

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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)		
F 0578  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49238</p> <p>Based on record review interview, and policy review the provider failed to have a physician's order in place consistent with one of one (2) sampled resident's advance directive.</p> <p>Findings include:</p> <p>1. Review of resident 2's electronic medical record (EMR) revealed:</p> <p>*The banner at the top of his EMR when opened on [DATE] displayed DNR [do not resuscitate].</p> <p>*He had a full code (permission for life-sustaining measures, including resuscitation) order dated [DATE].</p> <p>*Interview on [DATE] at 5:10 p.m. with director of nursing (DON) B and Minimum Data Set (MDS) nurse C revealed:</p> <p>DON B stated she did not have a current order for resident 2's DNR and to talk to MDS nurse C.</p> <p>*MDS nurse C stated she had faxed the physician on [DATE] to request an order but did not have one in resident 2's chart.</p> <p>Review of provider's [DATE] advance directive policy including cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) procedure revealed:</p> <p>*1. Advance directive orders are to be reviewed with resident/healthcare decision-maker at each care plan meeting to ensure no changes are needed. Document this discussion in the PN-Care Conference Note.</p> <p>*2. If a resident who has an advance directive informs a staff member he or she has changed his or her decision, the resident's wishes for different measures will be followed and the physician will be contacted for updated orders.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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)		
F 0578  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	*5. Physician's orders in response to resident's requests and/or advance directives regarding life-sustaining measures must be specific, e.g., do resuscitate or do not resuscitate, whether to hospitalize, whether antibiotics are to be used, etc. Code or No Code orders do not have a universally accepted definition and therefore will not be accepted.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49238</p> <p>A. Based on observation, interview and record review the provider failed to properly store eye drops, lotions, gels, creams, lotions, and ointments for 2 of 20 residents (1 and 16).</p> <p>Findings include:</p> <p>1. Observation and interview on 6/25/24 at 10:16 a.m. with resident 16 in his room revealed:</p> <p>*He had 2 boxes of eye drop medication on his bedside table. One was latanoprost (for pressure inside the eye) and one was Carboxymethylcell.</p> <p>*He stated they were left in his last night by the nurse who didn't come back to pick them up.</p> <p>2. Observation on 6/25/24 at 10:34 a.m. of resident 2's room revealed:</p> <p>*A container that had anti itch lotion, Vicks vaporub, vaseline, Aquaphor, aloe gel, simple saline wound wash and Metholatum in it, on a stand next to his recliner.</p> <p>3. Interview on 6/25/24 at 10:23 a.m. with licensed practical (LPN) L revealed:</p> <p>*She stated maybe resident 16's eye drops were left in his room due to his positive coronavirus disease (COVID-19) test but was unsure.</p> <p>*He was cognitively intact, which was demonstrated by his score of 14 for brief interview for mental status (BIMS).</p> <p>4. Interview on 6/25/24 at 3:45 p.m. with director of nursing (DON) B and minimum data set nurse C revealed:</p> <p>*There are no orders for medications left at bedside due to COVID unless for cough drops.</p> <p>*There should not be any medications left at a residents bedside without an order.</p> <p>*MDS nurse C confirmed resident 2 had a bedside order for cough drops,</p> <p>-She confirmed resident 16 did not have an order for anti itch lotion, vicks vaporub, vasoline, aquaphor, aloe gel, simple saline wound wash and metholatum left in his room.</p> <p>Record review of residents 2 and 16's electronic medical record revealed.</p> <p>*Resident 2 had an order for cough drops at bedside and self administration.</p> <p>*Resident 16 did not have an order for bedside medications nor for self administration.</p> <p>50015</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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)		
F 0658  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>B. Based on South Dakota Department of Health (SD DOH) facility reported incident (FRI), record review, observation, interview and policy review, the provider failed to ensure one of one resident (37) was transferred as directed in his care plan and then fell from a mechanical lift. Findings include:</p> <p>1. Review of SD DOH FRI report received 6/10/24 at 11:26 a.m. revealed:</p> <p>*On the evening of 6/3/24 at 7:50 p.m. resident 37 slipped out of the sit-to-stand lift, after lifting his arms while in the EZ stand lift.</p> <p>*Two staff were assisting the resident at the time certified nursing assistant (CNA) H and CNA I.</p> <p>*The waist belt was on resident 37 and secured properly.</p> <p>*The leg belt was not used.</p> <p>*An EZ total mechanical lift was then used to place him in his bed.</p> <p>2. Review of resident 37's electronic medical record (EMR) and paper medical record revealed:</p> <p>*He admitted to the facility on [DATE].</p> <p>*His current Brief Interview for Mental Status (BIMS) score was 03, which indicated he had severe cognitive impairment.</p> <p>*His active diagnosis was:</p> <p>-Chronic kidney disease, stage 4 (severe).</p> <p>-Unspecified dementia, unspecified severity, with other behavioral disturbance.</p> <p>-Depression.</p> <p>-History of falling.</p> <p>-Essential hypertension.</p> <p>-Weakness.</p> <p>*Review of the resident's fall history for last six months revealed:</p> <p>-On 2/13/24 at 6:00 a.m. he fell with no injuries while he was ambulating.</p> <p>-On 2/22/24 at 11:44 p.m. he fell with a skin tear after being observed on the floor by staff.</p> <p>-On 5/23/24 at 1:31 a.m. he fell and was observed on floor in another resident's room, no injuries were noted.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 6/3/24 at 7:50 p.m. he slipped out of an EZ sit-to-stand lift, landing on a garbage can, EZ total mechanical lift was used to get him off floor and transferred into his bed, no injuries noted.</p> <p>*His care plan with a start date of 1/10/23, regarding activities of daily living (ADL) functional status/rehabilitation potential problem revealed:</p> <p>-Partial/moderate to substantial/max assist of one with transfers, fluctuates (hoyer lift if a lift is needed).</p> <p>-Independent/supervision with ambulation.</p> <p>-Independent/supervision with locomotion.</p> <p>-Supervision to partial/moderate assist of one with toileting.</p> <p>-Last revised 6/4/24 at 10:34 a.m.</p> <p>*His current care plan revealed:</p> <p>-Partial/moderate to substantial/max assist of one with transfers, fluctuates (hoyer lift if a lift is needed).</p> <p>-Independent/supervision with ambulation.</p> <p>-Independent/supervision with locomotion.</p> <p>-Supervision to partial/moderate assist of one with toileting.</p> <p>-Last revised 6/4/24 at 10:34 a.m.</p> <p>*Identified problem falls:</p> <p>-Total mechanical lift for all transfers with two assist, approach start date 6/4/24.</p> <p>-Keep bed in lowest position with brakes locked.</p> <p>-Last revised 6/4/24 at 12:52 p.m.</p> <p>*A kardex (staff pocket care plan) type dated 2/13/24 on the special care unit (SCU) revealed:</p> <p>-Transfers partial/moderate to substantial/max fluctuates EZ lift-prn.</p> <p>-Ambulation independent to supervision with walker-fluctuates at times not walking utilizing w/c.