

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435109	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2024
NAME OF PROVIDER OR SUPPLIER  Firesteel Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1120 East 7th Avenue Mitchell, SD 57301	

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 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</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) complaint report review, record review, and interview, the provider failed to correctly administer medications as ordered for one of one sampled resident (1) who required hospitalization . Failure to administer medications as ordered may have contributed to resident 1's health condition and need for hospitalization . This citation is considered past non-compliance based on a review of the corrective actions the provider implemented following the incident.</p> <p>Findings include:</p> <p>1. Review of SD DOH complaint revealed resident 1 had not received his medications as ordered after his 1/10/24 admission to the facility and he required another hospitalization on [DATE] .</p> <p>Review of resident 1's electronic medical record (EMR) revealed:</p> <p>*He was hospitalized on [DATE] for the evaluation and treatment of hypokalemia (low potassium), falls, rib fractures, acute kidney injury, and dehydration.</p> <p>*On 1/10/24 he was admitted to the facility following the hospital stay. His diagnosis included hypopotassemia (low potassium), anemia, acute kidney injury, chronic kidney disease stage III, hypertension, and malignant neoplasm (cancer) of the bladder.</p> <p>*His potassium level at the time of his discharge from the hospital on 1/10/24 was 2.8. (normal range is 3.5-5.1).</p> <p>*His 1/10/24 hospital discharge orders included new orders for four medications including:</p> <ul style="list-style-type: none"> <li>-One Folic acid 1 milligram (mg) tablet daily for anemia due to folic acid deficiency.</li> <li>-Two Potassium chloride 20 milliequivalents (mEq) extended-release tablets twice daily for Hypopotassemia.</li> <li>-Two Sodium bicarbonate 650 mg tablets three times daily for acute kidney injury.</li> <li>-Urea-lactic acid 10-4% cream topically twice daily for sebaceous cyst.</li> </ul> <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 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of resident 1's January 2024 medication administration record (MAR) revealed he had not received his ordered:</p> <ul style="list-style-type: none"> <li>*Folic Acid 1 mg to be given once daily on 1/11/24 and 1/12/24.</li> <li>*Potassium Chloride ER Give 40 mEq to be given twice daily on: <ul style="list-style-type: none"> <li>-1/10/24 at 8 p.m.</li> <li>-1/11/24 at 8 a.m.</li> <li>-1/11/24 at 8 p.m.</li> <li>-1/12/24 at 8 a.m.</li> <li>-1/12/24 at 8 p.m.</li> </ul> </li> </ul> <p>Review of resident 1's progress notes revealed:</p> <ul style="list-style-type: none"> <li>*On 1/11/24 at 10:41 a.m. a pharmacy note regarding the review of resident 1's admitting orders indicated remote review per facility request, no recommendations .</li> <li>*Registered nurse (RN) E documented on 1/13/24 at 1:40 p.m. Family made aware of not receiving Potassium and 40 MEQ taken from E-kit [emergency medication supply] (4- 10 meq tabs) earlier this AM and given to resident.</li> <li>*Licensed practical nurse (LPN) G documented on 1/14/24 at 8:21 a.m. Received lab report; abnormal results as follows: <ul style="list-style-type: none"> <li>-Potassium: 2.6 L</li> <li>-Chloride: 114 H</li> <li>-CO2: 15 L</li> <li>-Calcium: 8.4 L</li> <li>-BUN: 42 H</li> <li>-Creatine: 4.9 H</li> <li>-BUN/Create Ratio: 8.6 L</li> <li>-GFR (MDRD) 12 L</li> <li>-GFR (CKD-EPI) 12 L</li> </ul> </li> </ul> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The provider's implemented actions to ensure the deficient practice does not reoccur was confirmed on 5/30/24 after record review revealed the facility had followed their quality assurance process, education was provided to all nursing care staff regarding medication orders processing, pharmacy notification, E-kit medication availability and administration of medications as ordered, interviews revealed staff understood the education provided regarding those topics, observation of the E-kit contained medications, as listed on its content sheet were available for resident use, and a review of recently admitted residents revealed no omissions on medication administration records.</p> <p>Based on the above information, non-compliance at F760 occurred on 1/10/24, and based on the provider's implemented corrective actions for the deficient practice confirmed on 5/30/24, the non-compliance is considered past non-compliance.</p>		