per month to ensure that the assigned Regional Long Term Care Ombudsman is notified of the current resident list before the 5th of each month. The DON will report these findings to the QAPI Committee for 3 months then quarterly until the QAPI Committee advises otherwise.</p>	

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F 623	<p>Continued From page 3</p> <p>*Could not remember when she had gone to the hospital.</p> <p>*Was not sure what a bed hold was.</p> <p>*Went to the [name of hospital] on 11/18/22.</p> <p>*Had kidney stones.</p> <p>*Was transferred to [name of hospital] for treatment.</p> <p>2. Interview on 4/13/23 at 3:14 p.m. with administrator A revealed:</p> <p>*They provide education to the residents about the bed hold policy upon admission.</p> <p>*She confirmed they do not send bed hold information with a resident when they are transferred to a hospital.</p> <p>*The responsible party was notified by phone when a resident was transferred.</p> <p>*They had not notified the ombudsman of transfers or discharges.</p> <p>3. Review of the Bed Hold Notice Upon Transfer policy dated 3/6/19 revealed:</p> <p>*"1. Upon admission, the Eastern Star Home of South Dakota, Inc. will provide to the resident and/or the resident representative written information that specifies:</p> <p>a. If a resident requires transfer to an acute hospital or takes a therapeutic leave, his/her bed at the Eastern Star Home of South Dakota, Inc. may be held indefinitely.</p> <p>b. If a resident has Long-Term Care Insurance these leaves may or may not be covered or be subject to certain stipulations.</p> <p>c. Medicaid allows reserved bed days that the resident is absent from the facility due to an inpatient hospital stay. The resident may be absent from the facility for a maximum of five days. Medicaid also allows for non-medical or therapeutic leave days for a maximum of fifteen</p>	F 623	<p>F 623 Notice Requirements Before Transfer/Discharge Continued...</p> <p>The DON will be responsible for completing weekly audits(DB 5/15/2023) to ensure that all transfers/discharges are reported to the SD Department of Human Services and Support electronically within 24 hours of transfer/discharge. The DON will report these findings to the QAPI Committee for 3 months then quarterly until the QAPI Committee advises otherwise.</p> <p>The Activity Director will be responsible for completing weekly audits(DB 5/15/2023) to ensure that upon each transfer/ discharge the Charge Nurse has reviewed and completed the Bed Hold Notice Form with the resident and/or resident representative prior to transfer/discharge with the completed form placed in resident's medical record. The Activity Director will report these findings to the QAPI Committee monthly for 3 months then quarterly until the QAPI Committee advises otherwise.</p> <p>Completion Date</p>	05/04/2023

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F 623	Continued From page 4 consecutive days. d. Conditions upon which the resident would return to the Eastern Star Home of South Dakota, Inc.: i. The resident requires the services which the Eastern Star Home of South Dakota, Inc. offers; ii. The resident is eligible for Medicaid nursing facility services."	F 623		

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E 000	Initial Comments A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted from 4/11/23 through 4/13/23. Eastern Star Home of South Dakota, Inc was found in compliance.	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Deborah Bowar

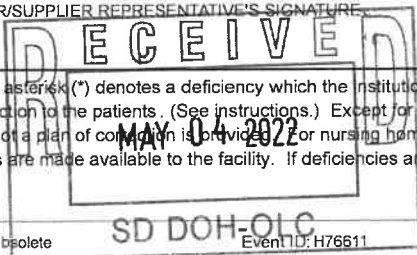
TITLE

Administrator

(X6) DATE

05/04/2023

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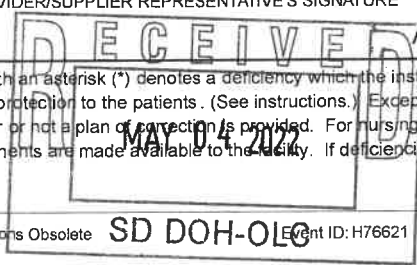
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K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 4/12/23. Eastern Star Home of South Dakota, Inc was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Deborah Bowar Administrator
TITLE
05/04/2023 (X6) DATE

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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10670	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/13/2023
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NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVE REDFIELD, SD 57469
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S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 4/11/23 through 4/13/23. Eastern Star Home of South Dakota, Inc was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement 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 4/11/23 through 4/13/23. Eastern Star Home of South Dakota, Inc was found in compliance.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Deborah Bowar

TITLE

Administrator

(X6) DATE

05/04/2023

STATE FORM

S9ZM11

If continuation sheet 1 of 1

