STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 6/24/24 through 6/26/24. Areas surveyed included allegations of abuse involving a visitor and resident. United Living Community was found not in compliance with the following requirements: F600, F609, and F610.	F 000	F 600 United Living Community (ULC) updated our Abuse, Neglect, Misappropriation policy and updated in QAPI on 7.11.24. Changes to the policy include: 1. Title Change 2. Updated policy statement 3. Definitions updated 4. 6 Keys - Prevent, Screen, Identify, Train, Investigate, Report / Respond 5.Must report verbally 6. Reporting timelines Additional verbiage: The Department of Health, Department of Social Services, the State Ombudsman and Law Enforcement will be notified within 24 hours of the event. The initial written report must be submitted utilizing the on-line reporting system within 24 hours of the event. The final written report must be completed within 5 days of the initial written report. All events of ANE, mistreatment, and injuries of unknown origin are reported to the Department of Health, Department of Social Services, State Ombudsman and Law Enforcement, regardless of where the event occurred, if the resident / family would like to report, and / or if the event is substantiated.	7.25.24
F 600 SS=G	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) facility reported incident (FRI), observation, interview, record review, and policy review, the provider failed to protect one of two sampled resident (1) from physical and verbal abuse, and one of two sampled resident (2) from verbal abuse and involuntary seclusion by resident 3's spouse. Findings include:	F 600		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Liz Mosena DeBerg | TITLE: Administrator | (X6) DATE: July 24, 2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 1 1. Review of the SD DOH FRI submitted on 6/15/24 at 7:35 p.m. revealed: *Registered nurse (RN) D reported that certified nurse aide (CNA) C witnessed resident 3's spouse wheeling resident 1 down the hall. *Resident 1 was holding his hand up as if he may have been attempting to grab resident 3's spouse. *In response to resident 1's action, resident 3's spouse "hit [resident 1] over the head with her right hand." *RN D immediately assessed resident 1 and when asked if resident 3's spouse hit him, his response was that resident 3's spouse tried to hit him, "and I blocked her." *RN D's physical assessment of resident 1 did not reveal any redness, bruising, or raised areas on resident 1's head. *Resident 1 then stated that resident 3's spouse did hit him on his temple, but not very hard. *"During interview with resident, he did not show any fear of the situation." *RN D notified the facility administrator. "Administrator will be in the facility to discuss the situation with [resident 3's spouse]." *The report indicated that local law enforcement and the South Dakota Department of Human Services (DHS) were not notified. -Under the section "Why or why not?" for law enforcement notification, the report indicated, "Administrator will be in facility in am [a.m.]" -Under the section "Why or why not?" for DHS notification, the report indicated, "Notified Ombudsman via email." 2. Observation on 6/24/24 at 5:15 p.m. in the South Ridge common area revealed: *The common area consisted of the dining room and television room.	F 600	F 600 Continued from page 1. Director of Nursing did face-to-face training with floor staff on Abuse, Neglect, Exploitation, Mistreatment and Injuries of Unknown Origin and Mandatory Reporting on 7.16.24 and 7.17.24. The RN Staff Educator issued all staff competency training on Abuse, Neglect, Exploitation, Mistreatment and Injuries of Unknown Origin and Mandatory Reporting via HealthStreams to be completed by 7.25.24. Ongoing education to be provided to all new hires and annual training to continue to be issued and monitored by RN Staff Educator on the above topics. Ombudsman to do training at our next all staff meeting on 8.27.24 on Abuse, Neglect and Misappropriation reporting.	7/25/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 2 *Residents were eating supper at the time. *Resident 1 was sitting at a table near the window. *Residents 2 and 3 were sitting at the same table. *Resident 3's spouse was sitting in a recliner in the television room. *Interview at that time with resident 3's spouse revealed: -She came to the facility twice per day, every day. -She helped resident 3 with lunch and supper and to get ready for bed each night. 3. Interview on 6/24/24 at 5:32 p.m. with administrator A regarding the FRI revealed: *The incident happened on Saturday 6/15/24 around 6:30 p.m. *She was informed of the incident on 6/15/24 and instructed RN D to complete a state report. *Director of human resources (DHR) I and administrator A came to the facility on Sunday 6/16/24 and met with resident 3's spouse to discuss the incident. *Administrator A told resident 3's spouse that "you can't move or touch other residents." *Resident 1 was interviewed several times on the evening of 6/15/24. -He was not a good historian. -One time he said that resident 3's spouse hit him, and another time he said that "I blocked it." -He was not consistent with answering if he was hurt or not. *CNA C witnessed the incident and immediately informed RN D. *RN D immediately assessed resident 1 and found no injuries. *She confirmed that resident 3's spouse continued to assist resident 3 with his nighttime routine and left the building around 7:30 p.m. *Resident 3's spouse came back to the facility on	F 600	F 600 Continued from page 2. Employee A and Employee I spoke to Resident 3's Spouse on 6/16/2024 and reviewed the following: 1. Abuse, Neglect, and Exploitation 2. Resident Rights 3. Use of call lights to get help 4. She cannot move a resident 5. She cannot isolate a resident 6. She cannot call names and / or verbally abuse a resident 7. She cannot physically touch, hit, slap or aggress towards a resident Resident 3's Spouse verbally agreed to these expectations and there has not since been an incident. Charge Nurse during the event asked Resident 1 3 times if he felt safe and Resident 1 said he did. Identify Resident Risks 1. Quarterly Care Conferences - Social Worker 2. Monthly Resident Council - Activities Coordinator 3. 10% of residents and staff will be asked a series of questions weekly i.e. Health, Safety, Welfare, Resident Rights, ANE, Mandatory Reporting - Director of Nursing or designee. Data will be aggregated and reviewed monthly in QAPI.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 3	F 600		

6/16/24 around 11:00 a.m. to meet with DHR I and administrator A.
-During that conversation, resident 3's spouse admitted to moving resident 2 to his room and told him, "You can come out when you can act like a grown man."
-Resident 3's spouse did not admit to hitting resident 1.
-They verbally made an agreement with administrator A to not touch other residents.
*Resident 3's spouse had a pattern of when she visited. She came around 11:00 a.m., stayed through the lunch hour, left for a couple of hours in the afternoon, came back to the facility around 4:00 p.m., and stayed until resident 3 went to bed.
-This pattern was an everyday occurrence.
*Administrator A contacted the regional ombudsman regarding the incident.
-The ombudsman came to the facility on 6/17/24 to act as an advocate for resident 1 since he did not have a power of attorney.

