

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

PRINTED: 07/23/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435105</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/10/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>WHEATCREST HILLS HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1311 VANDER HORCK ST</b> <b>BRITTON, SD 57430</b>	
(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 recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 7/8/24 through 7/10/24. Wheatcrest Hills Healthcare Center was found not in compliance with the following requirements: F550, F684, F725, F806 and F812.  A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 7/8/24 through 7/10/24. Areas surveyed included quality of care related to following the manufacturer's recommendations and physician orders for the appropriate use of a nebulizer machine after a resident sustained a burn. Wheatcrest Hills Healthcare Center was found not in compliance with the following requirement: F684.	F 000		
F 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)  §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.  §483.10(a)(2) The facility must provide equal	F 550	1. Unable to correct deficient practices noted during survey. CDM D is no longer employed at the center. All residents have the potential to be affected.  2. The DDCO, ED, DNS and Dietitian have reviewed the employee code of conduct which references resident rights by 8/1/2024. The Dietitian or designee will educate all staff on residents rights referencing employee code of conduct that specifically related to the right to live a dignified and respected existence, and that staff acknowledge their choices and desires for food preference, snack availability at all times, dignified, respected resident engagement, resident choice and preference as related to menu selection and food availability by 8/3/2024. All staff not in attendance will be educated prior to their next working shift.  3. The Dietitian or designee will audit 4 random residents weekly times four weeks and monthly times 2 months on staff acknowledge their choices and desires for food preference, snack availability at all times, dignified, respected resident engagement, resident choice and preference as related to menu selection and food availability. The Dietitian or designee will bring the results of the audits to the monthly QAPI meeting for further review and recommendation to continue or discontinue the audits.	08/05/2024

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

TITLE

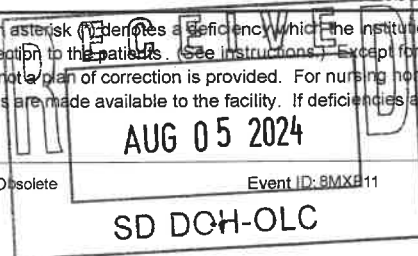
(X6) DATE

*Stephen Schmitz*

*Executive Director*

*8/2/2024*

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.



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F 550	<p>Continued From page 1</p> <p>access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on record review, interview, observation, review of the facility reported incident (FRI) submitted to the South Dakota Department of Health (SD DOH), the provider failed to ensure four of four sampled residents (2, 26,32 and 34) had not been verbally berated or denied food by one of one certified food manager (CFM) D. Findings include:</p> <p>1. Review of a grievance submitted on 2/22/24 revealed: *Resident 34 had asked the kitchen staff for a snack. *Dietary had informed her they would have snack</p>	F 550		

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F 550	<p>Continued From page 2</p> <p>in the afternoon and did not give her anything.</p> <p>Review of CFM D's response to the grievance revealed:                      **Around 11:00 a.m. resident 34 asked for the snack basket so she could look through it for munchies."                      **CFM D explained to her that the basket was filled and put out at 7:00 p.m. for the residents that got hungry between the hours of 7:00 p.m. and 6:00 a.m."                      **CFM D also explained that the nurse's station there should be some sandwiches if she was hungry."                      **Update with the resolution by CFM D revealed she:"                      -"Went to talk with resident 34 about snacks."                      -"Explained that if she was wanting something to eat, that she just needed to let her know."                      -"Also explained to her what her requirements were as far as the snacks, we are requested to have snacks for them between supper and breakfast."                      **"Had stated" that "if resident 34 would have needed anything in the meantime, the nurse's station should have had sandwiches if they were hungry."</p> <p>Review of a grievance submitted on 6/27/24 revealed:                      **CNA (certified nursing assistant) took meal tray to resident at 12:15 p.m. Resident requested a sandwich."                      -"CNA voiced this to the kitchen staff CFM D right away."                      **"The sandwich was not made by kitchen staff."                      **"Nurse was notified at 1:30 p.m. that the resident was not made her requested sandwich."                      **"Nurse got juice and a sandwich as soon as</p>	F 550			

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F 550	<p>Continued From page 3 possible."</p> <p>*"Resident has diabetic reactions and is critical that the resident has appropriate meals and correct times."</p> <p>Review of CFM D's response to the above grievance revealed: *"We were serving the meal for the day and the CNA took the resident's meal at 12:15 p.m. we start serving at 12:00 p.m." *"We had breaded chicken fried steak, mashed garlic cauliflower, stewed tomatoes and fruit crisp." *"The CNA came back and requested a ham sandwich." *"I explained we were out of ham and the ham that we still have was still frozen, however I would make her a peanut butter and jelly sandwich." *"If the resident is diabetic and blood sugars were low, we could send a glass of orange juice with the CNA." *"I was unaware of the sugars if that was the case."</p> <p>Review of the SD DOH FRI submitted on 7/9/24 at 1:11p.m. revealed: *The reporter had informed the social service director that CFM D had yelled at resident 2 on 7/8/24 for the second time that he was aware of. *The reporter communicated he had let the first witnessed encounter "go" and he felt that could have been considered a form of elder abuse.</p> <p>Interview on 7/8/24 at 3:22 p.m. with resident 26 revealed: *Concerns about food had been brought to the resident council. *She stated "The food is terrible. There have been a lot of problems."</p>	F 550			

