

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Menno-Olivet Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 402 S Pine Street Menno, SD 57045	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49958</p> <p>Based on observation, interview, record review, and the Centers for Medicaid and Medicare (CMS) Resident Assessment Instrument (RAI) Manual review, the provider failed to ensure the Minimum Data Set (MDS) assessments were coded accurately for:</p> <p>*One of one resident (6) who received insulin.</p> <p>*One of one resident (12) who had a bed alarm.</p> <p>Findings include:</p> <p>1. Observation and interview on 10/29/24 at 9:24 a.m. with resident 6 revealed he was diabetic and received daily injections of insulin.</p> <p>Review of resident 6's electronic medical record (EMR) revealed:</p> <p>*He was admitted on [DATE].</p> <p>*His 10/17/24 Brief Interview for Mental Status (BIMS) assessment score was 15, which indicated he was cognitively intact.</p> <p>*A 10/7/24 physician's order for Insulin Glargine Subcutaneous Solution Pen-injector 100 UNIT/ML [unit per milliliters] (Insulin Glargine) Inject 16 unit subcutaneously two times a day.</p> <p>*He had been administered that insulin injection as ordered two times a day.</p> <p>Review of resident 6's 10/17/24 initial Minimum Data Set (MDS) assessment, section N (Medications) revealed:</p> <p>*Record the number of days that injections of any type were received during the last 7 days or since admission/entry or reentry if less than 7 days.</p> <p>-It was marked 1.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*Insulin injections - Record the number of days that insulin injections were received during the last 7 days or since admission/entry or reentry if less than 7 days.</p> <p>-It was marked 0 [zero].</p> <p>*Orders for insulin - Record the number of days the physician (or authorized assistant or practitioner) changed the resident's insulin orders during the last 7 days or since admission/entry or reentry if less than 7 days.</p> <p>-It was marked 0 [zero].</p> <p>Interview on 10/29/24 at 11:03 a.m. with director of nursing (DON) B regarding resident 6 revealed she:</p> <p>*Was responsible for the completion of the MDS assessment.</p> <p>*Confirmed resident 6 was on daily injections of insulin.</p> <p>*Confirmed that the MDS assessment did not accurately reflect that resident 6 had received insulin daily since he had been admitted .</p> <p>*She stated, I will create the modification now. Thank you for catching that.</p> <p>2. Observation on 10/28/24 at 4:51 p.m. of resident 12's room revealed:</p> <p>*He was not in his room.</p> <p>*His call light was clipped to itself against the wall in the center of the room.</p> <p>*The bed contained a bottom sheet and an incontinent pad.</p> <p>-A bed alarm pad was visible under the bottom sheet.</p> <p>Observation on 10/29/24 at 2:39 p.m. of resident 12's revealed:</p> <p>*He was in his bed.</p> <p>*His call light was clipped to itself against the wall in the center of the room.</p> <p>Review of resident 12's EMR revealed:</p> <p>*He was admitted on [DATE].</p> <p>*His 9/12/24 BIMS score was 6, which indicated he was severely cognitively impaired.</p> <p>*A 4/3/24 physician's order for Bed/chair alarm in use for high fall risk.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of resident 12's 9/12/24 quarterly MDS assessment, section P (Restraints and Alarms) revealed:</p> <ul style="list-style-type: none"> *Bed alarm was coded as Not used. *Chair alarm was coded as Not used. <p>Interview on 10/30/24 at 7:46 a.m. with DON B regarding resident 12 revealed:</p> <ul style="list-style-type: none"> *Resident 12 had a bed and a chair alarm that he used at all times. -The alarms were silent alarms that notified the nurse and were used as the call light so that when he gets up it alerts the staff. -They were assessed as an intervention and not as a restraint. *She confirmed that the bed and chair alarms had been coded on the previous MDS assessment. *She stated, I missed it [coding of the alarm] on the last [9/12/24] MDS [assessment]. <p>Review of the October 2023 CMS RAI Version 3.0 Manual Section N, Page N-1 revealed:</p> <ul style="list-style-type: none"> *The intent of the items in this section is to record the number of days, during the last seven days (or since admission/entry or reentry if less than 7 days) that any type of injunction, insulin, and/or selected medications were received by the resident. <p>Review of the October 2023 CMS RAI Version 3.0 Manual Section P, Page P-8 revealed:</p> <ul style="list-style-type: none"> *An alarm is any physical or electronic device that monitors resident movement and alerts the staff, by either audible or inaudible means, when movement is detected, and may include bed, chair, and floor sensor pads .

