STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435004	A. BUILDING B. WING	09/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HEIGHTS HEALTHCARE	400 8TH AVENUE NW , ABERDEEN, South Dakota, 57401

(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
E0000	Initial Comments A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted on 9/29/26. Prairie Heights Healthcare was found in compliance.	E0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Darcy Albrecht	Administrator	10/27/26

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10588	A. BUILDING: _____ B. WING _____	10/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HEIGHTS HEALTHCARE	400 8TH AVE NW ABERDEEN, SD 57401

(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/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 9/29/26 through 10/1/26. Prairie Heights Healthcare was found in compliance.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Darcy Albrecht — TITLE: Administrator — (X6) DATE: 10/27/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435004	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING	(X3) DATE SURVEY COMPLETED 09/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HEIGHTS HEALTHCARE	400 8TH AVENUE NW , ABERDEEN, South Dakota, 57401

(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
K0000 Bldg. 01	INITIAL COMMENTS A recertification survey was conducted on 9/29/26 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Prairie Heights Healthcare Building 1 was found in compliance.	K0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Darcy Albrecht	Administrator	10/27/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435004	A. BUILDING **02 - BUILDING 0...** B. WING	**09/29/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HEIGHTS HEALTHCARE	**400 8TH AVENUE NW , ABERDEEN, South Dakota, 57401**

(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
K0000 Bldg. 02	INITIAL COMMENTS A recertification survey was conducted on 9/29/26 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Prairie Heights Healthcare Building 2 was found in compliance.	K0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Darcy Albrecht	Administrator	10/23/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435004	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HEIGHTS HEALTHCARE	400 8TH AVENUE NW , ABERDEEN, South Dakota, 57401

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F0000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 9/29/26 through 10/1/26. Prairie Heights Healthcare was found not in compliance with the following requirements: F552, F554, F641, F812, and F880.	F0000	Aberdeen plan of correction of annual survey of 10/1/2026. To remain in compliance with all state and federal and state regulations, the center has taken or will take action as set forth in the following plan of correction.	
F0552 SS = E	Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5) §483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including: §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition. §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care. §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. This REQUIREMENT is NOT MET as evidenced by: Based on record review, interview, and policy review, the provider failed to protect the resident's right to be informed of treatment by not ensuring the staff educated the resident or resident's representative of the risks versus benefits of medications or of alternative treatments to make an informed decision for consent for the use of psychotropic medications (a drug that affects brain activities associated with mental processes and behavior) before they were given for four of five	F0552	F552: 1) Policy on psychotropic informed consent was reviewed and revised by the administrator (Admin)and director of nursing (DON) on 10/21/2026 to ensure consent includes type of medication, alternative treatments or nonpharmacological approaches attempted, indications for use, and side effects of proposed treatment. Policy also includes consent must be obtained prior to first dose administered. 2) Admin reviewed policy on psychotropic informed consents with DON and Unit managers (UM) on 10/21/2026. 3) Residents 1, 4, 21 and 38 will have updated psychotropic consents by 10/26/2026. 4) DON or designee will educate all licensed nurses on revised psychotropic informed consent and policy by 10/30/2026. 5) All residents on psychotropic medications are at risk of not being informed of the risks vs benefits of the psychotropic medications they take. DON or designee will complete new psychotropic informed consents on all residents currently taking psychotropics to ensure these residents are fully informed of risks vs benefits of the psychotropics they take by 10/26/2026. 6) DON or designee will audit 5 random residents on a psychotropic medication per week starting 11/2/2026 for 8 weeks to ensure the resident has a timely and accurate psychtropic informed consent completed psychotropic medication taken. 7) Quality assurance performance improvement (QAPI) meets monthly. DON or designee will bring audits to the meeting for review by the QAPI team. At this time a decision will be made for audits to either continue or be resolved.	11/13/26

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 reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Darcy Albrecht	Administrator	10/27/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435004	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HEIGHTS HEALTHCARE	**400 8TH AVENUE NW , ABERDEEN, South Dakota, 57401**

