

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

PRINTED: 07/03/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/18/2025
NAME OF PROVIDER OR SUPPLIER WHEATCREST HILLS HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1311 VANDER HORCK ST BRITTON, SD 57430		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 6/17/25 through 6/18/25. The area surveyed was quality of care and treatment related to restorative programs and resident bathing. Wheatcrest Hills Healthcare Center was found not in compliance with the following requirement: F688.	F 000	1. Twelve residents affected. These residents' restorative plans and care plans reviewed 6/18/25 and updated to reflect restorative program up to 5 times per week.		
F 688 SS=E	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to ensure an ongoing restorative nursing program was completed according to residents' care planned needs for twelve of twelve sampled residents (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12) at risk for a	F 688	2. All residents have the potential to be affected. A facility wide audit of all residents care needs was conducted. Any residents identified as having restorative needs but not actively receiving services per care plan had their care reviewed and care plan updated. 3. The ED, DNS, and SDC have reviewed the restorative program policy by 6/20/25. The DNS or designee will educate nursing staff regarding charting appropriately and timely if doing exercises with the residents by 6/26/25. Those not working will be educated prior to the start of their next working shift. The Activities Director educated 6/18/25 when doing group exercises to chart under restorative tasks. 4. The DNS or designee will audit 4 resident's restorative charting weekly times 8 weeks and then monthly times two months to ensure restorative is being provided as care planned. The DNS or designee will audit 4 residents participating in restorative program weekly times 8 weeks and then monthly times 2 months to ensure restorative program is being provided as care planned. The DNS or designee will bring the results of these audits to the monthly QAPI committee for further review and expectations to continue or discontinue the audits.	7/11/2025	

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

Ada Mundt

TITLE

Executive Director

(X6) DATE

7/9/2025

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 688	<p>Continued From page 1</p> <p>decline in range of motion (ROM). Findings include:</p> <p>1. Observation and interview on 6/17/25 at 10:41 a.m. with resident 1 and his wife revealed: *He had lived at the facility since January 2025. *He had received therapy services when he admitted, but his therapy program had ended. *His physician and therapist had mentioned to him that he would never walk again. *His restorative program was completed once a week and varied on which day of the week it occurred. *He expressed his desire to return home and that he would like his restorative program to be daily. *He had recently had a care conference on 6/11/25 during which he asked staff about adding more leg exercises to his restorative program. *Resident 1's wife stated she could not see how his discharge home would be possible.</p> <p>Interview on 6/17/25 at 1:04 p.m. with restorative aide (RA) E regarding resident 1's restorative program revealed: *She stated that the therapy department had set up resident 1's restorative program to be completed on Tuesdays and Thursdays. *His ROM exercises included the use of TheraBands for his upper ROM, squeeze balls, and kicking exercises. -TheraBands are elastic bands used for strength training and stretching various muscle groups to increase flexibility and ROM. -Squeeze balls are small flexible balls used to exercise the muscles of the hands, fingers, and wrists, that can improve hand and wrist health and ROM. *She stated resident 1 would often get upset when he observed her working as a CNA on the</p>	F 688			

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F 688	<p>Continued From page 2</p> <p>floor, as that meant she would not be able to complete the restorative programs that day.</p> <p>Review of resident 1's electronic medical record (EMR) revealed:</p> <p>*He was admitted on 8/8/24.</p> <p>*His diagnoses included traumatic subdural hemorrhage with loss of consciousness (a serious head injury where bleeding occurs between the brain and its outer covering due to trauma, causing temporary or prolonged unconsciousness), localization-related symptomatic epilepsy and epileptic syndromes with complex partial seizures (a type of epilepsy where seizures originate from a specific area of the brain and involve a loss or alteration of awareness), other fracture of right lower leg, subsequent encounter for closed fracture with routine healing, Parkinsonism (a general term for a group of neurological disorders that share similar movement symptoms like tremors, slow movement, and stiffness), and transient cerebral ischemic attack (often called a mini-stroke, a temporary disruption of blood flow to the brain, causing stroke-like symptoms that resolve within minutes to hours, but typically within 24 hours).</p> <p>*His most recent significant change in status Minimum Data Set (MDS) assessment with an assessment reference date of 3/3/25 indicated:</p> <p>- "Functional Limitation in Range of Motion: Lower extremity (hip, knee, ankle, foot)."</p> <p>- "Impairment on both sides."</p> <p>*A Restorative Program Referral Form signed by staff development registered nurse (RN) C on 4/17/25 indicated that an exercise group program was recommended for him five times per week.</p> <p>*His 5/28/25 Brief Interview for Mental Status (BIMS) assessment score was 15 which indicated he was cognitively intact.</p>	F 688			