</p> <p>-Supportive devices: walker, glasses, bariatric bed, gripper socks (as allows), motion sensor, tubigrips and Hoyer [total mechanical lift] (Do not utilize EZ lift), w/c with pressure relieving cushion-PRN (as needed).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*A kardex type dated 2/13/24, pen dated 6/4/24 on the SCU revealed:</p> <p>-Transfers partial/moderate to substantial/max fluctuates EZ lift-prn.</p> <p>-Ambulation independent to supervision with walker-fluctuates at times not walking utilizing w/c.</p> <p>-Supportive devices: walker, glasses, bariatric bed, gripper socks (as allows), motion sensor, tubigrips and Hoyer (Do not utilize EZ lift), w/c with pressure relieving cushion-PRN (as needed).</p> <p>3. Observation on 6/25/24 at 2:10 p.m. of resident 37 revealed a posted note not to use the sit-to-stand lift, and to use the total mechanical lift.</p> <p>4. Interview on 6/26/24 at 10:12 a.m. by phone with CNA I revealed:</p> <p>*Resident 37 was transferred with the EZ stand lift.</p> <p>*No total lift sling was under the resident in his wheelchair prior to the transfer.</p> <p>*Resident was having a bowel movement, and the staff were cleaning him in the sit-to-stand lift.</p> <p>*Resident 37 let go of the hand bars on the lift and slid out of the sit-to-stand lift.</p> <p>*The waist belt of the sling was secured.</p> <p>*The leg strap was not secured.</p> <p>*Staff placed feet on the footplate of the lift.</p> <p>*She had not read his care plan to see how he was to be transferred, she followed what the prior shift had used to transfer the resident.</p> <p>5. Interview on 7/1/24 at 10:45 a.m. with director of nursing (DON) B revealed:</p> <p>*There are no lift assessments.</p> <p>*There is no lift assessment policy.</p> <p>*The nurse would determine based on observation what type of lift device would be used.</p> <p>6. Interview on 7/1/24 at 10:55 a.m. with CNA G revealed:</p> <p>*She was unsure when the no sit-to-stand lift note was placed in resident room.</p> <p>*She followed the Kardex in the resident binder.</p> <p>*The Minimum Data Set nurse (MDS) C or DON B determined what lift to use on residents.</p> <p>*Resident 37 had been having fainting-like spells when he used the sit-to-stand lift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*One person can use the sit-to-stand lift with residents and two staff were to use the total mechanical lift with residents.</p> <p>*She found out resident 37 was no longer to use the sit-to-stand lift during verbal report but could not recall the date that had occurred.</p> <p>*She provided the staff kardex dated 6/4/24 that indicated staff were to no longer use the stand lift for resident 37.</p> <p>7. Interview on 7/1/24 at 11:25 a.m. by phone with registered nurse (RN) E revealed:</p> <p>*EZ sit-to-stand lift had been used PRN for resident 37 for a couple weeks prior to the fall on 6/3/24.</p> <p>*He had not had any fainting-like episodes before the one on 6/3/24 that she was aware of.</p> <p>*Report from shift to shift is recorded, she stated she did not always have time to listen to that report and would get a verbal report from the previous nurse instead.</p> <p>*CNA's were to read the care plans, she was unaware if they do read them.</p> <p>*Nurses would determine the amount of assistance needed and any devices that need to be used with residents.</p> <p>*Care plans were updated by DON B or MDS nurse C.</p> <p>*She had given CNA H and CNA I education on the proper use of the lifts on the night of 6/3/24.</p> <p>*She had emailed MDS nurse C and senior social worker J and informed them of everything that was done and that she felt the CNA's needed more education.</p> <p>-She never heard back about the email she sent.</p> <p>8. Interview on 7/1/24 at 11:52 a.m. by phone with CNA H revealed:</p> <p>*She is a PRN (as needed) staff member.</p> <p>*The sit-to-stand lift harness was in resident 37's room on 6/3/24, and they had used that.</p> <p>*She stated the waist buckle and leg buckle were used during the transfer.</p> <p>*Resident 37 slid through the harness, and landed on the garbage can.</p> <p>*They had asked for assistance over the call system.</p> <p>*They had used the total mechanical lift to get him off the garbage can and placed him into his bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*She had not worked on the North wing for nine months.</p> <p>*Resident 37 had been ambulating with a walker the last time she had worked prior to that incident.</p> <p>9. Interview on 7/1/24 at 12:05 p.m. with MDS nurse C revealed:</p> <p>*Resident 37 had moved to the SCU in April 2023.</p> <p>*CNAs were to fill out the GG charting (focuses on patient's functional abilities and goals).</p> <p>*That tells her how they are being transferred.</p> <p>*She stated resident 37 was chicken winging (lifting arms up) in the stand lift.</p> <p>*That was when he was changed to a total lift for transfers.</p> <p>*Staff had used the sit-to-stand lift as needed on resident 37 for a couple of weeks before the incident on 6/3/24 PRN.</p> <p>*She might have forgotten to have changed the date on his care plan when she updated it.</p> <p>*She was unsure of the date resident 37 was changed to a total mechanical lift transfer on his care plan.</p> <p>*She was not aware of any fainting-like episodes before 6/3/24.</p> <p>*She had updated the kardex.</p> <p>10. Review of education for CNA I revealed:</p> <p>*Safe resident handling training was completed on 1/21/24 and again on 5/8/24</p> <p>Review of education for CNA H revealed:</p> <p>*Safe resident handling training was completed on 4/26/23.</p> <p>11. Review of the manufacturer's user manual for the EZ Way Smart Stand dated 9/29/23 revealed:</p> <p>*The EZ Way Smart Stand was designed specifically for toileting and changing briefs of patients.</p> <p>*The EZ Way Smart Stand can also be used for transferring the patient from chair, wheelchair, toilet or bed, and can be used for ambulation.</p> <p>*As patients do vary in size, shape, weight and temperament, these conditions must be taken into consideration when deciding if the EZ Way Smart Stand is suitable for their needs.</p> <p>*Patients should be able to bear some weight, have upper body strength and be able to follow simple commands.</p> <p>(continued on next page)</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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)		
F 0658  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>*If a patient does not meet each of these three criteria, an EZ Way total body lift must be used.</p> <p>Review of the manufacturer's user manual for the EZ Way Smart Lift dated 6/14/23 revealed:</p> <p>*The EZ Way Smart Lift was designed primarily to lift patients from the bed, chair, toilet and floor.</p> <p>*The maximum lifting capacity is located by the model and serial number of the lift.</p> <p>*The EZ Way Smart Lift was designed to be operated safely by one person. However, with some patients, it is best to use two people.</p> <p>12. Review of the provider's Mobility support and positioning policy dated 5/6/24 revealed:</p> <p>Criteria:</p> <p>*The resident must weigh less than the maximum weight capacity of the total lift, sit-to-stand or stand aid and sling or harness.</p> <p>*A total lift should be used for those residents who are unable to provide weight-bearing assistance, have impaired sitting balance, are uncooperative, rigid, difficult to turn or unable to follow verbal cues.