STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435102	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monument Health Sturgis Care Center	2140 Junction Avenue Sturgis, SD 57785

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	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42558 Based on observation, interview, record review, and policy review, the provider failed to ensure one of one registered nurse (RN)(J) had prepared and administered insulin according to the physician order and provider policy for one of one sampled resident (25). Findings include: 1. Observation and treatment administration record (TAR) review on 10/3/24 at 9:27 a.m. of RN J, while he prepared insulin for resident 25, revealed: *Resident 25's TAR indicated she was to be given 10 units of Novolog insulin every morning after breakfast along with sliding scale (additional dose based on blood sugar level) Novolog if her blood glucose was greater than 150. -There was an order to Hold Novolog at breakfast if resident does not eat. If her glucose level is elevated, use sliding scale but do not give scheduled. -She had a continuous glucose monitor that was placed in her upper left arm and an order for self-administration of insulin. *RN J verified the resident had eaten her breakfast. *RN J cleansed the resident's insulin auto-injector port with an alcohol pad, applied the needle to the auto-injector, and dialed up 8 units of insulin for administration, not the ordered 10 units of insulin. -He had not primed the insulin needle with insulin before dialing up the incorrect dosage of 8 units of insulin. *This surveyor stopped RN J at the door of the resident's room and asked that he double-check the TAR for the correct dosage. -RN J checked the order, verified the correct dosage was 10 units and dialed up an additional 2 units of insulin into the pen and then returned to the resident's room. *He verified resident 25's blood glucose level to be 108 and informed the resident she would not receive any sliding scale insulin that morning. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435102	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monument Health Sturgis Care Center	2140 Junction Avenue Sturgis, SD 57785

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	-He handed the insulin auto-injector to the resident and she self-injected the insulin correctly into her abdomen. *Following the administration of the insulin, RN J returned to the cart and documented the 10 units of insulin were administered. 2. Interview on 10/3/24 at 9:30 a.m. with RN J regarding the above insulin preparation and administration revealed: *He had been a licensed nurse for over [AGE] years, and this was his first assignment working for a temporary agency. He had been assigned to this provider for nearly three months. -He stated he had not been asked to perform an insulin administration skills audit for this provider. *He stated he was not aware auto-injector insulin pens needed to have their needles primed with insulin before dialing up the insulin dosage. -He stated, Probably a good thing to know. Didn't know that. *He verified it was not his usual practice to prime the insulin needle on auto-injector insulin pens. 3. Interview on 10/3/24 at 9:45 a.m. with director of nursing/infection preventionist (DON/IP) B regarding the above observation of RN J revealed: *RN J had been working for them as a temporary nurse since 7/8/24. *She stated she assumed travel nurses did insulin skills education with their travel agency of employment. *She had not audited her nursing staff for insulin injection skills, stating since they were licensed nurses, she would have expected them to know how to administer insulin correctly. *She had to refer to their policy to verify the correct dose of insulin that was needed to prime the auto-injector needle. -After a review of the policy, she verified the needle should have been primed with 2 units of insulin. *It was her expectation that the nursing staff would know how to prime the auto-injector needle before dialing up the insulin dose. She agreed that had not occurred. 4. Review of the temporary agency's 5/23/24 Skills Checklist on RN J revealed he had shown proficiency on a level 4 on a scale of 1-4 under the skill of insulin administration, meaning he could serve as a resource for insulin administration. The skills review had not included what items were audited under each topic of review. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435102	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monument Health Sturgis Care Center	2140 Junction Avenue Sturgis, SD 57785

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	5. Review of the provider's 3/2023 Injections policy revealed: *Insulin Injection -5. Prime the needle. -5. a. Turn the dose selector to select 2 units of insulin. -5. b. Hold the pen with the needle pointing up. Press the push-button all the way in. The dose selector returns to 0. A drop of insulin should appear at the needle tip. -5. c.If no insulin drop is seen at the tip of the needle, change the needle and repeat steps 5a and 5b. -5. d. Do not administer insulin unless priming drop is visualized.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435102	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monument Health Sturgis Care Center	2140 Junction Avenue Sturgis, SD 57785