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F 550	<p>Continued From page 4</p> <p>-"Nothing happens, everyone is afraid to say anything to [CFM D]."</p> <p>--"The other day I didn't like the dinner. I don't eat fish, so I asked for a grilled cheese, and it was burned. I refused it and it was sent back to me like that, and I had to eat it or be hungry. I ate half. It was awful."</p> <p>Interview on 7/8/24 at 4:11 p.m. with resident 2 revealed:</p> <p>*She recently had a choking episode and there were certain foods she could not eat.</p> <p>-Her son had to bring her food from home.</p> <p>--She had been unable to get a ham or turkey sandwich because "they said they forgot to order it."</p> <p>---"The staff in the kitchen yelled at me for asking what Teriyaki beef was. I didn't think I could eat it.</p> <p>----"I am afraid to ask for food that's not on the menu because I get yelled at. It shouldn't be that way."</p> <p>Observation and interview on 7/8/24 at 5:43 p.m. with resident 32 and CNA Q in the main dining room revealed:</p> <p>*Resident 32 stated, "I thought we were getting chips with our dinner."</p> <p>*CNA Q stated, "I will ask for chips."</p> <p>*Resident 32 stated, "Only if you want to get bitched out."</p> <p>*CNA Q replied "It's ok. I'll ask anyway."</p> <p>*Resident 32 stated, "The state is here so she will give them to you."</p> <p>-Resident 32 clarified that "she" was CFM D</p> <p>Interview on 7/10/24 at 2:15 p.m. with registered nurse (RN) G and anonymous M regarding if sandwiches had been available at the nurse's station for residents revealed:</p>	F 550			

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F 550	<p>Continued From page 5</p> <p>*They had both agreed that they would have to go to the kitchen and ask for a sandwich to be made. *Sandwiches were not routinely stocked in the nurse's station resident refrigerator.</p> <p>Interview on 7/10/24 at 2:36 p.m. with anonymous N regarding resident's rights revealed: *If residents did not want the meal that had been prepared CFM D would have berated them as to why they weren't eating the meal. *There used to be a group of men that would sit after supper and drink coffee and eat ice cream. *CFM D told those residents that they wanted the ice cream they did not need the ice cream and instructed her staff to stop giving the ice cream to those residents. *Anonymous N would have reported any incidents to the charge nurse on duty.</p> <p>Interview on 7/10/24 at 3:00 p.m. with RN G regarding staff reporting verbally abusive behavior toward residents revealed: *She has had staff tell her what they had witnessed. *She would have visited with the residents to see if they were ok and report it to the other nurses. *She had written up CFM D for not following instructions and nothing was ever done to correct her behavior.</p> <p>Interview on 7/10/24 4:03 p.m. with executive director (ED) A, director of nursing (DON) B, and divisional director of clinical operations (DDCO) C regarding dietary grievances and follow-up with CFM D's responses revealed: *ED A had believed that staff were eating the snacks out of the snack basket and that was taken away. *DON B indicated there are some rice crispy treats in the med room.</p>	F 550		

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F 550	Continued From page 6 *Nurses had the code to the kitchen to obtain food when needed. *If sandwiches were said to have been available then they should be available, and dietary should have made sure there were sandwiches available. *DON B stated nursing should speak up when they see something is missing, and that was her expectation. *A CNA could have requested snacks. *DON B stated residents should not have waited an hour and a half (1/2) for a sandwich. *Education had been provided to dietary staff within the last year that if a nurse or the DON B went to them with a need they need to address it right away. *They had not been aware of any issues with CFM D until the reportable incident they had received on 7/9/24. *Staff should have reported if they were aware CFM D was berating a resident. *They had not been aware that staff had been fearful of retaliation by CFM D if they would have to reported anything.	F 550			
F 684 SS=G	Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 684	See next page		