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F 688	<p>Continued From page 3</p> <p>*His 6/18/25 care plan indicated:</p> <p>-A problem area of "Impaired mobility R/T [related to]: decreased ROM. decreased bed mobility.[, and] decreased transfer skills."</p> <p>-A goal of, "I would like to maintain my current level of functioning."</p> <p>-An intervention of, "NURSING REHAB/RESTORATIVE: ACTIVE ROM Program: Exercise group for 15 min.[minutes] Tue-Thurs [Tuesday, Thursday for] Flexibility. Mon-Wed-Fri [Monday, Wednesday, Friday for] Strengthening 3 times per week[.]"</p> <p>--Job positions responsible for that included certified nursing assistant (CNA) and restorative nursing assistant (RNA).</p> <p>*His 6/18/25 point of care (POC) response history for the past 30 days for the above nursing restorative program indicated there were 21 days from 5/20/25 through 6/17/25 that had responses recorded for the question "Amount of minutes spent providing Range of Motion [ROM] (active)" that indicated:</p> <p>-On 5/22/25 at 10:28 a.m. the "Resident [was] Not Available[.]"</p> <p>-On 6/3/25 and 6/9/25, both at 1:59 p.m., resident 1 had completed five minutes of active ROM on each of those two days.</p> <p>-The other 18 days were "Not Applicable[.]"</p> <p>2. Interview on 6/17/25 at 2:09 p.m. with resident 2 and 3 in their room revealed:</p> <p>*They both participated in the restorative programs.</p> <p>*Their restorative programs were to be held every day, Monday through Friday.</p> <p>*They both stated they had no concerns regarding the restorative programs offered.</p> <p>Interview on 6/17/25 at 1:04 p.m. with RA E</p>	F 688			

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F 688	<p>Continued From page 4</p> <p>regarding resident 2 and 3's restorative program revealed they both participated in the restorative program every day that it was scheduled.</p> <p>Review of resident 2's EMR revealed:</p> <p>*He was admitted on 3/25/20.</p> <p>*His most recent quarterly MDS assessment with an assessment reference date of 5/7/25 indicated:</p> <p>- "Functional Limitation in Range of Motion: Upper extremity (shoulder, elbow, wrist, hand)."</p> <p>- "Impairment on one side."</p> <p>*A Restorative Program Referral Form signed by staff development RN C on 6/13/25 indicated an exercise group program and "NuStep" program was recommended for resident 2.</p> <p>- A NuStep is a bike-like therapy machine that combines upper and lower body movement while in a seated position.</p> <p>- No frequency was indicated.</p> <p>*His 5/7/25 BIMS assessment score was 11 which indicated he was cognitively moderately impaired.</p> <p>*His 6/18/25 care plan indicated:</p> <p>- A problem area of "Impaired mobility R/T [related to]: decreased ROM, [and] decreased ambulation skills."</p> <p>- A goal of, "I would like to maintain my current level of functioning."</p> <p>- An intervention of, "NURSING REHAB/RESTORATIVE: ACTIVE ROM Program: Exercise group for 15 min. Tue-Thurs [Tuesday, Thursday for] Flexability [flexibility]. Mon-Wed-Fri [Monday, Wednesday, Friday for] Strengthening."</p> <p>- An intervention of, "NURSING REHAB/RESTORATIVE: ACTIVE ROM Program: NuStep level 5 for 15 min 5 times per week."</p> <p>--Job positions responsible included CNA and RNA.</p>	F 688			

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F 688	<p>Continued From page 5</p> <p>*His 6/18/25 POC (point of care) response history for the past 30 days for the above restorative programs:</p> <p>-Indicated there were four days from 5/20/25 through 6/17/25 that had responses recorded for the question "Amount of minutes spent providing Range of Motion [ROM] (active)" that indicated:</p> <p>-On 6/17/25 at 1:59 p.m., fifteen minutes of active ROM had been completed for that day for both of his restorative programs noted above.</p> <p>-The other three days were "Not Applicable[.]"</p> <p>Review of resident 3's EMR revealed:</p> <p>*He was admitted on 3/25/20.</p> <p>*His most recent quarterly MDS assessment with an assessment reference date of 3/19/25 indicated:</p> <p>-No impairment in "Functional Limitation in Range of Motion" for both "Upper extremity (shoulder, elbow, wrist, hand)" and "Lower extremity (hip, knee, ankle, foot)."</p> <p>*A Restorative Program Referral Form signed by staff development RN C on 1/8/25 indicated a group exercise group program and "NuStep" program was recommended for the resident five times a week to "maintain current level of functioning".</p> <p>*His 6/17/25 BIMS assessment score was 15 which indicated he was cognitively intact.</p> <p>*His 6/18/25 care plan indicated:</p> <p>-A problem area of "Impaired mobility R/T [related to]: decreased ROM."</p> <p>-A goal of, "I would like to maintain my current ROM and level of functioning ..."</p> <p>-An intervention of, "NURSING</p> <p>REHAB/RESTORATIVE: ACTIVE ROM Program: Exercise group for 15 min. Tue-Thurs [Tuesday, Thursday for] Flexibility. Mon-Wed-Fri [Monday, Wednesday, Friday for] Strengthening."</p>	F 688			