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 42558 Based on observation, interview, record review, and policy review, the provider failed to ensure oral hygiene was provided for three sampled residents (3, 45, and 148) who were dependent on staff for their care needs according to their personalized care plan and facility policy. Findings include: 1. Observation on 10/1/24 at 8:40 a.m. of resident 3 while sitting in a wheelchair in her room and interview with her visiting daughter revealed: *The resident was able to answer simple questions but was very hard of hearing and had poor vision. -Her daughter stated the resident had returned from the hospital yesterday (9/30/24) following a suspected heart attack last Thursday (9/26/24). -When asked if she had any concerns regarding her mother's care, the daughter stated, Her oral care could be better. Review of resident 3's electronic medical record (EMR) revealed: *She had a Brief Interview of Mental Status (BIMS) assessment score of 12, which indicated she was moderately cognitively impaired. *Her 7/4/24 care plan revealed she had her own teeth and required partial to moderate assistance from one staff member to provide her oral care upon rising and at HS (hour of sleep) or twice a day. *Review of the certified nurse aide (CNA) task documentation of her oral care provided in the last 30 days, from 9/2/24 through 10/2/24, revealed she had received oral care for 10 out of 52 opportunities (subtracting the four days she had been hospitalized). -During that period, staff did not provide her oral care 42 times. 2. Observation and interview on 10/1/24 at 4:42 p.m. with resident 45 and his wife, who was his power of attorney (POA), revealed: *His wife was in his room while he rested in bed and agreed to be interviewed. *Her only concern regarding his care was the staff not providing oral care. -She stated, I always give him oral care when I come to visit, not sure the aides would do it. -Recently she had to clean dried food off his mustache that had been caked on. Review of resident 45's EMR revealed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435102	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monument Health Sturgis Care Center	2140 Junction Avenue Sturgis, SD 57785

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*He was receiving hospice care and had a BIMS score of two, which indicated he had severe cognitive impairment. *His 7/8/24 care plan revealed he had his own teeth and required partial to moderate assistance from one staff member to provide his oral care upon rising and at HS. *Review of the CNA task documentation of his oral care provided in the last 30 days, from 9/2/24 through 10/2/24, revealed he had received oral care for 10 out of 60 opportunities with one refusal documented. -During that period, staff did not provide him oral care 49 times. 3. Observation on 10/1/24 at 4:08 p.m. of resident 148 while he slept in his bed revealed: *He was breathing with his mouth open, and he had a slimy phlegm build-up in the corners of his mouth, a white pasty build-up on his teeth along his red-rimmed gums, and his tongue had a yellowish-white fuzzy coating. -His right lower lip had several dark pink areas. *Resident 148 awoke during the surveyor's presence and nodded his head yes when asked if he was agreeable to the interview. -He was unable to speak and was given his word communication sheet that was sitting on his dresser. -He was unable to confirm if the CNAs provided him with oral care. Review of resident 148's EMR revealed: *He had a BIMS score of five, which indicated he had severe cognitive impairment. *His 7/16/24 care plan revealed he had his own teeth and required substantial to maximal assistance from one staff member to provide his oral care upon rising and at HS. He also had a chipped tooth on his right upper side. *Review of the CNA task documentation of his oral care provided in the last 30 days, from 9/2/24 through 10/2/24, revealed he had received oral care for 13 out of 60 opportunities. -During that period, staff did not provide him oral care 47 times. Interview on 10/3/24 with director of nursing/ infection preventionist (DON/IP) B regarding CNAs provision of oral care to dependent residents revealed: *Her expectation was for oral care to be offered or provided to all residents twice a day and documented. -She was not aware those cares were not being provided according to their care plans or policy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435102	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monument Health Sturgis Care Center	2140 Junction Avenue Sturgis, SD 57785

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the provider's 1/1/24 Oral Hygiene: Conscious Resident policy revealed: *Key procedural Points: -1. Provide dental care in the morning and at bedtime. Or as indicated by provider. -7. Examine the resident's mouth and gums at for any paleness of gums, broken or loose teeth, decaying teeth, mouth sores, and areas of discoloration. *Post-Procedure: Demonstrates proper technique for providing oral care. -3. Report any changes in patient condition to nurse. -4. Documents procedure in HER [electronic health record/EHR].