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F 684	<p>Continued From page 7</p> <p>Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI), observation, interview, record review, and policy review, the provider:</p> <p>*Failed to follow the nebulizer (neb) machine manufacturer's instructions which resulted in resident (12) receiving a burn.</p> <p>*Failed to follow the physician's order to discontinue the resident's (12) self-administration of his neb (breathing) treatments after he had received a burn.</p> <p>Findings include:</p> <p>1. Review of the provider's SD DOH FRI submitted on 6/12/24 at 2:24 p.m. revealed: *Resident 12 was found to have a "Reddened area and 2 fluid filled blisters noted to resident's right outer thigh." **"When resident takes his 2000 [8:00 p.m.] neb [breathing treatment] he requests that the machine be placed on his bed." **"It is reasonable to conclude that the resident moved his nebulizer next to his skin causing the burn." ** "...Self administration of nebulizer discontinued."</p> <p>2. Observation and interview on 7/09/24 at 11:09 a.m. with resident 12 revealed: *A nebulizer machine on the nightstand to the left of his recliner. *He stated: - "They come in and turn it [the nebulizer machine] on and put the mask on me." -"She doesn't usually stay but sometimes she does. They are usually in a hurry." -"Sometimes they come back and sometimes I take it [the nebulizer mask] off myself but the machine keeps running. If they leave it close enough I can shut it off. It's heavy and hard to</p>	F 684	<p>1. Res #12 orders updated to reflect no self administration orders during survey. All residents have the potential to be affected.</p> <p>2. DDCO, ED and DNS have reviewed procedure for administering nebulizer per manufacturer's guidance by 8/2/2024. The DNS or designee will all educate all licensed nurses and CMA's on proper delivery of nebulizer treatments in a safe manner to prevent injury or burn to the resident per manufacturer's guidance and ensuring a self administration order is in place to leave resident safely to self administer nebulizer treatment if appropriate by 8/2/2024. All staff not in attendance will be educated prior to their next working shift.</p> <p>3. The DNS or designee will audit a random sample of 4 residents who receive nebulizer treatments to include a mix of staff observed and self administered for safety in delivery weekly times four weeks and monthly times two months. The DNS or designee will bring the results of these audits to the monthly QAPI committee for further review and recommendation to continue or discontinue the audits.</p>	08/05/2024



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F 684	<p>Continued From page 8</p> <p>handle. It works best if they leave it where I can reach it."</p> <p>*He recalled that he had "burns" on his right leg as he touched the area between his knee and hip.</p> <p>-He stated, "It hurt real bad, but it's getting better."</p> <p>-"They put it [the nebulizer machine] on my bed and I fell asleep." He could not recall who had placed it on his bed.</p> <p>-"I didn't feel it [the nebulizer machine] getting hot."</p> <p>Observation and interview on 7/09/24 at 11:18 a.m. with registered nurse (RN) P revealed she:</p> <p>*Entered resident 12's room while the surveyor was conducting an interview.</p> <p>*Explained each step as she completed them.</p> <p>*Put liquid medication into the nebulizer's mask reservoir.</p> <p>*Placed the nebulizer mask on resident 12.</p> <p>*Turned on the nebulizer machine that was located on the nightstand.</p> <p>*Handed resident 12 his call light and exited the room.</p> <p>Observation on 7/09/24 at 11:23 a.m. with RN P revealed she returned to resident 12's room, turned off the nebulizer machine, cleaned the mask, washed her hands, and left the room.</p> <p>Interview on 7/10/24 at 7:39 a.m. with director of nursing (DON) B revealed:</p> <p>*Education had been provided on 6/12/24 to all licensed staff "not to place nebulizer machines on resident's beds."</p> <p>*She clarified that a nebulizer and an inhaler were different medication types, and each required a separate self-administration order.</p>	F 684		

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F 684	<p>Continued From page 9</p> <p>*Resident 12's nebulizer self-administration order had been discontinued by the physician on 6/12/24.</p> <p>*She completed the Self Administration of Medication Evaluation Review on 7/9/24.</p> <p>*She expected that staff would have remained in the room with resident 12 while he completed his nebulizer treatment.</p> <p>*She was aware that RN P had left resident 12's room while he had completed his nebulizer treatment on 7/9/24 because "she already told me."</p> <p>Observation and interview on 7/10/24 at 7:44 a.m. with certified nursing assistant (CNA) J and resident 12 revealed:</p> <p>*CNA J washed her hands and put on a gown and gloves before completing resident 12's care.</p> <p>*CNA J uncovered resident 12's right thigh.</p> <p>-There were four small red areas on the resident's thigh, one contained a scab.</p> <p>*The resident stated, "They are healing up," and denied any pain.</p> <p>Interview on 7/10/24 at 9:04 a.m. via phone with RN F revealed:</p> <p>*On 6/7/24 she had been informed by a CNA that there was a reddened area on resident 12's thigh.</p> <p>-She had discovered "a large red area and four to five small blisters" had started to develop.</p> <p>--The resident had complained of pain in that area.</p> <p>-He had not been sure what had caused the pain.</p> <p>*She had provided his nebulizer treatments on the night shift.</p> <p>-The resident had taken his nebulizer treatment in bed that night.</p> <p>--The nebulizer had been placed on the bed "so that it could reach because the tube isn't long</p>	F 684			