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>47780</p> <p>Based on observation, record review, interview and policy review, the provider failed to ensure resident care plans were revised to reflect the current needs of three of fifteen sampled residents (11, 12, and 21).</p> <p>Findings include:</p> <p>1. Observation on 10/29/24 at 10:39 a.m. of resident 11's room revealed:</p> <p>*Her bed was up against the wall and had a wrap-around head and arm pillow with an air mattress on the bed.</p> <p>*A recliner was in the corner of the room and placed in the seat of the recliner were two heel protector booties.</p> <p>*In front of the recliner was an Omni-chair (Chair for pressure ulcer management).</p> <p>Review of resident 11's care plan on 10/29/24 revealed:</p> <p>*An initiated 6/20/24 focus area that included, [Resident 11] has an unstageable pressure ulcer to [her] right heel r/t [related to] limited mobility.</p> <p>*The 6/20/24 goal for that focus area included:</p> <ul style="list-style-type: none"> - Pressure ulcer will show signs of healing and remain free from infection by/through review date. -Monitor dressing daily to ensure it is intact and adhering. -The resident requires supplemental protein, amino acids, vitamins, minerals as ordered to promote wound healing. - Treat pain as per orders prior to treatment/turning etc. to ensure The resident's comfort. - Turn and Reposition at least Q [every] 2 hours when in bed. Change position throughout the day between Omni-chair. And w/c [wheelchair] (for meals) assist to lay in bed during the day. - [Resident 11] requires Pressure relieving/reducing device on bed. - Weekly treatment documentation to include measurements of each area of skin breakdown's width, length, depth, type of tissue and exudate. <p>Review of the facility provided 10/28/24 Matrix did not indicate resident 11 had a pressure ulcer.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 10/29/24 at 3:35 p.m. with director of nursing (DON) B regarding resident 11's care plan revealed:</p> <p>*She did not have a pressure ulcer on her right heel.</p> <p>*DON confirmed the focus area for the pressure ulcer should have been resolved on her care plan.</p> <p>49958</p> <p>2. Observation on 10/28/24 at 4:51 p.m. of resident 12's room revealed:</p> <p>*He was not in his room.</p> <p>*His call light was clipped to itself against the wall in the center of the room.</p> <p>Review of resident 12's care plan revealed:</p> <p>*Be sure call light is within reach and encourage the resident to use it for assistance as needed.</p> <p>*[Resident 2] does not utilize call light. Call light is a tripping hazard and risk for strangulation for him. Staff are not to place call light by bed/chair due to this.</p> <p>Interview on 10/30/24 at 7:46 a.m. with DON B regarding resident 12's care plan revealed she:</p> <p>*Was responsible for updating his care plan.</p> <p>*Confirmed both of the interventions above remained on his current care plan.</p> <p>*Stated he was not to have a call light and when that changed, she had forgotten to remove the previous intervention.</p> <p>3. Observation and interview on 10/28/24 at 4:31 p.m. with resident 21 revealed:</p> <p>*She stated she had recently been hospitalized after experiencing side effects of a medication that caused her to act funny.</p> <p>-She recalled she had left the facility through her window.</p> <p>*The window had been secured to make it more difficult to open.</p> <p>Review of resident 21's care plan revealed:</p> <p>*[Resident 21 is an elopement risk/wanderer r/t [related to]</p> <p>disoriented to place, Impaired safety awareness, delusional.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Monitor location every 15 min. Document wandering behavior and attempted diversionary interventions.</p> <p>Interview on 10/30/24 at 1:18 p.m. with DON B regarding resident 21's care plan revealed she:</p> <p>*Confirmed both of the interventions above remained on her current care plan.</p> <p>*Indicated care plans should be updated when the interventions change or after the facility risk meeting.</p> <p>*Stated, I am good at putting them [interventions] on and not as good at taking the items off the care plan.</p> <p>*Confirmed resident 21 remained an elopement risk but the intervention to monitor her location every 15 minutes had ended on 10/17/24.