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435102	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monument Health Sturgis Care Center	2140 Junction Avenue Sturgis, SD 57785

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40788 Based on observation, record review, interview, and policy review, the provider failed to ensure interventions to lessen the occurrence of urinary tract infections (UTI) were implemented for one of one resident (14) who had a UTI. Findings include: 1. Observation on 10/2/24 between 11:30 a.m. and 12:15 p.m. of resident 14 in the dining room revealed: *A plastic cup of ice water and another cup of juice were served to the resident with her meal. -She ate and drank independently. *Both cups remained mostly full at the end of the meal. -Staff provided no verbal cueing or encouragement to the resident to drink those fluids during the meal service. Review of resident 14's electronic medical record (EMR) revealed: *She was admitted to the facility on [DATE]. *Her diagnoses included: late onset Alzheimer's disease, hypothyroidism, depression, anxiety, and gastroesophageal reflux disorder. -A UTI diagnosis was added to her profile on 9/10/24. *Her 8/15/24 Brief Interview for Mental Status (BIMS) score was 7 which indicated her cognition was severely impaired. *Her April 2024 through September 2024 interdisciplinary progress notes revealed: -Urine analyses (UA) were ordered and the resident was started on oral antibiotics for UTIs on 8/8/24, 9/12/24, and 9/26/24. -Between April 2024 and July 2024 she had no documented UTIs. *Her 8/22/24 dietary assessment indicated her estimated daily fluid intake need was between [PHONE NUMBER] milliliters. -Between 9/4/24 and 10/2/24 her documented daily fluids consumed was less than her estimated fluid needs on 10 of those days. -A twice-daily liquid nutritional supplement (474 milliliters) was included in that fluid intake calculation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435102	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monument Health Sturgis Care Center	2140 Junction Avenue Sturgis, SD 57785

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*Between 9/4/24 and 10/2/24 her daily urinary continence documentation revealed: -She was incontinent of urine 93% of the time. *Toileting assistance was documented as occurring between one and four times each day. -83% of the time there were either two or three documented times toileting assistance occurred. Interview on 9/2/24 at 4:00 p.m. with registered nurse J regarding UTI prevention interventions for resident 14 revealed certified nurse aides were expected to provide the resident with appropriate peri-care to lessen her risk for UTIs. Interview on 9/2/24 at 4:10 p.m. with certified nurse aide (CNA) O regarding UTI prevention interventions for resident 14 revealed: *Her fluid intake was documented daily but he was not aware of what her estimated daily fluid intake needs were. *CNAs were responsible for documenting on the Urinary Continence flowsheet each time the resident was assisted to use the toilet and whether or not she continent or incontinent at those times. -The resident was incontinent of bowel and bladder, not on a scheduled toileting program, and sometimes placed her hand inside of her brief after a bowel movement (BM) then smeared her BM. Interview on 10/3/24 at 8:00 a.m. with unlicensed medication aide (UMA) P regarding resident 14's fluid intake revealed: *The resident independently drank fluids. *She preferred water or juice over coffee and pop. *UMA P encouraged the resident's fluid intake by placing her nutritional supplement in a small paper cup then refilling the cup as needed. -She thought resident 14 was able to wrap her hand around the smaller-sized paper cup better than the plastic cups that were filled with water for her. -She had not tried using a cup with a handle to determine if resident 14 might handle that better than a plastic cup. Interview on 10/3/24 at 8:15 a.m. with CNA/bath aide N regarding residents' bath schedules revealed: *Resident 14 was bathed weekly on Monday. *Some residents were bathed more than one time weekly because of their preference or a medical reason. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435102	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monument Health Sturgis Care Center	2140 Junction Avenue Sturgis, SD 57785

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-She was not aware of any reason why resident 14 would have been bathed more than once weekly. Observation and interview on 10/3/24 at 9:20 a.m. with CNAs K and L while assisting resident 14 with toileting revealed: *The resident was transferred from her wheelchair to the sit-to-stand mechanical lift into her bathroom. *After performing hand hygiene and placing clean gloves on her hands, CNA L removed the resident's wet incontinence brief and discarded it. *The resident was lowered onto the toilet but stated I can't pee. -She was raised up from the toilet by those staff who used the lift and with those same unclean gloved hands, CNA L removed individual wipes from a container and handed them to CNA K to clean the resident's peri-area. *CNA K wiped the resident's peri-area using the wipe handed to her by CNA L. -Instead of discarding the soiled wipe after it was used, the unclean wipe was re-used to wipe the resident's peri-area again. *After a clean incontinence brief was applied and resident 14 was redressed, CNAs K and L moved her out of the bathroom with helping her perform hand hygiene. *CNA L knew she should have removed her unclean gloves, performed hand hygiene, and put on clean gloves after handling the resident's wet brief and before handing CNA L clean wipes to perform peri-care. *CNA K agreed she should have discarded each wipe after using it for peri-care rather than re-using a soiled wipe. *CNAs K and L agreed resident 14 should have been assisted with hand hygiene before she had left the bathroom. Continued observation and interview with CNA L regarding UTI prevention interventions for resident 14 revealed: *There was a lidded cup of water with a straw on the resident's nightstand. -That was placed there about 10:00 p.m. the previous night and was still full. -She had not seen the resident initiate drinking water left for her on the bedside stand. *The resident was not on a scheduled toileting program. -CNA L tried to offer and assist the resident with her toilteting after each meal. *Resident 14 was not offered water from the bedside cup by CNA L before exiting the resident's room with the resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435102	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monument Health Sturgis Care Center	2140 Junction Avenue Sturgis, SD 57785