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F 684	<p>Continued From page 10</p> <p>enough and then he could shut it off when he was done."</p> <p>*She had laid the nebulizer next to the reddened area and "assumed that was what caused the burn because it lined up."</p> <p>*She had not been aware of the manufacturer's recommendation not to "place the nebulizer machine on a soft surface, such as a bed."</p> <p>*She had last provided his nebulizer treatment on 7/7/24 she stated she had:</p> <ul style="list-style-type: none"> <li>-Placed the mask on him.</li> <li>-Turned the machine on.</li> <li>-Left the room to pass medications "down the hall."</li> <li>-Returned after 10-15 minutes to take his mask off and turn off the machine."</li> </ul> <p>3. Review of resident 12's electronic medical record (EMR) revealed:</p> <p>*He had a Brief Interview for Mental Status (BIMS) score of nine which indicated his cognition was moderately impaired.</p> <p>*On 6/7/24 a progress note indicated "Was called to this Residents room by the CNA [certified nursing assistant] to look at an area on the residents right outer thigh that hadn't been noted before now. It was a large, reddened area that measured 11[centimeters]cm x 6.5cm with 2 fluid filled blister areas that measured 2.5x.5cm and 2.5x1.0cm."</p> <p>*On 6/12/24 a physician's order discontinued the "May self-administer nebulizer treatments after LN [licensed nurse] sets up. Every shift."</p> <p>*His 6/27/24 Self Administration of Medication Evaluation Review indicated " ...He is also able to self-administer his nebulizer treatment after staff sets it up."</p> <p>*His 7/9/24 Self Administration of Medication Evaluation Review indicated "Resident is able to</p>	F 684			

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F 684	Continued From page 11 administer his inhaler after nurse sets it up but he is unable to self-administer his nebulizer."  4. Review of the Aeromist Colors Nebulizer Compressor Kit Instruction Manual revealed: **Warning: To reduce the risk of burns, electrocution, fire or injury ....NEVER block the air openings of the product or place it on a soft surface, such as a bed or couch, where the air openings may be blocked." **Operation Instructions ... Place the compressor on a stable, sturdy and flat surface such that the unit can be easily reached when you are seated."  5. Review of the provider's December 2017 Guidelines for Administration of Aerosolized Care (Nebulizers and Inhalers) Policy revealed: **Aerosolized care will be provided in accordance with standards of practice and physicians orders."  Review of the provider's Self-Administration of Medication policy revealed: **If it is determined the resident may self-administer medications, the nurse: Obtains a physician order for the specific medication(s)."	F 684			
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)  §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in	F 725	See next page.		

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F 725	Continued From page 12 accordance with the facility assessment required at §483.70(e).  §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.  §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on observation and interview the provider failed to ensure that four of four sampled residents (3, 7, 32, and 43) had their call lights answered in a timely manner. Findings include:  Observation and interview on 7/8/24 at 3:23 p.m. with resident 3 while she was seated in her wheelchair regarding call light wait time revealed: *She had been left on a commode for almost an hour. *That happened during the day shift. -That same thing happened again a few days later.  Observation and interview on 7/8/24 at 3:48 p.m. with resident 32 while she was seated in her recliner regarding call light wait time revealed: *She had sat on the toilet for 45 minutes and waited to get help when she had pulled her call light.	F 725	1. Unable to correct deficient practice noted during survey. All residents have the potential to be affected.  2. The DNS or designee will educate all staff on the importance of answering call lights promptly, that anyone is able to answer a call light, if the services the resident needs cannot be done by the individual answering the call light to get assistance from appropriate staff by 8/2/2024. All staff not in attendance will be educated prior to their next working shift.  3. The DNS or designee will perform a call light audit for prompt answering adequate to meet residents needs on all three shifts weekly times four weeks and monthly times two months. The DNS or designee will bring the results of these audits to the monthly QAPI for further review and recommendation to continue or discontinue the audits,	08/05/2024	

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F 725	<p>Continued From page 13</p> <p>*Staff do not round on her at night.</p> <p>Interview on 7/9/24 at 2:21 p.m. with the director of nursing (DON) B regarding the call light system revealed:</p> <p>*If a resident were to pull down on the call light cord once it would sound once out at the nurse's station.</p> <p>*If a resident were to keep the cord pulled down it would make a constant buzzing sound at the nurse's station.</p> <p>*If a resident was in the bathroom and pulled the call light cord, it would make an intermittent buzzing sound at the nurse's station.</p> <p>Request for a call light policy had been made prior to exit. The provider did not have a call light policy.</p> <p>Observation and interview on 7/8/24 at 4:36 p.m. with resident 7 in his room regarding call light wait time revealed:</p> <p>*He was seated in his recliner.</p> <p>*His call light cord was on the arm of his recliner.</p> <p>*He stated sometimes he had to wait a while for staff to answer his call light.</p> <p>*He turned his call light on at 7:00 a.m. this morning.</p> <p>*He needed help getting dressed and to use the bathroom.</p> <p>*Staff did not come in to answer the call light until after 7:30 a.m.</p> <p>Observation and interview on 7/9/24 at 10:54 a.m. with resident 43 in her room regarding call light wait times revealed:</p> <p>*She was seated in her recliner.</p> <p>*Her call light cord was on the nightstand next to her recliner.</p>	F 725			

