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

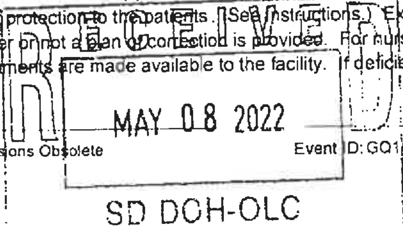
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435084	A. BUILDING ______ B. WING ______	04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAULKTON SENIOR LIVING	**1401 PEARL ST FAULKTON, SD 57438**

(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 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. Faulkton Senior Living was found in compliance.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Brenda R. Ferguson	Executive Director	05/08/2023

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.



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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435084	A. BUILDING ______ B. WING ______	04/13/2023

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FAULKTON SENIOR LIVING	1401 PEARL ST FAULKTON, SD 57438

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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. Faulkton Senior Living was found not in compliance with the following requirement: E001.	E 000		
E 001 SS=D	Establishment of the Emergency Program (EP) CFR(s): 483.73 §403.748, §416.54, §418.113, §441.184, §460.84, §482.15, §483.73, §483.475, §484.102, §485.68, §485.542, §485.625, §485.727, §485.920, §486.360, §491.12 The [facility, except for Transplant Programs] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility, except for Transplant Programs] must establish and maintain a [comprehensive] emergency preparedness program that meets the requirements of this section.* The emergency preparedness program must include, but not be limited to, the following elements: * (Unless otherwise indicated, the general use of the terms "facility" or "facilities" in this Appendix refers to all provider and suppliers addressed in this appendix. This is a generic moniker used in lieu of the specific provider or supplier noted in the regulations. For varying requirements, the specific regulation for that provider/supplier will be noted as well.) *[For hospitals at §482.15:] The hospital must comply with all applicable Federal, State, and local emergency preparedness requirements.	E 001	E 001 **PLAN OF CORRECTION** 1. In continuing compliance with E 001, Establishment of the Emergency Program (EP); Faulkton Senior Living corrected the deficiency by updating the Emergency Preparedness binder to include a procedure for tracking on-duty staff during an emergency, addressing the role of the provider under waiver, and a listing with names and contact information for resident physician and current staff on 5/5/2023 by Executive Director. 2. To correct the deficiency and to ensure the problem does not recur, the Executive Director was educated on the Emergency Preparedness requirements on 5/5/2023 by Accura's Chief Operating Officer. The Executive Director and/or designee will audit Emergency Preparedness Binder for accuracy monthly for 3 months and then randomly to ensure continued compliance. 3. As part of Faulkton Senior Living's ongoing commitment to quality assurance, the Executive Director and/or designee will report identified concerns through the community's QA Process. 4. Executive Director will review/update the EP plan annually. BRF	05/5/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Brenda R. Ferguson

TITLE: Executive Director

(X6) DATE: 05/10/2023 05/08/2023

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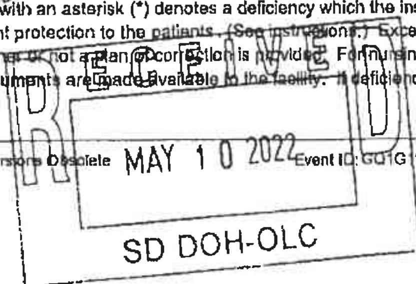

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	435084	A. BUILDING ______ B. WING ______	04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAULKTON SENIOR LIVING	1401 PEARL ST FAULKTON, SD 57438

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E 001	Continued From page 1 The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements: *[For CAHs at §485.625:] The CAH must comply with all applicable Federal, State, and local emergency preparedness requirements. The CAH must develop and maintain a comprehensive emergency preparedness program, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements: This REQUIREMENT is not met as evidenced by: Based on interview and emergency preparedness plan review, the provider failed to ensure a complete emergency response plan had been developed and implemented. Findings include: 1. Interview and emergency preparedness plan review on 4/13/23 at 2:25 p.m. with administrator A revealed: *She agreed not all emergency preparedness items had been identified, developed, and implemented. *The plan had not addressed the following: -A procedure for tracking of on-duty staff during an emergency. -The role of the provider that was under a waiver in accordance with section 1135 of the Act. -A listing with names and contact information for resident physician and current staff.	E 001		

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	435084	A. BUILDING 01 - MAIN BUILDING 01 B. WING ___	04/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAULKTON SENIOR LIVING	1401 PEARL ST FAULKTON, SD 57438

(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
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. Faulkton Senior Living was found not in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of deficiency identified at K712 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 712 SS=D	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview the provider failed to ensure staff were familiar with the provider's fire drill procedures (evacuating occupants and calling out on the radio). Findings include: 1. Observation on 4/12/23 at 3:17 p.m. revealed a	K 712		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Brenda R. Ferguson
TITLE: Executive Director
(X6) DATE: 05/08/2023

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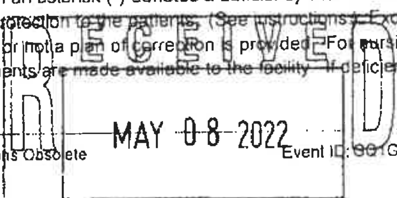

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K 712	Continued From page 1 drill for a simulated fire in resident room 302 was being conducted. Initially, only one staff person responded to the nurse call light in the simulated fire location. That staff person did not evacuate the resident from the affected room in a timely manner. That staff person closed the door behind her leaving the resident inside as she left the room. After closing the door with the occupant still inside the affected room the maintenance supervisor intervened. He eplained to the responding staff person that she needed to call out the fire event on the radio and to evacuate the affected room. Interview with the maintenance supervisor at the time of the observation confirmed those findings. The deficiency had the potential to affect 100% of the occupants.	K 712	**K 172** **PLAN OF CORRECTION** 1. In continuing compliance with K 172. Fire Drills: Faulkton Senior Living corrected the deficiency by reviewing and educating the identified nursing assistant to the Fire Drill process on 04/12/2023 by Environmental Services Director. 2. To correct the deficiency and to ensure the problem does not recur, all employees will be educated on the Fire Drill process by Environmental Services Director or designee by 05/25/23. The Executive Director and/or designee will audit Fire Drill reports monthly for three months and then randomly to ensure continued compliance. 3. As part of Faulkton Senior Living's ongoing commitment to quality assurance (QA), the Executive Director and/or designee will report identified concerns through the community's QA Process.	05/25/2023

South Dakota Department of Health

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	10619	A. BUILDING: ______ B. WING ______	04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAULKTON SENIOR LIVING	1401 PEARL ST FAULKTON, SD 57438

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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. Faulkton Senior Living 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. Faulkton Senior Living was found in compliance.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Brenda R. Ferguson	Executive Director	05/08/2023