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview and record review on 10/3/24 at 11:45 a.m. with director of nursing (DON)/Infection Preventionist (IP) B regarding UTI prevention interventions revealed: *Pushing fluids [encouraging residents to drink fluids throughout the day], providing proper peri-care, and changing incontinent residents in a timely manner were the primary interventions she expected staff to complete to prevent UTIs from occurring. *She agreed resident 14's daily fluid intake expectations were not consistently met based on her review of the fluid intake documentation referred to above. -The resident's daily fluid intakes were not monitored and there was no documentation to support what other alternatives had been attempted to increase her fluid intake. *The manner in which peri-care was provided by CNAs K and L put resident 14 at greater risk for UTI development. *Neither a scheduled toileting program nor a scheduled rounding program had been tried as an intervention to ensure the amount of time the resident was incontinent was as short as possible. *Increasing the frequency of the resident's bathing schedule had not been tried. *She tracked UTI frequency for all residents and reported that information to the Quality Assurance and Process Improvement (QAPI) team. Her focus was ensuring antibiotics prescribed for UTIs were appropriate based on urine cultures. Review of the June 2024 through August 2024 UTI Data Review Reports shared with the QAPI team revealed: *The State average for UTI occurrence was 3.3% of the resident population and the national average was 2.1% *The provider's average UTI occurrences were: -In June 2024, 4.8%. -In July 2024, 8.1%. -In August 2024, 12.2%. *Their goal was to be equal to or below the national average. *Their action plan to reach that goal was Continuance of monitoring residents and educating staff and families. A UTI Prevention policy was requested of DON/IP B on 10/3/24 at 11:10 a.m. An Infection Control Program policy revised on March 2020 was provided and revealed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435102	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monument Health Sturgis Care Center	2140 Junction Avenue Sturgis, SD 57785

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*B. Responsibilities of the Director of Nursing in relationship to the infection control program included participation in the assessment or analysis of the success/failure of key processes within the infection prevention/control program. *D. Surveillance priorities: -1. Symptomatic Urinary Tract Infections.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435102	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monument Health Sturgis Care Center	2140 Junction Avenue Sturgis, SD 57785

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 - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47780 Based on observation, interview, and policy review the provider failed to maintain appropriate temperatures for one of one high-temperature dishwasher utilized to clean dishes used to prepare and serve resident food items according to the manufacturer's instructions. Findings included: 1. Observation and interview on 10/1/24 at 8:10 a.m. with retail manager H in the kitchen revealed: *The wash cycle temperature of the dishwasher was supposed to be between 170 and 175 degrees Fahrenheit. *The final rinse cycle temperature of the dishwasher was supposed to be between 180 and 190 degrees Fahrenheit. *The retail manager said if the temperatures of the dishwasher were below the manufacturer's recommended minimal temperature the staff were to have maintenance service the dishwasher. *The wash temperature on The Dishmachine Temperature Record September 2024 log was recorded as follows: -19 out of 90 documented temperatures were below the manufacturer's recommended minimal temperature. -No corrective actions were written down as taken when the temperatures were below the manufacturer's recommended minimal temperature. *The final rinse temperature on The Dishmachine Temperature Record September 2024 log was recorded as follows: -36 out of 90 documented temperatures were below the manufacturer's recommended minimal temperature. - No corrective actions were written down as taken when the temperatures were below the manufacturer's recommended minimal temperature. Interview on 10/1/24 at 8:35 a.m. with kitchen director C revealed: *She had called the manufacturer's service department the past year and a half, five to six times, and had serviced the dishwasher. *The staff were to have maintenance service the dishwasher when the temperatures were below the manufacturer's recommended minimal temperature. Interview on 10/1/24 at 10:32 a.m. with kitchen manager F revealed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435102	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monument Health Sturgis Care Center	2140 Junction Avenue Sturgis, SD 57785