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F 725	<p>Continued From page 14</p> <p>*She stated she had waited up to 25 minutes for someone to answer her call light when she was in the bathroom.</p> <p>*On 7/8/24 in the evening she had turned her call light on to request a Tylenol for pain.</p> <p>*A staff member answered her call light and said she would be back with the Tylenol.</p> <p>*The staff member never did bring the Tylenol to her that evening.</p> <p>*She finally got her Tylenol at 6:30 the next morning.</p> <p>Resident council meeting minutes review and interview on 7/9/24 at 2:00 p.m. with residents 2, 3, 7, 16, 19, 20, 22, and 32 regarding call light wait times revealed:</p> <p>*They all agreed they had to wait for someone to answer their call light.</p> <p>*It was not uncommon to wait more than 20 minutes to have someone respond to the call light.</p> <p>*Staff would be at the nurse's station while call lights were going off and would not answer the call lights promptly.</p> <p>*Call light issues had been discussed at the resident council meetings and were to be addressed by DON B.</p> <p>*Resident 32 stated they bring it up at the resident council meetings and it will get addressed, and would be better for a while, but now it was an issue again.</p> <p>*Review of the 5/21/24 resident council meeting minutes revealed residents said there were a lot of CNAs at the nurse's station visiting when lights were on during the 2:00 p.m. to 10:00 p.m. shift.</p> <p>*Review of the 6/18/24 resident council meeting minutes revealed:</p>	F 725		

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F 725	Continued From page 15 -Residents expressed concerns about staff sitting at the nurse's station visiting and not answering call lights on the 2:00 p.m. to 10:00p.m. shift. -The director of nursing educated CNAs and nurses that no one should be sitting at the desk when the call lights are on. -Residents agreed call lights had gotten better and felt it was resolved.	F 725		
F 806 SS=E	Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5)  §483.60(d) Food and drink Each resident receives and the facility provides-  §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;  §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: Based on observation, interview, resident council meeting, and policy review the provider failed to offer nine of twelve sampled residents (2, 3, 7, 16, 19, 20, 22, 26 and 32) meal alternatives. Findings include:  1. Interview on 07/08/24 at 3:22 p.m. with resident 26 revealed: *Concerns about food had been brought to the resident council. *She stated "The food is terrible. There have been a lot of problems." -"Nothing happens, everyone is afraid to say anything to certified food manager [CFM D]." --"The other day I didn't like the dinner. I don't eat	F 806	1. Unable to correct deficient practices noted during survey. CDM D is no longer employed at the center. All residents have the potential to be affected.  2. The DDCO, ED, DNS and Dietitian have reviewed the employee code of conduct which references resident rights by 8/1/2024. The Dietitian or designee will educate all staff on residents rights referencing employee code of conduct that specifically related to the right to live a dignified and respected existence, and that staff acknowledge their choices and desires for food preference, snack availability at all times, dignified, respected resident engagement, resident choice and preference as related to menu selection and food availability by 8/3/2024. All staff not in attendance will be educated prior to their next working shift.  3. The Dietitian or designee will audit 4 random residents weekly times four weeks and monthly times 2 months on staff acknowledge their choices and desires for food preference, snack availability at all times, dignified, respected resident engagement, resident choice and preference as related to menu selection and food availability. The Dietitian or designee will bring the results of the audits to the monthly QAPI meeting for further review and recommendation to continue or discontinue the audits.	08/05/2024



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F 806	<p>Continued From page 16</p> <p>fish, so I asked for a grilled cheese, and it was burned. I refused it and it was sent back to me like that, and I had to eat it or be hungry. I ate half. It was awful."</p> <p>2. Interview on 07/08/24 at 4:11 p.m. with resident 2 revealed: *She recently had a choking episode and there were certain foods she could not eat. -Her son had to bring her food from home. --She had been unable to get a ham or turkey sandwich because "they said they forgot to order it." ---"The staff in the kitchen yelled at me for asking what Teriyaki beef was. I didn't think I could eat it. ----"I am afraid to ask for food that's not on the menu because I get yelled at. It shouldn't be that way."</p> <p>3. Observation and interview on 7/08/24 at 5:43 p.m. with resident 32 and CNA Q in the main dining room revealed: *Resident 32 stated, "I thought we were getting chips with our dinner." *CNA Q stated, "I will ask for chips." *Resident 32 stated, "Only if you want to get bitched out." *CNA Q replied "It's ok. I'll ask anyway." *Resident 32 stated, "The state is here so she will give them to you." -Resident 32 clarified that "she" was CFM D.</p> <p>4. Resident council meeting minutes review and interview on 7/9/24 at 2:00 p.m. with residents 2,3,7,16,19,20,22, and 32 regarding food alternatives revealed: *Menus were available for residents to choose different options for lunch until about three weeks ago. *The menus were handed out a day in advance.</p>	F 806		

