

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

PRINTED: 08/15/2023
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435042 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 08/02/2023 |
| NAME OF PROVIDER OR SUPPLIER avera mother joseph manor retirement community | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1002 NORTH JAY STREET ABERDEEN, SD 57401 | |
| (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 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted on 8/2/23. Areas surveyed included confidentiality and grievances. Avera Mother Joseph Manor Retirement Community was found not in compliance with the following requirement: F583. | F 000 | | |
| F 583 SS=D | Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable | F 583 | Contact Precautions signage stating Hazardous Drug and Chemo gloves was immediately removed from Patient Identifier #1 wall outside of room on 8/2/23. No signage was present outside the room of patient identifier #2. LTC Pharmacy will run a Medication Report of all current AMJM Residents, identifying those on a Hazardous Drug by 8/25/23. Effective 8/25/23, Avera Mother Joseph Manor Nursing Team will identify hazardous medications via two methods, all medications will be readily identifiable as a Hazardous Drug (HD) in the Electronic Health Record, and all HD products sent by the pharmacy will be clearly identified as Hazardous by use of a Yellow HD sticker on the pharmacy packaging. Effective immediately, new Residents identified as taking a Hazardous Drug will be communicated to Nursing staff by placing this information in the Nurse and CNA Communication books, by verbal discussion in shift Report and daily line-up, and by the 3 tier yellow supply hanger in Residents room containing required PPE. In addition, an email will be sent to Interdisciplinary Team Members involved in Residents care, including but not limited to Nursing, and Environmental Services. Residents on Hazardous Drugs is also noted in the MAR, listing the drug group and PPE Level. | 08/31/23 |

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

Tom Snyder

TITLE

Administrator

(X6) DATE

8/29/2023

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.

AUG 29 2023

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F 583 Continued From page 1
federal or state laws.
(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview, record review, and policy review the provider failed to ensure two of two sampled residents (1 and 2) had not had their medical reasons for the use of contact precautions posted on signage in the hallway.
Findings include:

Observation on 8/2/23 at 9:15 a.m. of resident 1 in her room revealed:
*On the wall, outside of the room was her room number and her name.
*A sign above her room number and her name was another sign that indicated, "contact precautions".
-That sign had in bold black marker the words "hazardous drug and chemo [chemotherapy] gloves".
*She was lying on her bed, with her eyes closed.

Review of resident 1's medical record revealed she:
*Was admitted on 7/31/23.
*Her Brief Interview of Mental Status (BIMS) had not been completed.
*Was taking the medication Anastrozole (Prescribed for cancer).
*Had a diagnosis of malignant neoplasm of upper-outer quadrant of the left breast.

2. Interview on 8/2/23 at 11:15 a.m. with resident 2 revealed she:

F 583 All Avera Mother Joseph Manor Staff will review the Residents Bill of Rights & Responsibilities Policy and Procedure, paying special focus on the Right to Privacy Section by 8/31/23.

Avera Health Hazardous Drug Oversight Committee is established and has LTC representation to assure LTC facilities will comply with the November 2023 USP 800 guidelines. Avera Health Quality and Avera Health Privacy Officer will be consulting with the committee on any signage and privacy rights.

ADON/IP/Safety Officer or designee will review for compliance ensuring all residents receiving a hazardous medication do not have signage indicating the medical reason for the use for Hazardous Drug placed in hallway. Review will occur monthly beginning 8/25/23 for a minimum of 6 months. Audit results will be reported by ADON/IP/Safety Officer or designee to the QAPI Committee Quarterly until the facility demonstrates sustained compliance as determined by the QAPI Committee.

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| F 583 | <p>Continued From page 2</p> <p>*Was admitted on February 3, 2023.</p> <p>-Had rheumatoid arthritis and was taking the drug methotrexate (a chemotherapy drug).</p> <p>-During the month of May 2023 there was a notice placed on the wall outside of her room above the room number and her name that indicated she was on a hazardous drug and to use chemo gloves.</p> <p>*Had become aware of the sign when she heard visitors outside of her room talking about her and being on chemotherapy.</p> <p>*Said that made her feel "singled out" and felt that was a violation of her privacy.</p> <p>-She then went to the hallway and "tore down the sign".</p> <p>*Stated a similar sign was posted in her room with that same information and she had removed that sign too.</p> <p>*Showed the surveyor a picture she had taken of the sign with her phone that had been placed outside of her room.</p> <p>-It had her first name at the top.</p> <p>-It also included the following information:</p> <p>--Gloves and incontinent products were to have been placed in a yellow bag and disposed of in the chemotherapy barrel.</p> <p>--Soiled linens were to have been double bagged.</p> <p>--The toilet was to have been double flushed.</p> <p>--At the bottom in bold, black, large print was the word "Chemotherapy".</p> <p>Review of resident 2's medical record revealed:</p> <p>*She was admitted on 2/3/23.</p> <p>*Her BIMS was a 15, meaning her cognition was intact.</p> <p>*She had a diagnosis of rheumatoid arthritis.</p> <p>*She was taking the medication methotrexate (a chemotherapy drug) for her rheumatoid arthritis.</p> | F 583 | | |

