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 |
|---|---|---|---|
| | 435041 | A. BUILDING _____ B. WING _____ | C 12/08/2021 |

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| ABERDEEN HEALTH AND REHAB | 1700 NORTH HIGHWAY 281 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 |
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| F 000 | INITIAL COMMENTS<br><br>Surveyor: 42477<br>An extended complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted on 12/8/21. Areas surveyed included infection control and neglect. Aberdeen Health and Rehab was found not in compliance with the following requirement: F684. | F 000 | | |
| F 684 SS=H | Quality of Care<br>CFR(s): 483.25<br><br>§ 483.25 Quality of care<br>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.<br>This REQUIREMENT is not met as evidenced by:<br>Surveyor: 32332<br><br>Surveyor: 42477<br>Based on observation, interview, record review, policy review, and anonymous complaint report received by the South Dakota Department of Health (SD DOH), the provider failed to ensure residents received treatment and care in accordance with professional standards of practice for ensuring:<br>*Six of Six residents (1, 2, 3, 4, 5, and 6) had received toileting, bathing, and services from staff in a timely manner.<br>-There was a call system that would notify all direct care staff if any of the 57 residents in the | F 684 | F (684)<br>PLAN OF CORRECTION<br>Aberdeen Health and Rehab denies it violated any federal or state regulations. Accordingly, this plan of correction does not constitute an admission or agreement by the provider to the accuracy of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. Completion dates are provided for procedural processing purposes and correlation with the most recently completed or accomplished corrective action and do not correspond chronologically to the date the facility maintains it is in compliance with the requirements of participation, or that corrective action was necessary. | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Kirstie Hoon, LNHA | Executive Director | 12/29/2021 |

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 684 | Continued From page 1<br>building were in need of assistance.<br>*One of one resident (7) had received toileting and services from staff in a timely manner, according to their representative interview.<br>*Six of Six (1, 2, 3, 4, 5, and 6) residents who had been waiting for staff assistance had not had falls or accidents.<br>*Three of six residents (1, 2, and 5) were transferred safely and appropriately with the use of a mechanical lift. Findings include:<br><br>1. Review of an anonymous complaint received by the SD DOH revealed residents were:<br>*Waiting for a long time to have their call lights answered and not receiving appropriate care.<br>*Being transferred with lifts with only one person instead of the two people that had been required.<br><br>2. Observation and interview on 12/8/21 at 8:10 a.m. with resident 3 revealed she:<br>*Often had to take herself to the bathroom because the staff took so long to answer her call light.<br>*Had been unable to tell surveyor how long she would have to wait but she felt it had been over a half-hour.<br>*Should have staff assistance to use the bathroom but would have to take herself without staff assistance to order to avoid having an accident.<br>-She felt unsafe.<br>*Had experienced accidents waiting for staff.<br>*Had open areas on her skin.<br><br>Review of resident 3's electronic medical records (EMR) revealed she had:<br>*A physician order to toilet every two hours during the day and give her plenty of time to urinate.<br>*Blisters to her lower legs that had foul-smelling | F 684 | 1. In continuing compliance with F 684, Quality of Care, Aberdeen Health and Rehab corrected the deficiency by reviewing resident care plans for resident 3, 4, 6 and 7 and all like residents to ensure care plan interventions are current. Call light phones/pagers inventory conducted on 12/10/21 by ED. Noted that all phones/pagers are in working order and there are enough for all staff working floor and designated leadership staff to carry. Call light systems are audible at the each of the nurses' stations as verified by ED on 12/10/21. Two Marquees were ordered on 7/14/21. ED verified on 12/23/21 marquees will arrive at the facility and be installed on 1/4/22-1/5/22 per Stanley Healthcare.<br><br>2. To correct the deficiency and to ensure the problem does not recur all staff were educated on 12/27/21 & 12/28/21 on call light response times, call light phones/pagers will be audible and must be carried at all times, call light system at nurses' station is audible, resident safety/lift requirements of 2 staff members with all mechanical lift transfers, documentation of resident ADLs including toileting and bathing, resident dignity/respect and following resident care plans by ED and DNS. | 12/29/21 |