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F0552 SS = E	Continued from page 1 sampled residents (1, 4, 21, and 38) who were reviewed for unnecessary medications. Findings include: 1. Review of resident 1's electronic medical record (EMR) revealed she admitted to the facility on 2/27/23. Her diagnoses included depression, anxiety disorder (anticipation of future danger or misfortune with feelings of distress and/or sadness and symptoms such as restlessness or irritability), post-traumatic stress disorder (PTSD) (a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event), dementia (a group of symptoms affecting memory, thinking, and social abilities) with behavioral disturbance, and delusional disorder (a mental illness where a person holds strong, false beliefs despite evidence to the contrary). She had a 9/9/26 physician's order for Abilify (an antipsychotic medication; a drug that alters neurotransmitter activity in the brain to reduce symptoms of mental health conditions) 15 milligrams (mg) to be administered once daily. Director of nursing (DON) B signed and dated resident 1's Consent for Use of Psychoactive Medication Therapy form for Abilify on 9/10/26 and indicated that a verbal consent was given by resident 1's representative over the phone for resident 1 to receive the Abilify as ordered by the physician. There were no alternative treatments to that medication documented on that form. The medication class for Abilify was identified as an antidepressant. Side effects that were identified on the Consent for Use of Psychoactive Medications Therapy form for the antipsychotic medication class that were not included in the antidepressant class side effects list included cholesterol increase, confusion, movement disorder, tardive dyskinesia (a movement disorder that causes uncontrollable, repetitive muscle movements, usually in the face, mouth, trunk, and limbs), and urinary retention (the inability to completely empty the bladder of urine). The misidentified medication class for Abilify resulted in resident 1's representative not being fully informed of the medication risks before the Abilify was administered to resident 1. 2. Review of resident 21's EMR revealed she admitted to the facility on 1/21/26. Her 7/30/26 BIMS assessment score was 14, which indicated her cognition was intact. Her diagnoses included major depressive disorder (a common and serious mood disorder that causes persistent sadness, loss of	F0552		

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F0552 SS = E	Continued from page 2 interest in activities, and functional impairment lasting at least two weeks), age related cognitive decline, and cognitive communication deficit. She had a 3/9/26 physician's order for Sertraline (an antidepressant) and bupropion (an antidepressant), and an 8/10/26 physician's order for Aripiprazole (an antipsychotic), which were all indicated for her mood. Resident 21's 1/21/26 signed consent for use of psychoactive medication therapy form for those medications, did not include alternative treatments to that medication. 3. Review of resident 4's EMR revealed she admitted to the facility on 7/28/21. Her 8/19/26 BIMS assessment score was 11, which indicated her cognition was moderately impaired. Her diagnoses included anxiety disorder, depression, delusional disorders (false beliefs and distorted views of reality), and dementia. She had a 7/18/26 physician's order for olanzapine (an antipsychotic) 5 mg tablet to be administered at bedtime. Her 7/18/26 consent signed by the resident representative for use of psychoactive medication therapy form did not indicate the risks versus benefits of that medication, or alternative treatments to that medication. 4. Review of resident 38's EMR revealed she admitted to the facility on 5/23/24. Her 7/16/26 BIMS assessment score was 8, which indicated her cognition was moderately impaired. Her diagnoses included Alzheimer's disease (a progressive and irreversible brain disorder that affects memory, thinking, social abilities, and body function), dementia with behavioral disturbance, generalized anxiety disorder, and major depressive disorder. She had a 2/26/26 physician's order for buspirone hydrochloride (an anti-anxiety) oral tablet 5 mg to be administered by mouth twice daily for depression. Her 2/27/26 consent signed by the resident representative for use of psychoactive medication therapy form did not indicate the specific condition to be treated, the risks versus benefits of that medication, or alternative treatments to that medication. She had a 2/27/26 physician's order for sertraline 100 mg tablet to be administered by mouth once daily for depression. Her 2/27/26 consent signed by the resident representative for use of psychoactive medication therapy form did not indicate the specific condition to be treated, the	F0552		

