

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

Printed: 06/15/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435042	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/02/2023
NAME OF PROVIDER OR SUPPLIER  Avera Mother Joseph Manor Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE  1002 North Jay Street Aberdeen, SD 57401	
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 0583  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Keep residents' personal and medical records private and confidential.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43844</p> <p>Based on observation, interview, record review, and policy review the provider failed to ensure two of two sampled residents (1 and 2) had not had their medical reasons for the use of contact precautions posted on signage in the hallway. Findings include:</p> <p>Observation on 8/2/23 at 9:15 a.m. of resident 1 in her room revealed:</p> <p>*On the wall, outside of the room was her room number and her name.</p> <p>*A sign above her room number and her name was another sign that indicated, contact precautions.</p> <p>-That sign had in bold black marker the words hazardous drug and chemo [chemotherapy] gloves.</p> <p>*She was lying on her bed, with her eyes closed.</p> <p>Review of resident 1's medical record revealed she:</p> <p>*Was admitted on [DATE].</p> <p>*Her Brief Interview of Mental Status (BIMS) had not been completed.</p> <p>*Was taking the medication Anastrozole (Prescribed for cancer).</p> <p>*Had a diagnosis of malignant neoplasm of upper-outer quadrant of the left breast.</p> <p>2. Interview on 8/2/23 at 11:15 a.m. with resident 2 revealed she:</p> <p>*Was admitted on [DATE].</p> <p>-Had rheumatoid arthritis and was taking the drug methotrexate (a chemotherapy drug).</p> <p>-During the month of May 2023 there was a notice placed on the wall outside of her room above the room number and her name that indicated she was on a hazardous drug and to use chemo gloves.</p> <p>*Had become aware of the sign when she heard visitors outside of her room talking about her and being on chemotherapy.</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:  435042	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/02/2023
NAME OF PROVIDER OR SUPPLIER  Avera Mother Joseph Manor Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE  1002 North Jay Street Aberdeen, SD 57401	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*Said that made her feel singled out and felt that was a violation of her privacy.</p> <p>-She then went to the hallway and tore down the sign.</p> <p>*Stated a similar sign was posted in her room with that same information and she had removed that sign too.</p> <p>*Showed the surveyor a picture she had taken of the sign with her phone that had been placed outside of her room.</p> <p>-It had her first name at the top.</p> <p>-It also included the following information:</p> <p>--Gloves and incontinent products were to have been placed in a yellow bag and disposed of in the chemotherapy barrel.</p> <p>--Soiled linens were to have been double bagged.</p> <p>--The toilet was to have been double flushed.</p> <p>--At the bottom in bold, black, large print was the word Chemotherapy.</p> <p>Review of resident 2's medical record revealed:</p> <p>*She was admitted on [DATE].</p> <p>*Her BIMS was a 15, meaning her cognition was intact.</p> <p>*She had a diagnosis of rheumatoid arthritis.</p> <p>*She was taking the medication methotrexate (a chemotherapy drug) for her rheumatoid arthritis.</p> <p>3. Interview on 8/2/23 at 1:30 p.m. with licensed social worker C revealed:</p> <p>*The assistant director of nursing D (ADON) was responsible for posting transmission-based precaution (TBP) signs outside of resident's doors that were on precautions.</p> <p>*She was not aware that confidential medical information was written on the sign for resident</p> <p>-She would have removed the sign as that is not appropriate.</p> <p>*She was aware that resident 2 had removed the contact precaution sign with the words hazardous drug and chemo gloves from the wall outside of her room in May 2023.</p> <p>4. Interview on 8/2/23 at 1:52 p.m. with certified nursing assistant (CNA) H revealed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435042	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/02/2023
NAME OF PROVIDER OR SUPPLIER  Avera Mother Joseph Manor Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE 1002 North Jay Street Aberdeen, SD 57401	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*When a resident was on contact precautions there was a sign on the resident's door identifying precautions.</p> <p>*Personal protective equipment (PPE) was provided to care for that resident.</p> <p>*Staff were notified when a resident was on TBP through a verbal report.</p> <p>*She had completed training on confidentiality in May of 2023.</p> <p>5. Interview at 1:57 p.m. with CNA I revealed:</p> <p>*Staff were notified if a resident was on TBP through a verbal report, a communication book, CNA 'cheat sheets' and signage.</p> <p>-The signage included what PPE was required to care for the resident and what type of precautions the resident was on.</p> <p>*She agreed that 'hazardous drug' and 'chemo gloves' was protected medical information and should not have been placed on those signs.</p> <p>6. Interview on 8/2/23 at 1:59 p.m. with registered nurse G revealed:</p> <p>*Staff were notified if a resident was on precautions through a verbal report and signage placed on individual resident room doors.</p> <p>*She said resident 2 was still on precautions even though the signage had been removed.</p> <p>*She agreed that identifying information such as 'hazardous drug' and 'chemo gloves' was protected medical information and should not have been placed on those signs.</p> <p>7. Interview on 8/2/23 at 2:01 p.m. with RN supervisor E revealed:</p> <p>*ADON H was responsible for placement of the signs for residents on TBP.</p> <p>*When a resident was on a chemotherapy drug that information was placed on the sign so that people would know they needed to take precautions.</p> <p>*She agreed, by nodding her head in an affirmative motion, that was protected medical information and should not have been placed on those signs.</p> <p>8. Interview on 8/2/23 at 2:08 p.m. with ADON D revealed she:</p> <p>*Was responsible for placing TBP signs outside of the resident rooms.</p> <p>-That was to notify staff that a resident was on TBP.</p> <p>-Other methods used to notify staff included: emails to nursing staff, nursing communication books, resident care plans, daily staff 'lineups', and over the door hangers of PPE.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435042	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/02/2023