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 - Many	*She had been employed with the facility since 6/11/2019. *She usually worked in the evenings. *When the dishwasher temperature was below the manufacturer's recommended minimal temperature, she had called maintenance and they would service the dishwasher that evening and then would run the dishes back through the dishwasher at the correct temperature. Interview on 10/1/24 at 10:43 a.m. with dishwasher E revealed: *He had been employed with the facility since 8/10/21. *He worked in the mornings. *When the dishwasher temperatures were below the manufacturer's recommended minimal temperature, he had called maintenance to service the dishwasher and then would run the dishes back through the dishwasher at the correct temperature. *He confirmed some of the morning temperatures on The Dishmachine Temperature Record September log were below the manufacturer's recommended minimal temperature. -He did not call maintenance to service the dishwasher. -He agreed he should have called maintenance to service the dishwasher. Interview on 10/1/24 at 11:20 a.m. with cook/back of the house manager D revealed he: *Had been employed with the facility since 1/19/2024 *Was responsible for reviewing The Dishmachine Temperature Record log each month for the correct temperatures. *Would have notified the kitchen director when the temperatures were below the manufacturer's recommended minimal temperature. *Was unaware he was supposed to write down the corrective action that was taken. Interview on 10/2/24 at 8:59 a.m. with plant operations manager G revealed: *Maintenance had changed a fuse in the dishwasher three times in the past year when the kitchen staff requested service due to low temperatures. *Maintenance had been requested once for dishwasher service during September. Interview on 10/2/24 at 11:37 a.m. with director of nursing B revealed she: *Agreed some of the temperatures on the dishwasher log were below the manufacturer's recommended minimal temperature. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435102	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monument Health Sturgis Care Center	2140 Junction Avenue Sturgis, SD 57785

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 - Many	*Confirmed there had been no gastrointestinal illness during September. Review of the [NAME] Instructions Mode Manual revealed: *Minimum Temperatures Using High-Temperature -Wash Tank 160*F {degrees Fahrenheit} -Final Rinse 180*F {degrees Fahrenheit} Review of the providers January 2024 Dishmachine Temperatures Policy revealed: *Single-tank, conveyor, dual-temperature machine: -Wash temperate 160*F {degrees Fahrenheit} -Final rinse temperature 180-194 *F {degrees Fahrenheit} *Supervisor/Food and Nutrition Associate as assigned -High Temperature Dishmachine-record on Dishmachine Temperature Record form: *Director -Determines if reading is due to malfunctioning temperature gauge or inappropriate temperature. -Contacts sources of repairs. -Documents action taken on back of form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435102	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monument Health Sturgis Care Center	2140 Junction Avenue Sturgis, SD 57785

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	Provide and implement an infection prevention and control program. 40788 Based on observation, interview, record review, and policy review, the provider failed to ensure infection prevention and control practices were implemented for: *Hand hygiene and glove use by three of four certified nurse aides (CNAs) (I, K, and L) during peri-care for three of three observed residents (11, 14, and 28).*Incontinence care provided by three of three CNAs (I, K, and L) for three of three observed residents (11, 14, and 28). *Hand hygiene assistance for one of one observed resident (14) with hand hygiene following bathroom use. Findings include: 1. Observation and interview on 10/3/24 at 9:20 a.m. with CNAs K and L while assisting resident 14 with toileting revealed: *The resident was transferred from her wheelchair to the sit-to-stand mechanical lift into her bathroom. *After performing hand hygiene and placing clean gloves on her hands, CNA L removed the resident's wet incontinence brief and discarded it. *The resident was lowered onto the toilet but stated I can't pee. -She was raised up from the toilet by those staff who used the lift and with those same unclean gloved hands, CNA L removed individual wipes from a container and handed them to CNA K to clean the resident's peri-area. *CNA K wiped the resident's peri-area using the wipe handed to her by CNA L. -Instead of discarding the soiled wipe after it was used, the unclean wipe was re-used to wipe the resident's peri-area again. *After a clean incontinence brief was applied and resident 14 was redressed, and assisted out of the bathroom without being assisted by either CNA K or L to perform hand hygiene. *CNA L knew she should have removed her unclean gloves, performed hand hygiene, and put on clean gloves after handling the resident's wet brief and before handing CNA L clean wipes to perform peri-care. *CNA K agreed she should have discarded each wipe after using it for peri-care rather than re-using a soiled wipe. *CNAs K and L agreed resident 14 should have been assisted with hand hygiene before she had left the bathroom. 42558 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435102	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monument Health Sturgis Care Center	2140 Junction Avenue Sturgis, SD 57785