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F0552 SS = E	Continued from page 3 risks versus benefits of that medication, or alternative treatments to that medication. 5. Interview on 10/1/26 at 9:59 a.m. with licensed practical nurse (LPN) F revealed that the consent for use psychoactive medication therapy form for the residents are completed by LPN manager C, or director of nursing (DON) B when a resident started taking a new psychotropic medication. 6. Interview on 10/1/26 at 10:46 a.m. with LPN manager C and DON B revealed that they were responsible for completing the psychoactive medication therapy form for the residents. They were aware that alternative treatments for psychoactive medication use was needed to be attempted before the medications were administered. They expected the specific condition to be treated by the medication and the accurate drug classification to be identified on the form. They agreed Abilify was an anti-psychotropic medication and not an anti-depressant medication and that the side effects were different for those medications. They acknowledged that the beneficial effects expected from the medication and the resident or the resident's representative who provided their consent for the medication, should be identified on the form. DON B expected the forms to be filled out completely and accurately for the residents. 7. Review of the provider's 5/9/25 Use of Psychotropic Medication(s) policy revealed "It is the intent of this policy to ensure that residents only receive psychotropic medications when other nonpharmacological interventions are clinically contraindicated. Additionally, these medications should only be used to treat the resident's medical symptoms and not used for discipline or staff convenience, which would deem it a chemical restraint." "2. Psychotropic medications are to be used only when a practitioner determines that the medication(s) is appropriate to treat a resident's specific, diagnosed, and documented condition and the medication(s) is beneficial to the resident, as demonstrated by the monitoring and documentation of the resident's response to the medication(s)." "5. The indications for initiating, maintaining, or discontinuing medication(s), as well as the use of non-pharmacological approaches, will be determined by evaluating the resident's physical, behavioral, mental, and psychosocial signs and symptoms in order to identify and rule out any underlying medical conditions, including the assessment of relative benefits and risks, and the preferences and goals for	F0552		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435004	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/01/2026

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F0552 SS = E	Continued from page 4 treatment." "9. Prior to initiating or increasing a psychotropic medication, the resident, family, and or resident representative must be informed of the benefits, risks, and alternatives for the medication, including any black box warnings for antipsychotic medications, in advance of such initiation or increase." "11. The facility will document that the resident or resident representative was informed in advance of the risks and benefits of the proposed care, the treatment alternatives or other options and the preferred option to accept or decline in a format the facility deems to use (e.g. written consent form, narrative note, etc.)."	F0552		
F0554 SS = E	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to ensure the staff assessed residents for the ability to safely self-administer medications for one of one sampled resident (54) who self-administered her nebulizer treatments (a device that turns liquid medicine into a breathable mist), and to securely store medications in the residents' rooms for two of two sampled residents (35 and 46) who had medications stored in their rooms. Findings include: 1. Observation and interview on 9/29/26 at 9:41 a.m. with resident 54 in her room revealed that she had a nebulizer machine on her bedside table. She stated she received a nebulizer treatment four times a day. She stated that the staff brought the medication for her nebulizer treatment into her room, put the medication in the nebulizer, and left the room. Resident 54 stated she had missed some of her nebulizer treatments because she did not check her nebulizer to see if the staff had put the medication in it. Resident 54 realized that happened because the staff would bring in her next nebulizer treatment's medication and dumped out the previous nebulizer medication that she did not take. Observation on 9/30/26 at 3:20 p.m. of resident 54 in her room revealed she was sitting in her wheelchair beside her bed self-administering her	F0554	F554: 1) Admin and DON reviewed and revised policy on medication administration, storage and self administration of medications (SAM) on 10/22/2026 to ensure medication of all routes are administered and stored safely and residents wishing to self administer medications have a doctor's order and are assessed prior to self administration. 2) All licensed nurses and medication aides will be reeducated on medication administration,. storage, and self administration policies by 10/30/2026. 3) SAM Observation Evaluation was completed on resident 54 and determined she was able to self administer her nebulizer after set up, and physician orders were obtained for same on 10/21/2026. 4) Identified items in resident 35s room were removed and sent home with husband on 9/30/2026. Resident 35 and her husband were reeducated that they must notify nurse when bringing in any medication or treatment or other harmful substance, such as Nair hair removal, to ensure safe storage and physician order has been obtained for the medication or treatment. This was documented on 10/21/2026. 5)A nursing task was entered on TAR to monitor resident 35s room every shift for presence of any prescription, over the counter (OTC) medications, treatments or other harmful items, such as Nair, for improper storage starting 10/21/2026. 6) Resident 46 discharged facility on 10/22/2026. 7) DON or designee did audit all resident rooms for presence of any prescription or OTC medications, treatments or other harmful items on 10/21/2026 with no further concerns identified. 8) All housekeepers, nurses and certified nursing assistants (CNA) will be educated on procedure if they note prescriptions, OTC meds, treatments or harmful items in the resident's room by 10/30/2026. 9) DON or designee will audit 5 random resident rooms per week for 8 weeks starting 11/2/2026 to ensure no presence of improperly stored prescription or OTC medications, treatments, or other harmful items are in the room.	11/13/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435004	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/01/2026