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F 688	<p>Continued From page 6</p> <p>-An intervention of, "NURSING REHAB/RESTORATIVE: ACTIVE ROM Program: NuStep to all extremities for 15 minutes 5 times a week..."</p> <p>--Job positions responsible for that included CNA and RNA.</p> <p>*His 6/18/25 POC (point of care) response history for the past 30 days for the above restorative programs:</p> <p>-Indicated there were twenty-four days from 5/20/25 through 6/17/25 that had responses recorded for the question "Amount of minutes spent providing Range of Motion [ROM] (active)."</p> <p>-Those responses indicated active ROM was completed:</p> <p>--On 5/22/25 at 1:35 p.m. for 15 minutes for the NuStep restorative program.</p> <p>--On 5/22/25 at 1:36 p.m. for 15 minutes for the exercise group restorative program.</p> <p>--On 5/30/25 at 1:52 p.m. for 15 minutes for the NuStep and 10 minutes for the exercise group.</p> <p>--On 6/3/25, 6/9/25, and 6/17/25, all at 1:59 p.m., for 15 minutes for both restorative programs.</p> <p>-On 5/23/25 at 12:39 p.m., the "Resident Refused" the exercise group.</p> <p>-On 5/23/25 at 1:59 p.m., the "Resident Refused" the NuStep.</p> <p>-The other eighteen days had responses of "Not Applicable[.]"</p> <p>3. Observation on 6/17/25 at 2:14 p.m. of resident 4 in her room revealed she was in her recliner with her eyes closed and had not responded to the knock on her door or the verbal greeting.</p> <p>Review of resident 4's EMR revealed:</p> <p>*She was admitted on 1/11/22.</p> <p>*Her diagnoses included dementia, weakness, and primary generalized osteoarthritis (the most</p>	F 688			

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F 688	<p>Continued From page 7</p> <p>common type of osteoarthritis, characterized by joint pain, stiffness, and limited range of motion in multiple joints, often affecting hands, spine, knees, and hips).</p> <p>*Her most recent quarterly MDS assessment with an assessment reference date of 5/13/25 indicated:</p> <p>- "Functional Limitation in Range of Motion: Lower extremity (hip, knee, ankle, foot)."</p> <p>- "Impairment on both sides."</p> <p>*A Restorative Program Referral Form signed on 4/24/24 indicated that individual exercises were recommended five times a week for the resident.</p> <p>*Her 5/13/25 BIMS assessment score was five which indicated she was severely cognitively impaired.</p> <p>*Her 6/18/25 care plan indicated:</p> <p>- A problem area of "Impaired mobility R/T [related to]: decreased ROM[,], decreased bed mobility[, and] decreased transfer skills."</p> <p>- A goal of, "The resident will maintain current level of function ..."</p> <p>- Interventions of, "NURSING REHAB/RESTORATIVE:"</p> <p>--ACTIVE ROM Program: Individual exercises for 15 minutes on Tuesday and Thursday for flexibility and on Monday, Wednesday, and Friday for strengthening.</p> <p>--ACTIVE ROM Program: In-room exercises to all extremities for 15 minutes five times a week.</p> <p>--Transfer Program: Sit-to-Stand training with no frequency indicated.</p> <p>--Job positions responsible for that included CNA and RNA.</p> <p>*Her 6/18/25 POC (point of care) response history for the past 30 days for the above restorative programs:</p> <p>- Indicated there were twenty-five days from 5/20/25 through 6/17/25 that had responses</p>	F 688			

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F 688	<p>Continued From page 8</p> <p>recorded for the question "Amount of minutes spent providing Range of Motion [ROM] (active)."</p> <p>-On 5/23/25 at 10:50 a.m., resident 4 had completed fifteen minutes of active ROM.</p> <p>-On 5/30/25 at 1:52 p.m., resident 4 had completed five minutes of active ROM.</p> <p>-On 6/17/25 at 1:59 p.m., resident 4 had completed ten minutes of active ROM.</p> <p>-The other 22 days had responses of "Not Applicable[.]"</p> <p>4. Review of resident 5's EMR revealed:</p> <p>*He was admitted on 4/10/23.</p> <p>*His diagnoses included anoxic brain damage (occurred when the brain was deprived of oxygen, leading to cell death and severe disability), repeated falls, and Parkinson's disease (a progressive neurodegenerative disorder that primarily affects movement).</p> <p>*His most recent annual MDS assessment with an assessment reference date of 3/20/25 indicated Functional Limitation in Range of Motion to both the upper extremities and lower extremities with impairment to both sides.</p> <p>*A Restorative Program Referral Form signed by staff development RN C on 3/6/25 indicated that individual exercises were recommended five times a week to maintain his current level of functioning with sit-to-stand training added.</p> <p>*His 3/20/25 BIMS assessment score was fifteen which indicated he was cognitively intact.</p> <p>*His 6/18/25 care plan indicated:</p> <p>-A problem area of "Impaired mobility R/T [related to]: decreased ROM[,] decreased transfer skills [, and] decreased ambulation skills."</p> <p>-A goal of, "I would like to maintain my current level of functioning."</p> <p>-Interventions of, "NURSING REHAB/RESTORATIVE:"</p>	F 688			

