

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Avera Sister James Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2111 West 11th Street Yankton, SD 57078	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47780</p> <p>Based on observation, interview, record review, and policy review, the provider failed to ensure:</p> <p>*Two of two sampled residents' (80 and 330) had been assessed to determine their ability to have safely self-administered those medications and a physician's order to self-administer those medications.</p> <p>*One of one sampled resident (330) who stored a self-administered medication at his bedside had a physician's order to have stored that medication at his bedside.</p> <p>Findings included:</p> <p>1. Observation and interview on 1/7/25 at 9:32 a.m. with resident 330 revealed:</p> <p>*Resident 330 was seated on the edge of the bed with a face oxygen mask on.</p> <p>*He was on 6 liters of oxygen.</p> <p>*Stated he had a bloody nose that morning.</p> <p>-Stated his nose would often get dry from the oxygen, and would bleed.</p> <p>*There was a prescription nasal spray on the bedside table.</p> <p>*Resident 330 stated he used that nasal spray every morning for his dry nose.</p> <p>Review of resident 330's electronic medical records (EMR) revealed:</p> <p>*He was admitted to the facility on [DATE].</p> <p>*His diagnoses included: acute congestive heart failure, acute respiratory failure, chronic obstructive pulmonary disease, oxygen use, and hypertension.</p> <p>*A request was sent to the physician for an order for the nasal spray on 11/20/24.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*There was no documented assessment completed for the resident to determine his ability to safely self-administer the nasal spray.</p> <p>*There was no physician's order for the resident to self-administer the nasal spray or to have it kept at his bedside.</p> <p>Interview on 1/8/25 at 7:54 a.m. with registered nurse (RN) supervisor C revealed:</p> <p>*She was unaware resident 330 was self-administering the nasal spray.</p> <p>*She was responsible for the completion of a medication self-administration assessment for resident 330.</p> <p>40788</p> <p>2. Observation and interview on 1/6/25 at 4:39 p.m. in resident 80's room revealed:</p> <p>*A nebulizer machine (a medical device that delivers liquid medication that forms a fine mist for inhalation) sat on her bedside table.</p> <p>-She used that machine daily to administer her breathing treatments.</p> <p>Review of resident 80's EMR revealed:</p> <p>*Her diagnoses included chronic respiratory failure with hypoxia (low levels of oxygen in the body tissues).</p> <p>*Her physician's orders included nebulizer treatments that were scheduled three times a day and as needed every four hours.</p> <p>-There was no physician's order for her to have self-administered her nebulizer treatment.</p> <p>Observation on 1/7/25 at 2:45 p.m. outside of resident 80's room revealed:</p> <p>*She was self-administering a breathing treatment using her nebulizer machine.</p> <p>*RN E entered the resident's room, turned off the nebulizer machine, cleaned and properly stored the nebulizer equipment, and then exited the room.</p> <p>Interview on 1/8/24 at 9:30 a.m. with RN E regarding the observation above revealed:</p> <p>*It was her practice to set up the resident's nebulizer machine with the physician-ordered medication, turn the machine on, and allow the resident to self-administer her breathing treatment.</p> <p>*Residents who self-administered a medication were expected to have been assessed to ensure they were safely able to perform that task.</p> <p>-She did not know if a medication self-administration assessment was completed for resident 80.</p> <p>(continued on next page)</p>

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview and EMR review on 1/8/25 at 9:35 a.m. with RN supervisor D regarding resident 80's self-administration of her nebulizer treatment revealed:</p> <p>*There was no medication self-administration assessment or physician's order supporting the resident's ability to have safely self-administered her nebulizer treatments but there should have been.</p> <p>Review of the provider's revised September 2023 Self-Administration of Medications policy revealed:</p> <p>Policy:</p> <p>A resident may only self-administer medications after the IDT [interdisciplinary team] has determined which medications may be safely self-administered.</p> <p>Procedure:</p> <p>C. Determination of the residents' ability to self-administer medication by the IDT will be documented in the resident's medical record and on the care plan. The documentation will also include the participation of the resident and resident representative, if applicable, in the assessment and care plan process.</p> <p>F. A physician's order will be obtained and recorded in the chart. The order also will include which specific medications can be kept at the bedside. This order is placed on the Resident Status Board.</p>