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F0554 SS = E	Continued from page 5 nebulizer treatment. There were no staff members in resident 54's room or within eyesight of resident 54. After the nebulizer treatment was completed, resident 54 removed the mask from her face, and placed it on her bedside table. Observation and interview on 9/30/26 at 3:31 p.m. with registered nurse (RN) H revealed that RN H entered resident 54's room, turned off the nebulizer machine, listened to resident 54's lung sounds, took the nebulizer inhalation pieces apart, rinsed it out, and placed it on a paper towel on the bedside table to dry and then exited the resident's room. RN H stated she set up and started that nebulizer treatment for resident 54. She acknowledged that she left resident 54's room and did not monitor resident 54 while she administered her nebulizer treatment. RN H did not know if resident 54 was assessed for her ability to safely self-administer her nebulizer treatment. She considered a resident self-administering a nebulizer treatment if they were left alone while that treatment ran. Review of resident 54's electronic medical record (EMR) revealed she admitted to the facility on 12/19/25. Her 9/10/26 Brief Interview for Mental Status (BIMS) assessment score was 12, which indicated her cognition was moderately impaired. She had a 2/23/26 physician's order for ipratropium-albuterol solution (an inhaled solution used to treat and prevent wheezing and shortness of breath) 0.5-2.5 milligrams (mg) per 3 milliliters (mL) nebulizer treatment to be administered four times daily for chronic obstructive pulmonary disease (COPD) (a group of lung diseases that block airflow and make it difficult to breathe). There was no physician's order for resident 54 to self-administer her nebulizer treatment. There were no assessments to determine resident 54's ability to safely self-administer her nebulizer treatment. 2. Observation and interview on 9/29/26 at 11:19 a.m. in resident 46's room revealed that there was a clear plastic medicine cup that contained a yellow-colored powder on his bedside dresser. Resident 46 said that it was his powder that the staff put on his groin. The staff usually put it on in the morning, but he wanted to put it on after his shower, so the staff left it in his room to be applied later. Review of resident 46's EMR revealed that he admitted to the facility on 8/5/26. He had a 8/7/26 BIMS assessment score of 12, indicating that his cognition was moderately impaired. He had a 8/6/26	F0554	10) QAPI meets monthly. DON or designee will bring audits to the meeting for review by the QAPI team. At this time a decision will be made for audits to either continue or be resolved.	

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PRAIRIE HEIGHTS HEALTHCARE	**400 8TH AVENUE NW , ABERDEEN, South Dakota, 57401**

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F0554 SS = E	Continued from page 6 physician's order for Nystatin topical powder (an antifungal medication) 100,000 units per gram, with directions to apply to areas topically three times a day for redness. There was no documentation that he was assessed for his ability to safely self-administer his Nystatin medicated powder. 3. Observation on 9/29/26 at 3:00 p.m. in resident 35's room revealed a tube of hydrocortisone 1% cream (an over-the-counter steroid medicated cream) and a box of Nair chemical facial hair removal cream on her table. The Nair box contained a full tube of the product. Both items were in plain view from the hallway. Review of resident 35's EMR revealed that she admitted to the facility on 7/13/26. She had a 7/17/26 BIMS assessment score of 12, indicating that her cognition was moderately impaired. She had an 8/19/26 physician's order for the hydrocortisone 1% cream, with directions to apply to arms, legs, back, and chest topically as needed for a rash. There were no physician's orders for the Nair chemical facial hair removal cream. There was no completed assessment to determine if she could safely self-administer any of her medications in her EMR. 4. Interview on 9/30/26 at 11:14 a.m. with housekeeper M revealed that if she found medications in a resident's room, she would inform a nurse about it. She confirmed that she "must have" seen the Nair and the hydrocortisone cream in resident 35's room but did not think of those as medications since those items could be purchased without a prescription. 5. Interview on 9/30/26 at 11:21 a.m. with LPN N revealed that residents were not allowed to store medications in their rooms. She did not think that any of the residents in the facility had orders to self-administer their medications. She confirmed that resident 35 had a physician's order for the hydrocortisone cream and it was supposed to be stored in the medication cart. She said that the resident's family brought in different items for her to keep and use at her bedside. She was not aware that resident 35 had the Nair in her room. She acknowledged the Nair was potentially hazardous as it could cause chemical burns if used incorrectly. She confirmed that resident 46 did not have a physician's order for self-administering his medications. She confirmed that the staff should have either applied the Nystatin powder on the resident or observed him applying it himself.	F0554		

