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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435033	A. BUILDING _____ B. WING _____	03/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTHILLS VILLAGE HEALTH CARE FACILITY	255 TEXAS ST RAPID CITY, SD 57701

(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 Surveyor: 43844 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 3/28/22 through 3/31/22. Westhills Village Health Care Facility was found not in compliance with the following requirement: F658.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Surveyor: 45901 Based on observation, interview, record review, and policy review, the provider failed to ensure a physician order for oxygen (O2) administration had been: *Obtained for one of one sampled resident (22). *Followed for one of one sampled resident (134). Findings include: 1. Observation and interview on 3/29/22 at 9:21 a.m. with resident 22 revealed: *He came to the facility for physical therapy following a hospitalization for a cyst to the back of his left leg. *There was an O2 concentrator near his recliner. *He was wearing O2 with a nasal cannula (NC). *A physical therapist was in his room setting up his portable O2 tank to the back of his wheelchair preparing for his therapy session.	F 658	Westhills Village Health Care operates in compliance with all relevant regulations and professional standards in a manner that ensures safe and appropriate care with an emphasis on residents rights for all residents we serve. In reference to F658, all residents with supplemental oxygen needs have been and continue to be assessed for appropriate provider orders and indicated documentation in the EHR including care plan documents. Initial audit was completed while survey was ongoing and no further missing oxygen orders or documentation was present in the resident group. Residents who use oxygen continue to have their oxygen needs assessed every shift and education has been provided to all caregivers on how to ensure accuracy of oxygen being delivered to residents based on the provider orders. Specific to resident 22, please note that the provider was repeatedly informed of the need to provide oxygen orders and those orders are now in place. Specific to resident 134, oxygen has been added to the care plan document. Facility policy for Care Plans include the guidance that the physicians orders, the medication administration records and the diagnosis list are considered part of the care plan document. Staff education provided on 4/13/22 via staff meeting and written communication to staff. All residents will be audited by the DON/designee at least weekly for oxygen use, oxygen orders and flow setting accuracy. Findings of these weekly audits are reported to the monthly QA group for the following 3 month period and continued audits will be determined based on the findings and the input from the QA group, which includes the facility medical director.	04/18/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kelsey Bertsch
TITLE: Adminstrator
(X6) DATE: 04/18/2022

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 658	Continued From page 1 Further interview on 3/30/22 at 1:36 p.m. with resident 22 revealed: *He had started on O2 in the hospital and was transferred to the provider with O2. *On 3/9/22 his daytime O2 had been discontinued. -He had been on continuous O2 at night. *The last three to four days he started back on 1 ½ to 2 liters of continuous O2 because of his low O2 level. *The nurse was supposed to check his O2 levels and adjust his O2. Record review of resident 22's electronic medical record revealed: *He was admitted on 2/18/22. *His diagnoses included chronic obstructive pulmonary disease (COPD), cellulitis of left lower limb, and lymphedema. *A 2/24/22 Brief Interview for Mental Status (BIMS) the score was 14 indicating he was cognitively intact. *His 2/18/22 care plan stated interventions for O2 related to COPD. -"Please administer O2 at the flow rate prescribed by my MD [medical doctor]." -"I am hoping to titrate my O2." *His physician orders included: -A 2/18/22 order for a transfer to the facility from the hospital which included "O2 3 liters by nasal cannula to maintain SpO2 [oxygen saturation] of 90 - 94% (percent)." -On 3/9/22 nursing faxed his physician requesting to discontinue O2 therapy because the resident does not use his O2. --The physician had approved the request and returned the fax to the facility. -On 3/16/22 nursing had faxed his physician a request for "PRN [as needed] O2 to keep SAT's	F 658		

