STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTERN STAR HOME OF SOUTH DAKOTA, INC	126 W 12TH AVENUE POST OFFICE BOX 150, REDFIELD, South Dakota, 57469

(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
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 8/5/25 through 8/7/25. Eastern Star Home of South Dakota was found not in compliance with the following requirement. F605 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 8/5/25 through 8/7/25. Areas surveyed included potential resident abuse related to a nurse forcing a resident to take medication. Eastern Star Home of South Dakota was found in compliance.	F0000		
F0605 SS = D	Right to be Free from Chemical Restraints CFR(s): 483.10(e)(1),483.12(a)(2),483.45(c)(3)(d)(e) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any . . . chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 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	F0605	F 605 Right to be Free from Chemical Restraints Since it is the responsibility of the facility to ensure that residents who use psychotropic medications receive gradual dose reductions (GDRs), unless clinically contraindicated, in an effort to discontinue these medications, the following has been implemented. On 08/07/2025, the Administrator, DON, and contracted Pharmacist met and reviewed the current Pharmacy Recommendation for GDR form. The following was completed based on this review: 1. Pharmacy Recommendation for GDR form was changed to reflect the facility's observation, pharmacy recommendation, physician's orders with contraindications for GDR or GDR orders. 2. The DON met with prescribing providers on 08/12/2025, and reviewed the changes made to the Pharmacy Recommendation for GDR form and reviewed the required documentation regarding their prescribed orders for the use of psychotropic medications.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Deborah Bowar	Administrator	08-29-2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/07/2025

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F0605 SS = D	Continued from page 1 the resident's medical symptoms. §483.12(a) The facility must-. . . §483.12(a)(2) Ensure that the resident is free from . . . chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. . . . . §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic. §483.45(d) Unnecessary drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- (1) In excessive dose (including duplicate drug therapy); or (2) For excessive duration; or (3) Without adequate monitoring; or (4) Without adequate indications for its use; or (5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or (6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. §483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that–	F0605	F 605 Right to be Free from Chemical Restraints Continued. The MDS Coordinator will be responsible for completing monthly audits to ensure the following: 1. Residents who are currently prescribed psychotropic medications have a completed Pharmacy Recommendation of GDR form dated within the last 6 months with proper documentation regarding contraindications of GDR or GDR reduction orders. The MDS Coordinator will document these findings and report these findings to the QAPI Committee monthly x 3 months then quarterly until the QAPI Committee advises otherwise. Completion Date:	08/29/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTERN STAR HOME OF SOUTH DAKOTA, INC	126 W 12TH AVENUE POST OFFICE BOX 150, REDFIELD, South Dakota, 57469

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F0605 SS = D	Continued from page 2 §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, interview, and policy review, the provider failed to ensure two of five sampled residents (25 and 28) who received psychotropic medications (any drug that affects brain activities associated with mental processes and behavior) had an attempted gradual dose reduction (systemic dose reduction over time to determine if the condition could be managed with a lower dose or discontinuation of the medication) (GDR) or documented rationale to support that a GDR was clinically contraindicated (not appropriate based on the resident's condition, potential risks, or adverse effects) for those medications. Findings include: 1. Observation and interview with resident 28 on 8/5/25 at 4:30 p.m. revealed she:	F0605		

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F0605 SS = D	Continued from page 3 *Was in the common area of the facility, seated in a wheelchair with a blanket over her lap. *Was very hard of hearing, but answered simple questions and indicated: -The staff were good to her. -The food was good. -She had no concerns. Review of resident 28's 7/14/25 annual Minimum Data Set (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) assessment revealed she: *Had been admitted to the facility on 7/17/24. *Had diagnoses of dementia (a group of symptoms affecting memory, thinking, and social abilities), depression, and traumatic brain dysfunction (a disruption in the normal function of the brain caused by an injury that affects how the brain works). *Had moderately impaired cognition, was rarely/never understood, and was unable to complete a cognitive screening. *Exhibited the following mood indicators: little interest in doing things, appearing down or depressed, having little energy, and a poor appetite. *Exhibited the following behaviors: wandering and rejection of care. *Was prescribed psychotropic medications that included an: -Antidepressant medication. -Antipsychotic medication. –The antipsychotic medication had not had a gradual dose reduction (GDR) attempted in the past year. –There was no documentation by the physician to support why a GDR was clinically contraindicated. Minimum Data Set (MDS) coordinator C had signed the assessment as completed on 7/20/25.	F0605		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/07/2025