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F 688	<p>Continued From page 9</p> <p>--"ACTIVE ROM Program: In room exercises to all his extremities for 15 minutes 5 times a week."</p> <p>--Transfer Program: Sit-to-Stand training" with no frequency indicated.</p> <p>--Job positions responsible for that included CNA and RNA.</p> <p>*His 6/18/25 POC (point of care) response history for the past 30 days for the above restorative programs indicated there were twenty-six days from 5/20/25 through 6/17/25 that had recorded responses that indicated:</p> <p>-Responses for the question "Amount of minutes spent training and skill practice in transfer" indicated that was completed:</p> <p>--On 5/22/25 at 1:35 p.m. for five minutes.</p> <p>--On 5/23/25 at 1:59 p.m. for 20 minutes.</p> <p>--The other 24 days had responses of "Not Applicable[.]"</p> <p>-For the question "Amount of minutes spent providing Range of Motion [ROM] (active)."</p> <p>--On 5/30/25 at 1:51 p.m. for ten minutes.</p> <p>--On 6/3/25 at 1:59 p.m. for five minutes.</p> <p>--On 6/9/25 at 1:59 p.m. for ten minutes.</p> <p>-The other 23 days had responses of "Not Applicable[.]"</p> <p>5. Interview on 6/17/25 at 1:04 p.m. with RA E regarding resident 6's restorative program revealed that he needed encouragement to participate in his restorative exercises and frequently refused to participate.</p> <p>Interview on 6/17/25 at 2:24 p.m. with resident 6 in his room regarding his restorative program revealed he felt his restorative program was going well, and he had no concerns.</p> <p>Review of resident 6's EMR revealed: *He was admitted on 10/29/21.</p>	F 688			

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NAME OF PROVIDER OR SUPPLIER WHEATCREST HILLS HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1311 VANDER HORCK ST BRITTON, SD 57430		
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F 688	<p>Continued From page 10</p> <p>*His diagnoses included hemiplegia (severe weakness on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (a condition where a part of the brain is damaged due to a lack of blood supply) affecting right dominant side, vascular dementia, and primary generalized osteoarthritis (the most common type of osteoarthritis, characterized by joint pain, stiffness, and limited range of motion in multiple joints, often affecting hands, spine, knees, and hips).</p> <p>*His most recent quarterly MDS assessment with an assessment reference date of 6/3/25 indicated:</p> <p>- "Functional Limitation in Range of Motion" for both upper and lower extremities with impairment on one side.</p> <p>*A Restorative Program Referral Form signed by staff development RN C on 2/5/25 indicated in-room upper body exercises and sit-to-stand training programs were recommended five times a week for the resident.</p> <p>*His 6/3/25 BIMS assessment score was nine, which indicated he was cognitively moderately impaired.</p> <p>*His 6/18/25 care plan indicated:</p> <p>- A problem area of "Impaired mobility R/T [related to]: decreased ambulation skills."</p> <p>- A goal of, "I would like to maintain my current level of functioning."</p> <p>- Interventions of NURSING REHAB/RESTORATIVE:</p> <p>-- "ACTIVE ROM Program- In room exercises to upper extremities for 15 minutes 5 times a week."</p> <p>-- "Transfer Program In room Sit-to-Stand training."</p> <p>-- Job positions responsible for that included CNA and RNA.</p>	F 688			

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F 688	<p>Continued From page 11</p> <p>*His 6/18/25 POC (point of care) response history for the past 30 days for the above restorative programs indicated there were eleven days from 5/20/25 through 6/17/25 that had the following responses recorded:</p> <p>-For the question "Amount of minutes spent training and skill practice in transfer."</p> <p>--On 6/17/25 at 1:59 p.m., resident 6 had completed two minutes.</p> <p>--The other ten days had responses of "Not Applicable[.]"</p> <p>--No responses had indicated the resident had refused.</p> <p>-For the question "Amount of minutes spent providing Range of Motion [ROM] (active)" all eleven responses were "Not Applicable[.]"</p> <p>--No responses had indicated the resident had refused.</p> <p>6. Interview on 6/17/25 at 2:31 p.m. with resident 7 in her room revealed she:</p> <p>*Had lived at the facility for the past year and a half.</p> <p>*Participated in the restorative program on Monday, Wednesday, and Fridays.</p> <p>*Stated the staff did a good job with the restorative exercises and had no concerns.</p> <p>Review of resident 7's EMR revealed:</p> <p>*She was admitted on 8/28/23.</p> <p>*Her diagnoses included spinal stenosis (a condition where the spaces within your spine narrow, putting pressure on the spinal cord and nerves, which causes pain, numbness, and weakness in the neck, back, arms, or legs), age-related osteoporosis (a bone disease that weakens bones, making them more susceptible to fractures), and primary osteoarthritis.</p> <p>*Her most recent quarterly MDS assessment with</p>	F 688			

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F 688	<p>Continued From page 12</p> <p>an assessment reference date of 6/10/25 indicated:</p> <p>- "Functional Limitation in Range of Motion" for both upper and lower extremities with impairment on one side.</p> <p>*A Restorative Program Referral Form signed by staff development RN C on 6/13/25 indicated group exercises, NuStep, and Walk-to-Dine training programs were recommended five times a week for the resident.</p> <p>*Her 6/10/25 BIMS assessment score was ten, which indicated she was cognitively moderately impaired.</p> <p>*Her 6/18/25 care plan indicated:</p> <p>- A problem area of "Impaired mobility R/T [related to]: decreased ROM[, decreased transfer skills[, and] decreased ambulation skills."</p> <p>- A goal of, "I want to maintain my current level of functioning."</p> <p>- Interventions of NURSING REHAB/RESTORATIVE:</p> <p>-- "ACTIVE ROM Program Exercise group for 15 min. Tue-Thurs [for] Flexibility [and] Mond-Wed-Fri [for] Strengthening."</p> <p>-- "ACTIVE ROM Program: NuStep at level 5 for 15 minutes up to 5x a week."</p> <p>-- "Walking Program: Walk with walker and one assist to meals and PRN [as needed]."</p> <p>-- Job positions responsible for that included CNA and RNA.</p> <p>*Her 6/18/25 POC (point of care) response history for the past 30 days for the above restorative programs indicated:</p> <p>- For the Exercise group "Amount of minutes spent providing Range of Motion (active)", there were three responses:</p> <p>-- On 6/13/25 and 6/14/25 the responses were "Not Applicable".</p> <p>-- On 6/17/25 at 1:59 p.m., the response of ten</p>	F 688			