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F0554 SS = E	Continued from page 7 6. Interview on 9/30/26 at 11:52 a.m. with director of nursing (DON) B revealed that she was aware that resident 35's family brought in products for her to use in her room like the hydrocortisone cream and the Nair. She "just talked to" the family the previous week, and they had agreed to not bring the resident more products like that. She confirmed she did not document those conversations with resident 35's family, and there was no monitoring system to ensure the family did not bring the resident any more over-the-counter items. She acknowledged that there was a risk of chemical burns if using the Nair incorrectly. She confirmed that there were residents at that facility who wandered and could be at risk for wandering into another resident's room and accessing medications and potentially hazardous products that were not securely stored. She confirmed the staff were supposed to store resident 46's Nystatin powder in the medication cart. The Nystatin powder was supposed to have been administered when it was due, and the staff were not supposed to leave that medicated powder in the resident's room. She expected the staff to help him apply the powder or stay in the room with him while he applied it to himself. 7. Interview on 9/30/26 at 3:35 p.m. with DON B revealed that there were no current residents who had a physician's order or were assessed for their ability to safely self-administer medications. If a resident expressed an interest in self-administering their medications, an assessment would need to be completed to ensure that resident was able to safely self-administer their medications. If the resident was determined able to safely self-administer their medications the nurse would need to get a physician's order for that resident to self-administer those medications. She expected the nurse to stay with resident 54 while she administered her nebulizer treatment because resident 54 was not assessed for her ability to safely self-administer her nebulizer treatment, and she did not have a physician's order for her to self-administer her nebulizer treatment. 8. Review of the provider's 5/16/25 Resident Self-Administration of Medication policy revealed that, "A resident may only self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely and has a provider order to	F0554		

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F0554 SS = E	Continued from page 8 do so." "A self-administration of medication assessment will be completed to determine if resident is safe to self-administer medications prior to allowing them to do so." "Bedside medication storage is permitted only when it does not present a risk to confused residents who wander into other residents rooms or to confused roommates of the resident who self-administers medication. The following conditions are met for bedside storage to occur: A. The manner of storage prevents access by other residents. Lockable drawers or cabinets are required only if locked storage is ineffective. B. The medications provided to the resident for bedside storage are kept in the containers dispensed by the provider pharmacy." "All nurses and aides are required to report to the charge nurse on duty any medication found at the bedside not authorized for bedside storage. Unauthorized medications are given to the charge nurse for return to the family or responsible party. Families or responsible parties are reminded of policy and procedures regarding resident self-administration when necessary."	F0554		
F0641 SS = D	Accuracy of Assessments CFR(s): 483.20(g)(h)(i)(j) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. §483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed. §483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. §483.20(j) Penalty for Falsification. §483.20(j)(1) Under Medicare and Medicaid, an	F0641	F0641: 1) The minimum data set (MDS) section A1500 of resident 1 was modified by current MDS coordinator to reflect level 2 PASRR of this resident on 09/30/2026. 2) Employee J is no longer employed at the facility. Employee E was reeducated by the administrator on 10/2/2026 on the need to ensure coding of MDS accurately reflects level 2 PASRR. 3) All residents with a level 2 PASRR have the risk of inaccurate coding on section A 1500 of the MDS. An audit of all level 2 PASRR residents was completed on 10/2/2026 by the MDS coordinator to ensure section A 1500 was accurately coded. No further residents were identified as having inaccurate coding of level 2 PASRR. 4) DON or designee will audit section A 1500 of the MDS of 3 random level 2 PASRR residents per week for 8 weeks starting 11/2/2026 to ensure the MDS has been coded accurately to reflect the resident level 2 PASRR. 5) QAPI meets monthly. DON or designee will bring audits to meeting for review by the QAPI team. At this time a decision will be made for the audits to either continue or to be resolved.	11/13/26