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| F 684 | Continued From page 2<br>drainage.<br>*An area to her perineal area with purulent (liquid) drainage and odor.<br>*Required the assistance one staff person for toileting.<br><br>Review of resident 3's toileting records for December 2021 revealed:<br>*On:<br>-12/1/21 she had gone 15 hours without toileting.<br>-12/2/21 she had 12 hours and 50 minutes without toileting.<br>-12/3/21 she had 21 hours without being toileted.<br>-12/4/21 she had almost 9 hours without toileting.<br>-12/5/21 she had a period of 6 hours and 10 hours without toileting.<br>-12/6/21 she had almost 13 hours without toileting.<br>-12/7/21 she had 14 hours without toileting.<br>-12/8/21 she had a time of 10 hours and 12 hours without being toileted.<br><br>Review of call light logs that inlcuded resident 3, revealed on 12/1/21 she had a call light on for 1 hour and 39 minutes.<br><br>3. Observation and interview on 12/8/21 at 8:15 a.m. with a resident 5 who wished to remain anonymous revealed:<br>*Dependent on staff for help and transitioning.<br>*There were many times that they must wait for an hour for staff assistance.<br>*At night they can hear other residents crying out for help.<br>*They have had accidents because they had to wait for staff assistance.<br>*Since they had accidents, they were worried they wound develop open sores again.<br>*Staff used the Hoyer to reposition and transfer | F 684 | The ED and/or designee will audit call light response times daily until marquees are installed and then 5 times per week for 6 weeks and 2 times per week for one month and then randomly to ensure continued compliance. To further correct this deficiency, the DNS and/or designee will audit direct care staff and leadership carrying call light phones/pagers and that they are audible, call light system at nurses' station is audible, 2 person lift requirements, documentation of toileting and bathing completed each shift for 5 times per week for 6 weeks and 2 times per week for 1 month and then randomly to ensure continued compliance. DNS and/or designee will audit for 2 resident care plans per week including residents 3, 4, 6, 7 for correct care plan interventions weekly for 4 weeks and 1 care plan per week for 4 weeks and then randomly to ensure continued compliance.<br><br>3. As part of Aberdeen Health and Rehab's ongoing commitment to quality assurance, the ED and/or designee will report identified concerns through the community's QA Process.<br><br>4. The ED is responsible for this area of compliance. | |

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| F 684 | Continued From page 3 | F 684 | | |

them, and it is often only one staff operating the lift.
-They were afraid they would fall out of the Hoyer lift.

Review of December 2021's task care records that included resident 5 revealed:
*There had been one day in December when they had not received dressing assistance.
*They had the following time gaps in toileting:
-22 hours.
-15 hours.
-13 hours on two different days.
-12 hours.

Review of call light logs from 12/1/21 through 12/7/21 that included resident 5 revealed:
*In seven days, they had the following periods they had to wait for staff assistance.
-One hour and thirty-one minutes.
-One hour and six minutes.

Surveyor: 32332
4. Observation and interview on 12/8/21 at 8:50 a.m. with resident 6 regarding the care she received in the facility revealed:
*She used a wheelchair to move around the facility.
*She required assistance with toileting, hygiene, dressing, and mobility.
*When she was questioned about staff answering her call light, she stated:
-Sometimes it took a long time for staff to answer her call light.
-She has had to wait more than 30 minutes for staff to toilet her .
-She got upset when she had to wait to use the toilet.
-She had episodes when she soiled her brief

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| F 684 | Continued From page 4 | F 684 | | |

waiting for help.
-Sometimes she would take herself to the bathroom so she would not soil herself.
--The staff did not like it when she took herself to the toilet.
-She had falls while attempting to transfer herself onto the toilet.

