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

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

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	435084	B. WING		04/13/2023		
IAME OF PROVIDER OR SUPPLIER FAULKTON SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 PEARL ST FAULKTON, SD 57438			
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION		
F 000 INITIAL COMMENTS		, F 00	0			
with 42 CFR Part 483 for Long Term Care fa	th survey for compliance B, Subpart B, requirements acilities was conducted from 23. Faulkton Senior Living nce.	·	į			
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i ti		1				
BORATORY DIRECTOR'S OR PROVIDERABLE OF STREET	SUPPLIER REPRESENTATIVE'S SIGNAT	URE	ππιε Executive Directo	(X6) DATE r 05/08/2		

Facility ID: 0016

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FORM CMS-2587(02-99) Previous Versions Obsolete

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

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

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SUI COMPLET		
		435084	B. WING		04/13/	2023	
NAME OF P	ROVIDER OR SUPPLIER	1	s	TREET ADDRESS, CITY, STATE, ZIP CODE			
FAULKTO	N SENIOR LIVING			401 PEARL ST			
TAULKIU	II OLINON EN III O			AULKTON, SD 57438			
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	ILD BE C	(X5) COMPLETION DATE	
E 000	Initial Comments		E 000				
5.004	CFR Part 482, Subpi Emergency Prepared Term Care facilities v through 4/13/23. Fau found not in complian requirement: E001.		E 004	E 001			
E 001 SS=D	CFR(s): 483.73 §403.748, §416.54, § §482.15, §483.73, §4	Emergency Program (EP) §418.113, §441.184, §460.84, 183.475, §484.102, §485.68, §485.727, §485.920,	€ 001	PLAN OF CORRECTION 1. In continuing compliance with E 001, Establishment of the Emergenc (EP); Faulkton Senior Living corrected deficiency by updating the Emergency Preparedness binder to include a proce tracking on-duty staff during an emerg	y Program I the	5/5/2023	
	The [facility, except f must comply with all and local emergency The [facility, except f must establish and n emergency prepared requirements of this	for Transplant Programs] applicable Federal, State preparedness requirements. for Transplant Programs] maintain a [comprehensive] lness program that meets the section.* The emergency m must include, but not be ng elements:		addressing the role of the provider und and a listing with names and contact in for resident physician and current staff 5/5/2023 by Executive Director. 2. To correct the deficiency and to ensproblem does not recur, the Executive was educated on the Emergency Preparequirements on 5/5/2023 by Accura's Operating Officer. The Executive Directed of the Emergency Prepared of the Emer	formation on cure the Director redness Chief eter and/or edness this and then		
	the terms "facility" or refers to all provider this appendix. This i lieu of the specific pr the regulations. For	ndicated, the general use of "facilities" in this Appendix and suppliers addressed in s a generic moniker used in ovider or supplier noted in varying requirements, the r that provider/supplier will be		randomly to ensure continued complia 3. As part of Faulkton Senior Living's commitment to quality assurance, the Director and/or designee will report id concerns through the community's QA 4.6xecutive Director will revisable FP plan annually. BRA	ongoing Executive entified Process.		
	comply with all applic	82.15:] The hospital must cable Federal, State, and paredness requirements.					
		SUPPLIER REPRESENTATIVE'S SIGNATUR	₹E	TITLE	ZA-A (X6	100/2 5/08/2	
Braue	La R. Forque	AV.		Executive Director	A C	3/18/15	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other sateguards provide sufficient protection to the patients. (See participants) 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 not vided. Ending the date of survey whether or not a plan of correction are disclosable 14 days following the date these documents are made available to the facility. It deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2587(U2-99) Previous Versions Despitele MAY 1 0 2024 Event IC: GOTG:

