STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435129	A. Building B. Wing	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dells Nursing and Rehab Center Inc	1400 Thresher Dr Dell Rapids, SD 57022

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49238 A. Based on record review, interview, and policy review, the provider failed to report one of one sampled resident's 8 blood sugars that were out of parameter to the doctor per the doctor's order. Findings include: 1. Record review on 8/7/24 of resident 8's electronic medical record (EMR) revealed: *There was an order from his doctor on 3/21/24 to check his blood sugar four times daily and to call the provider if his blood sugar is less than 60 or greater than 500. *He had a blood sugar on 5/14/24 at 7:04 p.m. that was 542 and again on 5/25/24 at 7:01 p.m. that was 517 -There was no documentation in his EMR that the doctor was notified on the high blood sugars. 2. Interview on 8/8/24 9:41 a.m. with licensed practical nurse (LPN) G revealed she: *Agreed the high blood sugars were not reported to the doctor. *Would have been expected that the doctor to have been notified. 3. Interview on 8/8/24 at 10:37 a.m. with nurse manager C revealed: *She stated they had a new blood sugar parameter reporting policy as of 8/1/24 with the medical director. *She agreed resident 8's blood sugars had not been reported to his doctor and should have been faxed per the physicians orders. 4. Interview on 8/8/24 at 2:47 p.m. with administrator A regarding resident 8 revealed: *She had been auditing the staff to ensure they had been reporting abnormal blood sugars. *She had not been aware they were not reporting resident 8's abnormal blood sugar tests per physician's orders. (continued on next page)

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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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5. The provider's blood sugar parameter policy dated 8/1/24 revealed: *The purpose was to ensure adequate blood sugar parameters are reported and monitored by physicians. 46453 B. Based on observation, interview, record review, and policy review, the provider failed to follow their policy regarding storage of resident prescriptions for one of one sampled resident (27) who had prescription ointment on her bedside table. Findings include: 1. Observation on 8/6/24 at 2:25 p.m. in resident 27's room revealed there was a green tin of Bag Balm with a prescription label attached to it on the resident's bedside table. 2. Interview on 8/7/24 at 3:58 p.m. with licensed practical nurse (LPN) G about storing prescription medications in a resident's room revealed: *A resident must have a physician's order for a medication to be kept at their bedside. *The resident must also be assessed for competencies regarding what medication it was, how to use it, how much to use, and when to use it. 3. Continued interview on 8/8/24 at 9:29 a.m. with LPN G about resident 27's prescription ointment revealed: *She confirmed there was no physician's order for resident 27's Bag Balm to have been kept at her bedside. *Resident 27 was not able to open the tin of ointment by herself. *The ointment was probably there for staff to use when they were performing perineal cares. *It should have been stored in the medication room. 4. Interview on 8/8/24 at 10:02 a.m. with director of nursing (DON) B about resident 27's prescription ointment revealed: *She indicated it was acceptable for resident 27 to have the Bag Balm at her bedside for the staff to use. *She confirmed that resident 27 was not able to use the ointment by herself. 5. Review of resident 27's electronic medical record revealed: *There was no physician's order for the Bag Balm to have been stored at resident 27's bedside. *There were no medication self-administration assessments. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*Resident 27 was admitted on [DATE] and had a Brief Interview for Mental Status score of 7, which suggested severe cognitive impairment. *There was a physician's order for Bag Balm Ointment APPLY TOPICALLY TO PERI AREA AS DIRECTED that started on 7/19/24. *The resident's care plan did not indicate anything about Bag Balm being stored at her bedside. 6. Review of the provider's 6/15/24 Bedside Medication Storage policy revealed: *Bedside medication storage is permitted for residents who wish to self-administer medications, upon the written order of the prescriber and once self-administration skills have been assessed and deemed appropriate in the judgement of the facility's interdisciplinary resident assessment team. *Procedures: -A. A written order for the bedside storage of medication is present in the resident's medical record. -B. Bedside storage of medications is indicated on the resident medication administration record (MAR) and in the care plan for the appropriate medication. 7. Review of the provider's 6/15/24 Storage of Medications policy revealed: *Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. *The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.