4. Interview on 6/24/24 at 6:25 p.m. with CNA E regarding the above incident revealed:
*He confirmed he was working on the evening of 6/15/24.
*He did not witness the incident.
*There was a meeting about the incident at the nurse's station including CNA E, CNA C, and RN D.
-During the meeting, CNA C said, "[resident 3's spouse] slapped resident 1 on the back of his head for no reason."
*He verbalized the correct procedure for reporting potential abuse or neglect.

5. Interview on 6/24/24 at 6:37 p.m. with resident 3's spouse regarding the above incident revealed:
*When asked about the incident, resident 3's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 4	F 600		

spouse said, "That was resolved with [administrator A]. That's all I'm [going to] say."
*Resident 3's spouse said, "I've held up my end of the bargain."
-The "bargain" was to not speak with resident 1, and to not push any other resident in their wheelchairs.
*Surveyors then explained that law enforcement had been contacted by the provider to report the incident.
*Resident 3's spouse said, "I will not speak to him or her on these premises."

6. Interview on 6/24/24 at 6:45 p.m. with licensed practical nurse (LPN) J regarding the above incident revealed:
*She was not at the facility at the time of the incident, but had been made aware of it by RN L.
*She explained that resident 1 and resident 2 were known to bicker with each other, which was normal for those residents.
*Regarding the bickering, she said that staff monitored them and separated them as needed.
*When asked about resident 3's spouse, she said, "I was surprised that it happened, but not surprised that it was [resident 3's spouse]."

7. Interview on 6/25/24 at 10:20 a.m. with resident 1 regarding the above incident revealed:
*When asked how he would get help, he said, "I would tell them."
*He was unable to express how to use his call light. The call light was next to him within his line of sight.
*When asked if he remembered the incident, he said, "not really."
*When asked about the care he received from staff, he said, "I'm well taken care of."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 5	F 600		

8. Interview on 6/25/24 at 12:41 p.m. with dietary aide F regarding the above incident revealed:
*She confirmed she was working on the evening of 6/15/24.
*No one had interviewed her about the incident to obtain her formal statement.
*She was in the South Ridge kitchenette doing dishes when CNA C came to her "looking stressed" and informed her of what happened.
*The incident "must have happened down the hallway because it did not happen in the living room or dining area."
*She had not seen the events on 6/15/24 unfold but had seen a similar situation between resident 1 and resident 3's spouse before.
-It happened within the previous week of 6/15/24. It may have happened on 6/13/24, but she could not remember.
-Resident 2 was sitting in his normal spot in the dining room.
-Resident 1 wheeled himself into the dining room.
-They started bickering with each other.
-She could not understand what they were arguing about.
-Resident 3's spouse grabbed resident 1's wheelchair to take him out of the dining room.
-She overheard resident 3's spouse call resident 1 "incompetent" and "asshole."
-Regarding that incident, she said, "those two [residents 1 and 2] are defenseless against [resident 3's spouse]."
-Dietary aide F reported what she overheard to both the CNA and the nurse on duty at that time.
-She could not remember the names of the CNA or the nurse.
-She was not sure what was done with her report.
*Dietary aide F indicated that resident 3's spouse was known to "fly off the handle" with staff, and sometimes other residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 6	F 600		

9. Interview on 6/25/24 at 1:10 p.m. with RN D regarding the above incident revealed:
*When asked about the relationship between residents 1 and 2, she said, "they get into verbal confrontations", and "we intervene, and redirect and they are okay."
*She was not aware of resident 1 and resident 2 ever having a physical confrontation.
*When asked about resident 3's spouse, she said that resident 3's spouse visited frequently.
-She explained that resident 3's spouse would get frustrated when residents 1 and 2 were bickering.
*She said that if staff were not around, resident 3's spouse would intervene between residents 1 and 2.

10. Interview on 6/25/24 at 1:32 p.m. with administrator A regarding the above incident revealed:
*She was aware that the resident 3's spouse had been "verbal" with other residents before.
-The social worker had been involved.
-Resident 3's spouse was educated that she must get staff to move patients away from each other.
*When asked if there had been any additional interventions to prevent resident 3's spouse from handling other patients, administrator A said that staff were paying closer attention to resident 3's spouse but there was no additional documentation.

11. Interview on 6/25/24 at 3:25 p.m. with CNA C regarding the above incident revealed:
*He confirmed he was working on 6/15/24 and witnessed the incident.
*Residents 1 and 2 did not like each other.
-He said, "they really can't hurt each other," "they fight like siblings," and "they just yell at each

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 7	F 600		

other."
*He said that resident 3's spouse was there on most days and is "usually in good spirits," but "resident 2 definitely annoys [resident 3's spouse]."
*He recalled that residents 1 and 2 were bickering with each other from across the dining area on the day of the incident.
-When the meal was over, he went to the nurse's station for shift-to-shift report.
*When he left the nurses station, he saw that resident 2's door was closed and assumed someone had already transferred him to his room for the night.
*He then observed resident 1 making animal noises.
-This was normal behavior for resident 1.
*He saw resident 3's spouse transferring resident 1 down the hall in his wheelchair.
-Resident 1 raised his right hand as if to grab at resident 3's spouse.
-Resident 3's spouse "whacked" him on the side of his head with her right hand.
*He was able to hear the slap and confirmed that resident 1 made a verbal response.
-He was not sure if the response was because of pain or not.
*He immediately reported what he had seen to RN D and LPN K.
*He was not sure if resident 3's spouse was asked to leave the facility.
*He said that a nurse told him that a couple weeks prior, resident 3's spouse had been reported for calling resident 1 "useless" and other unpleasant comments.
-He could not remember which nurse reported this to him.

12. Interview on 6/25/24 at 3:50 p.m. with resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 8	F 600		

3 regarding feelings of safety revealed:
*He indicated that "staff treat us very good."
*He denied having issues with other residents.
*He indicated the survey team could "talk to my [spouse] when [they] get here," when asked about concerns with specific incidents.