Review of resident 6's medical record revealed:
*Her most recent (10/15/21) Significant Change Minimum Data Set (MDS) assessment had indicated:
-Her Brief Interview for Mental Status (BIMS) score was 14, indicating she was cognitively intact.
-She required extensive assistance of one staff member for:
--Bed mobility.
--Transfers.
--Dressing.
--Toileting.
--Hygiene.
--Bathing.
-She had physical impairment to both sides of her upper and lower extremities.
-She used a wheelchair with the assistance of one staff member for locomotion off the unit.
-She had not walked during the MDS look-back period.
-She had occasional urinary incontinence.

*Review of resident 6's most recent documented toileting assistance from 11/9/21 through 12/7/21 had revealed she had been assisted with toileting in those 29 days:
-Three times per day for six days.
-Two times per day for twenty days.
-One time per day for three days.

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| F 684 | Continued From page 5<br>Review of resident 6's 10/11/21 at 3:00 p.m. fall report revealed she was found sitting on the floor in her bathroom between the toilet and the wall.<br>*The form stated, "Resident description: 'I had to go to the bathroom.' "<br>*The fall was not witnessed.<br>*No injury was identified at the time of her assessment.<br>*"Predisposing environmental factors: None."<br>*"Predisposing situation factors: Ambulating without assistance."<br><br>Review of resident 6's 10/26/21 at 4:36 p.m. fall report revealed:<br>*The nursing description indicated the resident was found sitting on the floor in front of her wheelchair near a paper towel holder with an active nose bleed.<br>*Staff had documented that fall had been unwitnessed.<br>*The resident description indicated the resident had not wanted to get blood on her clothing.<br>*Predisposing factors had been an active nose bleed prior to the fall.<br>*The documentation had not reflected that she had pressed her call light at 4:13 p.m.<br><br>Review of the provider's call light log for 10/26/21 at 4:13 p.m. revealed resident 6's bedside call light had remained on for 74 minutes and 24 seconds.<br><br>Surveyor: 42477<br>5. Observation and interview on 12/8/21 at 9:45 a.m. with resident 4 revealed he:<br>*Was upset because he had just been at the nurses station for over five minutes and staff acted as if he was not there.<br>*Has had falls. | F 684 | | |

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| F 684 | Continued From page 6<br>*Stated he had not ever used his call light<br>*Surveyor observed resident was sitting in his recliner, his call light was out of reach behind him on the wall.<br><br>Review of the provider's 9/1/21 through 12/5/21 fall records revealed resident 4 had experienced 16 falls within that time.<br><br>6. Observation and interview on 12/8/21 at 9:55 a.m. with a resident 1 who had wished to remain anonymous revealed:<br>*There had been a strong smell of urine in the resident's room.<br>-There was only one resident who resided in the room.<br>*The resident's brief appeared to be soaked with urine.<br>*They had not been taken to the bathroom or had staff come in to get them ready for the day.<br>-They pointed out to the surveyor that they had their call light on for the past 15 minutes or so.<br>*The surveyor had been unable to see a light or hear an audible sound from outside the resident's room.<br>*They had experienced an instance where they had been left on the toilet for an hour and a half.<br>-They believed this happened a couple of months ago.<br>*Staff had not been answering the resident's call lights.<br>-They would come in and turn off the call light and not address the resident's needs.<br>*They often used one staff member when using a lift to take them to the bathroom, which "scared them to death."<br><br>Review of call light logs that included resident 1 revealed they had a bathroom call light that was 1 | F 684 | | |

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| F 684 | Continued From page 7<br>hour and 21 minutes in September 2021.<br><br>Review of task care records that included resident 1 revealed:<br>*In December 2021 there had been the following gaps in their toileting documentation:<br>-10 hours.<br>-11 hours.<br>-12 hours.<br>-14 hours.<br>-15 hours.<br>-19 hours.<br>-22 hours.<br><br>Review of bathing records that included resident 1 revealed they had received two baths in 30 days, other entries had been marked as not applicable."<br><br>Review of resident 1's October 2021 care plan revealed they required the assistance of two staff members for toileting and bathing.<br><br>7. Observation and interview on 12/8/21 at 10:15 a.m. with a resident 2 who wished to remain anonymous revealed:<br>*Staff took a long time to answer their call lights.<br>-A long time was defined as over twenty minutes.<br>*That morning they had to wait 45 minutes to receive help for toileting.<br>*They had experienced accidents due to waiting for staff assistance.<br>*Staff used the lift to toilet them with only one person.<br><br>Review of call light logs that inlcuded resident 2's confirmed:<br>*They had to wait 32 minutes to receive staff assistance on 12/8/21. | F 684 | | |