</p> <p>Safety:</p> <p>*Always check the kardex, or care plan/service plan prior to the transfer or repositioning task for type and amount of assistance needed Follow any specific lift/transfer instructions for the resident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49238</p> <p>Based on observation, interview, and record review the provider failed to deliver appropriate wound care, assessment and monitoring for one of one (20) sampled residents observed with wounds.</p> <p>Findings include:</p> <p>1. Observation and interview on [DATE] at 9:29 a.m. with resident 20 revealed:</p> <p>*He was sitting on the edge of his bed scratching at his leg.</p> <p>*He had multiple open areas with some active bleeding on his bilateral lower legs and bandages on some of them.</p> <p>*There was a white towel under his bare feet with dried blood on it and another lying to his left with dried blood on it.</p> <p>*Bandage wrappers were on the floor by his feet.</p> <p>*He stated his legs are better because he has been taking care of them.</p> <p>*He stated he kept his tools in alcohol.</p> <p>*He stated he had good medicine here but the nurse took it from him and said it was dangerous and he could not have it.</p> <p>*He stated he was doing okay for the shape he was in.</p> <p>*His shower has two discolored towels on the floor that appeared to have been wet then dried multiple times and had what appeared to be dried blood on them.</p> <p>Interview on [DATE] at 4:15 p.m. with RN F in regards to resident 20 revealed he:</p> <p>*Had a picking disorder and could have sharps in his room.</p> <p>*Tried to cut bugs out of his skin.</p> <p>*Would not let any nurses take care of the open areas on his legs.</p> <p>*Is independent and is allowed to leave the premises.</p> <p>*Would go to a store on public transit and buy what he wanted and would bring it back to his room.</p> <p>*He was aware that his sharps and cutting of himself were care planned.</p> <p>Interview on [DATE] at 1:30 p.m. with RN K in regards to resident 20 revealed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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)		
F 0684  Level of Harm - Actual harm  Residents Affected - Few	<p>*He had concerns regarding resident 20 and stated, I can't believe he isn't septic with his cutting.</p> <p>*Resident 20 had all kinds of sharps from a Hobby knife kit he had bought from at a local store.</p> <p>-Nurses do not provide his wound care, he did his own.</p> <p>-RN K did not work resident 20's hall but was aware of his cutting behavior.</p> <p>-He said all of resident 20's wounds on his legs were from his cutting himself and he had no injuries from falls or scraping on his bed frame that he knew of.</p> <p>Interview on [DATE] at 1:45 p.m. and again at 2:05 p.m. with LPN L revealed:</p> <p>*She did not do wound care for resident 20 and she had concerns about him cutting himself.</p> <p>*She was not sure how many open areas he had.</p> <p>*There had been no pictures for documentation of his wounds.</p> <p>*There was no sharps inventory or count of how many sharps resident 20 had in his possession.</p> <p>*She had concerns about his history of falls and the potential he could fall and be injured by a sharp object.</p> <p>*She would organize his room due to her concerns, he would allow that, but he would tell her to not take anything.</p> <p>*She stated the previous social worker was aware of him cutting himself with the sharps he had.</p> <p>*She stated that she does not participate in care conferences but has reported her concerns and all the staff management were aware of his cutting himself with the sharps he had in his room.</p> <p>*He was not on any antibiotics but had an order for Neosporin to self-administer in his room.</p> <p>*He has not been tested for infectious diseases.</p> <p>*Certified nurse aides (CNA's) should report any new wounds or concerns.</p> <p>Interview and observation on [DATE] at 1:40 p.m. with resident 20 revealed:</p> <p>*He has eleven open areas on his inner lower left leg with four small bandages and his right lower inner leg had eight open areas with three large bandages.</p> <p>*He stated the bandages are because those I made bleed, so I put band-aids on them.</p> <p>*He said he cleaned them himself but had not been educated by the facility staff on how to clean tools or his open areas.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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)		
F 0684  Level of Harm - Actual harm  Residents Affected - Few	<p>- I have a bottle of alcohol I clean my legs first, then use hot water, and then put Neosporin on them.</p> <p>-A bottle of 91% alcohol was under his bed and was approximately a third full.</p> <p>-He stated he used the alcohol to clean his scalpels a couple of times a day.</p> <p>-There was no redness observed to the surrounding tissue of his visible open areas.</p> <p>Record review of resident 20's care plan dated [DATE] revealed.</p> <p>*Behavioral symptoms included cutting and or picking off warts and scabs on his skin. He utilizes scalpels he gets at the hardware store.</p> <p>-He declines to follow physician recommended advice of no cutting warts off his skin, and will decline skin-care and other treatments at times needed to properly address his self-inflicted wounds (see delirium). He will regularly create or manipulate his own or facility items to fix them or create things (ie. Using a belt for a strap on his wheelchair). He was encouraged not to create restraints for himself and to seek staff input before fixing facility property.</p> <p>-He will not utilize scalpels in a way that puts his well-being or life into question.</p> <p>-He will not harm himself outside of cutting off his warts/scabs.</p> <p>*Approach date [DATE] noted, allow [resident 20] to have sharps in his room.</p> <p>-Remove sharps with conversations regarding self-harm with these sharps.</p> <p>-Offer education in regard to safety/infection control as needed.</p> <p>-Assess for pain and offer pain medications, as able, with thoughts of death-statements. As needed PRN1, PRN 2, PRN 3.</p> <p>-Discipline noted, all staff and social services.</p> <p>*Long-term goal target dated [DATE] noted, that [resident 20] will have fewer episodes of refusing care.</p> <p>-Resident will consider physician-recommended interventions to treat what is causing ailments.</p> <p>-Resident will be more open to allowing RN's to treat open areas on his skin related to infection prevention.</p> <p>*Approach start dated [DATE] noted, redirect resident as needed.</p> <p>-Document refusal of care when it occurs.</p> <p>-Assist in applying antibacterial creams and appropriate dressings for open area to the skin, PRN.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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)		