13. Interview on 6/25/24 at 4:17 p.m. with LPN K regarding the above incident revealed:
*She was working 6/15/24 when the incident happened, but she did not witness the incident.
*She was aware of the relationship between residents 1 and 2.
-She said that "resident 1 thinks it's funny, he pushes resident 2's buttons."
*She said that staff were aware of their arguing and kept them separated.
*She noted that resident 3's spouse was there every day. "She is very dedicated. She does a good job with resident 3's care.
*When asked if she knew of any other incidents between other residents and resident 3's spouse, she said that last year, there was a resident with dementia, and "she snapped at him, nothing over the top."
-See F610, finding 16.

14. Interview on 6/25/24 at 4:53 p.m. with director of social services G regarding the above incident revealed:
*Regarding the relationship between residents 1 and 2, she said, "they periodically bicker," "staff usually intervene," and "they are easy to redirect."
*She said that there had never been physical aggression between them.
*When asked if there had ever been a discussion about moving them to separate units, she revealed that resident 2 was recently moved to a room in a different hallway from resident 1.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 9	F 600		

-She said that this has been helpful because they do not always see each other when they come out of their rooms.
-Regarding moving one of them to a different unit, she said, "you hate to uproot."
*She said that resident 3's spouse is a consistent person in the building, visiting multiple times a day.
*She was not aware of any previous physical aggression from resident 3's spouse. "I've never seen that side of her."

15. Interview on 6/25/24 at 5:24 p.m. with administrator A regarding the above incident revealed:
*When asked if there were any other known incidents between resident 3's spouse and resident 1, she was not aware of a previous incident.
*She reviewed resident progress notes and was not able to find any information about any other incidents between resident 3's spouse and resident 1.

16. Continued interview on 6/26/24 with administrator A regarding the above incident revealed:
*The first step in the facility's investigation process when there was a complaint of potential abuse of a resident was to ensure resident safety.
-RN D performed her assessment of resident 1 and notified administrator A.
-RN D then had CNA C give a handwritten statement of what he had witnessed.
-She asked RN D where resident 3's spouse was and was told that she was in the room with resident 3 helping him get ready for bed.
-RN D completed the FRI that evening.
-She said that she entered the facility at 8:00 a.m.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 10	F 600		

the next morning and talked to resident 3's spouse, RN D, and the ombudsman.
-She said that she asked the ombudsman if law enforcement needed to be notified, and the ombudsman did not tell her that it was required.
-She said that resident 1 was asked if he wanted to call law enforcement regarding the incident and he did not.
-When asked if there were any interviews of involved staff or residents and she said she had not. She felt that resident 3's spouse gave enough information about the incident, that there was no need to interview any other residents or staff.
*She said that there had been increased education to staff regarding incident reporting.

17. Phone interview on 6/26/24 at 9:48 a.m. with RN D regarding the above incident revealed:
*She was unaware of any other incidents in which resident 3's spouse was verbally aggressive with other residents.
*She said that she did hear from RN L that resident 3's spouse had spoken to resident 3 in an unpleasant manner before.

18. Interview on 6/26/24 at 9:56 a.m. with RN M regarding the above incident revealed:
*She was the case manager for the nursing home.
*She revealed that resident 3's spouse was at the facility often.
*She said that she was present for resident 3's senior psychological appointment in which resident 3's spouse voiced concerns that resident 3's roommate always has his TV volume very loud.
-During the appointment, resident 3's spouse reported that [they] would turn down the volume

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 11	F 600		

and turn off the TV when the volume bothered resident 3.
-She said that it was verbally reinforced that resident 3's roommate has rights and that resident 3's spouse must not control the TV belonging to resident 3's roommate.
-"[They] were not happy about this."
*Resident 3's spouse said that if the volume is bothering resident 3, [they] would turn the TV off.

19. Interview on 6/26/24 at 10:21 a.m. with DHR I regarding the above incident revealed:
*She stated that she was present for the meeting between administrator A and resident 3's spouse on 6/16,24.
-She said that she was there to take notes on the conversation and was not an active participant.
*Regarding the demeanor of resident 3's spouse, she said that resident 3's spouse did not want to be there.
*She said that resident 3's spouse wanted to record the conversation and was given the opportunity to do so but did not record the conversation.
*She said that resident 3's spouse then wanted to take written notes regarding the conversation and was given the opportunity to do so but did not take notes.
*During the conversation, resident 3's spouse said that resident 1 had hit her.
*When asked if resident 3's spouse had hit resident 1, she did not answer the questions and "just shook her head."
*Administrator A then told resident 3's spouse that she was not to move or touch other residents and not to talk to resident 1 going forward.
*Resident 3's spouse then agreed to these terms as a verbal agreement. The agreement was not put in writing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 12	F 600		

20. Review of resident 1's electronic medical record revealed:
*He was admitted on 4/27/18.
*His medical diagnoses included: Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, vascular dementia, moderate, with agitation, major depressive disorder, unspecified anxiety disorder.
*His most recent Brief Interview for Mental Status (BIMS) score from 3/15/24 was a 13, which indicated he was cognitively intact.
*An incident note from 6/15/24 at 7:02 p.m. read:
-"Staff reported to nursing during shift change that they had witnessed a visitor hit resident in the head when pushing him down the hall to his room.
-This resident and another male resident had been verbally arguing with each other and the visitor had separated them and took resident down the hall to his room.
-Per the staff member, the visitor did not know he was behind them when she was rolling resident to his room.
-This writer did an interview with resident, and it is unclear other than the witnessed event as to what happened.
-Writer asked resident what happened between him and the other male resident to start the conversation.
-Resident initially would not answer, once writer explained to him it was ok to talk about that writer was trying to figure out the situation for them to both be safe.
-Resident stated he and the other 'guy' were cussing at each other.
-He denies each other having physical contact.
-It is not uncommon for the two residents to argue at each other; however, staff do monitor as they