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F0605 SS = D	Continued from page 4 Review of resident 28's care plan, dated 5/27/25, revealed: *The resident was taking psychotropic medications (antidepressant and antipsychotic) for her depression. -Her care plan goal was to "take the lowest therapeutic dose of medication daily..." -Her approaches included: --Education was provided to the family and the resident on the risks and benefits of those medications. --Staff were to observe the resident for side effects and report unusual findings to the nurse. --A GDR review was to be completed every six months. Review of resident 28's Pharmacy Recommendation form dated 7/17/25 revealed: *Director of nursing (DON) B had initiated the form and indicated that the resident was currently taking: -The antidepressant medication Sertraline 150 milligrams (mg) daily since 4/15/25 when the dosage had been increased. -The antipsychotic medication Olanzapine 5 mg daily, which had been started in February 2025, and included a request to- -"Please advise." *The pharmacy recommendation was to "Continue the same dose" and was signed 7/22/25 by the provider's consultant pharmacist. *The resident's primary physician had signed the form on 8/5/25 and noted that she agreed with the consultant pharmacist's above plan. *The form had not included a description of the clinical contraindications to completing a GDR for those medications. Interview on 8/6/25 at 6:27 p.m. with administrator A, DON B, and MDS coordinator C regarding resident 28's psychotropic medications revealed:	F0605		

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F0605 SS = D	Continued from page 5 *DON B agreed she had asked regarding the psychotropic medications on the Pharmacy Recommendation form and: -The provider's consultant pharmacist's recommendation indicated no change and not to proceed with a GDR. -The resident's physician had signed the form. *They agreed the physician had not provided a written indication why a GDR would be clinically contraindicated. *Administrator A and DON B agreed that: -The physician should have documented on the form the rationale for the decision to maintain the current medications' dosage and not attempt a GDR. -The consultant pharmacist should have requested the physician to review the resident's psychotropic medications for possible GDRs. Interview on 8/7/25 at 11:47 a.m. with MDS Coordinator C regarding resident 28's psychotropic medications revealed she agreed that: *Resident 28's medical record had no documentation regarding the clinical contraindications of completing a GDR for her psychotropic medications. *Resident 28's physician should have documented the rationale for the decision to maintain the current medications' dosage and not attempt a GDR. *She expected that psychotropic medications were reviewed for possible GDRs every six months. 2. Review of resident 25's 5/26/25 annual MDS assessment revealed she: *Had been admitted to the facility on 4/6/23. *Had diagnoses of dementia and anxiety disorder. *Had moderately impaired cognition, was rarely/never understood, and was unable to complete a cognitive screening. *Exhibited the mood indicator of having a poor appetite. *Had not exhibited any behaviors.	F0605		

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F0605 SS = D	Continued from page 6 *Was prescribed psychotropic medications that included an: -Antianxiety medication. -Antipsychotic medication. --The antipsychotic medication had not had a GDR attempted in the past year. --There was no documentation by the physician to support why a GDR was clinically contraindicated. Minimum Data Set (MDS) coordinator C had signed the assessment as completed on 6/1/25. Review of resident 25's care plan, dated 5/27/25, revealed: *The resident was taking psychotropic medications (antianxiety and antipsychotic) for aggression, hallucinations (to see, hear, smell, taste or touch something that is not there), and delusional thinking (false beliefs and distorted views of reality). -Her care plan goal was to "take the lowest dose of medication daily..." -Her approaches included: --Education was provided to the resident's family and the resident on the risks and benefits of those medications. --Staff were to observe the resident for side effects and report unusual findings to the nurse. --A GDR review was to be completed every six months. Review of resident 25's Pharmacy Recommendation form dated 9/12/24 revealed: *DON B had initiated the form and indicated the resident was currently taking the antianxiety medication Ativan 0.25 mg three times daily since 6/27/23, and included a request to- -"Please advise." *The pharmacy recommendation was to "Continue the same	F0605		