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F 688	<p>Continued From page 13</p> <p>minutes.</p> <p>-For the NuStep "Amount of minutes spent providing Range of Motion (active)", there were three responses;</p> <p>--On 6/13/25 and 6/14/25 the responses were "Not Applicable".</p> <p>--On 6/17/25 at 1:59 p.m., the response of nine minutes.</p> <p>-For the Walking Program "Amount of minutes spent training and skill practice in walking", there were eight responses of "Not Applicable".</p> <p>--There were no indications that the walking program had occurred in the past 30 days.</p> <p>7. Interview on 6/17/25 at 1:04 p.m. with RA E regarding resident 8's restorative program revealed that she participated in her restorative program every day it was offered with upper extremity exercises.</p> <p>Interview on 6/17/25 at 2:38 p.m. with resident 8 in her room revealed she:</p> <p>*Had lived at the facility for the past year.</p> <p>*Participated in the restorative program on Monday, Wednesday, and Fridays.</p> <p>*Stated the staff did a good job with the restorative exercises and had no concerns.</p> <p>Review of resident 8's EMR revealed:</p> <p>*She was admitted on 5/31/24.</p> <p>*Her diagnoses included mild cognitive impairment (a stage of cognitive decline that is more pronounced than normal aging, but not as severe as dementia), repeated falls, and other fatigue.</p> <p>*Her most recent annual comprehensive MDS assessment with an assessment reference date of 6/4/25 indicated:</p> <p>-"Functional Limitation in Range of Motion" for</p>	F 688			

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F 688	<p>Continued From page 14</p> <p>lower extremities with impairment on both sides.</p> <p>*A Restorative Program Referral Form signed by staff development RN C on 1/29/25 indicated upper body exercises were recommended five times a week for the resident.</p> <p>*Her 6/4/25 BIMS assessment score was eleven, which indicated she was cognitively moderately impaired.</p> <p>*Her 6/18/25 care plan indicated:</p> <p>-A problem area of "Impaired mobility R/T [related to]: decreased ROM[, and] decreased bed mobility."</p> <p>-A goal of, "I would like to maintain my current level of functioning ..."</p> <p>-Interventions of a "NURSING REHAB/RESTORATIVE: ACTIVE ROM Program to upper body extremities Tue-Thurs [for] Flexibility [and] Mon-Wed-Fri [for] Strengthening 5 times per week."</p> <p>-Job positions responsible for that included CNA and RNA.</p> <p>*Her 6/18/25 POC (point of care) response history for the past 30 days for the above restorative program indicated there were twenty-three days from 5/20/25 through 6/17/25 that had recorded responses for the question "Amount of minutes spent providing Range of Motion (active)" that included:</p> <p>-On 5/22/25 at 1:36 p.m., the response of five minutes.</p> <p>-On 5/30/25 at 10:49 a.m., the response of "Resident Not Available".</p> <p>-On 6/3/25 at 1:59 p.m., the response of "Resident Refused".</p> <p>-On 6/9/25 at 1:59 p.m., the response of fifteen minutes.</p> <p>-The other nineteen days' responses were "Not Applicable[.]"</p>	F 688			

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F 688	<p>Continued From page 15</p> <p>8. Interview on 6/17/25 at 1:04 p.m. with RA E regarding resident 9's restorative program revealed that she participated in her individualized restorative program with upper and lower extremity exercises, but was known to refuse to participate.</p> <p>Interview on 6/17/25 at 2:46 p.m. with resident 9 in her room revealed she:</p> <p>*Had lived at the facility for the past year and a half.</p> <p>*Participated in the restorative program every other day.</p> <p>*Stated she enjoyed her restorative program and working with RA E on her exercises.</p> <p>Review of resident 9's EMR revealed:</p> <p>*She was admitted on 12/4/23.</p> <p>*Her diagnoses included Alzheimer's disease with late onset (a progressive neurodegenerative disorder that gradually impairs memory, thinking, and reasoning skills) and cerebrovascular disease (a group of conditions that affect the blood vessels in the brain, disrupting blood flow and potentially leading to brain damage).</p> <p>*Her most recent quarterly MDS assessment with an assessment reference date of 3/25/25 indicated:</p> <p>- "Functional Limitation in Range of Motion" for lower extremity with impairment on one side.</p> <p>*A Restorative Program Referral Form signed by staff development RN C on 4/17/25 indicated group exercises were recommended five times a week for the resident.</p> <p>- A 5/16/25 note indicated "Restorative CNA also does 1:1 [one-to-one] exercises."</p> <p>*Her 4/15/25 BIMS assessment score was four which indicated she was severely cognitively impaired.</p>	F 688			