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F0641 SS = D	Continued from page 9 individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than $5,000 for each assessment. §483.20(j)(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is NOT MET as evidenced by: Based on record review, interview, and policy review, the provider failed to ensure one of one sampled residents' (1) Minimum Data Set assessments (a tool used to evaluate a resident's health status and to develop an individualized care plan to manage the resident's care needs) (MDS) were accurately coded for the areas regarding the resident's Pre-Admission Screening and Resident Review (an evaluation if a mental illness, intellectual disability (ID), or related condition is present or is suspected to be present) (PASRR). Findings include: 1. Review of resident 1's electronic medical record (EMR) revealed she admitted to the facility on 11/14/23. Her diagnoses included major depressive disorder (deep sadness, hopelessness, and a loss of joy in daily life), dementia (a group of symptoms affecting memory, thinking, and social abilities), obsessive compulsive disorder (recurring thoughts and repetitive behaviors), delusional disorder (a mental illness where a person holds strong, false beliefs despite evidence to the contrary), and anxiety disorder (anticipation of future danger or misfortune with feelings of distress and/or sadness and symptoms such as restlessness or irritability). Her 1/29/24 level II [2] PASRR stated, "Level II Approved, No Time Limit, Specialized Services Recommended." Item A1500 of her 6/15/26 comprehensive MDS assessment was coded "No" to the question "Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition?"	F0641		

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F0641 SS = D	Continued from page 10 2. Interview and review of resident 1's EMR on 9/30/26 at 2:55 p.m. with MDS/licensed practical nurse (LPN) E revealed that she was responsible for entering the PASRR information in the residents' MDS assessments. Resident 1's 6/15/26 MDS assessment was completed by former MDS coordinator J. MDS/LPN E acknowledged resident 1's 6/15/26 MDS section A1500 was coded inaccurately. 3. Interview on 10/1/26 at 10:54 a.m. with administrator A revealed that she expected the residents' MDS assessments to be submitted accurately. 4. Review of provider's 5/5/25 Resident Assessment – Coordination with PASRR Program policy revealed, "This facility coordinates assessments with the preadmission screening and resident review (PASRR) program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate for their needs." "PASRR Level II – a comprehensive evaluation by the appropriate state-designated authority (cannot be completed by the facility) that determines whether the individual has MD [mental disorders], ID [intellectual disability], or related condition, determines the appropriate setting for the individual, and recommends any specialized services and/or rehabilitative services the individual needs."	F0641		
F0812 SS = D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.	F0812	F0812: 1) Employee K was reeducated on proper hand hygiene by the food service manager (FSM) on 10/09/2026. 2) All employees that handle food have the potential for improper hand hygiene during meal service. All cooks, dietary aides, activities, nurses and aides will be reeducated by the FSM or designee on proper hand hygiene by 10/30/2026. 3) FSM or designee will audit 10 random staff/week across all meal services starting 10/26/2026 for 8 weeks to ensure they are completing proper hand hygiene. 4) QAPI meets monthly. FSM will bring audits to meeting for review by the QAPI team. At this time a decision will be made for the audits to either continue or be resolved.	11/13/26

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F0812 SS = D	Continued from page 11 (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and policy review, the provider failed to follow standard food safety practices to ensure that one of one cook (K) washed her hands before serving the resident's food during one of one observed meal service. The resident census was 61. Findings include: 1. Observation on 9/29/26 at 11:32 a.m. in the therapy dining room revealed that cook K was waiting for residents to arrive to start the lunch meal service. As she was waiting, she used the fingers of her bare right hand to touch and readjust the headset earpiece in her right ear. She then wiped her right hand on her apron and started serving the resident's lunch without washing her hands. Her apron had a few scattered dried food stains. 2. Interview on 9/29/26 at 11:46 a.m. with cook K revealed that she tried to wash her hands at every opportunity, such as at the beginning of a meal service. She used different utensils for each food item and tried to touch the plates on the sides only. She confirmed that she had touched her ear and the headset earpiece with her fingers, wiped her hand on her apron, and did not wash her hands prior to serving the resident's meals. She acknowledged she should have washed her hands after touching her ear and the headset earpiece. 3. Interview on 9/30/26 at 3:28 p.m. with dietary director O revealed that she expected the dietary staff to wash their hands after touching their ears and the earpiece. 4. Review of the provider's 2023 Hand Washing policy revealed that, "Employees will wash their hands as frequently as needed throughout the day using proper hand washing procedures." "When to wash hands: …After touching bare human body parts other than clean hands and wrists. …After engaging in other activities that contaminate the hands…"	F0812		

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F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must	F0880	F0880: 1) Employee I was reeducated by environmental service director (ESD) on proper hand hygiene, proper glove use and proper environmental cleaning procedure of a resident room on 10/01/2026. 2) ESD, DON/Infection preventionist (IP) and Admin met on 10/10/2026 to review and revise the policy on proper cleaning procedure of a resident room. 3) ESD or designee will reeducate all housekeeping staff on proper hand hygiene, proper glove use, and proper environmental cleaning procedure by 10/30/2026. 4) ESD or designee will audit 5 random housekeeping staff per week for 8 weeks starting 11/2/2026 to ensure proper hand hygiene. proper glove use, and proper cleaning procedure of a resident room are being done. 5) QAPI meets monthly. ESD or designee will bring audits to QAPI team for review. At this time a decision will be made for the audits to either continue or be resolved.	11/13/26