F 0684  Level of Harm - Actual harm  Residents Affected - Few	<p>-Ask RN's to assist in evaluating and treating wounds. As needed PRN 1, PRN 2, PRN 2.</p> <p>-Discipline noted, all staff, nursing and social services.</p> <p>*Problem start date [DATE], environment noted,</p> <p>-[Resident 20] keeps sharps in is room related to behavioral concerns/delusions of bugs in his skin.</p> <p>-As long as there is no self-harm ideation/intent, he is able to have these in his room due to resident rights and continued non-compliance with having them removed. (Similar care plan noted under behavioral symptoms)</p> <p>-[Resident 20] is sensitive to others touching items in his room, even for infection control reasons. He sternly requests that he is consulted before environmental services (ES) deep-cleans his room, as he is not compliant with this task and has had verbal interactions with ES and others before over items in his room being tidied /moved.</p> <p>-He likes to be in charge of where his dirty clothes go and often keeps paints on tables that are still clean and has his wallet and things in it. It has been care planned that he will have a laundry basket in his room to put his dirty clothes in and staff will take the clothes from the basket only to wash.</p> <p>-He will independently buy items at Walmart related to his delusions of bugs. He has no cognitive impairment and is self-sufficient enough to go out and about to purchase his own things. Education has been provided to him on the safety of certain pesticides and those items have been removed but it causes more agitation for him.</p> <p>*Long term goal target date [DATE] noted, [resident 20] will be able to keep sharps in his room, per his refusal to comply with [NAME] policies and concerns for safety without sharps to pick at his skin (as he relies on dull/other unsanitary means to pick at his skin when sharps are not available).</p> <p>-He will not utilize scalpels in a way that puts his well-being or life into question.</p> <p>-He will not harm himself outside of cutting off his warts/scabs.</p> <p>*[Resident 20] will work with ES and certified nursing assistants (CNA's) to keep his room somewhat tidied and disinfected.</p> <p>-He will refrain from verbal interactions with others over his room cleanliness.</p> <p>-He will be understanding of the basic infection control measures that have to be taken with is room, in reference to bloodied or dirty cloth items and other unsanitary items on the floor of his room.</p> <p>-He will put his dirty clothes in the laundry basket provide for ES to know what is dirty and what is clean.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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)		
F 0684  Level of Harm - Actual harm  Residents Affected - Few	<ul style="list-style-type: none"><li>-He will be aware of certain pesticides that he brings into his private room and sue them with caution.</li><li>*Approach start date [DATE] noted, allow [resident 20] to have sharps in his room.</li><li>-Offer education in regard to safety/infection control as needed.</li><li>-Assess for pain and offer pain medications, as able, with thoughts of death-statements.</li><li>-Consult with resident prior to deep-cleaning his room.</li><li>-Help mediate infection control needs and resident rights between resident ES staff.</li><li>-Help to remove unsanitary cloth items as they are seen, and replace them with unsullied linens/washcloths/towels.</li><li>-Staff will be respectful to only grabbing the dirty clothes out of his laundry basket to clean.</li><li>-Staff will be respectful and continue to educate [resident 20] on the dangers of some of the pesticides that he purchases and has in his room.</li><li>-As needed, PRN 1, PRN 2, PRN 3.</li><li>-Disciplines, all staff and social services.</li><li>*Problem start date [DATE] noted, delirium, [resident 20] believes there are microscopic bugs under his skin.</li><li>-He believes this is why his skin itches and, possibly why he gets warts</li><li>-He cuts off his warts and scabs to stop the itching from the bugs under his skin. (see behavioral symptoms).</li><li>*Long-term goal target date of [DATE] noted, [resident 20} will utilize other methods of itch-control outside of cutting off his warts. He will speak with his physician about the bugs under his skin and/or the itching of his skin.</li></ul>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49238</b></p> <p>Based on observation, interview, and record review the provider failed to provide adequate supervision for 1 of 1 resident (20) to prevent actions of self-harm.</p> <p>Findings include:</p> <p>1. IMMEDIATE JEOPARDY NOTICE</p> <p>Notice of immediate jeopardy was given verbally and in writing on [DATE] at 2:12 p.m. to administrator A for F689 and director of nursing B for F689 Accidents related to the prevention of his self-harm.</p> <p>*Observation on [DATE] of resident 20 in his room revealed he had multiple open areas, some of which were actively bleeding on his bilateral lower legs while holding a sharp instrument.</p> <p>*Multiple staff interviews revealed they were aware that he had various sharp tools in his possession and used these sharps to cut himself to remove bugs he believed were under his skin.</p> <p>*Record review of resident 20's care plan revealed he was allowed to have sharps he purchased in his possession to remove perceived bugs from his skin.</p> <p>On [DATE] at 4:23 p.m., administrator A provided the survey team with a written plan for removal of the immediate jeopardy. The removal plan, after revisions, with guidance from the long -term care advisor for the South Dakota Department of Health, was approved by the survey team on [DATE] at 5:06 p.m.:</p> <p>*All sharps have been removed from [Resident 20's] room.</p> <p>*Psychiatry, primary care provider and counselor have been notified of these changes for guidance in managing any adverse behavioral changes.</p> <p>*[Resident 20] has been re-educated on hand hygiene, sharps in his room, infection prevention to include covering wounds.</p> <p>*Updates to the care plan include removing sharps, offering tubi-grips for arms and lower legs for covering of wounds when leaving his room, handwashing education, wound assessment completed [DATE], one-hour check while in the facility for behaviors given resident psychiatric history for 48 hours then re-evaluate.</p> <p>*Center of Excellence for Behavioral Health in Nursing Facilities contacted with expected response within two business days.</p> <p>*[DATE] Addendum, in addition to the skin/wound assessment completed on [DATE]; on [DATE], director of nursing B spoke to [resident 20] about dressing changes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>*Resident agreed to let nursing staff change dressing twice a day (BID).</p> <p>*Nursing staff will monitor for any signs of infection during BID dressing changes and notify the physician if any noticed. These will be documented on [resident 20's] treatment.</p> <p>*Nursing will remove soiled towels and washcloths when in his room providing dressing changes. This has been included in the treatment plan and added to the certified nursing assistant (CNA) flowsheet.</p> <p>*Resident was informed that he would not need to buy wound/dressing supplies.</p> <p>*Sharps removed from resident 20's room.</p> <p>*All other current resident rooms were checked for sharps and any of concern were removed.</p> <p>*[DATE] addendum, they had discussed with [resident 20] that his bags would be checked upon return from shopping.</p> <p>*Resident signed previous acknowledgment form that he agreed to staff removing sharps that he may bring back.</p> <p>*Staff will conduct random weekly room checks and will chart in [resident 20's] chart as a treatment.</p> <p>*This has been added to [resident 20's] treatment plan and CNA flowsheet.</p> <p>*They added a treatment order for nursing documentation for behavior/mood of resident 20 daily.</p> <p>*[Resident 20's] behavior documentation will be reviewed at weekly interdisciplinary team (IDT) meetings and as needed (PRN) with adjustments to care/treatment plan as warranted.</p> <p>*Admission packet updated regarding review of sharps for safety.</p> <p>*[Resident 20's] primary contacts have been re-educated on notifying staff prior to bringing/getting sharps items to resident via email.</p> <p>*[Resident 20] has been re-educated on proper hand hygiene for infection prevention and sharps.</p> <p>*Staff have been re-educated on sharps in rooms and planned review of infection prevention practices related to transmission through OnShift.</p> <p>*They receive this education annually at minimum.</p> <p>*A skills fair reviewing infection prevention is scheduled for [DATE]th and annually for staff.