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F0605 SS = D	Continued from page 7 [dose]" and was signed 9/30/24 by the provider's consultant pharmacist. *The resident's primary physician had signed the form on 10/2/24. *The form had not included a description of the clinical contraindications to completing a GDR for that medication. Review of resident 25's Pharmacy Recommendation form dated 1/17/25 revealed: *DON B had initiated the form and indicated the resident was currently taking the antipsychotic medication Risperidone 0.25 mg daily since 3/22/23, and included a request to- -"Please advise." *The pharmacy recommendation was "No change, continue the same dose" and was signed on 1/28/25 by the provider's consultant pharmacist. *The resident's primary physician had signed the form on 1/29/25. *The form had not included a description of the clinical contraindications to completing a GDR for that medication. Review of resident 25's Pharmacy Recommendation form dated 3/20/25 revealed: *DON B had initiated the form and indicated the resident was currently taking the antianxiety medication Ativan 0.25 mg twice daily since 4/18/23, and included a request to- -"Please advise." *The pharmacy recommendation was to "Continue the same dose" and was signed 3/25/25 by the provider's consultant pharmacist. *The resident's primary physician had signed the form but had not indicated the date she had signed it. *The form had not included a description of the clinical contraindications to completing a GDR for that medication.	F0605		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/07/2025

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F0605 SS = D	Continued from page 8 Review of resident 25's Pharmacy Recommendation form dated 6/18/25 revealed: *DON B had initiated the form and indicated the resident was currently taking the antipsychotic medication Risperidone 0.25 mg daily since 3/22/23, and included a request to- -"Please advise." *The pharmacy recommendation was to "Continue the same dose" and was signed 6/23/25 by the provider's consultant pharmacist. *The resident's primary physician had signed the form but had not indicated the date she had signed it. *The form had not included a description of the clinical contraindications to completing a GDR for that medication. Review of the provider's 3/6/19 Gradual Dose Reduction of Psychotropic Drugs policy revealed: *Purpose: "Residents who use psychotropic drugs receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs." **Performed By: Nurses and Pharmacist". **"For any individual who is receiving a psychotropic medication to treat expressions or indications of distress related to dementia, the GDR may be considered clinically contraindicated for reasons that include, but that are not limited to:" -"The resident's target symptoms returned or worsened after the most recent attempt at a GDR within the facility". -"The physician has documented the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the resident's function or increase distressed behavior."	F0605		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43A135	A. BUILDING B. WING	08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTERN STAR HOME OF SOUTH DAKOTA, INC	126 W 12TH AVENUE POST OFFICE BOX 150, REDFIELD, South Dakota, 57469

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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 8/7/25. Eastern Star Home of South Dakota, INC was found in compliance.	E0000		

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
Deborah Fowler	Administrator	08-29-2025

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTERN STAR HOME OF SOUTH DAKOTA, INC	126 W 12TH AVENUE POST OFFICE BOX 150, REDFIELD, South Dakota, 57469

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K0000 Bldg. 01	INITIAL COMMENTS A recertification survey was conducted on 8/7/25 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Eastern Star Home of South Dakota, INC was found in compliance.	K0000		

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
Deborah Bowker	Administrator	08-26-2025

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
	10670	A. BUILDING: _____ B. WING _____	08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTERN STAR HOME OF SOUTH DAKOTA, I	126 W 12TH AVE REDFIELD, SD 57469

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S 000	Compliance/Noncompliance Statement Surveyor: 49238 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted on 8/5/25 through 8/7/25. Eastern Start Home of South Dakota was found in compliance. A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 8/5/25 through 8/7/25. Eastern Star Home of South Dakota was found in compliance.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Deborah Bower — TITLE: Administrator — (X6) DATE: 08-29-2025