

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

PRINTED: 02/04/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435084	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2020
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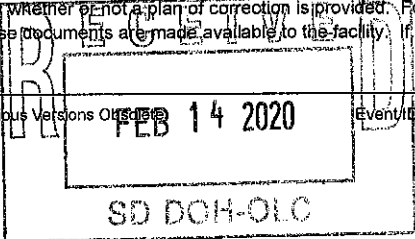
NAME OF PROVIDER OR SUPPLIER FAULKTON SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1401 PEARL ST FAULKTON, SD 57438
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING 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 000	INITIAL COMMENTS Surveyor: 41088 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 1/21/20 through 1/23/20. Faulkton Senior Living was found in compliance.	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
Brenda R. Ferguson **Executive Director** **02/14/2020**

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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E 000	Initial Comments Surveyor: 40506 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 1/21/20 through 1/23/20. Faulkton Senior Living was found not in compliance with the following requirement(s): E041.	E 000	This facility denies that the alleged facts as set forth constitute a deficiency under interpretations of Federal and State law. The preparation of the following plan of corection for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of truth of the facts alleged of conclusions set forth in the statement of deficiencies. The plan of correction was prepared solely because it is required by provisions of State and Federal law. Without waiving the foregoing statement, the facility states that with respect to:	
E 041 SS=D	Hospital CAH and LTC Emergency Power CFR(s): 483.73(e) (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1)(i) and (ii) of this section. §483.73(e), §485.625(e) (e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section. §482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.	E 041	E 041 The Maintenance Director reviewed the situation with The Regional Maintenance Consultant from our management team. The generator service company sent a technician on 02/10/2020. The load transfer time was reduced to 12 seconds. On 02/14/2020 the generator service company technician brought a senior service technician for additional trouble shooting. The generator is governed by software that must be accessed by manufacturer representatives in order to make adjustments. Contact will be made with the generator manufacturer for further adjustments. Corrections will be made as needed to ensure load transfer within the requirements. The Maintenance Director or designee will report quarterly, the outcome of work completed and required monthly testing to the Quality Assurance and Performance Improvement Committee for recommendations or any additional follow-up.	03/13/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Brenda R. Ferguson	TITLE Executive Director	(X6) DATE 02/14/2020
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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.

FEB 14 2020

Event ID: VZFP211

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E 041	<p>Continued From page 1</p> <p>482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>*[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes. (1) National Fire Protection Association, 1 Batterymarch Park,</p>	E 041			

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E 041	<p>Continued From page 2</p> <p>Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.</p> <p>(i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011.</p> <p>(ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.</p> <p>(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.</p> <p>(v) TIA 12-5 to NFPA 99, issued August 1, 2013.</p> <p>(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.</p> <p>(vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.</p> <p>(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.</p> <p>(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.</p> <p>(x) TIA 12-3 to NFPA 101, issued October 22, 2013.</p> <p>(xi) TIA 12-4 to NFPA 101, issued October 22, 2013.</p> <p>(xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 40506</p> <p>Based on interview and record review, the provider failed to perform generator testing under load as required for twelve of twelve months.</p> <p>Findings include:</p> <p>1. On 1/22/20 at 1:50 p.m. record review indicated that during the monthly generator tests under load, the automatic transfer switch had not tranferred power to the generator within ten seconds for the past twelve months.</p> <p>Ref: 2012 NFPA 99 Section 6.4.1.6</p> <p>On 1/22/20 at 2:45 p.m. the maintenance</p>	E 041		

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E 041	Continued From page 3 manager confirmed the load transfer took a minimum of twenty seconds. Failure to reliably transfer power within the required ten seconds increases the risk of death or injury due to fire and emergency. The deficiency affected all emergency power for the building.	E 041			