</p> <p>*Sharps restriction added to admissions packet.</p> <p>(continued on next page)</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>*Staff re-educated on infection prevention practices and safety of all residents related to sharps in resident rooms.</p> <p>*[DATE] addendum, staff were educated on [DATE] through onshift message about the removal of sharps for any resident.</p> <p>*Additional education provided to nursing staff on [DATE] related to resident 20 returning from shopping, the need to look in resident 20's bags for any sharp objects that staff would need to remove and secure in the medication room, staff will reiterate to resident that he is not able to have those items in his room</p> <p>*PRN treatment order added to check bags upon returning from shopping outings.</p> <p>*Staff will also be educated on the weekly random room checks that will be conducted on [resident 20's] room for sharps found, those items will be removed and secured in the medication room.</p> <p>*Treatment order added to document these random weekly room checks for [resident 20], also added to CNA flowsheet to check room BID.</p> <p>On [DATE] at 10:43 a.m., the survey team determined the immediacy was removed. After removal of the immediacy, the severity and scope was a level G.</p> <p>2. Observation and interview on [DATE] at 9:29 a.m. with resident 20 revealed:</p> <p>*He was sitting on the edge of his bed scratching at his leg.</p> <p>*He had multiple open areas with some active bleeding on his bilateral lower legs and bandages on some of them.</p> <p>*He was dressed in only boxers holding and was holding a wooden handled tool with a flat top type screwdriver in his hand with his leg crossed, with his right ankle on his left knee.</p> <p>*There was a card table across from him that had two table lamps clamped to each side of it.</p> <p>*Pouches were hanging below each lamp contained various tools, scissors and glasses and a magnifying glass.</p> <p>*There was a white towel under his bare feet with dried blood on it and another lying to his left with dried blood on it.</p> <p>*Bandage wrappers were on the floor by his feet.</p> <p>*He stated his legs are better because he has been taking care of them.</p> <p>*He stated he kept his tools in alcohol.</p> <p>*He stated he had good medicine here but the nurse took it from him and said it was dangerous and he could not have it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>*He stated he was doing okay for the shape he was in.</p> <p>*He stated he was sad when he first had to come here and when first came to live there but no it was not so bad.</p> <p>*His shower has two discolored towels on the floor that appeared to have been wet then dried multiple times and had what appeared to be dried blood on them.</p> <p>Interview on [DATE] at 4:00 PM CNA P in regards to resident 20 revealed:</p> <p>*He picked at his legs, and thought there was something under his skin.</p> <p>*Staff would take the tools he used to pick at his skin, but he would get them back.</p> <p>Interview on [DATE] at 4:15 p.m. with RN F in regards to resident 20 revealed he:</p> <p>*Had a picking disorder and could have sharps in his room.</p> <p>*Tried to cut bugs out of his skin.</p> <p>*Would not let any nurses take care of the open areas on his legs.</p> <p>*Had a brother or friend who was aware he cuts himself.</p> <p>*Was aware that staff had removed the sharp objects he used to cut himself.</p> <p>*Is independent and is allowed to leave the premises.</p> <p>*Would go to a store on public transit and buy what he wanted and would bring it back to his room.</p> <p>*He was aware that his sharps and cutting of himself were care planned.</p> <p>Telephone interview on [DATE] at 9:30 a.m. and 1:20 p.m. and with the regional long-term care ombudsman revealed.</p> <p>-She was not contacted by the provider and was not aware of resident 20's situation.</p> <p>-The Center of Excellence for behavioral health in nursing homes should have been contacted by the provider.</p> <p>Interview on [DATE] at 12:25 p.m. with the behavioral counselor for the provider revealed she:</p> <p>*Started seeing resident 20 in March of 2022.</p> <p>-Initially because he was having suicidal ideations.</p> <p>-He had lost his longtime girlfriend and had expressed if he had a gun he would end things.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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)		
F 0689  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	<p>-His primary hallucination was bugs under his skin but then it changed to psoriatic arthritis in [DATE].</p> <p>The psychiatrist adjusted his medications and his cutting had decreased. Then he had some issues when applying for Medicaid and was questioned about his finances, which she felt caused him anxiety and increased his behavior of cutting.</p> <p>-When his partner or his own health would decline he would have increased anxiety and cutting of himself. the issue of cutting gets worse.</p> <p>-His vision is getting worse. She wasn't sure if that would increase his safety risk.</p> <p>-He does not cause self-harm other than his belief of bugs in his body.</p> <p>-He had denied having a plan of self-harm.</p> <p>-She was aware of an instance of him having believed he had seen his long-term friend in his room after she had passed.</p> <p>-He had acted angry or snippy with staff but was not aggressive with them.</p> <p>-His cutting was not as regular when his friend was still alive.</p> <p>-She stated some of his wounds such as the ones under the large bandages were from his leg having been caught on the edge of his bed. There was no incident report to support this.</p> <p>-She would see him every ,d+[DATE] weeks.</p> <p>-He had expressed in [DATE] that he felt more like living.</p> <p>Interview on [DATE] at 1:30 p.m. with RN K in regards to resident 20 revealed:</p> <p>*He had concerns regarding resident 20 and stated, I can't believe he isn't septic with his cutting.</p> <p>*Resident 20 had all kinds of sharps from a Hobby knife kit he had bought from at a local store.</p> <p>-Nurses do not provide his wound care, he did his own.</p> <p>-RN K did not work resident 20's hall but was aware of his cutting behavior.</p> <p>-He said all of resident 20's wounds on his legs were from his cutting himself and he had no injuries from falls or scraping on his bed frame that he knew of.</p> <p>-He does not believe resident 20 would hurt anyone or himself intentionally, he is just trying to get the bugs out of his skin, which there aren't any.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-He was not aware of a list of what tools he had or a way to track what he brought back from outings.</p> <p>-He has had fewer visitors but RN K why.</p> <p>Interview on [DATE] at 1:45 p.m. and again at 2:05 p.m. with LPN L revealed:</p> <p>*She did not do wound care for resident 20 and she had concerns about him cutting himself.</p> <p>*She was not sure how many open areas he had.</p> <p>*There had been no pictures for documentation of his wounds.</p> <p>*There was no sharps inventory or count of how many sharps resident 20 had in his possession.</p> <p>*She had concerns about his history of falls and the potential he could fall and be injured by a sharp object.</p> <p>*She would organize his room due to her concerns, he would allow that, but he would tell her to not take anything.</p> <p>*She stated the previous social worker was aware him cutting himself with the sharps he had.</p> <p>*She stated that she does not participate in care conferences but has reported her concerns and all the management were aware of his cutting himself with the sharps he had in his room.