Facility ID: 0016

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		435084	B, WING			04/13/2023		
NAME OF PROVIDER OR SUPPLIER FAULKTON SENIOR LIVING				1	TREET ADDRESS, CITY, STATE, ZIP CODE 401 PEARL ST CAULKTON, SD 57438			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
E 001	section, utilizing an all emergency prepared but not be ilmited to, *[For CAHs at §485.6 with all applicable Felemergency prepared CAH must develop at comprehensive emergency prepared but not be limited to, This REQUIREMENT by: Based on interview a prepared ness plan released and include: 1. Interview and emereview on 4/13/23 at A revealed: *She agreed not all elitems had been ident implemented. *The plan had not ad A procedure for trac an emergency. -The role of the provin accordance with sitems had been with selections.	velop and maintain a gency preparedness ne requirements of this il-hazards approach. The ness program must include, the following elements: 25:] The CAH must comply deral, State, and local ness requirements. The nd maintain a gency preparedness all-hazards approach. The ness program must include, the following elements: is not met as evidenced and emergency eview, the provider failed to mergency response plan had implemented. Findings regency preparedness ified, developed, and dressed the following: king of on-duty staff during der that was under a waiver extion 1135 of the Act, and contact information for	E	001				

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
			71. 50.25				
		435084	B. WING			04/12/2023	
NAME OF PI	ROVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP CODE		
FAULKTO	N SENIOR LIVING			1401 PEA			
FAULKIO	N OLKION EIVING			FAULKT	ON, SD 57438		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	× ,	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
K 000	INITIAL COMMENTS		К	000			
	Life Safety Code (LS occupancy) was cond Senior Living was found	ey for compliance with the C) (2012 existing health care ducted on 4/12/23. Faulkton and not in compliance with 42 trements for Long Term Care	!				
	2012 LSC for existing upon correction of de	t the requirements of the ghealth care occupancies ificiency identified at K712 in provider's commitment to go with the fire safety		8			
K 712	Fire Drills		K	712			
SS=D	CFR(s): NFPA 101			8			
	signal and simulation conditions. Fire drills unexpected times un least quarterly on ea with procedures and	transmission of a fire alarm of emergency fire are held at expected and der varying conditions, at ch shift. The staff is familiar is aware that drills are part of Where drills are conducted	:	İ			
	between 9:00 PM an announcement may alarms. 19.7.1.4 through 19. This REQUIREMEN	d 6:00 AM, a coded be used instead of audible	:	20			
	failed to ensure staff provider's fire drill pr occupants and callin include:	on and interview the provider were familiar with the occdures (evacuating g out on the radio). Findings	, - - - -				
		12/23 at 3:17 p.m. revealed a				(X6) DATE	
		SUPPLIER REPRESENTATIVE'S SIGNATUR	RE		TITLE Executive Director	05/08/20	
Branda I	R Ferguson				Executive Director	03/00/20	

23

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 to Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or inot a plan of carrection is provided. For equiting homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility of prices cies are cited, an approved plan of correction is requisite to continued

program participation. FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 0016

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS	FOR MEDICARE &	MEDICAID SERVICES	_		T		
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		(2) MULTIPLE CONSTRUCTION , BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		435084	B. WING		04/1	2/2023	
	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 PEARL ST FAULKTON, SD 57438			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF		BE	(X5) COMPLETION DATE	
	being conducted. Initi responded to the nurfire location. That stat the resident from the manner. That staff peher leaving the reside room. After closing the inside the affected rosupervisor intervened responding staff persout the fire event on affected room. Interview with the mattime of the observation	re in resident room 302 was ially, only one staff person see call light in the simulated ff person did not evacuate affected room in a timely erson closed the door behind ent inside as she left the ne door with the occupant still om the maintenance	· K	K 172 PLAN OF CORRECTION 1. In continuing compliance with K 172. Fire Drills: Faulkton Senior Livin corrected the deficiency by reviewing an educating the identified nursing assistant Fire Drill process on 04/12/2023 by Environmental Services Director. 2. To correct the deficiency and to ensur problem does not recur, all employees we educated on the Fire Drill process by Environmental Services Director or design 05/25/23. The Executive Director and/or will audit Fire Drill reports monthly for the months and then randomly to ensure compliance. 3. As part of Faulkton Senior Living's or commitment to quality assurance (QA). Executive Director and/or designee will identified concerns through the community Process.	d to the re the ill be gnee by r designee three tinued ngoing the report	05/25/2023	

South Dakota Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:_ B. WING 04/13/2023 10619 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1401 PEARL ST **FAULKTON SENIOR LIVING** FAULKTON, SD 57438 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 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. Faulkton Senior Living was found in compliance. S 000 \$ 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. Faulkton Senior Living was found in compliance. (X6) DATE TITLE

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

Brenda R. Ferguson

MAY 08 2022 SD DOH-OLC

Executive Director

05/08/2023

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