

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

PRINTED: 03/01/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  436130	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/16/2022
NAME OF PROVIDER OR SUPPLIER  BETHANY HOME - BRANDON			STREET ADDRESS, CITY, STATE, ZIP CODE 3012 E ASPEN BLVD BRANDON, SD 57005	
(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: 42477 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted on 2/16/22. Areas surveyed included misappropriation of property and pharmaceutical services. Bethany Home-Brandon was found not in compliance with the following requirement: F761.	F 000		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  §483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced	F 761	F 761: DON consulted with Avera LTC Pharmacy on 03/01/2022 who supplied four locked boxes that can be permanently affixed inside the medication refrigerators in all medication rooms on each neighborhood in the facility. The injectable lorazepam was placed in these storage containers. The key for the lock box is kept with nurse or med aide on duty. The DON has the spare keys for all lock boxes. <i>Spare key is located in DON office. ANW</i> DON assessed all refrigerators on 02/16/2022 and no other refrigerated controlled substances were present.  DON removed the Tramadol from the Plum Creek med room on 02/16/2022 and double locked the medication in their office. Med is scheduled to be destroyed 03/04/2022. <i>Tramadol was stored in DON office and destroyed</i>  A controlled med sheet was started for the narcotic E-kit stored in the Willow Wood Way refrigerator on 03/03/2022, by Bethany Neighborhood Leader. No other controlled medications were stored in the refrigerator, verified by DON. <i>ANW</i>  IDT reviewed and revised the policies and procedures relating to the Storage of Drugs and Biologicals on 02/17/2022.  DON in conjunction with Avera LTC Pharmacy held an all staff educational session on 02/24/2022 regarding policy updates and proper receipt, storage, administration, destruction/disposal of controlled substances and the Storage of Medication Policy and Procedure. <i>Video recording of education was sent to all staff to complete with competency test. ANW</i>	04/07/22

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

*Hunter Winklerpleck*

TITLE

Administrator

(X6) DATE

03/08/2022

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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NAME OF PROVIDER OR SUPPLIER  BETHANY HOME - BRANDON			STREET ADDRESS, CITY, STATE, ZIP CODE 3012 E ASPEN BLVD BRANDON, SD 57006		
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F 761	<p>Continued From page 1</p> <p>by: Surveyor: 42477</p> <p>Based on observation, interview, and policy review, the provider failed to ensure:</p> <ul style="list-style-type: none"> <li>*Three of three bottles of injectable lorazepam had been secured in the medication refrigerator in two of medication storage (Willow Wood Way and Cottonwood Lane) rooms.</li> <li>*Two of two tramadol cards awaiting return to the pharmacy had been secured in one of four medication storage (Plum) rooms.</li> <li>*A tracking system had been in place for one of one facility's emergency-kits (E-kit) in Cottonwood Lane that contained two vials of lorazepam.</li> </ul> <p>Findings include:</p> <p>1. Observation and interview on 2/16/22 at 1:12 p.m. with director of nursing (DON) B in the facility's Plum neighborhood medication storage room revealed:</p> <ul style="list-style-type: none"> <li>*There was a gray tote of medications waiting to be returned to pharmacy.</li> <li>*Inside the gray tote was a medication card of 30 tablets of tramadol.</li> <li>*There was also a medication card with eight half tablets of tramadol.</li> <li>*The medications were not secured.</li> <li>*DON B agreed those medications were not supposed to be in the unsecured gray tote.</li> </ul> <p>2. Observation and interview on 2/16/22 at 1:30 p.m. with DON B in the facility's Willow Wood Way neighborhood's medication storage room revealed:</p> <ul style="list-style-type: none"> <li>*There was an unlocked fridge with a vial of lorazepam in the fridge.</li> <li>*DON B had not been aware there needed to be a lock on the fridge.</li> </ul>	F 761	<p>Beginning the week of 03/07/2022, DON or designee will audit all med fridges to ensure there are no unlocked controlled substances being stored. Audits will be once a week for 4 weeks and monthly for two more months.</p> <p>Beginning the week of 03/07/2022, DON or designee will audit that no narcotics are being stored in return bins to the pharmacy. Audits will be once a week for 4 weeks and monthly for two more months.</p> <p>Beginning the week of 03/07/2022, DON or designee will be auditing med carts to ensure that controlled substances are being stored properly. Audits will be weekly for 4 weeks and monthly for 2 more months.</p> <p>DON or designee will present the findings of the audit to the QAPI committee at their quarterly meeting for review and recommendation for as long as the QAPI committee deems necessary.</p>		

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F 761	<p>Continued From page 2</p> <p>3. Observation and interview on 2/16/22 at 1:40 p.m. with DON B in the facility's Cottonwood Lane medication storage room revealed: *Inside an unsecured fridge was a facility E-kit with two vials of lorazepam. *They had not been tracking the tag number that had been located on the case of lorazepam. *DON B agreed they should be tracking the tag numbers to monitor unauthorized access to the medication.</p> <p>Phone interview on 2/16/22 at 2:35 p.m. with consultant pharmacist C revealed she agreed: *They should be monitoring and tracking the tag numbers on the E-kits containing lorazepam. *Lorazepam should be secured in a locking fridge. *Tramadol should be secured while waiting to be returned to the pharmacy.</p> <p>Review of the provider's April 2018 Controlled Substances policy revealed: *The facility would comply with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of schedule II and other controlled substances. *Controlled substances would be counted upon delivery by two nursing staff that were receiving the medication. -They would count these medications together and both individuals would sign the designated controlled substance record. *Narcotic medications that had been discontinued or if a resident passed away, the narcotics would be destroyed by two nurses at the facility in a timely manner and not returned to the pharmacy. Those narcotics would continue to be counted by staff until handed over to the Director of Nursing to be stored in a double locked area until two</p>	F 761			

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F 761	<p>Continued From page 3</p> <p>nurses were able to destroy them according to facility policy.</p> <p>*Nursing staff would count controlled medications at the end of each shift. The nurse coming on duty and the nurse staff going off duty must make the count together. They must document and report any discrepancies to the Director of Nursing Services. Both nurses and/or medication aide must visualize the card and/or bottle front and back.</p> <p>*The DON would investigate any discrepancies in narcotics reconciliation to determine the cause and identify any responsible parties.</p> <p>*The DON would consult with the provider pharmacy and the Administrator to determine whether any further legal action was indicated.</p> <p>Review of the provider's June 2019 Storage of Medications policy revealed:</p> <p>*The nursing staff would be responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner.</p> <p>**Compartments for medication storage (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes.) Containing drugs and biologicals (including those to be returned or destroyed) shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others."</p>	F 761			