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 13	F 600		

do have a history with each other.
-This writer did ask if the visitor had taken him to his room and he stated yes.
-Writer asked resident if the visitor had hit him and he originally stated, 'She tried to,' I asked resident what he did and he stated, 'I blocked her.'
-Later in the conversation resident did state the [visitor] hit him and when asked how hard [the visitor] hit him he stated, 'not very hard.'
-Writer asked resident where the [visitor] hit him at, and he pointed to the left side of his temple.
-An assessment was completed head to toe and no redness is noted, no bruising is noted, and no raised area is noted.
-Writer assured resident that we are here to ensure he is safe and that we would monitor and keep all safe in the facility.
-Resident when asked if he would like to press charges on the [visitor], he made the comment 'I want to make them pay, they took all my money I had saved up.'
-Writer attempted to notify [resident's] daughter to notify her of the situation, however, when calling a recording comes across 'the person you are calling cannot take calls at this time, the number you have dialed is not answering, please try later.'
-Administrator was notified of the situation and will be here tomorrow while the visitor is in the facility to take care of the situation."
*A follow-up health status note entered on 6/16/24 at 1:10 a.m. read:

-"Resident has been monitored frequently this shift for any s/s [signs or symptoms] of distress related to recent incident early in the shift. Resident has been resting in bed with eyes closed. Has not shown any distress this part of the shift."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 14	F 600		

*A follow-up health status note entered on 6/16/24 at 12:15 p.m. read:
-"Resident denies having any pain. Transfers per usual. Alert and out for meals. No bruising noted. Denies having any pain."
*A social work note entered on 6/18/24 at 3:49 p.m. read:
-"[This] writer met with resident to follow up on recent incident involving another resident's family member hitting him on the head.
-Writer and resident visited about this incident.
-Resident initially did not recall the incident, however, was able to briefly state that he remembers 'that [person] that pushed me back to my room.'
-Writer asked resident if he is fearful of this person and he said 'no.'
-This writer asked resident if he feels safe at [facility] and he stated 'yes.'
-Will continue to check in with resident."
*There were no other follow-up notes regarding the incident between resident 1 and resident 3's spouse.

21. Review of CNA C's handwritten statement revealed:
*"[Resident 1] and [resident 2] altercation led to [resident 3's spouse] wheeling [resident 1] back to his room.
*While doing so, [resident 1] was holding up his right hand possibly trying to [grab] her.
*In response, [resident 3's spouse] hit [resident 1] over the head with her right hand.
*It was hard enough to be clearly heard 20 feet back and led to a vocalization of pain from [resident 1].
*[Resident 3's spouse] appeared to be angry about [resident 1] and [resident 2's] altercation."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 15	F 600		

22. Review of staff schedules from the evening of 6/15/24 on the South Ridge unit revealed the following employees were on-site:
*CNA C from 2:15 p.m. to 10:45 p.m.
*CNA E from 2:15 p.m. to 9:00 p.m.
*LPN K from 6:00 a.m. to 6:30 p.m.
*RN D from 6:00 p.m. to 6:30 a.m.
*Dietary aide F from 4:30 p.m. to 7:30 p.m.

23. Review of resident 2's electronic medical record revealed:
*He was admitted on 1/5/17.
*His medical diagnoses included: Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, unspecified anxiety disorder, major depressive disorder, vascular dementia.
*His most recent BIMS score from 4/10/24 was 13, which indicated he was cognitively intact.
*A social work progress note entered on 6/18/24 at 2:16 p.m. read:
-"[This] writer met with resident to follow up on incident of him being wheeled into his room by other resident's family member.
-"Resident was able to recall this incident, but did not feel threatened by the family member and stated he does not feel fearful of her.
-This writer asked resident if he feels safe at [facility] and he stated 'yes.'"
*There was no indication that the resident's wife, his responsible party, was notified of the incident.

24. Review of resident 3's admission documentation revealed that his spouse signed the acknowledgement that they received a copy of the "Residents' Rights" document on 5/31/23.

25. Review of the provider's March 2017 Acknowledgement of Resident Rights and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 16	F 600		

Responsibilities policy revealed:
*"Policy Statement: Each resident (or resident representative) will be provided and must acknowledge receipt of a written copy of resident rights and all rules, regulations, and policies governing the resident's conduct and responsibilities during his/her stay in the facility."
*"Policy Interpretation and Implementation:
-1. Prior to or upon admission, a representative of the admitting office will give the resident, or the resident's representative, a written copy of resident rights and responsibilities, including facility rules, regulations, and policies governing the resident's conduct and responsibilities during his/her stay in the facility.
-2. A representative from the business office or from social services will review the rights and responsibilities with the resident or the resident's representative. This review will occur as soon as possible within the first week of the individual's admission to the facility.
-3. The resident, or the resident's substitute decision maker or representative, will be required to sign a statement acknowledging his/her receipt of a written copy of resident rights and responsibilities and that an oral review of such rights and responsibilities was conducted.
-4. For individuals who have been formally declared incompetent or who cannot make decisions in accordance with this state's current laws, regulations, and guidelines, the resident's representative will be informed of the resident's rights and the representative will be entitled to act on the resident's behalf.
-5. A representative of the administration or business office will inform residents orally and in writing of changes in federal or state regulations relative to resident rights or when changes in facility policy affects the rights or responsibilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 17	F 600		

of residents. Notices will be provided within 14 days of such change(s) taking effect.
-6. Signed and dated copies of the resident's acknowledgement of rights and responsibilities and any subsequent revisions are maintained in the resident's medical record."

26. Review of an email communication sent by RN M following resident 3's psychological appointment on 3/28/24 revealed:
*RN M provided education to resident 3's spouse on resident rights.
-Resident 3 and his spouse had been expressing feelings of frustration because they had been continually turning down resident 3's roommate's television because it was too loud.
-RN M wrote, "Please remind her that this is a violation of [roommate's] rights."

27. Review of a "Formal Grievance" submitted by resident 3's spouse on 5/15/24 revealed:
*Resident 3's spouse submitted a formal grievance to discuss the care that resident 3 was receiving.
*Resident 3's spouse named a specific CNA in their grievance, stating that "[I find] bruises on [resident 3] when [I come] to see [resident 3] in the morning."
-Resident 3's spouse "did not provide any specific situations, nor could she recall any."
*"Education was provided to [resident 3's spouse] regarding how [facility] investigates suspicious bruising and the importance of reporting these concerns when they happen so they can be properly investigated... Information provided regarding [facility's] zero tolerance for retaliation, specifically regarding incident reporting."
*"Education regarding policy on when/how police are called was given to [resident 3's spouse],

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 18	F 600		

specifically that [facility] would not call Police before attempting to contact [resident 3's spouse], with the only exception being imminent danger to staff or [resident 3]."
*"[Resident 3's spouse] expressed verbal understanding..."
*"Education regarding Resident Rights provided at this time."
*"Action Plan:
-1. Monthly Care Conferences will be held with [resident 3's spouse], [director of social services G] and [DON B] to address any concerns and follow up on the Grievance action plan. These meetings will begin the week of June 17th, 2024, at [resident 3's spouse's] request."
-...4. Education regarding Resident Rights will be given to [facility] staff at the next all staff meeting on May 28th, 2024."