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| F 583 | <p>Continued From page 3</p> <p>3. Interview on 8/2/23 at 1:30 p.m. with licensed social worker C revealed: *The assistant director of nursing D (ADON) was responsible for posting transmission-based precaution (TBP) signs outside of resident's doors that were on precautions. *She was not aware that confidential medical information was written on the sign for resident -She would have removed the sign "as that is not appropriate". *She was aware that resident 2 had removed the contact precaution sign with the words hazardous drug and chemo gloves from the wall outside of her room in May 2023.</p> <p>4. Interview on 8/2/23 at 1:52 p.m. with certified nursing assistant (CNA) H revealed: *When a resident was on contact precautions there was a sign on the resident's door identifying precautions. *Personal protective equipment (PPE) was provided to care for that resident. *Staff were notified when a resident was on TBP through a verbal report. *She had completed training on confidentiality in May of 2023.</p> <p>5. Interview at 1:57 p.m. with CNA I revealed: *Staff were notified if a resident was on TBP through a verbal report, a communication book, CNA 'cheat sheets' and signage. -The signage included what PPE was required to care for the resident and what type of precautions the resident was on. *She agreed that 'hazardous drug' and 'chemo gloves' was protected medical information and should not have been placed on those signs.</p> <p>6. Interview on 8/2/23 at 1:59 p.m. with registered</p> | F 583 | | |
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| F 583 | <p>Continued From page 4</p> <p>nurse G revealed: *Staff were notified if a resident was on precautions through a verbal report and signage placed on individual resident room doors. *She said resident 2 was still on precautions even though the signage had been removed. *She agreed that identifying information such as 'hazardous drug' and 'chemo gloves' was protected medical information and should not have been placed on those signs.</p> <p>7. Interview on 8/2/23 at 2:01 p.m. with RN supervisor E revealed: *ADON H was responsible for placement of the signs for residents on TBP. *When a resident was on a chemotherapy drug that information was placed on the sign "so that people would know they needed to take precautions." *She agreed, by nodding her head in an affirmative motion, that was protected medical information and should not have been placed on those signs.</p> <p>8. Interview on 8/2/23 at 2:08 p.m. with ADON D revealed she: *Was responsible for placing TBP signs outside of the resident rooms. -That was to notify staff that a resident was on TBP. -Other methods used to notify staff included: emails to nursing staff, nursing communication books, resident care plans, daily staff 'lineups', and over the door hangers of PPE. *Wrote on TBP signs if a resident was on a chemotherapy drug or a hazardous drug. *Had placed signage on resident 1's and resident 2's doors indicating they were on a hazardous drug and anyone entering the room needed to</p> | F 583 | | | |

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| F 583 | <p>Continued From page 5</p> <p>use chemo gloves.</p> <p>*Stated that resident 2 had removed her sign "some time ago".</p> <p>*Confirmed that information on the signs was protected medical information and should not have been on those signs.</p> <p>*Confirmed that all staff were provided confidentiality and resident rights training each year.</p> <p>9. Interview on 8/2/23 at 3:05 p.m. with RN/staff development coordinator F revealed: *All staff were provided education on resident rights and resident's privacy policies upon hire and annually. *She confirmed all current employees had been provided additional training on resident's rights and confidentiality training in May and/or June of 2023.</p> <p>10. Interview on 8/2/23 at 2:30 p.m. with director of nursing B revealed: *She had multiple meetings with their pharmacy regarding resident 2's chemotherapy medication and the result of these meetings were the following: -The processes of how they used PPE was best practice. -They should have made sure they had notified staff and visitors that resident 2 was on a chemotherapy drug. *She was unsure if placing 'hazardous drug' or 'chemo gloves' on TBP signs located in public areas was "right or wrong" in regard to protected medical information. *She stated, "We are doing the best to protect our staff, we have several childbearing age [staff members] and a few pregnant [staff members]." *She was not sure how else to notify staff and</p> | F 583 | | |
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| F 583 | <p>Continued From page 6</p> <p>visitors and stated, "I will have to contact our pharmacy and related facilities." *She stated their pharmacy consultant might know.</p> <p>11. Telephone interview on 8/2/23 at 3:06 p.m. with pharmacy consultant J revealed: *The pharmacy had not provided any signage for posting to the public regarding TBP. *He had no opinion if signage that included "hazardous drug" or "chemo gloves" was protected medical information.</p> <p>12. Interview on 8/2/23 at 4:09 p.m. with administrator A regarding the contact precaution signage outside of resident 1's room revealed: -He stated, "The sign was removed this afternoon" and that staff and visitors needed signs placed outside of resident's rooms if they were on TBP so they would know what to have used in order to protect themselves when a resident was on TBP. -When asked if visitors needed to know the 'why' of using precautions, he had not provided an answer.</p> <p>13. Review of the provider's April, 2023 Transmission Based Precautions policy revealed: *"III. Isolation Room Procedure: Once the need for transmission based precautions (isolation) has been identified, the following procedures are followed:" -"B. Place the proper color-coded isolation sign for the type of precaution(s) on the resident's door or designated area." --"Isolation Categories" ---"D. Contact Precautions" ----"1. General: a. Door may be open. Place contact precaution sign on outer resident door."</p> | F 583 | | |
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F 583

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F 583

14. Review of the provider's December, 2021 Confidential Information policy revealed:
**Policy: It is the policy of the covered entities of...to respect and protect the privacy rights of patients..."
**Definitions and Procedures:
-Confidential information discussed within this policy includes:"
-"Patient Related Information..."

15. Review of the provider's December, 2021 Resident Bill of Rights and Responsibilities revealed:
**General Information
-Residents of long term care facilities have rights that are guaranteed by the federal Nursing Home Reform Law. The law requires long term care facilities "to promote and protect the rights of each resident" and stresses individual dignity and self-determination."
--*Right to Privacy
---1. Regarding personal, financial, and medical affairs".
---"3. During treatment and care of personal needs".