

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/04/2024
NAME OF PROVIDER OR SUPPLIER  Jenkin's Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  215 South Maple Street Watertown, SD 57201	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50015</b></p> <p>Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI), record review, policy review, and interview the provider failed to ensure the safety of one of one sampled resident (1) who had an unwitnessed fall and required hospitalization for injuries the next day. This citation is considered past non-compliance based on a review of the provider's corrective actions immediately following the incident. Findings include:</p> <p>1. Review of provider's [DATE] DOH FRI for resident 1 revealed:</p> <p>*On [DATE] at 10:25 p.m. he had an unwitnessed fall.</p> <p>-His Brief Interview for Mental Status (BIMS) score was 7 which meant he had severe cognitive impairment.</p> <p>-He was found in the middle of his room on the floor, lying on his back.</p> <p>-His vital signs were taken and were within normal limits.</p> <p>-He was able to move all extremities.</p> <p>-He complained of right knee pain while on the floor.</p> <p>-He denied hitting his head.</p> <p>-He takes Warfarin (blood thinner medication).</p> <p>-Neuro checks were not indicated to be completed per the provider's Emergency Procedures policy.</p> <p>*After being assisted off the floor he complained of right hip pain.</p> <p>-He was given as needed acetaminophen (pain medication).</p> <p>*His physician was faxed about the fall.</p> <p>*His family was notified of the fall.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*On [DATE] at 9:00 a.m. a nurse assessed him and found him to have fixed pupils, and not acting like himself.</p> <p>-His vitals were taken, and his blood pressure was low at ,d+[DATE].</p> <p>-He was sent to the emergency room (ER) for evaluation.</p> <p>*He was admitted to the hospital for:</p> <p>- A fractured right hip.</p> <p>- A subarachnoid hemorrhage (bleeding in the brain).</p> <p>-A critical Troponin level (indicative of a heart attack).</p> <p>*He returned to the facility on [DATE] at 1:20 p.m.</p> <p>-He was admitted to a hospice program.</p> <p>-His code status was changed to Do Not Resuscitate (no CPR).</p> <p>*He passed away on [DATE] at 3:15 p.m.</p> <p>2. Interview on [DATE] at 4:45 p.m. with administrator A and director of nursing B revealed:</p> <p>*Residents were categorized as fall risk based on past fall history.</p> <p>*No fall risk assessments were done for residents before [DATE].</p> <p>*There was no Fall Policy and Procedures Policy before [DATE].</p> <p>*Per provider's Emergency Procedures policy if resident hit head Neuro checks would be completed.</p> <p>The provider's implemented actions to ensure the deficient practice does not reoccur was confirmed on [DATE] after record review revealed:</p> <p>*The provider followed their quality assurance process and education was provided, to all nursing care staff.</p> <p>-The nursing staff had been educated on their Emergency Procedures Policy update, Abuse and Neglect Policy, Reporting Requirements Policy and the new Fall Policy and Procedures for Long Term Care Facility.</p> <p>-Neuro checks are now to be completed for all unwitnessed falls.</p> <p>-Nurses are now to document in the nurse's notes for 72 hours post fall.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-New Fall Risk Assessments were completed on all residents on [DATE], and they are to be completed upon admission and periodically after that, especially after a significant change in a resident's condition.</p> <p>-Updating of the resident's care plan is to be completed following assessment completion.</p> <p>-Audits on care plans and pocket care plans were started and completed on [DATE], [DATE], and [DATE]. These will be reviewed during QAPI (Quality Assurance and Performance Improvement) meetings.</p> <p>*Record review of other resident falls after [DATE] showed they were following their new and updated policies.</p> <p>*Observations and staff interviews revealed the staff understood the education provided and the revised processes.</p> <p>Based on the above information, non-compliance at F689 occurred on [DATE], and based on the provider's implemented corrective action for the deficient practice confirmed on [DATE], the non-compliance is considered past non-compliance.</p>