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F 806	<p>Continued From page 17</p> <p>*If they did not want the first option there were alternatives to pick from.</p> <p>*They did not think the alternatives were available once the menus stopped.</p> <p>*They were not informed at the resident council meetings of the decision to stop using the menus.</p> <p>5. Interview on 7/9/24 at 4:07 p.m. with dietitian E regarding the menus and alternatives revealed:</p> <p>*Residents were given a menu card where they could select a meal for the next day.</p> <p>*Alternative options were available for residents to choose from.</p> <p>*She was not aware that process had stopped approximately three weeks ago.</p> <p>*The alternatives were still available for residents.</p> <p>6. Interview on 7/10/24 at 10:36 a.m. occupational therapy assistant (OTA K) revealed:</p> <p>*Residents complained to her about the food.</p> <p>*They reported that they did not get snacks</p> <p>*When they had asked for something that was not on the menu they had been told "no".</p> <p>*"I hear it all the time that they can't get something they want."</p> <p>*A resident had told her when she could not chew the meat she had not been able to get soup when she asked for it.</p> <p>*She had discussed her concerns with Administrator A.</p> <p>-"There has been poor follow through."</p> <p>7. Telephone interview on 7/10/24 at 2:51 p.m. via telephone with speech/language pathologist (SLP L) revealed she:</p> <p>*Provided extensive education to dietary staff regarding diet textures, the need for modified diets, and appropriate substitutions when residents did not like the main meal.</p>	F 806			

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F 806	<p>Continued From page 18</p> <p>*There was no follow-through.</p> <p>*Stated CFM D "kept doing what she wanted."</p> <p>*Stated she was frustrated and had gone to Administrator A and RD E with her concerns about the food.</p> <p>8. Interview on 7/10/24 at 7:31 AM with director of nursing (DON) B regarding the resident menus revealed:</p> <p>*The dietary manager had stopped using them about three weeks ago.</p> <p>*The dietitian was not aware they had stopped that process.</p> <p>*The dietitian was reimplementing the menu choices for the residents to make their selections by the end of the day for the next day's meal.</p> <p>9. Observation and interview on 7/10/24 at 1:19 p.m. with activity director R regarding the menu cards revealed:</p> <p>*She knew the residents were no longer getting menu cards with alternative choices.</p> <p>*Resident council minutes did not reflect the resident were notified of the menu card changes.</p> <p>*She confirmed the menu card changes were not brought up at resident council.</p> <p>*She thought CFM D had mentioned it to some of the residents during meals.</p> <p>10. Interview on 7/10/24 at 3:42 p.m. with registered nurse G regarding the menu cards revealed:</p> <p>*The menu cards were kept at the nurse's station in a green folder.</p> <p>*She had made copies of the menu cards for staff to distribute to residents.</p> <p>*The residents would make their meal choices and the staff would return them to the kitchen.</p> <p>*She confirmed the green folder was no longer at</p>	F 806		

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(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 806	Continued From page 19 the nurse's station.  11. Phone interview on 7/10/24 at 3:23 p.m. with CFM D regarding food choices revealed: *They still had the choices on the menu that were provided to residents. *Residents were given a menu with the next day's meal on it. *If a ticket did not get back to the kitchen, the resident would be served off the alternative menu. *They stopped that process about two weeks ago when she and DON B decided to. *They were getting more substitution requests than what they had prepared. *It was difficult to plan meals. *She stated that the new process was explained to the residents. *It was not brought up at a resident council meeting.  12. Interview on 7/10/24 at 3:50 p.m. with administrator A, DON B, and divisional director of clinical operations (DDCO) C regarding meal preferences and substitutions revealed: *They had a performance improvement plan (PIP) on food *Every resident had received a copy of the substitution menu. *Administrator A stated they had been trying to find a way to make it work, but it was always changing. *He agreed that it may have gotten missed with bringing up the changes at resident council meetings.  13. Review of the provider's updated October 2017 Meal Replacement and Menu Item Substitution policy revealed:	F 806			