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	2. Observation on 10/1/24 at 11:12 a.m. of CNAs I and M assisting resident 11 with her toileting needs revealed: *The resident was transferred from her wheelchair to the toilet using a sit-to-stand mechanical lift. *After performing hand hygiene and placing clean gloves on her hands, CNA I removed the resident's wet incontinence brief and discarded it. -After resident 11 used the toilet, CNA I used those same gloved hands and cleansed the resident's peri-area using disposable wipes. -Upon using the final wipe, she wiped the resident from back to front wiping her rectal area up through the urethra (opening to the bladder) and her labial folds using the same soiled wipe. -With those same unclean gloved hands, CNA I placed a clean incontinence brief on resident 11 and pulled up the resident's pants. *She then removed those contaminated gloves and washed her hands. 3. Observation and interview on 10/2/24 at approximately 1:30 p.m. of CNAs I and N while assisting resident 28 revealed: *The resident was transferred from her wheelchair to the toilet using a sit-to-stand mechanical lift. *CNAs I and N stated they were trained upon hire and annually on peri-care using the electronic Relias training system. -They stated the nurses had performed audits on their peri-care skills several times in the last two years. *After toileting the resident, she was transferred into her room using the mechanical stand lift. -CNA I washed her hands and applied clean gloves then performed the resident's peri-care using disposable wipes. -Upon performing the final wipe, she wiped the resident from back to front wiping the rectal area up through her urethra and labial folds using the same soiled wipe. -With those same contaminated gloved hands, CNA I placed a clean incontinence brief on resident 28. *CNA I then removed her gloves and without sanitizing her hands she: -Touched the resident's mechanical lift sling. -Adjusted the resident's clothing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435102	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monument Health Sturgis Care Center	2140 Junction Avenue Sturgis, SD 57785

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	-Applied a sweater to the resident's back and gave the resident her phone. -Combed the resident's hair. -Removed the sit-to-stand lift from the room and placed it in the hallway. *She then returned to the room and washed her hands while CNA N sanitized the mechanical stand lift. Interview on 10/3/24 at 12:30 p.m. with CNA I revealed: *She said she needed to wash her hands and apply clean gloves when entering the resident's room, when going from dirty to fresh, and when exiting the room. -She was not aware she had not removed her unclean gloves, sanitized her hands, nor applied clean gloves after providing the resident's peri-care and before she placed the clean incontinence briefs on the residents observed above. *She verbally demonstrated how she normally performed peri-care by stating she wiped up the front when using the last wipe. -She stated, I did not realize I was doing it incorrectly; I've always done it that way. Interview on 10/3/24 at 12:40 p.m. with DON/IP B regarding peri-care, hand hygiene, and glove use revealed: *It was her expectation that peri-care, hand hygiene, and glove use be performed according to facility policy, which was wiping from front to back, cleaning hands, and applying clean gloves when moving from a dirty procedure to a clean procedure. *She provided step-by-step education to staff on hand hygiene and glove use during a 4/11/24 'All Staff' meeting. *CNA I had been audited the week of 9/25/23 for peri-care and correctly demonstrated the procedure. -CNA I also completed a hand hygiene competency on 4/11/24 and correctly demonstrated hand hygiene and glove use at that time. *DON/IP B provided copies of the staff meeting, and the audits of CNA I, and all information was verified as accurate. Review of the provider's 5/2024 Pericare policy revealed: *Guidelines: -g.For the female resident, spread the labia and be sure to wash from front to back. -h. [NAME] new gloves (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435102	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monument Health Sturgis Care Center	2140 Junction Avenue Sturgis, SD 57785

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	-i. Reapply a clean disposable product. *The policy had not included hand hygiene before application of clean gloves. Review of the provider's revised April 2024 Hand Hygiene policy revealed: *A. Indications for handwashing and alcohol-based hand rub use: -14. Wash with soap and water after using a restroom. *I. Other Aspects of Hand Hygiene: -4. Change gloves during patient/resident care if moving from a contaminated body site to a clean body site and perform hand hygiene.