

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Bethesda of Beresford		STREET ADDRESS, CITY, STATE, ZIP CODE 606 W Cedar Beresford, SD 57004	

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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>45683</p> <p>Based on record review, interview, and policy review, the provider failed to ensure a Bed Hold Notice form was given to four of four sampled residents (1, 2, 3, and 4) prior to transfer to the emergency departmentl.</p> <p>Findings include:</p> <p>1. Review of resident 1's electronic medical record (EMR) revealed:</p> <ul style="list-style-type: none"> *She required an emergency room evaluation on 4/4/24. *Resident 1 was hospitalized for nausea/vomiting and stomach pain. *Her emergency contact had been notified on 4/4/24 of the need for an emergency room evaluation. *There had not been any documentation found regarding notification of the resident's bed hold. <p>2. Review of resident 2's EMR revealed:*She required an emergency room evaluation on 6/20/24.</p> <ul style="list-style-type: none"> *Resident 2 was hospitalized for gastrointestinal bleeding. *Her power of attorney (POA) was notified on 6/20/24 of the need for an emergency room evaluation. *There had not been any documentation found regarding notification of the resident's bed hold. <p>3. Review of resident 3's EMR revealed:</p> <ul style="list-style-type: none"> *She required an emergency room evaluation on 3/24/24. *Resident 3 was hospitalized for sepsis of unknown organism. *Her POA was notified on 3/25/24 of the need for hospitalization . *There had not been any documentation found regarding notification of the resident's bed hold. <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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Review of resident 4's EMR revealed:</p> <p>*He required an emergency room evaluation on 4/14/24.</p> <p>*Resident 4 was hospitalized for pneumonia.</p> <p>*His POA was notified on 4/14/24 of the need for hospitalization .</p> <p>*There had not been any documentation found regarding notification of the resident's bed hold.</p> <p>5. Interview on 8/8/24 at 9:10 a.m. with administrator A regarding the bed hold for residents that required hospitalization revealed:*Residents who had been sent to the emergency room and required hospitalization should have received a bed hold notice.</p> <p>*She had changed who was responsible for doing the bed holds in April.</p> <p>*She thought the business manager was doing the bed hold notices, but he was not doing them.</p> <p>*She agreed the bed hold notices were not given to the residents when they transferred to the hospital.</p> <p>6. Review of the provider's undated Resident Admission/Bed hold/Readmission policy revealed:</p> <p>*A bed will be held for the resident during his/her absence from the facility as long as the resident or responsible party agrees to pay the established base room rate. The responsible party/resident will be asked to sign or give verbal consent to a bed hold policy within 48 hours of transfer. The Department of Social Services will reimburse the facility 100% for Medicaid absence of up to 5 days if the absence is due to admission to an acute care general hospital, and a maximum of 15 days if the absence is for a therapeutic home visit, and the absence has been provided for in the individual's plan of care.</p>		