28. Review of the provider's undated Nursing Home Resident's Rights document revealed:
*"Residents of nursing homes have rights that are guaranteed by the federal Nursing Home Reform Law. The law requires nursing homes to promote and protect the rights of each resident and stresses individual dignity and self-determination. Many States also include residents' rights in state law or regulation."
*"Right to a Dignified Existence
-Be treated with consideration, respect, and dignity, recognizing each resident's individuality.
-Freedom from abuse, neglect, exploitation, and misappropriation of property...
-...Quality of life in maintained or improved.
-Exercise rights without interference, coercion, discrimination, or reprisal.
-A homelike environment...
-Equal access to quality care."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 19	F 600		

29. Review of the provider's February 2024 Abuse policy revealed:
*Policy Statement: "Each resident has the right to be free from abuse, neglect... This includes but is not limited to freedom from corporal punishment, involuntary seclusion... Residents must not be subject to abuse by anyone, including, but not limited to; facility staff, other residents, consultants, contractors, volunteers, or staff of other agencies serving the resident, family members, legal guardians, friends, or other individuals."
*Policy Explanation and Compliance Guidelines:
-"1. The Abuse coordinator in the facility is the Director of Nursing, Administrator, or facility appointed designee. Report allegations or suspected abuse, neglect, or exploitation immediately to: Administrator, Other Officials in accordance with State Law, State Survey and Certification agency through established procedures."
-"2. 'Abuse' means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.
--...Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain, or mental anguish.
--It includes verbal abuse...physical abuse, and mental abuse...
--'Willful' means the individual deliberately, not that the individual must have intended to inflict injury or harm."
-"3. 'Verbal Abuse' means the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to resident or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 20 -"...5. 'Physical Abuse' includes, but not limited to hitting, slapping, punching and kicking. It also includes controlling behavior through corporal punishment." -"6. 'Mental Abuse' includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation..." -"...8. 'Involuntary Seclusion' refers to the separation of a resident from other residents or from his/her room or confinement to his/her room against the resident's will or the will of the resident's legal representative..." -"...11. 'Mistreatment' means inappropriate treatment or exploitation of a resident." *"The facility must: -1. Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. -...5. Prevention of Abuse, Neglect, and Exploitation - The facility will consider utilization of the following tips for prevention of abuse, neglect, and exploitation of residents: --...d. Provide education on what constitutes abuse, neglect and misappropriation of property. --e. React to all allegations or questions of abuse by residents, family members, employees or visitors. --f. Take appropriate actions when abuse, neglect or exploitation is suspected."	F 600		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or	F 609		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 21 mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) facility reported incident (FRI), interview, and policy review, the provider failed to notify the required entities of an allegation of physical abuse by resident 3's spouse towards one of two sampled residents (1), and an allegation of verbal abuse and involuntary seclusion by resident 3's spouse towards one of two sampled residents (2). Findings include: 1. Review of the SD DOH FRI submitted on 6/15/24 at 7:35 p.m. revealed: *Registered nurse (RN) D reported that certified nurse aide (CNA) C witnessed resident 3's spouse wheeling resident 1 down the hall.	F 609	F 609 United Living Community (ULC) updated our Abuse, Neglect, Misappropriation policy and updated in QAPI on 7.11.24. Changes to the policy include: 1. Title Change 2. Updated policy statement 3. Definitions updated 4. 6 Keys - Prevent, Screen, Identify, Train, Investigate, Report / Respond 5.Must be reported verbally 6. Reporting timelines Additional verbiage: The Department of Health, Department of Social Services, the State Ombudsman and Law Enforcement will be notified within 24 hours of the event. The initial written report must be submitted utilizing the on-line reporting system within 24 hours of the event. The final written report must be completed within 5 days of the initial written report. All events of ANE, mistreatment, and injuries of unknown origin are reported to the Department of Health, Department of Social Services, State Ombudsman and Law Enforcement, regardless of where the event occurred, if the resident / family would like to report, and / or if the event is substantiated.	7.25.2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 22 *Resident 1 was holding his hand up as if he may have been attempting to grab resident 3's spouse. *In response to resident 1's action, resident 3's spouse "hit [resident 1] over the head with her right hand." *RN D immediately assessed resident 1 and when asked if resident 3's spouse hit him, his response was that resident 3's spouse tried to hit him, "and I blocked her." *RN D's physical assessment did not reveal any redness, bruising, or raised areas on resident 1's head. *Resident 1 then stated that resident 3's spouse did hit him on his temple, but not very hard. *"During interview with resident, he did not show any fear of the situation." *RN D notified facility administrator. "Administrator will be in the facility to discuss the situation with [resident 3's spouse]." *The report indicated that local law enforcement and the South Dakota Department of Human Services (DHS) were not notified. -Under the section "Why or why not?" for law enforcement notification, the report indicated, "Administrator will be in facility in am [a.m.]" -Under the section "Why or why not?" for DHS notification, the report indicated, "Notified Ombudsman via email." 2. Interview on 6/24/24 at 5:32 p.m. with administrator A regarding the FRI revealed: *She had contacted both her advisor and the regional ombudsman and asked if they should contact the police. -Both her advisor and the ombudsman had said to not contact the police because resident 1 did not want to press charges. *She confirmed that no one had contacted law	F 609	F 609 Continued from page 22. All State reported Incidents are recorded in our QAPI data and is reviewed monthly. The Director of Nursing or designee enters this data. Identify Resident Risks 1. Quarterly Care Conferences - Social Worker 2. Monthly Resident Council - Activities Coordinator 3. 10% of residents and staff will be asked a series of questions weekly i.e. Health, Safety, Welfare, Resident Rights, ANE, Mandatory Reporting - Director of Nursing or designee. Data will be aggregated and reviewed monthly in QAPI.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 23	F 609		

enforcement or DHS about the incident.