</p> <p>*He was not on any antibiotics but had an order for Neosporin to self-administer in his room.</p> <p>*He has not been tested for infectious diseases.</p> <p>*Certified nurse aides (CNA's) should report any new wounds or concerns.</p> <p>Interview and observation on [DATE] at 1:40 p.m. with resident 20 revealed:</p> <p>*He has eleven open areas on his inner lower left leg with four small bandages and his right lower inner leg had eight open areas with three large bandages.</p> <p>*He stated the bandages are because those I made bleed, so I put band-aids on them.</p> <p>*He said he cleaned them himself but had not been educated by the facility staff on how to clean tools or his open areas.</p> <p>- I have a bottle of alcohol I clean my legs first, then use hot water, and then put Neosporin on them.</p> <p>-A bottle of 91% alcohol was under his bed and was approximately a third full.</p> <p>-He stated he used the alcohol to clean his scalpels a couple of times a day.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-There was no redness observed to the surrounding tissue of his visible open areas.</p> <p>Interview and observation on [DATE] at 9:05 a.m. with resident 20 revealed:</p> <p>*He had tubi-grip (elastic tubular bandage) on his bilateral lower legs and stated, his wounds were better and he hoped they stayed that way. His mood was pleasant.</p> <p>*There was a hand washing reminder sign in his room and bathroom.</p> <p>Record review of resident 20's care plan dated [DATE] revealed.</p> <p>*Behavioral symptoms included cutting and or picking off warts and scabs on his skin. He utilizes scalpels he gets at the hardware store.</p> <p>-He declines to follow physician recommended advice of no cutting warts off his skin, and will decline skin-care and other treatments at times needed to properly address his self-inflicted wounds (see delirium). He will regularly create or manipulate his own or facility items to fix them or create things (i.e. Using a belt for a strap on his wheelchair). He was encouraged not to create restraints for himself and to seek staff input before fixing facility property.</p> <p>- Long-term goal date of [DATE] noted, he would decrease his use of sharps. He was able to keep sharps in his room, per his refusal to comply with [NAME] policies and concerns for safety without sharps to pick at his skin (as he relies on dull/other unsanitary means to pick at his skin).</p> <p>-He will not utilize scalpels in a way that puts his well-being or life into question.</p> <p>-He will not harm himself outside of cutting off his warts/scabs.</p> <p>-He will not harm or threaten others with his scalpels.</p> <p>*Approach date [DATE] noted, allow [resident 20] to have sharps in his room.</p> <p>-Remove sharps with conversations regarding self-harm with these sharps.</p> <p>-Offer education in regard to safety/infection control as needed.</p> <p>-Notify the physician/registered nurse (RN) if statements of self-harm manifest.</p> <p>-Assess for pain and offer pain medications, as able, with thoughts of death-statements. As needed PRN1, PRN 2, PRN 3.</p> <p>-Discipline noted, all staff and social services.</p> <p>*Long-term goal target dated [DATE] noted, that [resident 20] will have fewer episodes of refusing care.</p> <p>-Resident will consider physician-recommended interventions to treat what is causing ailments.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-Resident will be more open to allowing RN's to treat open areas on his skin related to infection prevention.</p> <p>*Approach start dated [DATE] noted, redirect resident as needed.</p> <p>-Ask for help or re-approach if resident becomes abusive or resistive.</p> <p>-Keep environment calm and relaxed.</p> <p>-Remove from public area when behavior is unacceptable.</p> <p>-Document refusal of care when it occurs.</p> <p>-Assist in applying antibacterial creams and appropriate dressings for open area to the skin, PRN.</p> <p>-Ask RN's to assist in evaluating and treating wounds. As needed PRN 1, PRN 2, PRN 2.</p> <p>-Discipline noted, all staff, nursing and social services.</p> <p>*Problem start date [DATE], environment noted,</p> <p>-[Resident 20] keeps sharps in is room related to behavioral concerns/delusions of bugs in his skin.</p> <p>-As long as there is no self-harm ideation/intent, he is able to have these in his room due to resident rights and continued non-compliance with having them removed. (similar care plan noted under behavioral symptoms)</p> <p>-[Resident 20] is sensitive to others touching items in his room, even for infection control reasons. He sternly requests that he is consulted before environmental services (ES) deep-cleans his room, as he is not compliant with this task and has had verbal interactions with ES and others before over items in his room being tidied /moved.</p> <p>-He likes to be in charge of where his dirty clothes go and often keeps paints on tables that are still clean and has his wallet and things in it. It has been care planned that he will have a laundry basket in his room to put his dirty clothes in and staff will take the clothes from the basket only to wash.</p> <p>-He will independently buy items at Walmart related to his delusions of bugs. He has no cognitive impairment and is self-sufficient enough to go out and about to purchase his own things. Education has been provided to to him on the safety of certain pesticides and those items have been removed but it causes more agitation for him.</p> <p>*Long term goal target date [DATE] noted, [resident 20] will be able to keep sharps in his room, per his refusal to comply with [NAME] policies and concerns for safety without sharps to pick at his skin (as he relies on dull/other unsanitary means to pick at his skin when sharps are not available).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-He will not utilize scalpels in a way that puts his well-being or life into question.</p> <p>-He will not harm himself outside of cutting off his warts/scabs.</p> <p>-He will not harm or threaten others with his scalpels.</p> <p>-He will be accepting of the removal of sharps from his room if there is question of self-harm or harm to other with these utensils.</p> <p>*[Resident 20] will work with ES and certified nursing assistants (CNA's) to keep his room somewhat tidied and disinfected.</p> <p>-He will refrain from verbal interactions with other over his room cleanliness.</p> <p>_he will be understanding of the basic infection control measures that have to be taken with is room, in reference to bloodied or dirty cloth items and other unsanitary items on the floor of his room.</p> <p>-He will put his dirty clothes in the laundry basket provide for ES to know what is dirty and what is clean.</p> <p>-He will be aware of certain pesticides that he brings into his private room and sue them with caution.</p> <p>*Approach start date [DATE] noted, allow [resident 20] to have sharps in his room.</p> <p>-Remove sharps with conversations regarding self-harm with these sharps.</p> <p>-Offer education in regard to safety/infection control as needed.</p> <p>-Notify physician/RN if statements of self-harm manifest.</p> <p>-Assess for pain and offer pain medications, as able, with thoughts of death-statements.</p> <p>-Consult with resident prior to deep-cleaning his room.</p> <p>-Help mediate infection control needs and resident rights between resident ES staff.</p> <p>-Help to remove unsanitary cloth items as they are seen, and replace them with unsullied linens/washcloths/towels.</p> <p>-Staff will be respectful to only grabbing the dirty clothes out of his laundry basket to clean.