</p> <p>Review of the providers' revised March 2022 Care Plans, Comprehensive Person-Centered policy revealed:</p> <p>*A comprehensive, person-centered care plan that includes measurable objectives in timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p> <p>*The comprehensive, person-centered care plan: . describes the services that are to be furnished to attain and maintain the resident's highest practicable physical, mental, and psychosocial well being .</p> <p>* The interdisciplinary team reviews and updates the care plan: a. when there has been a significant change in the residence condition; b. when the desired outcome is not met; c. when the resident has been admitted to the facility from a hospital stay; and d. at least quarterly, in conjunction with the required quarterly MDS assessment.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</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 assess one of one sampled resident (13) who self-administered medications to determine if she was able to do so appropriately and safely. Findings include:</p> <p>1. Observation and interview on 10/29/24 at 8:51 a.m. with resident 13 revealed she:</p> <p>*Was sitting in her recliner eating her breakfast.</p> <p>*Had her morning medications in a medication cup on her bedside table.</p> <p>*Stated she eats her breakfast in her room.</p> <p>*Stated the nurses would bring her morning medications and leave it for her to take after she eats her breakfast.</p> <p>*Would have called the nurses if anything was wrong with her morning medications.</p> <p>*Stated when the nurses came back to pick up the breakfast tray, they made sure she had taken her morning medications.</p> <p>Interview and medication administration record (MAR) review on 10/29/24 at 9:05 a.m. with licensed practical nurse (LPN) E revealed resident 13 ' s 10/29/24 morning medications were documented as administered.</p> <p>Observation and interview on 10/30/24 at 8:40 a.m. with medication aide (MA) F regarding resident 13's ability to self-administer medications revealed resident 13 had been care planned for the medication aides to leave medications on the bedside table and then the medication aides would have returned to the resident's room to verify that the medications had been taken.</p> <p>Interview on 10/30/24 at 9:30 a.m. with MA F regarding resident 13 revealed:</p> <p>*MA F had documented resident 13 ' s medications as administered after she left them on the bedside table.</p> <p>*MA F had not verified resident 13 had taken those medications before she documented them as administered in the MAR.</p> <p>Reviewed of resident 13's EMR revealed:</p> <p>*She was admitted on [DATE] and had a Brief Interview for Mental Status (BIMS) assessment score of 13, which indicated she was cognitively intact.</p> <p>*Her diagnoses included: Alzheimer's disease, dementia, falls, and hypertension.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*There was no documentation that indicated medication self-administration assessments were completed.</p> <p>Review of resident 13's current care plan on 10/29/24 revealed:</p> <p>*An initiated 5/30/24 focus area that included, [Resident 13] has a behavior problem.</p> <p>*A 9/26/24 intervention included, [Resident 13] wants to take her morning meds while eating. She is capable of responsibly taking her medications once set up for her. CMA [certified medication aide] to check back with resident to ensure she has taken her meds.</p> <p>*An initiated 9/29/22 focus area that included, [Resident 13] has impaired cognitive function/dementia or impaired thought process r/t [related to] Dementia.</p> <p>*The 9/29/22 goal for that focus area was, [Resident 13] will develop skills to cope with cognitive decline and maintain safety by the review date.</p> <p>--This goal was marked as revised on 6/14/24.</p> <p>--The 9/29/22 intervention for that focus area included:</p> <ul style="list-style-type: none"> - Ask yes/no questions in order to determine the resident's needs. - The resident understands consistent, simple, directive sentences. Provide the resident with necessary cues-stop and return if agitated. - Cue, reorient and supervise as needed. - Present just one thought, idea, question, or command at a time.' - Use task segmentation to support short term memory deficits. Break tasks into one step at a time. <p>Interview on 10/30/24 at 2:40 p.m. with director of nursing (DON) B revealed she had thought the medication self-administration assessment only needed to be completed when the residents' kept bottles of medications in their rooms.