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F 658	Continued From page 2 [saturation] above 90%?" --The physician replied, "Furosemide 40 mg BID [twice daily] and BMP [basic metabolic panel] - 1 week." --No O2 order had been received. -On 3/18/22 nursing faxed a request to the physician with a request for O2. --The physician replied "Need Evaluation UC [urgent care] or ED [emergency department]" on the request. ---On the same above fax, registered nurse (RN) F noted: "resident refused". There was no indication the physician was notified. -On 3/30/22 a physician telephone order for "Titrate O2 via NC to keep SAT's > [greater than] 90%". *Interdisciplinary notes dated 3/18/22, 3/19/22, 3/22/22, 3/26/22, and 3/29/22 had documentation he was on 2 liters O2 and remained above 90% SpO2. *On 3/20/22 interdisciplinary notes stated: -He was not using O2. -His family had provided him with a pulse oximeter to monitor his O2 saturation. *On 3/19/22 and 3/22/22 staff had documented his O2 level. -There had been no documentation of supplemental O2 being used. Interview on 3/30/22 at 3:55 p.m. with RN F regarding resident 22 revealed: *She was aware resident 22 had a diagnosis of COPD. *On 3/9/22 the residents' O2 was discontinued by his physician with no order to continue nighttime O2. *When O2 is discontinued, the staff was to remove equipment from the room, sanitize it, and put it in storage. *Requests for O2 had been faxed to his physician	F 658		

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F 658	Continued From page 3 on 3/16/22 and 3/18/22 and no order for O2 had been received. *There was no documentation of when his O2 was restarted after 3/9/22. *The flow rate on his O2 after 3/9/22 had not been documented. Interview on 3/31/22 at 11:14 a.m. with administrator A and director of nursing (DON) B regarding resident 22 revealed: *A physician's order is required to administer O2. *The facility nurses were responsible for obtaining O2 orders and placing the order in the medical administration record. *The facility nurses were responsible for documenting O2 saturation, O2 flow rates, and adjusting O2 flow levels. *When O2 is discontinued, it was expected the equipment to be taken out of the room, sanitized, and placed in storage. *Agreed resident 22 had been using O2 without an order. *They knew resident 22 had his own pulse oximeter in his room and was self-monitoring his ownO2 saturations. -Monitoring his O2 saturation was a rehab goal. Surveyor: 43844 2. Observation and interview on 3/29/22 at 1:07 p.m. with resident 134 revealed: *She was seated in a recliner in her room. *There had been an O2 concentrator in her room set at two liters per minute and a nasal cannula extending from the concentrator was in place in her nostrils. *She thought she had been admitted a couple weeks ago. *She stated she had difficulty breathing.	F 658		

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F 658	Continued From page 4 Interview and observation on 3/30/22 at 9:54 a.m. with licensed practical nurse (LPN) D regarding resident 134 revealed: *She had a O2 concentrator in her room. *She was receiving O2 at 2 liters continuously via nasal cannula. -The O2 concentrator was set on 2 liters. *O2 saturation checks had been ordered and were documented in the electronic medication administration record (EMAR) for every shift. -She stated the nurses checked her O2 saturation more frequently, every one to two hours. Review of resident 134's medical record revealed: *She had been admitted on 3/9/22. *Her diagnosis included: congestive heart failure, obstructive sleep apnea, and Parkinson's disease, *There had been 3/9/22 hospital discharge information that included: -A history of asthma, shortness of breath, supplemental O2 dependent, diastolic congestive heart failure, and obstructive sleep apnea. -Her O2 was to be at 2 liters per minute via nasal cannula. -Asthma exacerbation moderate persistent. -Increasing O2 requirement. Review of resident 134's physician orders revealed on: *3/10/22 an order for: -Titrate O2 at 2 liters per minute via nasal cannula. -To call physician if oximetry is less than 90% on 3 liters when fully awake. *3/11/22 documented verbal order at 3:30 p.m. that included:	F 658		

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F 658	Continued From page 5 -Call physician on call if patient oximetry is below on 3 liters per minute. -An increasing O2 requirement for 3 liters per minute. *3/11/22 order at 9:00 p.m. for 3 liters of O2 via nasal cannula and to call physician if O2 sats fall below 90% when on 3 liters of O2. *There was not a current physician order for O2 to be at 2 liters per minute on 3/11/22. *3/11/22 telephone consult with the hospital on call geriatric program that included: -O2 titration had been increased to 4 liters the evening of 3/20/22. --This had then been reduced to 3 liters per minute because her O2 saturations were at 94% while on the 3 liters. *3/12/22 signed physician order to call the physician if her oximetry was below 90% on 3 liters of O2. Review of resident 134's care plan did not include any specific information about O2. Review of resident 134's nurses progress notes revealed: *3/9/22 "Resident did have some SOB [shortness of breath] noted and is currently on 3LO2 [3 liters of O2 via nasal cannula and O2 sats staying above 90%." *3/12/22 at 8:27 a.m. her O2 saturations fluctuated between 75% and 85% while on 3 liters of O2 via nasal cannula. -A nebulizer treatment was given, bringing O2 saturations to above 90%. -Her physician was notified, and he said to continue to monitor her and call with worsening conditions. --There had been no documentation of worsening conditions in these notes.	F 658		