</p> <p>-Staff will be respectful and continue to educate [resident 20] on the dangers of some of the pesticides that he purchases and has in his room.</p> <p>-As needed, PRN 1, PRN 2, PRN 3.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-Disciplines, all staff and social services.</p> <p>*Problem start date [DATE] noted, delirium, [resident 20] believes there are microscopic bugs under his skin.</p> <p>-He believes this is why his skin itches and, possibly why he gets warts</p> <p>-He cuts off his warts and scabs to stop the itching from the bugs under his skin. (see behavioral symptoms).</p> <p>*Long term goal target date of [DATE] noted, [resident 20} will utilize other methods of itch-control outside of cutting off his warts. He will speak with his physician about the bugs under his skin and/or the itching of his skin.</p> <p>*Approach start date [DATE] noted, Help communicate [resident 20's] concerns about itchiness and bugs to his physician as needed.</p> <p>-Help to apply anti-itch lotion as prescribed.</p> <p>-Encourage scratching/patting his skin as a way of itch-control as needed.</p> <p>-Utilize frequent checks if he is utilizing his scalpel to cut off warts or scabs.</p> <p>*Discipline noted, all staff and social services.</p> <p>*Problem start date [DATE] noted visual function.</p> <p>-[Resident 20] has impaired vision and utilizes corrective lenses for reading activities.</p> <p>-Per [resident 20], an optometrist visit in 2020 relays that he is slowly losing his eyesight, and may be absent of useful vision in the future.</p> <p>*Long term goal target date of [DATE] noted, resident will have optimal ability.</p> <p>-He will utilize glasses/corrective lenses as preferred.</p> <p>-He will be accepting of staff assistance in managing glasses, as able and as needed.</p> <p>*Approach start date [DATE] noted, visual aides.</p> <p>-Keep glasses clean and encourage use.</p> <p>-Keep glasses readily available.</p> <p>-Adequate lighting in room.</p> <p>-Encourage activities appropriate for visual acuity.</p> <p>(continued on next page)</p>		



Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 09/27/2024  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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)		
F 0689  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	-Optometrist visits as needed.  -Monitor for appropriate navigation of small objects related to possibly losing vision in his eyes.  -As needed, PRN 1, PRN 1, PRN 3.  *Discipline noted, all staff and social services.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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)		
F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43021</p> <p>Based on observation, interview, record review, and policy review, the provider failed to maintain the temperature of the memory care unit (MCU)'s pantry refrigerator below 41 degrees Fahrenheit (F).</p> <p>Findings include:</p> <p>1. Observation on 6/25/24 at 3:33 p.m. of the MCU's pantry refrigerator revealed:</p> <p>*The thermometer inside the refrigerator read 46 degrees Fahrenheit (F).</p> <p>*The Refrigeration Temperature Log located on a clipboard hanging on the wall next to the refrigerator had no documented refrigerator temperatures for December 2023 and no other monthly logs were found.</p> <p>*Contents of the MCU's pantry refrigerator included:</p> <p>-Numerous eight fluid-ounce soda cans.</p> <p>-Six opened 48-ounce containers of juice labeled Refrigerate after opening.</p> <p>-Three four-ounce Mighty Shakes labeled Thaw at or below 40 degrees F. Use thawed product within 14 days. Keep Refrigerated.</p> <p>2. Interview on 6/25/24 at 3:40 p.m. with certified nursing assistant (CNA) I revealed she:</p> <p>*Had not normally worked on the MCU.</p> <p>*Was not sure whose responsibility it was to record the fridge's temperature.</p> <p>*Was not sure how long the mighty shakes had been in the fridge.</p> <p>3. Observation on 6/26/24 at 9:18 a.m. revealed:</p> <p>*The thermometer inside the MCU's pantry refrigerator read 50 degrees F.</p> <p>*The Refrigeration Temperature Log located on a clipboard hanging on the wall next to the refrigerator had no documented refrigerator temperatures for June 2024.</p> <p>4. Interview on 6/26/24 at 10:30 a.m. with director of nursing (DON) B revealed:</p> <p>*The night nurses' responsibilities included to check the refrigerator temperatures on the nursing units which included the MCU's pantry refrigerator.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*She would have expected the refrigerator temperatures to be between 32 and 41 degrees F.</p> <p>*She agreed the 6/25/24 refrigerator temperature of 46 degrees F and the 6/26/24 refrigerator temperature of 50 degrees F was too warm to adequately refrigerate food items.</p> <p>5. Interview on 6/26/24 at 12:28 p.m. with DON B revealed:</p> <p>*A new thermometer was placed in the MCU's pantry refrigerator.</p> <p>*She provided and explained she had updated the Night Nurse Tasks sheet that day with directions to Check North Fridge Temp (record on form).</p> <p>*She clarified the North nursing unit was the MCU.</p> <p>*She agreed refrigerator temperature checks had not been completed for the months of December 2023 through May 2024 as she had no completed Refrigeration Temperature Logs in her office and was not sure where else the completed logs could have been.</p> <p>6. Observation and interview on 6/26/24 at 2:16 p.m. with certified nursing assistant (CNA) I revealed the MCU's pantry refrigerator had a new thermometer that read 44 degrees F. CNA G adjusted the dial inside the refrigerator to make it colder and stated she would recheck the temperature later that day.</p> <p>7. Observation on 6/26/24 at 3:28 p.m. revealed the thermometer inside the MCU's pantry refrigerator read 40 degrees F.</p> <p>8. Observation on 6/27/24 at 7:35 a.m. of the MCU's pantry refrigerator revealed:</p> <p>*The thermometer inside the refrigerator read 32 degrees F.</p> <p>*The documented temperature on the Refrigeration Temperature Log form for 6/26/24 was 38 degrees F.</p> <p>9. Observation on 7/1/24 at 11:05 a.m. of the MCU revealed:</p> <p>*The thermometer inside the pantry refrigerator read 40 degrees F.</p> <p>*The posted June 2024 Refrigeration Temperature Log form had documented temperatures for that pantry refrigerator:</p> <p>-For 6/26/24: 38 degrees F.</p> <p>-For 6/27/24: 34 degrees F.</p> <p>-For 6/28/24: 33 degrees F.</p> <p>-For 6/29/24: 32 degrees F.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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)		
F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>-For 6/30/24: 33 degrees F.</p> <p>*A new Refrigeration Temperature Log form had been started for July 2024.</p> <p>10. Interview on 7/1/24 at 3:58 p.m. with DON B revealed she had discussed the task of monitoring the MCU's pantry refrigerator temperatures in person with the night nurse the morning of 6/27/24 and had emailed the nurses on staff educating them that the nurses' night shift duties included monitoring the MCU's pantry refrigerator temperatures.</p> <p>11. Review of the provider's 12/25/23 Refrigerator for Patient Food, Use Care and Monitoring-[NAME] policy revealed:</p> <p>*Purpose: To ensure clean, proper and safe storage of refrigerated and frozen food in clinical areas .To establish temperature ranges for the safe storage of refrigerated food items.</p> <p>*Policy: Refrigerator and freezer temperatures will be monitored and logged.</p> <p>*Procedure:</p> <p>-Monitor and log food refrigerator temperatures at least daily, maintaining temperatures at or below 41 degrees Fahrenheit or 4 degrees Celsius.</p> <p>-If refrigerator/freezer temperature exceeds the upper or lower range limits take the following action:</p> <p>--Staff should adjust refrigerator/freezer thermostat. Document adjustment under comments section on log.</p> <p>--Check and document temperature again in approximately 1 hour. If temperature is still out of range, contact Maintenance. Maintenance determines if the refrigerator can be repaired or replaced.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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)		