3. Interview on 6/24/24 at 6:15 p.m. with the SD DOH long term care nurse advisor about the above incident revealed she confirmed the provider was "obligated to contact law enforcement."

4. Interview on 6/24/24 at 6:39 p.m. with resident 3's spouse about the above incident revealed:
*A verbal agreement was made between the administrator and resident 3's spouse to not speak with resident 1, and to not touch any resident except resident 3.
*Resident 3's spouse declined any further interview with the survey team.
*Two police officers arrived at that time to gather statements.

5. Interview on 6/25/24 at 12:41 p.m. with dietary aide F about the above incident revealed:
*She confirmed she was working on the evening of 6/15/24.
*No one had interviewed her about the incident to obtain her formal account.
*She had not seen the events on 6/15/24 unfold but had seen a similar situation between resident 1 and resident 3's wife before.
-It happened within the previous week of 6/15/24. It may have happened on 6/13/24, but she could not remember.
-Resident 2 was sitting in his normal spot in the dining room.
-Resident 1 wheeled himself into the dining room.
-They started bickering at each other.
-She could not understand what they were arguing about.
-Resident 3's spouse grabbed resident 1's wheelchair to take him out of the dining room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 24	F 609		

-She overheard resident 3's spouse call resident 1 "incompetent" and "asshole."
-Dietary aide F reported what she overheard to both the CNA and the nurse on duty at that time.
-She could not remember the names of the CNA or the nurse.
*Dietary aide F indicated that resident 3's spouse was known to "fly off the handle" with staff, and sometimes other residents.

6. Interview on 6/25/24 at 2:42 p.m. with the regional ombudsman revealed that calling the ombudsman did not fulfill the mandatory reporting requirements, as the ombudsman was not a mandatory reporter.

7. Interview on 6/25/24 at 5:24 p.m. with administrator A regarding the above incident revealed:
*She was not aware of dietary aide F's account as explained in finding 5.
*She was not aware that the ombudsman was not part of the required reporting network.
*She stated again that the ombudsman recommended to not contact the police as resident 1 did not want to press charges against resident 3's spouse.

8. Review of the provider's investigation documentation revealed:
*Administrator A, director of human resources I, and resident 3's spouse met at the facility on 6/16/24 at around 11:00 a.m.
*Resident 3's spouse admitted to bringing resident 2 back to his room "and told him he had to stay there 'until he could learn to be a grown man.'"

9. Review of resident 2's electronic medical

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 25	F 609		

record revealed there was no documentation to support the resident's wife or his primary care provider had been notified about the incident between resident 2 and resident 3's spouse as explained in finding 8.

10. Review of the provider's February 2024 Abuse policy revealed:
*"Policy Explanation and Compliance Guidelines:
*1. The Abuse coordinator in the facility is the Director of Nursing, Administrator, or facility appointed designee. Report allegations or suspected abuse, neglect, or exploitation immediately to: Administrator, Other Officials in accordance with State Law, State Survey and Certification agency through established procedures.
*...9. Response and Reporting of Abuse, Neglect and Exploitation - Anyone in the facility can report suspected abuse to the abuse agency hotline. When abuse, neglect or exploitation is suspected, the Licensed Nurse should:
-...d. Notify the attending physician, resident's family/legal representative and Medical Director
-...f. Contact the State Agency and the local Ombudsman office to report the alleged abuse.
-g. If a crime, or suspicion of a crime has occurred, notify the local law enforcement agency.
*10. The facility must annually notify covered individuals' obligation to comply with the following reporting requirements:
-a. Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any responsible [reasonable] suspicion of a crime against any individual who is a resident of or is receiving care from the facility.
-b. Each covered, individual shall report

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 26 immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury. *...13. In response to allegations of abuse, neglect, exploitation or mistreatment, the facility must: -a. Ensure that all alleged violations...are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve resident abuse or result in serious bodily injury...to the administrator of the facility and to other official (including the State Survey Agency and adult protected services where state law provides for jurisdiction in long-term care facilities) in accordance with State law. *The Administrator should follow up with government agencies, during business hours, to confirm the report was received, and to report the results of the investigation when final, as required by state agencies."	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all	F 610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 27 investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) facility reported incident (FRI), investigation review, interview, and policy review, the provider failed to thoroughly investigate an allegation of physical abuse and verbal abuse experienced by one of two sampled residents (1), and involuntary seclusion and verbal abuse experienced by one of two sampled residents (2). Findings include: 1. Review of the SD DOH FRI submitted on 6/15/24 at 7:35 p.m. revealed: *Registered nurse (RN) D reported that certified nurse aide (CNA) C witnessed resident 3's spouse wheeling resident 1 down the hall. *Resident 1 was holding his hand up as if he may have been attempting to grab resident 3's spouse. *In response to resident 1's action, resident 3's spouse "hit [resident 1] over the head with her right hand." *RN D immediately assessed resident 1 and when asked if resident 3's spouse hit him, his response was that resident 3's spouse tried to hit him, "and I blocked her." *RN D's physical assessment did not reveal any redness, bruising, or raised areas on resident 1's head. *Resident 1 then stated that resident 3's spouse did hit him on his temple, but not very hard. *"During interview with resident, he did not show	F 610	F 610 ULC will inform families of possible ANE and / or if a room change is requested as soon as possible or within 24 hours. ULC after interviewing those involved will have them sign Witness Description of Events statements. In addition, the person in charge of the investigation will complete the Critical Event Checklist that is mirrored after the Critical Element Pathway. All staff who may lead an investigation will be trained by the Administrator by 7.25.2024. All State reported Incidents are recorded in our QAPI data and is reviewed monthly. The Director of Nursing or designee enters this data.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 28	F 610		

any fear of the situation."
*RN D notified facility administrator.
"Administrator will be in the facility to discuss the situation with [resident 3's spouse]."

2. Review of the provider's investigation documentation regarding the above incident revealed:
*There was a handwritten statement from CNA C.
*There was a typed summary of the conversation administrator A had with resident 3's spouse from the morning of 6/16/24.
-The summary revealed that resident 3's spouse admitted to bringing resident 2 back to his room "and told him he had to stay there 'until he could learn to be a grown man.'"
-There was no documentation to support that the provider investigated this allegation further.
*There was no documentation to support that other staff had been interviewed about the incident.
*There was no documentation to support that residents had been interviewed, other than residents 1 and 2.