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F 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 49238 Based on observation, interview, record review, and policy review, the provider failed to report one of one sampled resident's (12) bruises of unknown origin to the nurse manager C and director of nursing (DON) B for further investigation. Findings include: 1. Observation and Interview on 8/06/24 at 8:32 a.m. with resident 12 revealed: *She had a bruise on her forehead above her right eye and stated she didn't know how she had gotten it. *The bruise measured 11/4 inch x 1/4 inch and was dark purple with light yellow around the edge. 2. Interview on 8/7/24 at 10:36 a.m. with certified nursing assistant (CNA) K revealed she did not know how or when resident 12 got the bruise above her right eye. 3. Interview on 8/7/24 at 10:38 a.m. with licensed practical nurse (LPN) G revealed: *She had spoke to resident 12's daughter whom stated she had dropped her phone while they were visiting, and may have bumped her head while getting the phone. *She stated, or she may have bumped on the bed rail. *She had not documented this but had said she would. 4. Phone interview on 8/7/24 at 3:00 p.m. with resident 12's daughters revealed: *They were not aware of the bruise above resident 12's right eye. *She had been contacted about a week ago in regards to her pneumonia vaccine but nothing about the bruise. *They had seen her mother last Friday during the facility picnic and she did not have a bruise then. *Their mother did not mention dropping her phone during any phone conversations. *Their mother said she was sitting in her chair during their conversations. 5. Interview on 8/7/24 at 3:15 p.m. with LPN G revealed: *She had mixed up the dates the bruise was found. *She had received report of the bruise on 8/5/24 at 8:00 a.m. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	*She stated she should have called the family that morning but she didn't. *She had talked to resident 12's daughter when she called in the afternoon and reported it to her then *She would have expected a progress note and pain assessment. *She should have faxed the doctor but did not. *She agreed she should have reported it to the charge nurse or director of nursing (DON) for an investigation but she did not. *The skin assessment would flag the MDS coordinator to investigate. *She agreed it was an injury of unknown origin and should have been investigated to rule out abuse and neglect. 6. Interview on 8/7/24 at 3:38 p.m. with DON B revealed: *She was aware of the bruise above resident 12's right eye. *She said an investigation with other staff to see if they noticed the bruise should have been completed. *She stated the family and doctor should have been notified. *She agreed the bruise should have been investigated from the beginning. *A skin assessment to monitor the color of the bruise for healing progression should have been placed on the medication administration record (MAR). *She stated there was a bruise policy that would direct the process when a bruise occurred and if the resident could not explain how it happened. 7. Interview on 8/7/24 at 4:04 p.m. and 4:30 p.m. with administrator A revealed: *She was aware of the bruise above resident 12's right eye and it had not been investigated, nor had it been reported to the department of health (DOH) per policy. *She reported at 4:30 p.m. that the bruise had been investigated and she thought the bruise was from dropping her phone and it had hit her. -She stated the bruise was not reported to DOH because of the investigated findings. -The DOH complaints department confirmed this was not reported. 8. Interview on 8/08/24 at 1:32 p.m. LPN G revealed: (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	*She stated it should have flagged from the skin assessment to DON for an investigation. *Resident 12's bruise should have been put on the medication administration record (MAR) so it could be monitored daily but she did not do this stating, if it's not charted, it's not done. 9. Interview on 8/08/24 at 1:40 p.m. with DON B revealed: *Skin assessments do not flag the minimum data set coordinator and DON for further investigations. *She agreed LPN G should have known that the skin assessment would not flag or notify the MDS/DON. *She agreed that LPN G knew she should have reported a bruise of unknown origin to the nurse manager. 10. Interview on 8/08/24 at 2:13 p.m. with CNA L revealed: *She would complete a resident bath or shower and get the nurse to do their skin assessment. *She would report any new bruises or skin concerns to the charge nurse, nurse manager, or DON. *She was not aware that bruises were investigated. 