F 0838  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>43021</p> <p>Based on record review and interview, the provider failed to ensure the facility assessment had addressed the staffing resources needed to ensure appropriate care and services were available to the residents. Findings include:</p> <p>1. Review of the provider's undated facility assessment revealed:</p> <p>*The assessment did not address their resources for staffing needs.</p> <p>*The assessment was an eleven-page excel spreadsheet that included:</p> <p>--An overall monthly trending analysis of census that indicated it was a 64-bed nursing facility that had.</p> <p>--One dementia care unit of 12 beds.</p> <p>--General units of 52 beds combined.</p> <p>--A January through May overall census average of 58.</p> <p>--A Physical Function and Care Needs analysis of residents including:</p> <p>--Assistance needed with bathing, dressing, transferring, toilet use, eating, and mobility.</p> <p>--Bowel and bladder status.</p> <p>--Cognitive disabilities.</p> <p>--Skin integrity.</p> <p>--Cultural sensitivity, religious and ethnicity care recognition.</p> <p>--Communication.</p> <p>--Conditions.</p> <p>--Medication use.</p> <p>--It had not specified how many staff were needed to care for the residents or how they would have been scheduled/assigned.</p> <p>--A Medical Diseases and Conditions analysis of residents including those with diagnoses of:</p> <p>--Cancer.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>--Heart/Circulation.</p> <p>--Gastrointestinal.</p> <p>--Genitourinary.</p> <p>--Infections.</p> <p>--Metabolic.</p> <p>--Musculoskeletal.</p> <p>--Neurological.</p> <p>--Nutritional.</p> <p>--Psychiatric/Mood Disorder.</p> <p>--Pulmonary.</p> <p>--Vision.</p> <p>--It had not specified how those diagnoses would have impacted their care needs such as how much assistance the residents would have potentially required from the staff.</p> <p>*There had been no mention of:</p> <p>-The usual amount of assistance required by the residents based on their medical and mental health diagnoses.</p> <p>-How the facility would have been staffed to ensure the residents' care needs were met.</p> <p>Interview and facility assessment review on 7/1/24 at 4:27 p.m. with director of nursing (DON) B and Minimum Data Set (MDS) nurse C revealed:</p> <p>*The eleven-page excel spreadsheet was their facility assessment.</p> <p>*They agreed the assessment had not included or addressed their staffing needs.</p> <p>Interview and facility assessment review on 7/1/24 at 4:46 p.m. with administrator A revealed:</p> <p>*She confirmed the eleven-page excel spreadsheet was their facility assessment.</p> <p>*She stated they did not have a connecting piece between the spreadsheet and the staffing needed to ensure appropriate care and services were available to the residents, including the competencies (knowledge and skills) needed of staff to meet the needs of the residents.</p> <p>*There was no specific policy on the process for the facility assessment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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 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, record review, policy review, and manufacturer's instructions review, the provider failed to clean and disinfect one of one community shared blood glucose meter for two of two sampled residents (44 and 48) that resulted in a potential increased risk for bloodborne pathogen infections. Findings include:</p> <p>1. Observation and interview on 06/25/24 at 4:02 p.m. and 4:18 p.m. with registered nurse (RN) F revealed:</p> <p>*RN F completed a blood glucose check for resident 44.</p> <p>*She then wiped the blood glucose meter with a gray top Sani-cloth (germicidal) wipe and placed the blood glucose meter on the medication cart.</p> <p>*RN F stated that glucose meter was to be first wiped off with a wipe to clean visible blood or fluids off the glucose meter and then with another one to wet it and let it dry for two minutes.</p> <p>*She did not know if there was a policy on how to clean a glucose meter.</p> <p>*She used that same blood glucose meter to check resident 48's blood glucose and again wiped it with a gray top Sani-cloth wipe and placed it on the medication cart.</p> <p>2. Interview on 6/27/23 at 8:40 a.m. with RN/ clinical learning and development specialist D regarding the blood glucose meter cleaning and disinfecting procedure revealed:</p> <p>* She stated the glucose meter cleaning process involved wiping off any visible blood/fluid with a wipe and then another wipe to wet it and let it dry.</p> <p>*She stated that the dry time was different. If staff used a purple top Sani-cloth the dry time was two minuets or the gray top Sani-cloth dry time was three minutes.</p> <p>*She admitted that the glucose meter should have been cleaned per the directions on the gray top Sani-cloth wipe container.</p> <p>*She admitted that the glucose meter could not stay wet for either the two or three minute contact time by just wiping it and placing it on the medication cart as observed above.</p> <p>3. Interview on 07/01/24 at 11:38 a.m. with director of nursing (DON) B revealed, she would have expected staff to follow the proper process to clean the glucose meter and use the correct contact time for the wipe used.</p> <p>4. Review of the provider's 1/31/24 Blood Glucose Monitoring Disinfecting and Cleaning-R/S (Rehabilitation/Skilled Care), LTC (Long-term Care) policy revealed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A098	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Sanford Care Center Vermillion		STREET ADDRESS, CITY, STATE, ZIP CODE  125 S Walker Street Vermillion, SD 57069	
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)		
F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>*The policy referred to CMS requirements and best practices, that indicated blood glucose meters should have been cleaned and disinfected after each resident use whether the meter was assigned to a resident or shared among residents.</p> <p>*The policy referred to the user manual for specific instructions for each meter.</p> <p>*Cleaning procedure:</p> <p>-2. Cleaning and disinfecting can be completed by using a commercially available EPA-registered disinfectant or germicide wipe.</p> <p>-4. Remove the wipe from container and follow the label instructions to disinfect the meter.</p> <p>5. Record review of the provider's StatStrip Glucose Hospital Meter user's manual revealed:</p> <p>*Dilute Bleach. A 10% solution of household bleach (Sodium Hydrochloride) may be used.</p> <p>*70% Isopropyl (rubbing) alcohol may be used.</p> <p>*Commercial surface decontamination preparations that are approved for use by your facility can be used. Apply to a small test area first to ensure surface finish integrity.</p> <p>*Avoid harsh solvents such as benzene and strong acids.</p> <p>6. Review of the Sani-Cloth container lable regarding directions for use revealed:</p> <p>*To clean, disinfect and deodorized hard, nonporous surfaces:</p> <p>-Surface to remain wet for three (3) minutes.</p> <p>*Contact time:</p> <p>-Allow surface to remain wet for three (3) minutes.</p>		