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F 806	Continued From page 20 **Appealing food options of similar nutritive value are offered to residents consuming 50% or less of meals, residents requesting alternative food items at meals, and for residents disliking items on the menu." **"1. Menu alternates are posted or presented in a manner, so they are known to residents, families, and staff." **Residents may request the alternate or always available food items at meals."	F 806			
F 812 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. (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 ensure: *Proper glove use and hand hygiene were performed during two meal services by two of two	F 812	1. Unable to correct deficient practice noted during survey. All residents have the potential to be affected.  2. The Dietitian and ED have reviewed the glove use, hand washing and thermometer cleaning policies by 7/30/2024. The Dietitian or designee will educate all staff on the policy and technique of proper hand washing, glove use and thermometer cleaning by 7/31/2024. The Dietitian or designee will educate all staff not in attendance prior to their next working shift.  3. The ED or designee will audit a random sample of 3 meals for proper thermometer cleaning and observe 4 random staff for proper hand hygiene and glove use weekly times four weeks and monthly times two months. The ED or designee will bring the results of these audits to the monthly QAPI committee for further review and recommendation to continue or discontinue the audits.	08/05/2024	

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F 812	<p>Continued From page 21</p> <p>dietary staff (dietary cook I and certified food manager D).</p> <p>*The food thermometer was sanitized appropriately during two meal services by three of four dietary staff (dietary cook I, certified food manager D, and dietary cook O). Findings include:</p> <p>1. Observation and interview on 7/8/24 from 5:07 p.m. through 5:40 p.m. with dietary cook I and certified food manager (CFM) D revealed:</p> <p>*Dietary cook I:</p> <ul style="list-style-type: none"> <li>-Picked up a thermometer and took the temperature of a pot of white rice.</li> <li>-Set the thermometer on a cleaning rag.</li> <li>-Put on a pair of gloves without washing his hands.</li> <li>-Opened a drawer and took out a spoon and stirred a pot of beef tips.</li> <li>-Took that same thermometer from the rag and put it in the beef tips.</li> <li>-Wiped the thermometer off with that same rag.</li> <li>-Put that same thermometer in a pan of beets.</li> <li>-Wiped that thermometer off with that same rag and set it on the counter.</li> <li>-Took off his gloves and put on another pair of gloves without washing his hands.</li> <li>-Picked up that same rag and scrubbed a spot on the range.</li> <li>-Opened the cupboard and retrieved a measuring cup.</li> <li>-Added ground meat to the measuring cup.</li> <li>-Used the blender to grind the meat.</li> <li>-Took off his gloves and washed his hands.</li> <li>-Picked up that same thermometer and took the temperature of the rice and beef tips again.</li> <li>-Used that same rag again to wipe off the thermometer.</li> <li>-Took a hamburger out of the oven.</li> </ul>	F 812			

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F 812	<p>Continued From page 22</p> <ul style="list-style-type: none"> <li>-Picked up that same food thermometer from the counter.</li> <li>-Inserted it into the hamburger to get the temperature.</li> <li>-Used that same rag to wipe off the thermometer.</li> </ul> <p>*Interview with dietary cook I at that time confirmed:</p> <ul style="list-style-type: none"> <li>-He had used the cleaning rag to wipe off the thermometer.</li> <li>*The cleaning rag was in the bucket that had a sink and surface cleaner in it.</li> <li>-He agreed he should have used the alcohol pads to sanitize the thermometer between food items.</li> <li>-He should have washed before he put gloves on and when he changed them.</li> </ul> <p>*CFM D:</p> <ul style="list-style-type: none"> <li>-Put on a pair of gloves without washing her hands.</li> <li>-Opened a drawer to get a strainer.</li> <li>-Opened a refrigerator and took out a head of lettuce.</li> <li>-Pulled off a leaf of lettuce with those same gloved hands and put it on a plate.</li> <li>-Retrieved a jar of pickles from the refrigerator.</li> <li>-Used tongs to get out two pickle slices and put them on the lettuce.</li> <li>-With those same gloved hands she picked up the lettuce and pickles and put them in a bowl.</li> <li>-Removed her gloves and did not wash her hands.</li> <li>-Put on a new pair of gloves and moved the meal trays to the serving window.</li> <li>-Placed fruit cups onto the trays with those same gloved hands.</li> </ul> <p>2. Observation and interview on 7/9/24 from 7:52 a.m. through 8:15 a.m. with CFM D and dietary</p>	F 812			

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F 812	Continued From page 23 cook O revealed: *CFM D: -Took her gloves off and got a yogurt out of the refrigerator. -Set the yogurt on a plate and threw her gloves away. -Without washing her hands, she put on a new pair of gloves. -Went to the stove and cracked four eggs onto the stove top. -Picked up the food thermometer and checked the temperature of one of the fried eggs. -Set the food thermometer back on the counter without sanitizing it. -Went to the toaster and grabbed two pieces of toast with those same gloved hands. -Handed the toast to cook O who put them on a plate. -Used a spatula to pick up all four eggs. -Held the eggs on the spatula with those same gloved hands. -Placed the eggs in a warming tray. -Removed her gloves and went to the dining room to help deliver trays to residents. -Did not wash her hands.  *Dietary cook O: -Was wearing gloves. -Poured water and a packet of oatmeal into a bowl. -Placed the bowl in the microwave. -Used the food thermometer CFM D had used to temp the fried eggs to check the temperature of the oatmeal. -Used a sanitizer wipe to clean the thermometer. -Placed two fried eggs on one of the pieces of toast. -Used her gloved hand to place the other piece of toast on the eggs.	F 812		