11. Interview on 8/08/24 at 2:21 p.m. with administrator A revealed: *She stated a bruise of unknown origin would be investigated by DON B and nurse manager C. She agreed the process for reporting the bruises for further investigation was broken. *She had been monitoring this process for a few months but had recently stopped because they were doing a good job' -She stated, clearly it had fallen back to the old ways. 12. Record review of resident 12's electronic medical record (EMR) revealed. *The bruise located above her right eye was not documented on the MAR. *The family was not notified of the bruise. *The charge nurse and DON were not notified of the bruise to initiate the investigation. 13. The provider's bruise policy dated October 2023 revealed: *The purpose was,to detect and monitor bruises early. *Identified bruises would be evaluated by nursing. *The bruise would be placed on the MAR for daily monitoring until resolved. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	*The color of the bruise, mechanism of injury if known and contributing factors if applicable, and notification of family and physician would be documented in the nurse's notes.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 46453 Based on menu review, observation, and interview, the provider failed to ensure adequate portions were served according to the menu for one of one observed meal. This had the potential to affect all residents receiving the main menu in the facility. Findings include: 1. Review of the provider's menu for lunch on 8/8/24 revealed the following main menu items: *One cup of taco bake. *The pureed portion size was 2/3 cup. 2. Observation on 8/8/24 from 11:43 a.m. to 12:11 p.m. in the kitchen for lunch service revealed: *Cook H set up the steam tables, placed pans of food into the steam table, and placed the serving scoops next to each pan of food. *She used a 1/2 cup scoop for the taco bake, and another 1/2 cup scoop for the pureed taco bake. -1/2 cup of taco bake was 50% less than what the menu called for. -1/2 cup of pureed taco bake was about 33.33% less than what the menu called for. 3. Interview at that time with cooks H and I about the menu revealed: *Cook H had been working at that facility for about three weeks. *She had not made that recipe before. *Neither [NAME] H nor [NAME] I were aware that the serving size for the regular taco bake was one cup, and the serving size for the pureed taco bake was 2/3 cup. *Cook H indicated that she was trained to use the 1/2 cup scoop for every recipe. *When asked if cook H was aware how to verify the correct serving size, she looked at the posted menu with each diet listed and the serving sizes, but said, No I was not aware of that. *Cook H continued to use the incorrect scoop sizes for the remainder of the meal service. 4. Interview on 8/8/24 at 2:55 p.m. with administrator A about the above observations revealed: *She was not aware that the dietary staff served the wrong portion sizes for lunch that day. *She was the acting dietary manager as the previous one had ended their employment the previous week.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 46453 Based on observation, interview, record review, and policy review, the provider failed to ensure one of one dishwasher was adequately cleaned and delimed on a regular basis to prevent food scum and limescale buildup. Findings include: 1. Initial kitchen observation on 8/6/4 from 8:24 a.m. to 8:35 a.m. revealed: *The dishwasher was in use to clean dishes from breakfast. *There was a line of limescale buildup on the outside of the door where water was spraying out of a seam. *There was a buildup of food scum on the outside borders and inside seams of the dishwasher doors. *Limescale buildup was present on the wash arms and piping inside the dishwasher. 2. Interview on 8/8/24 at 11:57 a.m. with cook I and dietary aide J about the dishwasher revealed: *They did not know when the dishwasher was cleaned or how often. *Dietary aide J had never cleaned or delimed the dishwasher before. *Cook I had not been tasked with cleaning or deliming the dishwasher in a long time. *The night shift was responsible for cleaning and deliming the dishwasher. 3. Interview on 8/8/24 at 2:55 p.m. with administrator A about the dishwasher revealed: *She thought the dishwasher was supposed to have been delimed once per week. *The instructions and deliming schedule were hanging on the wall across from the dishwasher. *She confirmed the night shift was responsible for cleaning and deliming the dishwasher. *She was not aware of the state of the dishwasher. 4. Review of the dishwasher deliming schedule revealed the last time it was recorded that the dishwasher was delimed was on 6/12/24, about two months ago. 5. Review of the provider's 3/23 Dishwashing policy revealed: *Policy: Dietary staff will ensure that food preparation equipment, dishes, and utensils are [effectively] cleaned and sanitized to destroy potential disease carrying organisms, and ensure equipment is stored in a protective manner. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	*Procedure: -1. Follow the manufacturer's instructions for operation. .14. The [dietary manager] will monitor completion of tasks and accuracy of records.