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F 688	<p>Continued From page 16</p> <p>*Her 6/18/25 care plan indicated:</p> <p>-A problem area of "Impaired mobility R/T [related to]: decreased ROM[,] decreased bed mobility[,] decreased transfer skills[, and] decreased ADLS [activities of daily living] ability."</p> <p>-A goal of "Resident will maintain current level of function ..."</p> <p>-Interventions of a "NURSING REHAB/RESTORATIVE: ACTIVE ROM Program Exercise group for 15 min. Tue-Thurs [for] Flexibility [and] Mon-Wed-Fri [for] Strengthening."</p> <p>--Job positions responsible for that included CNA and RNA.</p> <p>*Her 6/18/25 POC (point of care) response history for the past 30 days for the above restorative program indicated there were twenty-three days from 5/20/25 through 6/17/25 that had recorded responses for the question "Amount of minutes spent providing Range of Motion (active)" that included:</p> <p>--On 5/22/25 at 1:36 p.m., 5/30/25 at 1:53 p.m., 6/3/25 at 1:59 p.m., and 6/9/25 at 1:59 p.m. the responses of five minutes for each date and time.</p> <p>--The other nineteen days had responses of "Not Applicable[.]"</p> <p>--No responses had indicated the resident had refused.</p> <p>9. Interview on 6/17/25 at 1:04 p.m. with RA E regarding resident 10's restorative program revealed that she participated in her individual restorative program, which included exercises and sit-to-stand training, although she was known to refuse participation.</p> <p>Interview on 6/17/25 at 2:52 p.m. with resident 10 in her room revealed she:</p> <p>*Had lived at the facility for the past several</p>	F 688			

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F 688	<p>Continued From page 17</p> <p>years.</p> <p>*Participated in the restorative program's group exercise at nine o'clock in the morning.</p> <p>*Stated she worked with RA E on her exercises.</p> <p>Review of resident 10's EMR revealed:</p> <p>*She was admitted on 6/18/19.</p> <p>*Her diagnoses included mild cognitive impairment and primary generalized osteoarthritis.</p> <p>*Her most recent quarterly MDS assessment with an assessment reference date of 5/8/25 indicated:</p> <p>-No impairment in "Functional Limitation in Range of Motion" for both upper and lower extremities.</p> <p>*A Restorative Program Referral Form signed by staff development RN C on 10/10/24 indicated sit-to-stand training was recommended three times a week for the resident.</p> <p>*Her 5/8/25 BIMS assessment score was fifteen, which indicated she was cognitively intact.</p> <p>*Her 6/18/25 care plan indicated:</p> <p>-A problem area of "Impaired mobility R/T [related to]: decreased ROM."</p> <p>-A goal of "I would like to maintain my current level of functioning."</p> <p>-Interventions of a "NURSING REHAB/RESTORATIVE: Transfer Program Sit-to-Stand training."</p> <p>--Job positions responsible for that included CNA and RNA.</p> <p>*Her 6/18/25 POC (point of care) response history for the above restorative program for the past 30 days indicated there were twenty-four days from 5/20/25 through 6/18/25 that had recorded responses for the question "Amount of minutes spent training and skill practice in transfer" that included:</p> <p>--On 5/22/25 at 1:35 p.m., 5/30/25 at 1:51 p.m.,</p>	F 688			

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F 688	<p>Continued From page 18</p> <p>6/3/25 at 1:59 p.m., and 6/9/25 at 1:58 p.m. the responses of ten minutes for each date and time. --The other twenty days were responses of "Not Applicable[.]" --No responses had indicated the resident had refused.</p> <p>10. Interview on 6/17/25 at 3:07 p.m. with resident 11 in his room revealed he: *Had lived at the facility for the past several years. *Participated in the restorative program.</p> <p>Review of resident 11's EMR revealed: *He was admitted on 7/2/19. *His diagnoses included dementia and primary generalized osteoarthritis. *His most recent quarterly MDS assessment with an assessment reference date of 3/24/25 indicated: -"Functional Limitation in Range of Motion" for lower extremities with impairment on both sides. *A Restorative Program Referral Form signed on 12/6/23 indicated upper extremity exercises were recommended three times a week for the resident. *His 3/24/25 BIMS assessment score was thirteen, which indicated he was cognitively intact. *His 6/18/25 care plan indicated: -A problem area of "Impaired mobility R/T [related to]: decreased ROM[,], decreased bed mobility[, and] decreased transfer skills." -A goal of "I would like to maintain my current level of functioning." -Interventions of a "NURSING REHAB/RESTORATIVE: ACTIVE ROM Program: Exercise group for 15 min. Tue-Thurs [for] Flexability [flexibility] [and] Mon-Wed-Fri [for] Strengthening. 3 times per week."</p>	F 688			