NAME OF PROVIDER OR SUPPLIER  Avera Mother Joseph Manor Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE  1002 North Jay Street Aberdeen, SD 57401	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*Wrote on TBP signs if a resident was on a chemotherapy drug or a hazardous drug.</p> <p>*Had placed signage on resident 1's and resident 2's doors indicating they were on a hazardous drug and anyone entering the room needed to use chemo gloves.</p> <p>*Stated that resident 2 had removed her sign some time ago.</p> <p>*Confirmed that information on the signs was protected medical information and should not have been on those signs.</p> <p>*Confirmed that all staff were provided confidentiality and resident rights training each year.</p> <p>9. Interview on 8/2/23 at 3:05 p.m. with RN/staff development coordinator F revealed:</p> <p>*All staff were provided education on resident rights and resident's privacy policies upon hire and annually.</p> <p>*She confirmed all current employees had been provided additional training on resident's rights and confidentiality training in May and/or June of 2023.</p> <p>10. Interview on 8/2/23 at 2:30 p.m. with director of nursing B revealed:</p> <p>*She had multiple meetings with their pharmacy regarding resident 2's chemotherapy medication and the result of these meetings were the following:</p> <p>-The processes of how they used PPE was best practice.</p> <p>-They should have made sure they had notified staff and visitors that resident 2 was on a chemotherapy drug.</p> <p>*She was unsure if placing 'hazardous drug' or 'chemo gloves' on TBP signs located in public areas was right or wrong in regard to protected medical information.</p> <p>*She stated, We are doing the best to protect our staff, we have several childbearing age [staff members] and a few pregnant [staff members].</p> <p>*She was not sure how else to notify staff and visitors and stated, I will have to contact our pharmacy and related facilities.</p> <p>*She stated their pharmacy consultant might know.</p> <p>11. Telephone interview on 8/2/23 at 3:06 p.m. with pharmacy consultant J revealed:</p> <p>*The pharmacy had not provided any signage for posting to the public regarding TBP.</p> <p>*He had no opinion if signage that included hazardous drug' or chemo gloves was protected medical information.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435042	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/02/2023
NAME OF PROVIDER OR SUPPLIER  Avera Mother Joseph Manor Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE  1002 North Jay Street Aberdeen, SD 57401	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>12. Interview on 8/2/23 at 4:09 p.m. with administrator A regarding the contact precaution signage outside of resident 1's room revealed:</p> <p>-He stated, The sign was removed this afternoon and that staff and visitors needed signs placed outside of resident's rooms if they were on TBP so they would know what to have used in order to protect themselves when a resident was on TBP.</p> <p>-When asked if visitors needed to know the 'why' of using precautions, he had not provided an answer.</p> <p>13. Review of the provider's April, 2023 Transmission Based Precautions policy revealed:</p> <p>*III. Isolation Room Procedure: Once the need for transmission based precautions (isolation) has been identified, the following procedures are followed:</p> <p>-B. Place the proper color-coded isolation sign for the type of precaution(s) on the resident's door or designated area.</p> <p>--Isolation Categories</p> <p>---D. Contact Precautions</p> <p>----1. General: a. Door may be open. Place contact precaution sign on outer resident door.</p> <p>14. Review of the provider's December, 2021 Confidential Information policy revealed:</p> <p>*Policy: It is the policy of the covered entities of .to respect and protect the privacy rights of patients .</p> <p>*Definitions and Procedures:</p> <p>-Confidential information discussed within this policy includes:</p> <p>-Patient Related Information .</p> <p>15. Review of the provider's December, 2021 Resident [NAME] of Rights and Responsibilities revealed:</p> <p>*General Information</p> <p>-Residents of long term care facilities have rights that are guaranteed by the federal Nursing Home Reform Law. The law requires long term care facilities to promote and protect the rights of each resident and stresses individual dignity and self-determination.</p> <p>--*Right to Privacy</p> <p>---1. Regarding personal, financial, and medical affairs.</p> <p>(continued on next page)</p>		

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

Printed: 06/15/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435042	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/02/2023
NAME OF PROVIDER OR SUPPLIER  Avera Mother Joseph Manor Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE  1002 North Jay Street Aberdeen, SD 57401	
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 0583  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	---3. During treatment and care of personal needs.		