

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 08/01/2024
NAME OF PROVIDER OR SUPPLIER Faulkton Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 Pearl St Faulkton, SD 57438	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47416</p> <p>Based on observation, interview, and policy review, the provider failed to ensure the privacy and confidentiality of resident electronic health records had been maintained by two of two staff (licensed practical nurse (LPN) C and certified nursing assistant (CNA) D, during medication administration. Findings include:</p> <p>1. Observation and interview 7/30/24 from 8:50 a.m. to 9:00 a.m. of one medication cart computer in the dining room with LPN C revealed:</p> <p>*It was placed in the dining area and there were no staff within view of the medication cart.</p> <p>*The medication computer screen faced the wall, was open and displayed a resident's electronic medical record (EMR).</p> <p>*The unattended computer screen was visible to any resident, staff, or visitors that would have been passing by the medication cart.</p> <p>*It contained the following information:</p> <ul style="list-style-type: none"> -The resident's name and room location. -Age and date of birth. -Gender. -Allergies. -Medical record number. <p>*LPN C agreed the screen should not have been left open and should have been shut.</p> <p>*She thought since the screen was facing the wall no one would have looked at it.</p> <p>*She was not sure how to lock the screen.</p> <p>*She agreed it was a violation of Health Insurance Portability and Accountability Act (HIPAA).</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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Observation on 8/1/24 at 7:57 a.m. of one medication cart computer located in the dining room revealed:</p> <ul style="list-style-type: none"> *CNA D had been in the dining area administering medications to a resident. *She had walked away from the medication cart. *The medication computer screen was open and displayed a resident's medication administration record (MAR). *The record had been visible to any resident, staff or visitors passing by the medication cart. <p>3. Observation and interview on 8/1/24 at 1:41 p.m. of one medication cart computer located in the 200-hallway with CNA D revealed:</p> <ul style="list-style-type: none"> *The medication computer screen was opened and displayed a resident's EMR. *She had walked away from the medication cart and was in a resident's room. *She agreed she should not have left the medication cart with the screen open with the resident's information displayed on it. *She was not feeling well and was not doing her job 100%. *She only does medication pass once a month and feels it is like new every time she does it. *She stated she has not had re-training in [AGE] years. <p>4. Interview on 8/1/24 at 11:26 a.m. with director of nursing (DON) B regarding the above observations revealed she:</p> <ul style="list-style-type: none"> *Would have expected all nurses to have locked the medication carts and the computer screen prior to leaving the medication cart unattended. *Agreed that if the computer screen was not locked when unattended resident's personal health information could have been viewed by anyone walking past that medication cart. <p>5. Review of provider's February 2019 Notice of Privacy Practice policy revealed:</p> <ul style="list-style-type: none"> *How will this Facility protect my health information? - This Facility works hard to protect your health information. We use computer systems to store your health information. We have protections in place to keep your information from being seen by anyone that should not see it. *Electronic health records/ health information <p>(continued on next page)</p>		

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-This electronic health record is a secure system. This Facility and the providers using the system are trained to ensure your information is private.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47416</p> <p>Based on observation, interview, and policy review, the provider failed to ensure two of five mechanical lifts shared for multiple resident use were maintained in a clean and sanitary manner.</p> <p>Findings include:</p> <p>1. Observation on 7/30/24 at 8:26 a.m. in the 300-hallway revealed:</p> <ul style="list-style-type: none"> *The Volaro Full Body Lift had a torn and cover that left a non-cleanable surface area on the top of the lift. *There was rust and scratched paint on the top of the lift's legs. <p>2. Observation on 7/30/24 at 9:58 a.m. of the Volaro sit-to-stand aide lift in the 300-hallway revealed:</p> <ul style="list-style-type: none"> *There was a buildup of food particles and dirt on the foot base. *The knee padding was worn and torn. *The foot base was missing several areas of paint with exposed rusted metal. *The right wheelbase of the lift had a large gouge in the rusted metal. <p>3. Interview on 7/31/24 at 10:42 a.m. with CNA E revealed:</p> <ul style="list-style-type: none"> *She was unsure how to clean the damaged portions of the two lifts. *She was unsure if there was a policy on how to clean the lifts. <p>4. Interview on 8/1/24 at 11:26 a.m. with DON B revealed:</p> <ul style="list-style-type: none"> *No one had informed her that the mechanical lifts were damaged and needed repair. *She would have expected all equipment would be in good working order and sanitized properly between each use. <p>5. Review of the provider's May 2024 General information Prevention and Control policy.</p> <p>*Procedure:</p> <ul style="list-style-type: none"> -a. All items for resident care will be cleaned and disinfected and will be designated for the resident's use only. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-i. Reducing and /or preventing infections through indirect contact requires the decontamination (i.e., cleaning, sanitizing, or disinfecting an object to render it safe for handling) for resident equipment, medical devices, and the environment.</p> <p>*Nursing Weekly Cleaning Tasks</p> <p>-Multiple use items will be cleaned and disinfected between each resident use:</p> <p>d. Mechanical lifts.</p>