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| F 684 | Continued From page 8<br>*The longest call light they had from September 2021 through December 2021 was 1 hour and 35 minutes.<br><br>Observation on 12/8/21 at 10:05 a.m. revealed certified nursing aide (CNA) I had transferred resident 2 using only one person.<br><br>Review of December 2021's toileting logs that included resident 2 revealed:<br>*They had gone the following periods without being toileted by staff:<br>-7 hours.<br>-9 hours and 7 hours in one day.<br>-9 hours and 11 hours in one day.<br>-12 hours and 10 hours in one day.<br>-12 hours.<br>-13 hours.<br>-15 hours.<br>-21 hours.<br><br>8. Phone interview on 12/8/21 at 10:45 a.m. with resident 7's daughter revealed:<br>*She had placed a camera in the resident's room due to staff not providing care for her mom.<br>*It takes a long time for staff to answer her mom's call light, sometimes 30 to 45 minutes.<br>*She had called the nurses station when staff were not answering the call lights.<br>-She would not receive an answer at the nurses station either.<br>*She had tried to talk to the executive director (ED) A regarding this.<br>-ED A never returned her phone call.<br>-They receive no resolutions for their concerns.<br>*They went through human resources for approval for the camera.<br><br>Surveyor: 32332 | F 684 | | |

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| F 684 | Continued From page 9<br>9. Observation and interview on 12/8/21 at 11:20 a.m. on the Country Lane unit with registered nurse (RN) Q and certified nursing assistants (CNAs) F, G, H, and I regarding the call system revealed:<br>*RN Q stated the call light lamps above each residents' doors would light up if a resident pushed the call button.<br>*CNAs F, G, H, and I revealed:<br>-The call system screen was on the computer in the nurses' station.<br>-If a resident pushed the call light for help their name came up on the computer screen.<br>*The CNAs also used cell phones to view who had their call lights on.<br>-If a resident pushed the call light for help their name came up on the call phone screen.<br>*The call light lamps above each residents' doors had been disconnected from the call system because the provider had purchased a new system.<br>-RN Q confirmed she had not known the lamps above resident doors had been disconnected.<br>*The new system used call phones to identify who needed assistance.<br>*There were only four phones in the building for the CNAs to use.<br>-There were currently four CNAs working on the Country Lane unit and two CNAs working on the Arbor unit.<br>-The CNAs without phones were required to enter the doors of the nurses' stations to check the computer screen to identify who needed assistance.<br>*This surveyor could see the residents' names on the computer screen, but had not heard any audible bell from the computer or the phones to notify staff that a call light was on.<br>*Interview at that time with CNA I regarding the | F 684 | | |

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| F 684 | Continued From page 10 | F 684 | | |

call light system revealed:
-Not every CNA had a call phone to monitor the call system.
-Several phones had disappeared.
-She had not known why there were not enough phones.
-She had worked at the facility for 19 years.
-The call light system was capable of being audible on the computers and the phones.
-It was up to the CNA that was working whether they used the audible bell with the call light or just used the vibrate option on the phone.
*CNA I:
-Left her phone on vibrate without audible alerts.
-Placed the phone in the pocket of her scrub shirt.
-The phone was not contacting her body.

10. Observation and interview on 12/8/21 at 1:35 p.m. on the Arbor unit nurses' station with RN D, and CNAs E and J regarding the call system revealed:
*The call system screen was in the nurses' station.
*There were names on the screen but no audible bell was heard.
*When asked why there was no audible bell heard, RN D stated she did not know why there was no noise. When RN D turned the volume up the call system was audibly heard.
*At the same time CNAs E and J were inside the nurses' station.
-When questioned if the CNAs used the volume on their phones to hear the call system, both CNAs stated they did use the audible volume.
-No audible bell was heard from either phone.