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F 812	<p>Continued From page 24</p> <p>-Picked up a knife and held the egg sandwich down with her gloved hand to cut it into two pieces.</p> <p>-Placed the egg sandwich on a plate.</p> <p>-Never did change her gloves.</p> <p>*Interview with CFM D revealed: -They should have washed their hands when changing their gloves. -She would have expected staff to use the alcohol wipes when cleaning the food thermometer.</p> <p>Interview on 7/9/24 at 4:07 p.m. with regional dietitian E regarding proper glove use and food thermometer sanitizing revealed: *Dietary staff had completed an in-service for hand washing on 4/29/24. *She expected dietary staff to follow the policy for proper glove use and food thermometer sanitizing. *She agreed these observations had the potential to affect all the residents.</p> <p>Review of the provider's updated December 2021 glove use policy revealed: **Gloves are worn to maintain safe and sanitary food preparation and service. 1. Proper utensils are used for food handling. 2. Bare hand food contact is prohibited. 3 Proper use of gloves: a. Wash hands thoroughly before and after wearing or changing gloves."</p> <p>Review of the provider's July 2009 cleaning and sanitizing a thermometer policy revealed: **1. Dietary staff use alcohol swabs to sanitize thermometers." **2. Open the alcohol swab packet with clean hands and wipe down the sides of the</p>	F 812			

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F 812	Continued From page 25 thermometer." **3. When taking the temperature during meal service, if food debris is still on the thermometer, dietary staff uses a clean paper towel to wipe off excess debris." **4. When taking the temperature during meal service, the thermometer is re-sanitized before taking the next temperature." **5. To prevent cross contaminating, clean and sanitize the thermometer and its case before replacing the thermometer back into the case."	F 812		

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NAME OF PROVIDER OR SUPPLIER  <b>WHEATCREST HILLS HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1311 VANDER HORCK ST BRITTON, SD 57430</b>	
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K 000	INITIAL COMMENTS  A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 7/9/24. Wheatcrest Hills Healthcare Center was found not in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities.  The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of the deficiency identified at K200 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 200 SS=E	Means of Egress Requirements - Other CFR(s): NFPA 101  Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567, 18.2, 19.2  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to maintain a protected path of egress at one of four exit vestibules (kitchen exit). Findings include:  1. Observation at 10:30 a.m. on 7/9/24 revealed the path to the public way from the kitchen exit	K 200	1. All debris was removed from the kitchen egress during survey on 7/9/2024. All residents have the potential to be affected.  2. The ED or designee will educate all staff on the regulation of not blocking any means of egress with any items or debris by 8/2/2024. The ED or designee will educate all staff not in attendance prior to their next working shift.  3. The ED or designee will audit 4 random means of egress weekly times four weeks and monthly times two months to ensure there is nothing blocking the means of egress. The ED or designee will bring the results of these audits to the monthly QAPI committee for further review and recommendation to continue or discontinue the audits.	8/5/2024

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

*Stephen Schmitz*

TITLE

*Executive Director*

(X6) DATE

*7/31/2024*

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.



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K 200	<p>Continued From page 1</p> <p>was partially blocked by cardboard refuse. The refuse was a combination of flattened and intact boxes piled haphazardly outside of the exit door. Those items were considered combustible and should not be kept in a path of egress.</p> <p>Interview with the environmental services manager at the time of the observation confirmed that condition.</p> <p>An exit enclosure shall not be used for any purpose that has the potential to interfere with its use as an exit and if so, designated as an area of refuge. LSC 7.7.1.1</p> <p>The deficiency had the potential to affect 100% of the smoke compartment occupants.</p>	K 200			



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E 000	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 7/9/24. Wheatcrest Hills Healthcare Center was found in compliance with the requirements.	E 000			

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

TITLE

(X6) DATE

*Stephen Schmitz*

*Executive Director*

*7/31/2024*

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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10599</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/10/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WHEATCREST HILLS HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1311 VANDER HORCK ST BRITTON, SD 57430</b>
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S 000	Compliance/Noncompliance Statement  A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Wheatcrest Hills Healthcare Center 7/8/24 was conducted from through 7/10/24. Wheatcrest Hills Healthcare Care was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement  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 from 7/8/24 through 7/10/24. Wheatcrest Hills Healthcare Center was found in compliance.	S 000		

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

*Stephen Schmitz*

TITLE

*Executive Director*

(X6) DATE

*7/31/2024*