3. Interview on 6/24/24 at 5:32 p.m. with administrator A regarding the above incident revealed:
*The incident happened on Saturday 6/15/24 around 6:30 p.m.
*She was informed of the incident on 6/15/24 and instructed RN D to complete a state report and obtain a written statement from CNA C.
*Director of human resources (DHR) I and administrator A came to the facility on Sunday 6/16/24 and met with resident 3's spouse at around 11:00 a.m. to discuss the incident.
-They made a verbal agreement with resident 3's spouse to not move or touch other residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 29	F 610		

-During that conversation, resident 3's spouse admitted to moving resident 2 to his room and told him, "You can come out when you can act like a grown man."
-Resident 3's spouse did not admit to hitting resident 1.
*Resident 1 was interviewed several times on the evening of 6/15/24.
-He was not a good historian.
-One time he said that resident 3's spouse hit him, and another time he said that "I blocked it."
-He was not consistent with answering if he was hurt or not.
*Resident 3's spouse had a pattern when she visited. She came around 11:00 a.m., stayed through the lunch hour, left for a couple of hours in the afternoon, came back to the facility around 4:00 p.m., and stayed until resident 3 went to bed.
-This pattern was an everyday occurrence.
*Administrator A met with the manager's team on the morning of 6/17/24 to inform them of the situation.
-She instructed the managers to make more of a presence throughout the facility during the times that resident 3's spouse was known to be in the building.
-She confirmed there was no documentation to support the increased surveillance of resident 3's spouse.
*Administrator A confirmed she had not informed staff of that specific incident or to keep a closer eye on resident 3's spouse. Rather, she explained that staff were reeducated on monitoring call lights more closely.
-There was no documentation to support that.
*The regional ombudsman was scheduled to present on resident rights at the provider's all-staff meeting on 6/25/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 30	F 610		

4. Interview on 6/24/24 at 6:25 p.m. with CNA E regarding the above incident revealed:
*He confirmed he was working on the evening of 6/15/24.
*He did not witness the incident.
*There was a meeting about the incident at the nurse's station including CNA E, CNA C, and RN D.
*He was not interviewed as part of a formal investigation into that incident.
*He had not been re-educated or briefed about the incident or to keep an eye out for family members or visitors interacting with a resident who was not their person.

5. Interview on 6/24/24 at 6:39 p.m. with resident 3's spouse about the above incident revealed:
*A verbal agreement was made between the administrator and resident 3's spouse to not speak with resident 1, and to not touch any resident except resident 3.
*Resident 3's spouse declined any further interview with the survey team.

6. Interview on 6/25/24 at 10:20 a.m. with resident 1 regarding the above incident revealed he:
*Denied having any issues with other residents, staff, or visitors.
*Was unable to remember the incident.
*Confirmed he felt safe in the facility and had not concerns regarding his safety.

7. Interview on 6/25/24 at 10:51 a.m. with resident 4 regarding safety revealed he:
*Confirmed he felt safe in the facility.
*Got along with the other residents.
*Denied seeing any arguments between other residents and/or their visitors.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 31	F 610		

8. Interview on 6/25/24 at 11:00 a.m. with resident 5 regarding safety revealed she:
*Had no concerns about her safety.
*Denied seeing any altercations with other residents, family, or visitors.

9. Interview on 6/25/24 at 11:09 a.m. with resident 6 regarding safety revealed he:
*Stuck to his room most of the time because "people yell a lot."
*Gave nondescript answers to questions.
*Did not confirm nor deny worries of safety concerns.

10. Interview on 6/25/24 at 12:41 p.m. with dietary aide F about the above incident revealed:
*She confirmed she was working on the evening of 6/15/24.
*No one had interviewed her about the incident to obtain her formal statement.
*She was in the South Ridge kitchenette doing dishes when CNA C came to her "looking stressed" and informed her of what happened.
*She had not seen the events on 6/15/24 unfold but had seen a similar situation between resident 1 and resident 3's wife before.
-It happened within the previous week on 6/15/24. It may have happened on 6/13/24, but she could not remember.
-Resident 2 was sitting in his normal spot in the dining room.
-Resident 1 wheeled himself into the dining room.
-They started bickering at each other.
-She could not understand what they were arguing about.
-Resident 3's spouse grabbed resident 1's wheelchair to take him out of the dining room.
-She overheard resident 3's spouse call resident 1 "incompetent" and "asshole."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 32	F 610		

-Dietary aide F reported what she overheard to both the CNA and the nurse on duty at that time.
-She could not remember the names of the CNA or the nurse.
*Dietary aide F indicated that resident 3's spouse was known to "fly off the handle" with staff, and sometimes other residents.

11. Interview on 6/25/24 at 1:10 p.m. with RN D regarding the above incident revealed:
*As part of the investigation, she assessed resident 1 immediately.
*She had CNA C write down his statement before his shift was over.
*She reported the incident to the SD DOH.

12. Interview on 6/25/24 at 1:30 p.m. with administrator A revealed:
*She confirmed resident 3's spouse has had inappropriate verbal altercations with residents before.
-"We talked about going to get a staff member if someone is bothering [them]."
*They have had conversations previously with resident 3's spouse about resident rights.
-She did not have documentation to support all their conversations with resident 3's spouse about her behavior.
*She confirmed there was no visitor sign-in sheet.
*She confirmed there was no documentation to support her and the management team's increased presence throughout the building to monitor resident 3's spouse.

13. Interview on 6/25/24 at 3:24 p.m. with CNA C regarding the above incident revealed:
*After supper on the evening of 6/15/24, he was in the nurse's station to receive shift-to-shift report.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 33	F 610		

*After report, he walked out into the hallway.
-Resident 2's door was already closed, so he assumed resident 2 already went back to his room for the night.
-He walked past the main hallway and witnessed resident 3's spouse wheeling resident 1 towards his room.
-He saw resident 1 reaching upwards at resident 3's spouse with his right hand.
-Resident 3's spouse "whacked" resident 1 across the head with their right hand.
-He went directly to the nurse's station and reported what he saw to RN D and licensed practical nurse (LPN) L.
-LPN K left after that because it was the end of her shift.
*He confirmed that no one assessed resident 2. "I didn't even think to check on him."
*He confirmed no one asked resident 3's spouse to leave. They left at their usual time of 7:30 p.m.
*He confirmed he gave a written statement to RN D, but no one else had interviewed him about the incident.