Further interview at that time with RN D revealed the leadership team had pagers to monitor if

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| (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 |
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| F 684 | Continued From page 11<br>lights were being answered. Staff educator/RN C walked out of her office with a pager with the volume up. She stated the leadership team was to attend to the call system if it was not being answered.<br><br>Surveyor: 42477<br>11. Observation and interview on 12/8/21 at 2:00 p.m. revealed:<br>*RN Q and certified medication aide (CMA) L were standing at the nurse's station, at their medication carts.<br>*Neither one had a call light phone on them, nor could see when a resident needed help.<br>*They were unsure if there were any residents who currently were needing assistance.<br>*They have a couple of phones, but they do not have enough for all the staff.<br>*Two of the staff have a call light phone on their unit.<br>-They were not sure where those staff were.<br><br>Further interview on 12/8/21 at 2:10 p.m. with CMA L revealed:<br>*Nights and weekends were usually worse.<br>*They had a lot of call-ins.<br>*They did not have enough staff to complete the tasks that they needed to complete.<br><br>Observation and interview on 12/8/21 at 2:15 p.m. with two CNAs who had wished to remain anonymous revealed:<br>*They did not have enough staff to care for the residents.<br>*They were unable to use two staff while using the lifts to transfer residents.<br>*They had been unable to toilet residents and bath all of the residents.<br>*Surveyor observed that the call phone that had | F 684 | | |

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|---|---|---|---|
| | 435041 | A. BUILDING _____ B. WING _____ | C 12/08/2021 |

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| F 684 | Continued From page 12 | F 684 | | |

been being used by one staff member was lying on the desk.
-Only one staff member had a call phone in their possession who had been working on that wing.

On 12/8/21 at 2:30 p.m. surveyors had requested the following policies:
-Call light policy.
-Lift policy.
-Bathing policy.
-Activities of Daily Living policy.
*ED A stated they had none of the above policies.

Interview on 12/8/21 at 5:32 p.m. with director of nursing services (DNS) B, ED A, MDS Coordinator K, and RN consultant R revealed:
*The process improvement plans (PIPS) they have had in place were related to their July 2021 survey.
*They were to implement marquees so staff could visualize when residents needed assistance.
*They were also supposed to have leadership carry call phones to answer any calls that went over 10 minutes.
-The leadership rounds started in November.
*The marquee had not been installed as of 12/8/21.
-There had been issues with the company.
-Their boss had called the marquee company's boss and it has been scheduled for January 2022.
-They verified it had been rescheduled multiple months.
*They had goals of staff answering call lights within five minutes.
*ED A had not been aware that not all staff were carrying a call phone.
-They had not always been told when staff did not have access to a call phone.

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| F 684 | Continued From page 13 | F 684 | | |

*Two years ago they had ordered 50 call phones.
*They had ordered 10 more call phones at the end of August 2021.
-By the end of November 2021 that one wing of the facility had five phones and the other wing had three.
*They had expected all direct care staff to carry call phones.
*They agreed staff would be unable to answer call lights when they are not aware when a resident needs assistance.
*They had expect residents to be toileted every two to three hours.
*Staff were always supposed to use two staff members while using lifts.

Review of the provider's revised January 2020 Abuse and Neglect policy revealed:
*The provider had a zero-tolerance for resident abuse, neglect, mistreatment, and/or misappropriation of funds.
*Neglect was the failure of the facility, the employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.

Review of the provider's revised June 2021 facility assessment revealed:
*The provider would adjust daily staffing according to census and acuity. The ED had the discretion to adjust staffing to respond to census, acuity, emergency or other extenuating circumstances.
*Toileting programs, incontinence prevention and care, responding to requests for assistance to the bathroom/toilet promptly to order to maintain continence and promote resident dignity.
*Bathing, showers, oral/denture care, and

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

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| F 684 | Continued From page 14<br>dressing were routinely provided by the provider. | F 684 | | |