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K 000	INITIAL COMMENTS Surveyor: 40506 A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 1/22/20. Faulkton Senior Living was found not in compliance with 42 CFR 483.70 (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 deficiencies identified at K918 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000	This facility denies that the alleged facts as set forth constitute a deficiency under interpretations of Federal and State law. The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction was prepared solely because it is required by provisions of State and Federal law. Without waiving the foregoing statement, the facility states that with respect to:	
K 918 SS=D	Electrical Systems - Essential Electric System CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in	K 918	K918 The Maintenance Director reviewed the situation with The Regional Maintenance Consultant from our management team. The Generator Service company sent a technician on 02/10/2020. The load transfer time was reduced to 12 seconds. On 02/14/2020 the generator service company brought a senior service technician for additional trouble shooting. The generator is governed by software that must be accessed by Generac approved service in order to make adjustments. Contact will be made with a Generac representative. Adjustments will be made per results of trouble shooting to adjust load transfer to within 10 seconds. The Maintenance Director or designee will report quarterly, the outcome of work completed and required monthly testing to the Quality Assurance and Performance Improvement Committee for recommendations or any additional auditing.	03/13/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Brenda R. Ferguson	TITLE Executive Director	(X6) DATE 02/14/2020
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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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K 918	<p>Continued From page 1</p> <p>accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 40506</p> <p>Based on interview and record review, the provider failed to perform generator testing under load as required for twelve of twelve months. Findings include:</p> <p>1. On 1/22/20 at 1:50 p.m. record review indicated that during the monthly generator tests under load, the automatic transfer switch had not transferred power to the generator within ten seconds for the past twelve months. Ref: 2012 NFPA 99 Section 6.4.1.6</p> <p>On 1/22/20 at 2:45 p.m. the maintenance manager confirmed the load transfer took a minimum of twenty seconds.</p> <p>Failure to reliably transfer power within the required ten seconds increases the risk of death or injury due to fire and emergency.</p> <p>The deficiency affected all emergency power for the building.</p>	K 918		

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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10619	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2020
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S 000	Compliance/Noncompliance Statement Surveyor: 41088 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 1/21/20 through 1/23/20. Faulkton Senior Living was found not in compliance with the following requirement: S 296	S 000		
S 296	44:73:07:11 Director of Dietetic Services A full time dietary manager who is responsible to the administrator shall direct the dietetic services. Any dietary manager that has not completed a Dietary Manager's course, approved by the Association of Nutrition & Foodservice Professionals, shall enroll in a course within 90 days of the hire date and complete the course within 18 months. The dietary manager and at least one cook must shall successfully complete and possess a current certificate from a ServSafe Food Protection Program offered by various retailers or the Certified Food Protection Professional's Sanitation Course offered by the Association of Nutrition & Foodservice Professionals, or successfully completed equivalent training as determined by the department. Individuals seeking ServSafe recertification are only required to take the national examination. The dietary manager shall monitor the dietetic service to ensure that the nutritional and therapeutic dietary needs for each resident are met. If the dietary manager is not a dietitian, the facility shall schedule dietitian consultations onsite at least monthly. The dietitian shall approve all menus, assess the nutritional status of residents with problems identified in the assessment, and review and revise dietetic policies and procedures during scheduled visits. Adequate staff whose working hours are	S 296	This facility denies that the alleged facts as set forth constitute a deficiency under interpretations of Federal and State law. The preparation of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of truth of the facts alleged of conclusions set forth in the statement of deficiencies. The plan of correction was prepared solely because it is required by provisions of state and federal law. Without waiving the foregoing statement, the facility states that with respect to: S296 A full time dietary manger began employment on 01/27/2020. The dietary manager will enroll in an approved Dietary Manager course within 90 days of hire. The Executive Director or designee will present quarterly progress reports to the Quality Assurance Performance Improvement Committee for further recommendations and follow-up.	01/27/2020

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

Brenda R. Ferguson

TITLE

Executive Director

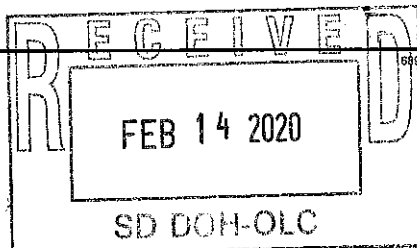
(X6) DATE

02/14/2020

STATE FORM

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If continuation sheet 1 of 2



South Dakota Department of Health

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S 296	Continued From page 1 scheduled to meet the dietetic needs of the residents shall be on duty daily over a period of 12 or more hours in facilities. This Administrative Rule of South Dakota is not met as evidenced by: Surveyor: 41088 Based on interview, the provider failed to ensure a full-time dietary manager was employed and directing the dietetic services. 1. Interview on 1/21/20 at 3:51 p.m. with the administrator during the initial kitchen tour revealed: *They did not have a full-time dietary manager. *They had been without for approximately eight months. *She stated "I know we are not in compliance with the regulation".	S 296		
S 000	Compliance/Noncompliance Statement Surveyor: 41088 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 1/21/20 through 1/23/20. Faulkton Senior Living was found in compliance.	S 000		