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<p>F 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have policies on smoking.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50916</p> <p>Based on observation, interview, record review, and policy review, the provider failed to implement their tobacco free campus policy for three of three sampled residents (66, 115, and 144) who smoked on the provider's property.</p> <p>Findings include:</p> <p>1. Observation on 1/7/24 at 8:29 a.m. of resident 144 revealed:</p> <p>*She was seated in a wheelchair with a coat on.</p> <p>*She used the side exit door on the Chalkstone Drive neighborhood to go out to smoke.</p> <p>*The exit door had been propped open and a staff member stood there and monitored her while she smoked a cigarette.</p> <p>2. Observation and interview on 1/7/25 at 9:56 a.m. with resident 66 in his room revealed:</p> <p>*He smoked and kept his smoking supplies in his room.</p> <p>*The staff would let him out when he wanted to go smoke.</p> <p>3. Observation on 1/8/25 at 1:01 p.m. of resident 115 revealed:</p> <p>*She had been outside smoking on the facility property.</p> <p>*She discarded her cigarette in the landscaping in the facility parking lot.</p> <p>4. Interview on 1/8/25 at 8:42 a.m. with registered nurse (RN) supervisor G regarding resident 66's smoking revealed:</p> <p>*He did not keep any supplies in his room and would ask other residents for cigarettes when he wanted to smoke.</p> <p>*He had a smoking assessment completed and was determined to be safe to smoke independently.</p> <p>*He only smoked at night.</p> <p>*She confirmed residents had been smoking all over, even though they were a tobacco-free campus.</p> <p>*Director of nursing (DON) B had been working on a notice to provide to residents who smoked informing them that smoking would not be allowed on campus.</p> <p>5. Interview on 1/8/25 at 10:43 a.m. with RN supervisor F regarding residents' smoking revealed:</p> <p>(continued on next page)</p>		

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<p>F 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*The facility had allowed residents who smoked to use the exit door at the end of the hallway by the fireplaces in each of their neighborhoods.</p> <p>*The side exit doors were unlocked and had a bucket sitting outside for cigarette butts to be extinguished in.</p> <p>*DON B had planned on sending out individual letters to residents who smoked informing them that there would be a ban on smoking.</p> <p>6. Interview on 1/8/24 at 1:55 p.m. with DON B regarding residents smoking revealed:</p> <p>*Residents were originally supposed to smoke at the end of the driveway of the facility.</p> <p>*Since there had been a lot of noncompliance with that by residents who smoked, the facility allowed them to smoke outside of the exit door of their assigned neighborhood.</p> <p>*She planned on sending a notice to residents who smoked that there would be no smoking allowed on campus.</p> <p>*Residents had sat out in the courtyard and in front of the building to smoke.</p> <p>*Smoking assessments were to be completed for residents who wished to go outside and smoke.</p> <p>*If residents were determined unsafe to smoke independently, staff were to assist them outside and monitor them.</p> <p>*Residents' smoking supplies were to be kept in their locked medication drawer in their room or in the nurses station.</p> <p>*Residents were allowed to smoke anytime they wanted.</p> <p>7. Review of resident 144's electronic medical record (EMR) revealed:</p> <p>*She had a Brief Interview of Mental Status (BIMS) assessment score of 15 which indicated she was cognitively intact.</p> <p>*She was admitted on [DATE].</p> <p>*Her diagnoses included bipolar disorder, risk of malnutrition, spinal stenosis (spinal narrowing), and nicotine dependence.</p> <p>*On 10/13/23 her care plan indicated she smoked.</p> <p>*Her smoking evaluation had been completed on 10/18/24 which determined her safe to smoke independently.</p> <p>8. Review of resident 66's EMR revealed:</p> <p>(continued on next page)</p>		

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