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F 688	<p>Continued From page 19</p> <p>--Job positions responsible for that included CNA and RNA.</p> <p>*His 6/18/25 POC (point of care) response history for the past 30 days for the above restorative program indicated there were fourteen days from 5/20/25 through 6/17/25 that had recorded responses for the question "Amount of minutes spent providing Range of Motion (active)" that included:</p> <p>--On 5/22/25 at 1:38 p.m. the response of five minutes.</p> <p>--On 5/30/25 at 1:53 p.m. the response of ten minutes.</p> <p>--On 6/3/25, 6/9/25, and 6/17/25 the responses of "Resident Refused".</p> <p>--The other nine days had responses of "Not Applicable[.]"</p> <p>11. Interview on 6/17/25 at 1:04 p.m. with RA E regarding resident 12's restorative program revealed that she participated in the group exercise restorative program, which included the use of TheraBands and upper and lower extremity exercises.</p> <p>Review of resident 12's EMR revealed:</p> <p>*She was admitted on 3/31/25.</p> <p>*Her diagnoses included dementia, weakness, and history of falling.</p> <p>*Her most recent admission comprehensive MDS assessment with an assessment reference date of 4/6/25 indicated:</p> <p>-No impairment in "Functional Limitation in Range of Motion" for both upper and lower extremities.</p> <p>*A Restorative Program Referral Form signed on 4/17/25 indicated group exercises were recommended five times a week for the resident.</p> <p>*Her 4/4/25 BIMS assessment score was seven, which indicated she was severely cognitively</p>	F 688			

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F 688	<p>Continued From page 20</p> <p>impaired.</p> <p>*Her 6/18/25 care plan indicated:</p> <p>-A problem area of "Impaired mobility R/T [related to]: decreased ROM[,] decreased bed mobility[,] decreased transfer skills[, and] decreased ambulation skills."</p> <p>-A goal of "The resident will maintain current level of functioning ..."</p> <p>-Interventions of a "NURSING REHAB/RESTORATIVE: ACTIVE ROM Program Exercise group for 15 min. Tue-Thurs [for] Flexibility [and] Mon-Wed-Fri [for] Strengthening."</p> <p>--Job positions responsible for that included CNA and RNA.</p> <p>*Her 6/18/25 POC (point of care) response history for the past 30 days for the above restorative programs indicated there were twenty-five days from 5/20/25 through 6/17/25 that had recorded responses for the question "Amount of minutes spent providing Range of Motion (active)" that included:</p> <p>--On 5/22/25 at 1:36 p.m., 6/3/25 at 1:59 p.m., and 6/9/25 at 1:59 p.m. the responses of fifteen minutes.</p> <p>--On 5/30/25 at 1:52 p.m. the response of ten minutes.</p> <p>--The other twenty-one days had responses of "Not Applicable[.]"</p> <p>12. Interview on 6/17/25 with RA E revealed:</p> <p>*At 11:53 a.m. she stated she:</p> <p>-Had worked at the facility for about four years.</p> <p>-Worked every other weekend on the floor as a CNA.</p> <p>-Worked four days a week Monday through Friday as the restorative aide.</p> <p>-Was frequently reassigned from her restorative role duties to work as a CNA when needed.</p> <p>--That had occurred yesterday, 6/16/25.</p>	F 688			

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F 688	<p>Continued From page 21</p> <p>--She expressed frustration with getting moved from restorative to a floor CNA as that meant the residents would not get their restorative programs completed that day.</p> <p>*At 1:04 p.m. regarding the restorative program:</p> <p>-Residents that worked with the therapy department were transitioned to a restorative program when their therapy ended.</p> <p>-Currently twelve residents were on a restorative program.</p> <p>-She conducted resident group and individual restorative programs.</p> <p>-Staff development RN C set up and discussed the restorative programs with her.</p> <p>--RA E reviewed the Restorative Program binder that included the Restorative Program Referral Forms for each of the twelve residents.</p> <p>Interview on 6/17/25 at 1:57 p.m. with director of rehabilitation D revealed that residents on therapy would transition to a restorative program when their therapy ended.</p> <p>Interview on 6/17/25 at 4:00 p.m. with administrator A regarding the Restorative Program policy and the Restorative Flowsheets revealed those flowsheets were electronic and in the EMR for each resident.</p> <p>Interview on 6/17/25 at 4:13 p.m. with director of nursing (DON) B regarding the restorative program revealed:</p> <p>*Staff development RN C was also the provider's MDS coordinator, infection preventionist, and was responsible for the residents' restorative programs.</p> <p>*Restorative programs occurred Monday through Friday and not on the weekends.</p> <p>-The day shift was staffed Monday through Friday</p>	F 688			

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F 688	<p>Continued From page 22</p> <p>with three CNAs, one for each of the three wings; a bath aide; and a restorative aide four days a week.</p> <p>*She agreed that when the day shift was short a CNA, the restorative aide would be reassigned to work as a CNA.</p> <p>-She agreed that had occurred on ten days in the month of May.</p> <p>-She stated May was a difficult month for staffing due to CNAs resigning or going on leave.</p> <p>-She confirmed that the residents' restorative programs were not getting completed according to their care plans.</p> <p>Interview on 6/18/25 at 9:43 a.m. with CNA F revealed:</p> <p>*She had worked at the facility for close to a year and had been trained as a CNA through the provider's nurse aide training program.</p> <p>*The bath aide was scheduled Monday through Friday and when CNA F worked she typically was the bath aide.</p> <p>*She confirmed CNAs had quit last month (May 2025) and that four to six CNAs had been hired and were currently in training.</p> <p>*She stated that if there were only two CNAs working on the floor, then the restorative aide would be reassigned to work as a CNA on the floor.</p> <p>*If no restorative aide was scheduled, then the bath aide would get reassigned to work as a CNA on the floor.</p> <p>-She stated that RA E had been pulled from restorative to the floor on Monday and again today (6/18/25) to work as a CNA.</p> <p>-She confirmed that when the restorative aide was reassigned to the floor to work as a CNA then the residents' restorative programs were not completed that day.</p>	F 688			

