

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40533	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/13/2025
NAME OF PROVIDER OR SUPPLIER WELLSHIRE PARK PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 S. 2ND STREET MILBANK, SD 57252		
(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) COMPLETE DATE
S 000	Compliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted from 3/11/25 through 3/13/25. Wellshire Park Place was found not in compliance with the following requirement: S296. A complaint survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted from 3/11/25 through 3/13/25. Area surveyed included resident elopement. Wellshire Park Place was found in compliance.	S 000		
S 296	44:70:04:04(1-11) Personnel Training These programs must be completed within thirty days of hire for all healthcare personnel and must include the following subjects: (1) Fire prevention and response; (2) Emergency procedures and preparedness, including responding to resident emergencies and information regarding advanced directives; (3) Infection control and prevention; (4) Accident prevention and safety procedures; (5) Resident rights; (6) Confidentiality of resident information; (7) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; (8) Nutritional risks and hydration needs of residents; (9) Abuse and neglect; (10) Problem solving and communication techniques related to individuals with cognitive impairment or challenging behaviors if admitted and retained in the facility; and	S 296	1. Staff member Cook B will complete training on abuse, neglect, and misappropriation of resident property and funds and complete training on problem-solving and communication techniques regarding residents with cognitive impairment or challenging behaviors no later than 4/4/2025. Staff member CMA C completed training on abuse, neglect, and misappropriation of resident property and funds and training on identified unique resident care needs on 3/26/25. All residents have the potential to be affected by new personnel not completing the required in-service training. The Administrator or designee will complete audit all staff members no later than 4/5/25 to ensure all education requirements have been met. 2. The facility's policy on New Hire and Annual In-Service has been revised to include the required education for staff upon hire and annually. The Administrator or Designee will educate all staff on the revision of the policy/ education requirements no later than 4/27/25.	4/27/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

R. Pulse

TITLE

Administrator

(X6) DATE

3/28/25

STATE FORM

0099

PEU911

If continuation sheet 1 of 4

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S 296	<p>Continued From page 1</p> <p>(11) Any additional healthcare personnel education necessary based on the individualized resident care needs provided by the healthcare personnel to the residents who are accepted and retained in the facility.</p> <p>Any personnel whom the facility determines will have no contact with residents are exempt from the training required by subdivision (8).</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, and policy review the provider failed to ensure the required training was completed within 30 days of hire for two of six recently hired employees (B and C). Findings include:</p> <p>1. Review of employee files revealed: *Cook B had been hired on 10/7/24. -She had not completed training on abuse, neglect, and misappropriation of resident property and funds. -She had not completed training on problem-solving and communication techniques regarding residents with cognitive impairment or challenging behaviors.</p> <p>*Certified medication aide (CMA) C had been hired on 11/19/24. -She had not completed training on abuse, neglect, and misappropriation of resident property and funds. -She had not completed training on identified unique resident care needs (i.e. hospice, tube</p>	S 296	<p>3. The Administrator or designee will complete an audit on all staff to ensure education requirements have been met. After complete audit, the Administrator or designee will audit all newly hired employee files to ensure the required education was completed within 30 days of hire. Audits will continue for three months. Results of audits will be discussed by the Administrator or designee at the monthly Quality Assessment Process Improvement (QAPI) meeting with the IDT and Medical Director for analysis and recommendation for continuation/discontinuation/revision of audits based on audit findings.</p>	

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S 296	<p>Continued From page 2</p> <p>feeding, a blind resident, personal care, language barriers, etc.).</p> <p>2. Interview on 3/12/25 at 11:45 a.m. with administrator A revealed: *He agreed that some of the required education had not been completed for cook B and CMA C. *He was not aware the cooks needed the personnel training. *He could not find any documentation of training for abuse and neglect for cook B and CMA C. *He could not find any documentation of training for cognitive impairment and challenging behaviors or care needs for CMA C.</p> <p>3. Review of the provider's undated Annual In-service required for assisted living policy revealed: *"Formal orientation program and ongoing education program is required for all personnel." *"Unlicensed assistive personnel-Registered pharmacist or Registered nurse must provide training prior to medication administration." *Annual training requirements: (this training must be completed within one month of hire for all new employees). -Fire prevention and response. -Emergency procedures and preparedness. -Infection control and prevention-orientation and continuing education on cause, effect, transmission, prevention and elimination of infections. -Accident prevention and safety procedures. -Resident Rights. -Confidentiality of resident information. -Incidents and diseases subject to mandatory reporting and the facilities reporting mechanisms. -Care of those residents with unique needs, Alzheimer's and diabetes. -Dining assistance, nutritional risks and hydration</p>	S 296			

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S 296	Continued From page 3 needs of residents. -Unlicensed assistive personnel-all aspects of medication administration occurring at the facility. -Oxygen safety-proper administration and safe oxygen handling procedures if residents with O2 are admitted. -"Dietary training for all dietary and food handling employees a. Food safety. b. Handwashing. c. Food handling and preparation techniques. d. Food borne illnesses. e. Serving and distribution procedures. f. Leftover food handling policies. g. Time and temperature controls for food preparation and services. h. Nutrition and hydration. i. Sanitation requirements."	S 296		