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F0880 SS = D	Continued from page 13 prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure the staff followed infection prevention and control practices regarding hand hygiene (handwashing or hand sanitizer use), glove use, and room cleaning methods by one of two observed housekeeper (I) who did not perform hand hygiene when entering and exiting residents' (12, 20, 32, 36, and 56) rooms, before and after glove use while cleaning two of two observed sampled residents' (20, 32, and 36) rooms, and who pushed her housekeeping cart inside of two of three sampled residents' (12, 32, and 36) rooms. Findings include: 1. Observation on 10/01/2026 at 8:54 a.m. of housekeeper I cleaning resident 20 and 32s' shared room revealed she pulled the housekeeping cart into that room. Without performing hand hygiene or putting on a pair of gloves she went into the bathroom, and with her bare hands removed the trash bag from the trash can, and put it in the trash bag on her housekeeping cart. She took a spray bottle with a blue liquid in it out of her housekeeping cart and sprayed the bathroom walls, sink, and toilet. She put the spray bottle back into her housekeeping cart.	F0880		

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F0880 SS = D	Continued from page 14 Without performing hand hygiene, she put on a pair of gloves, took a wet washcloth out of a bucket on her housekeeping cart, went into the bathroom, wiped the sink, the shelves, the walls, the door, the alcohol hand sanitizer dispenser, the grab bars beside the toilet, moved the toilet riser from over the toilet to the middle of the bathroom, wiped the toilet riser and the outside of the toilet with that washcloth. She put that wet washcloth in a plastic bag tied to the outside of the housekeeping cart. With those same gloved hands, she took another wet washcloth from the bucket in her housekeeping cart and wiped off the toilet riser. She put that washcloth in the plastic bag hanging from the side of her cart. With those same gloved hands, she took a paper towel from the bathroom paper towel dispenser and wiped off the toilet riser. She removed her gloves and disposed them in the trash bag on her housekeeping cart and put on a new pair of gloves, without first performing hand hygiene. She removed the toilet brush and the toilet brush holder from her housekeeping cart and carried them into the bathroom. She cleaned inside the toilet with the toilet brush, put the toilet brush back into the toilet brush holder, and placed the toilet brush and holder in the housekeeping cart. She removed her gloves disposed them in the trash bag on her housekeeping cart, did not perform hand hygiene, and put on a new pair of gloves. She picked up the toilet riser and placed it back over the toilet. With those same gloved hands, she removed the mop from her housekeeping cart, removed the mop head out of a container of floor cleaner and mopped the bathroom floor. She removed the mop head from the mop, put the mop head in a plastic bag hanging on the housekeeping cart, and put the mop on her housekeeping cart. She removed her gloves and disposed them in the trash bag on her housekeeping cart. She did not perform hand hygiene, She then pushed the cart out of resident 20 and 32’s room. Housekeeper I pushed her housekeeping cart down the hallway and into resident 36’s room. Without performing hand hygiene, she put on a pair of gloves and removed a wet washcloth from the bucket on her housekeeping cart. With the wet cloth, she wiped off the bedside table, a chair near the door, the windowsill beside the bed, the heater below the windowsill, a front wheeled walker that was leaning against the wall in the middle of the room, the footboard of the bed, the white dry-erase	F0880		