</p> <p>Review of the provider's revised August 2023 Self-Administration of Medications policy revealed:</p> <p>*Policy Statement:</p> <ul style="list-style-type: none"> -Residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so. <p>*Policy Interpretation and Implementation:</p> <ol style="list-style-type: none"> 1. As part of the evaluation comprehensive assessment, the interdisciplinary team (IDT) assesses each resident's cognitive and physical abilities to determine whether self-administering medications is safe and clinically appropriate for the resident., <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. If it is deemed safe and appropriate for a resident to self-administer medications, this is documented in the medical record and the care plan. The decision that a resident can safely self-administer medications is reassessed periodically based on changes in the resident's medical and/or decision-making status.</p> <p>5. Residents are assessed upon initiation of self-administering medication, quarterly, and with any significant change in condition.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50915</p> <p>Based on observation, interview, and record review, the provider failed to maintain clean and sanitary conditions in one of one observed kitchen where residents' food was stored and prepared. Findings include:</p> <p>1. Observation on 10/28/24 at 2:54 p.m. in the kitchen revealed:</p> <ul style="list-style-type: none"> *The walk-in cooler metal wire shelving had a black substance on it. *The walk-in cooler flooring was a metal surface that contained rust and had a black substance on the caulking where the floor met the wall. *The caulked area on the food preparation counter where the countertop met the backsplash: <ul style="list-style-type: none"> -Had black and brown unidentified particles pressed into the caulking. -Was sticky when touched. *Area of the food preparation countertop were cracked and not sealed. *In the refrigerator there were: <ul style="list-style-type: none"> -A container of thickened orange juice had an expiration date of 7/6/24. -A container of tomato juice had an expiration date of 8/8/24. *Two containers of half and half had an expiration date of 10/13/24. *More than 12 containers of yogurt had a use by date of 10/20/24. <p>2. Interview on 10/29/24 at 2:30 p.m. with dietary manager C revealed:</p> <ul style="list-style-type: none"> * The caulking on the food preparation counter had been recently replaced by the maintenance department. *She had asked for a new countertop and was told it would be too expensive. *She was not aware of the area of the countertop that was not sealed. *She stated that there was a cleaning schedule for the kitchen and walk-in cooler. -The responsibility for cleaning would alternate between the morning and evening cooks. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>*It was her expectation that the wire shelves would be properly cleaned and signed off as completed each week.</p> <p>3. Interview on 10/30/24 at 10:05 a.m. with administrator A revealed:</p> <p>*During a walk-through of the kitchen, she reported she had not been made aware of the condition of the countertop caulking.</p> <p>*She agreed that the caulking was not a cleanable surface.</p> <p>*She said this issue would be addressed.</p> <p>*She reported they were working with a flooring company on other projects and to see what could be done to fix the rusted floor in the walk-in cooler.</p> <p>4. Review of the provider's weekly cleaning schedules revealed:</p> <p>*The task Wipe shelves down in walk-in cooler areas for week one and week two were signed off for the month of October, weeks three and four were not signed off as completed.</p> <p>*For the month of September, week one and week 5 were signed off as completed, weeks two, three, and four were not signed off as completed.</p> <p>5. Review of the provider's November, 2022 Sanitization policy revealed:</p> <p>*Policy Interpretation and Implementation, number two, All utensils, counters, shelves and equipment are kept clean, maintained in good repair and are free from breaks, corrosions, open seams, cracks and chipped areas that may affect their use or proper cleaning.</p> <p>6. Review of the provider's November 2022 Food Receiving and Storage policy revealed:</p> <p>*Refrigerated/Frozen Storage, number seven, Refrigerated foods are labeled, dated and monitored so they are used by their use-by date, frozen, or discarded.</p>		