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F 658	Continued From page 6 *Her O2 had been administered at 2 liters on the following dates: -3/13/22. -3/15/22. -3/17/22. -3/22/22. *There was not an order for O2 to be at 2 liters during this time. Review of resident 134's EMAR revealed: *A 3/11/22 order for O2 that included: -3 liters of O2 via nasal cannula, and then 2 liters of O2. -To call the physician if the O2 saturation were below 90% on 3 liters. -There had been no end date for this order. *From 3/12/22 through 3/21/22 the O2 had been administered at: -2 liters on 9 occasions. -4 liters on 2 occasions. -During 3/12/22 through 3/21/22 the EMAR showed the O2 saturations had not fallen below 90%. *There was not a physician order for O2 to be at 2 liters or 4 liters during this time. *There was not a physician order for O2 to be at 4 liters after 3/11/22. Interview on 3/30/22 with certified nursing assistant (CNA) E regarding O2 administration revealed: *CNA's were not allowed to adjust O2 settings on concentrators. *They would tell a nurse if the concentrator had been set at the wrong amount of O2. *A nurse tells the CNA's what the liters are to be set at for each resident. *The CNA's received this information from the nurse when the resident is first admitted or during	F 658		

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F 658	Continued From page 7 shift reports if there were changes. *She was not sure what resident 134's O2 was to be set at but thought it was 2.5 liters. Interview and record review on 3/30/22 at 9:36 a.m. with registered nurse (RN) C regarding resident 134's O2 usage revealed: *Resident 134 generally used 3 liters and if her O2 saturations were less than 90% the nurse would notify the physician. *There was an "Info order" on the EMAR that RN C stated was for ease of finding O2 liter requirements easily. *Agreed the physician order said 3 liters of O2 to keep saturations above 90%. *Agreed the transcribed order in the EMAR also showed a column that included 2 liters and that this should have been 3 liters. *The nurse is responsible to change the O2-concentrator dial to the ordered liters and would assess the resident if it needed to be increased. *A CNA would be able to change the dial but would have to be directed by the nurse to do so. *She stated she was not certain how the 2 liters had been missed as it should have been 3 liters. Interview and record review on 3/30/22 at 9:41 a.m. with administrator A regarding resident 134's O2 use revealed: *She was familiar with resident 134's care. *She would have to check the EMAR to know what the number of liters the O2 should be on. -She reviewed the EMAR and found the O2 had been changed to 3 liters and she was not sure why the 2 liters was still showing. -She determined a nurse filled out an unnecessary section when entering the order in the EMAR and had put 2 liters in this section.	F 658		

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F 658	Continued From page 8 --She stated the actual orders were for 3 liters and the 2 liters should not have been included in this current order. *She believed that the O2 liters resident 134 had documented in her EMAR, by the nurses, was accurate. Review of the facility's 10/8/12 "Oxygen Standing Protocol" revealed: *"If a Resident's oxygen saturation is not at 90% concentration, oxygen will be started, and the Resident's physician contacted for orders." -There was no further instruction provided in this policy.	F 658		

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E 000	Initial Comments Surveyor: 43844 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 3/28/22 through 3/31/22. Westhills Village Health Care Facility and was found in compliance.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Kelsey Bertsch | Administrator | 04/18/2022

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APR 25 2022

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	435033	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/29/2022**

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K 000	INITIAL COMMENTS Surveyor: 18087 A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 3/29/22. Westhills Village Health Care Facility 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

Kelsey Bertsch

TITLE: Administrator

(X6) DATE: 04/18/2022

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South Dakota Department of Health

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S 000	Compliance/Noncompliance Statement Surveyor: 43844 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 3/29/22 through 3/31/22. Westhills Village Health Care Facility was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement Surveyor: 43844 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 3/29/22 through 3/31/22. Westhills Village Health Care Facility was found in compliance.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kelsey Bertsch

TITLE: Administrator

(X6) DATE: 04/18/2022

STATE FORM 6899 48CN11 If continuation sheet 1 of 1

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