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F0880 SS = D	Continued from page 15 boards on both sides of the room, and the overhead lights above the beds on both sides of the room. She put the wet washcloth in the plastic bag hanging on her housekeeping cart, removed her gloves, and disposed them in the trash bag on her housekeeping cart. Without performing hand hygiene, she put on a new pair of gloves and sprayed air freshener in the room. She took a wet washcloth from the bucket on her housekeeping cart, wiped the television (TV) stand, the light switches, and the door handles, and put the washcloth in the plastic bag on her housekeeping cart. With those same gloved hands, she flushed the toilet, removed a spray bottle that contained a blue liquid from her housekeeping cart, and sprayed the bathroom walls, toilet, and the bathroom sink. She removed the toilet riser from over the toilet. With those same gloved hands, she adjusted the clean, folded hand towel and washcloth hanging in the bathroom. She put the spray bottle back in her housekeeping cart and took a wet washcloth out of the bucket on her housekeeping cart. With the washcloth, she wiped the bathroom walls, sink, a shelf inside the bathroom, the outside of the toilet, and the toilet riser. She put the toilet riser back over the toilet, disposed of washcloth in the plastic bag on her housekeeping cart, removed her gloves and disposed them in the trash bag on her housekeeping cart. Without performing hand hygiene, she took the spray bottle with the blue liquid in it and sprayed the bathroom mirror with the blue liquid, and put the spray bottle back into her housekeeping cart. Without performing hand hygiene, she put on a new pair of gloves and wiped the bathroom mirror with paper towels from the paper towel dispenser in the bathroom. She took the spray bottle with blue liquid out of her housekeeping cart, sprayed the blue liquid on the mirror outside the bathroom door and the television screen. She went into the bathroom, took paper towels from the paper towel dispenser and wiped off the television screen and the mirror outside the bathroom. With those same gloved hands, she took two mop heads out of the container of floor cleaner on the cart, and put one mop head on the bathroom floor and the other one on the floor of the main room. She took the garbage out of the bathroom, replaced the trash bag, grabbed the mop handle from her housekeeping cart, and put the mop head on the bathroom floor on the mop handle. She mopped the	F0880		

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PRAIRIE HEIGHTS HEALTHCARE	**400 8TH AVENUE NW , ABERDEEN, South Dakota, 57401**

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F0880 SS = D	Continued from page 16 bathroom floor, removed the mop head, put it in the plastic bag on her housekeeping cart, and without mopping the floor in the main room, picked the mop head up off the floor, and put it in the plastic bag on the cart. She removed her gloves, discarded them in the trash bag on her housekeeping cart, did not perform hand hygiene, and left resident 36's room with her housekeeping cart. She then pushed her housekeeping cart down the hallway, and parked it outside of resident 12 and 56's room. Without performing hand hygiene, she entered resident 12 and 56's room. She picked up a wet floor sign from that room and put the wet floor sign on her housekeeping cart. 2. Interview on 10/1/26 at 9:15 a.m. with housekeeper I revealed that she cleaned the residents' rooms daily. When she cleaned the residents' rooms, she sanitized everything. She was not trained to clean within each resident's room in a specific order. She was supposed to perform hand hygiene when she entered and exited the residents' rooms and when she changed her gloves. She was not aware that she missed opportunities to perform hand hygiene when she entered and exited the residents' rooms, before she put gloves on and after she removed her gloves. 3. Interview on 10/1/26 at 9:29 a.m. with housekeeping supervisor G revealed that she expected the housekeeping staff to clean each resident's room daily. They were to clean the highly touched areas starting from the areas furthest away from the door and working towards the door. After cleaning the main part of the room, the housekeepers were to clean the bathroom. She expected the staff to complete hand hygiene before entering and exiting the residents' room, before putting on a pair of gloves, and after taking off a pair of gloves. The housekeepers were not to take their housekeeping carts into the residents' rooms because there could be dirty items on the housekeeping cart. She acknowledged there was the potential for spreading infections between residents if the housekeepers did not perform hand hygiene or follow cleaning procedures because they would enter every resident's room every day.	F0880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435004	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F0880 SS = D	Continued from page 17 4. Interview on 10/1/26 at 1:37 p.m. with director of nursing (DON) B revealed that she was the facility's designated infection preventionist. She expected all staff to perform hand hygiene before they entered a resident's room, after they exited a resident's room, before they put on a pair of gloves, and after they removed their gloves. She identified an increase in pneumonia and urinary tract infections in one resident-occupied hallway a couple of months ago. Because of that observation, she did training related to hand hygiene, personal care, and whirlpool tub cleaning with the certified nursing assistants (CNAs) but did not include the housekeeping staff in any of that training related to infection control. 5. Review of the provider's 4/11/25 Hand Hygiene policy revealed, "All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility." "The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning [putting on] gloves, and immediately after removing gloves." Conditions for performing hand hygiene indicated within the policy were, "Between resident contacts", "After handling contaminated objects", and "Before applying and after removing personal protective equipment (PPE), including gloves." 6. Review of the provider's undated Resident Room, Daily Cleaning policy revealed, "Bring [the] Stocked Housekeeping Cart to assigned location", "Place cart against the designated wall outside of [the] resident room door."	F0880		