14. Interview on 6/25/24 at 2:52 p.m. with resident 3 regarding safety revealed he:
*Had no concerns with other residents or staff.
*Verbalized no complaints.

15. Interview on 6/25/24 at 4:06 p.m. with resident 2 regarding safety revealed he:
*Confirmed that the staff treat him well and that he felt safe within the facility.
*Could not remember any specific incident where a visitor said any unkind things to him.
*Indicated there was one resident [resident 1] that "annoyed" him, but other than that he felt safe.

16. Interview on 6/25/24 at 4:18 p.m. with LPN K

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 34	F 610		

regarding the above incident revealed:
*She confirmed she was working on 6/15/24, but she was on a different unit at the time of the incident.
*The incident happened after 6:00 p.m.
*She went to the South Ridge unit to give report to RN D for the night.
*CNA C came into the nurse's station and informed them of what happened.
*She recalled another time about a year ago where resident 3's spouse "snapped at" another resident.
-That resident had dementia and talked non-stop.
-She could not recall any more details regarding that incident.
*No one had formally interviewed her as part of an investigation regarding the 6/15/24 incident.
*She voiced no concerns regarding resident safety when resident 3's spouse was present.

17. Interview on 6/25/24 at 4:53 p.m. with director of social services G about the above incident revealed:
*As part of the investigation into this incident, she interviewed only residents 1 and 2 regarding their feelings of safety.
*No other residents were interviewed.

18. Interview on 6/25/24 at 5:24 p.m. with administrator A regarding the incident revealed:
*She confirmed she was not aware of the previous situation with resident 1 and resident 3's spouse when dietary aide F overheard the spouse calling resident 1 "incompetent" and "asshole."

Continued interview on 6/26/24 at 9:15 a.m. with administrator A revealed:
*She confirmed she did not talk to other staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 35	F 610		

again as part of the investigation. The only staff interviews conducted were with RN D and CNA C.
-"I felt I didn't need to do that because [resident 3's spouse] admitted to everything."
*She confirmed they had a verbal agreement with resident 3's spouse to not touch other residents and to not speak with resident 1.
-There was no written or signed agreement.
*To further prevent something like that from happening again, she and the management team were making more of a presence on the floor when resident 3's spouse was there.
-She confirmed again that they were making visual observations and not making any written accounts.

Continued interview on 6/26/24 at 10:57 a.m. with administrator A revealed:
*She confirmed the only residents interviewed as part of the investigation were residents 1 and 2.
*Residents were asked about feelings of safety with their normal quarterly assessments.
*When asked why they did not interview any other residents regarding feelings of safety or if anyone else had noticed strange interactions with visitors, she said, "You guys already asked other residents and they said they feel safe."

19. Review of the provider's February 2024 Abuse policy revealed:
*Policy Statement: "Each resident has the right to be free from abuse, neglect... This includes but is not limited to freedom from corporal punishment, involuntary seclusion... Residents must not be subject to abuse by anyone, including, but not limited to; facility staff, other residents, consultants, contractors, volunteers, or staff of other agencies serving the resident, family members, legal guardians, friends, or other

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 36	F 610		

individuals."
*Policy Explanation and Compliance Guidelines:
-"1. The Abuse coordinator in the facility is the Director of Nursing, Administrator, or facility appointed designee. Report allegations or suspected abuse, neglect, or exploitation immediately to: Administrator, Other Officials in accordance with State Law, State Survey and Certification agency through established procedures."
*"The facility must:
-...5. Prevention of Abuse, Neglect, and Exploitation - The facility will consider utilization of the following tips for prevention of abuse, neglect, and exploitation of residents:
--...e. React to all allegations or questions of abuse by residents, family members, employees or visitors.
--f. Take appropriate actions when abuse, neglect or exploitation is suspected."
-"...6. Identification of Abuse, Neglect, and Exploitation - The facility will consider factors indicating possible abuse, neglect, and/or exploitation of residents, including, but not limited to, the following possible indicators:
--a. Resident, staff, or family report of abuse
--...e. Verbal abuse of a resident overheard.
--f. Physical abuse of a resident observed."
-"...7. Investigation of Alleged Abuse, Neglect and Exploitation. - When suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect or exploitation occur, an investigation is immediately warranted.
--Once the resident is cared for and initial reporting has occurred, an investigation should be conducted. Components of an investigation may include:
---a. Interview the involved resident, if possible, and document all responses. If a resident is

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 37	F 610		

cognitively impaired, interview the resident several times to compare responses.
---b. If there is no discernible response from the resident, or if the resident's response is incongruent with that of a reasonable person, interview the resident's family, responsible parties, or other individuals involved in the resident's life to gather how he/she believes the resident would react to the incident.
---c. Interview all witnesses separately. Include roommates, residents in adjoining rooms, staff members in the area, and visitors in the area. Obtain witness statements, according to appropriate policies. All statements should be signed and dated by the person making the statement.
---d. Document the entire investigation chronologically."
-"...9. Response and Reporting of Abuse, Neglect and Exploitation - Anyone in the facility can report suspected abuse to the abuse agency hotline. When abuse, neglect or exploitation is suspected, the Licensed Nurse should:
--...c. Initiate an investigation immediately.
--...e. Obtain witness statements, following appropriate policies. Suspend the accused employee pending completion of the investigation. Remove the employee from resident care areas immediately.
--...i. Document actions taken in steps above in the medical record."
-"...13. In response to allegations of abuse, neglect, exploitation or mistreatment, the facility must:
--...b. Have evidence that all alleged violations are thoroughly investigated.
--...d. Report the results of all investigation to the administrator or his or her designated representative and to the other official in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435079	A. BUILDING _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING COMMUNITY	405 FIRST AVE BROOKINGS, SD 57006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 38 accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken." *The policy did not indicate what actions should have been taken if the alleged abuse involved a family member or visitor.	F 610		