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F 688	<p>Continued From page 23</p> <p>Interview on 6/18/25 at 11:21 a.m. with staff development RN C revealed: *She had been responsible for the residents' restorative programs since October 2024. *There were currently twelve residents on a restorative program. *She expected the individual resident to participate three to five times a week in the restorative program as identified on their care plan. *RA E was the main staff responsible for carrying out the restorative programs with the residents. -She stated that the other CNAs knew the restorative ROM exercises, as that was part of a CNA's training. -She stated that the activities staff would conduct a group exercise activity for the residents if there was no restorative aide for that weekday.</p> <p>Interview on 6/18/25 with RA E at 11:35 a.m. and again at 1:15 p.m. revealed she: *Expressed frustration with being reassigned to the floor that morning (6/18/25) to work as a CNA. *Stated activities staff had conducted a group exercise activity that morning. *Recalled CNAs had quit in May 2025 and agreed there were three or four new nursing assistants that had been hired and were in the CNA training program. *Agreed that most of the residents had completed five sessions of the group restorative program in the past 30 days due to her not being able to complete the restorative programs, as she had been pulled to the floor to work as a CNA. *Stated "I'm tired of being pulled all the time." *Clarified that the "N/A" on the Restorative Flowsheets referred to "not applicable" as there</p>	F 688			

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F 688	<p>Continued From page 24</p> <p>was no restorative programming those days. *She confirmed that the residents' restorative programs were not getting completed as care planned.</p> <p>Interview on 6/18/25 with CNA G regarding the restorative program revealed she: *Worked full-time on the day shift and had not completed any restorative programs with the residents. *Agreed that RA E was reassigned to the floor to work as a CNA frequently and restorative programs were not done for the residents on those days.</p> <p>Interview on 6/18/25 at 1:27 p.m. with CNA H regarding the restorative program revealed she: *Worked full-time on the day shift and had not completed anything regarding the restorative programs. *Encouraged the residents to be as independent as possible, but was not aware of who was on a restorative program. *Agreed that the restorative aide was usually pulled to the floor to work as a CNA. *When RA E was working on the floor as a CNA the restorative programs had not been completed that day.</p> <p>Interview on 6/18/25 at 1:50 p.m. with DON B revealed she: *Was aware that RA E had been pulled to work on the floor as a CNA when another CNA was needed on the floor. *Confirmed May 2025 was a difficult month as one CNA had resigned and another CNA had gone on leave. *Agreed that the activity staff had filled in a group exercise on the weekdays when there was no</p>	F 688			

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F 688	<p>Continued From page 25</p> <p>restorative aide, but stated the activity staff had not documented those exercise activities as restorative exercises.</p> <p>*Was not aware of the CNAs charting for the restorative programs.</p> <p>*Was aware the restorative programs were not getting done.</p> <p>*Was not aware that in the last thirty days, there had only been five times for some residents when they had completed a restorative program.</p> <p>Interview on 6/18/25 at 2:04 p.m. with staff development RN C revealed:</p> <p>*She was aware of RA E being pulled to the floor when another CNA was needed on the floor.</p> <p>*She was not aware that CNAs did not know or had not completed the restorative ROM programs with the residents.</p> <p>*She stated that none of the residents' MDS assessments had indicated they had experienced a decline in their ROM.</p> <p>*She confirmed that there was a potential for decline when the restorative programs were not being completed according to their individual needs and care plans.</p> <p>Interview on 6/18/25 at 2:15 p.m. with administrator A confirmed that the activities staff had not documented the activity group exercises in the individual residents' Restorative Flowsheets as restorative exercises.</p> <p>Review of the provider's March 2019 Restorative Program policy revealed:</p> <p>*Policy:</p> <p>- "The Restorative Program focuses on achieving and maintaining optimal physical, mental and psychological functioning of the resident to attain/maintain each resident's highest</p>	F 688			

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F 688	<p>Continued From page 26</p> <p>practicable functioning."</p> <p>- "The Center provides Restorative Programs to promote the resident's ability to adapt and adjust to living as independently and safely as possible."</p> <p>*Guidelines: "The following residents may be appropriate for a restorative program:"</p> <p>- "Any resident discontinued from active therapy that requires ongoing restorative to maintain their functional gains."</p> <p>- "Any resident at risk for declining in function."</p> <p>*Responsibility: "The Director of Nursing Services (DNS) [DON] has overall responsibility for the restorative program."</p> <p>*Procedure:</p> <p>- "The DNS/designee develops a restorative plan of care-based on the evaluated restorative needs of the resident with individualized, measurable goals and interventions."</p> <p>- "Restorative services are provided by Restorative Nursing Assistants (RNA), Certified Nursing Assistants (CNA), or other staff and volunteers trained in restorative techniques. The Restorative Program is under nursing supervision."</p> <p>- "Each restorative service is recorded on a Restorative Flowsheet each time the program is implemented/completed ..."</p>			F 688			