

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER Fountain Springs Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Wesleyan Blvd Rapid City, SD 57702	

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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40788</p> <p>Based on the South Dakota Department of Health (SD DOH) facility reported incident (FRI), interview, record review, and policy review, the provider failed to ensure:</p> <p>*A physician-ordered diet order was followed for one of one sampled resident (1).</p> <p>*Appropriate and timely emergency medical intervention was initiated for one of one sampled resident (1) who choked during a meal service.</p> <p>On [DATE] at 9:00 a.m., an Immediate Jeopardy was identified for a FRI related to the quality of resident care and treatment that occurred on [DATE]. The investigation revealed verbal and written education initiated on [DATE] removed the immediacy. Substantial compliance was confirmed on [DATE] after review of the provider's Quality Assurance and Performance Improvement (QAPI)/Quality Assessment and Assurance (QAA) minutes, documented staff education, competencies and audit information, personnel files, observation of the main kitchen and dining room, and multiple staff interviews. The provider was found to have past non-compliance at F684 related to the provider's failure to ensure a physician-ordered resident diet order was followed and appropriate emergency medical intervention was initiated timely.</p> <p>On [DATE] at 2:15 p.m. the Immediate Jeopardy template was electronically mailed to administrator A for reference.</p> <p>Findings include:</p> <p>1. Review of the SD DOH FRI regarding resident 1 revealed:</p> <p>*She choked in the main dining room during a noon meal fed to her by her visiting sister on [DATE].</p> <p>*Staff provided abdominal thrusts then administered cardiopulmonary resuscitation (CPR) after she became unresponsive.</p> <p>-She passed away at the facility after emergency medical personnel arrived and took over the chest compressions until an emergency room physician ordered to cease CPR.</p> <p>Review of resident 1's electronic medical record (EMR) revealed:</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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>*She was [AGE] years old and her date of admission to the facility was [DATE].</p> <p>*Her diagnoses included: spastic hemiplegic cerebral palsy, Parkinson's disease, atrial fibrillation, depression, and anxiety.</p> <p>*A [DATE] physician's code status order to: DNR (do not resuscitate).</p> <p>*A [DATE] physician's diet order for: Regular texture, mildly-thick liquid consistency. Minced and moist meats and full supervision; NO straws. Add moisture to meats for diet.</p> <p>*Her [DATE] quarterly Minimum Data Set (MDS) assessment indicated she had no broken or loosely fitting dentures. The resident held food in her mouth during and following meals. She coughed or choked during meals.</p> <p>*Registered dietician E's [DATE] quarterly assessment indicated the resident required staff assistance to be fed. Her diet included mildly thick liquids and minced and moist meat.</p> <p>Interview, review of personnel files, and review of the certified nurse aide (CNA) job description on [DATE] at 10:20 a.m. with human resources (HR) manager C revealed:</p> <p>*The licenses or certifications for a sample of staff identified in the FRI (registered nurse B, CNA/certified medication aide G, and CNA H) were current.</p> <p>*Review of the updated [DATE] CNA job description revealed CPR certification was not a requirement of that position.</p> <p>*HR manager C stated:</p> <p>-Several CNAs became CPR-certified after the incident and another group of CNAs was scheduled to take a CPR course in [DATE]. The facility's goal was to have all CNAs CPR-certified.</p> <p>-Managers on duty were now expected to be CPR-certified.</p> <p>-A facility RN planned to become a CPR instructor for the facility.</p> <p>Interview on [DATE] at 10:44 a.m. with dietary manager (DM) D revealed:</p> <p>*Cook F failed to correctly prepare and plate resident 1's meal and was terminated from employment on [DATE].</p> <p>*Resident 1's tray card indicated her meat was to have been minced and moist in consistency.</p> <p>-The breaded cod served to her on [DATE] was not put through the food processor and no moisture was added to it before it was served to resident 1.</p> <p>*DM D had documentation to support on [DATE] cook F was able to satisfactorily read and interpret recipes and verbalize the variations in therapeutic diets, modified diets, and liquids.</p> <p>(continued on next page)</p>		

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