PRINTED: 02/20/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		43A072	B. WNG	B. WNG		C 02/05/2025	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	02/(	J3/2023
PLATTE C	ARE CENTER			609 EAST 7TH PLATTE, SD 57369			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE			
F 609 SS=D	CFR Part 483, Subpater Term Care facilities we through 2/5/25. The arelated to a resident verification of the compliant required care by staff found not in compliant requirements: F609 at Reporting of Alleged CFR(s): 483.12(b)(5). §483.12(c) In responsive exploitation, must:  §483.12(c)(1) Ensure involving abuse, negligible mistreatment, including source and misappro	TAG CROSS-REFERENCED TO THE DEFICIENCY)  ITIAL COMMENTS  F 000  complaint health survey for compliance with 42 FR Part 483, Subpart B, requirements for Long rm Care facilities was conducted from 2/4/25 rough 2/5/25. The area surveyed was neglect lated to a resident who may not have received quired care by staff. Platte Care Center was und not in compliance with the following quirements: F609 and F610.  sporting of Alleged Violations FR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)  83.12(c) In response to allegations of abuse, siglect, exploitation, or mistreatment, the facility ust:  183.12(c)(1) Ensure that all alleged violations volving abuse, neglect, exploitation or istreatment, including injuries of unknown surce and misappropriation of resident property,  TAG  CROSS-REFERENCED TO THE DEFICIENCY)  F 000  Platte Care Center acknowledge report an allegation of neglect on the DON's desk allegation of neglect on the mandatory reporting timeline Care Center's system will be chasustained compliance. Changes education and form changes. St nurses and CNA's was complete 2/1/3/2025. Education included not the department of health, including injuries of unknown module will be assigned to all st module will to ever the definitions and definitions and the mandator module will be assigned to all st module will to ever the definitions and the mandator module will to ever the definitions and the mandator module will to ever the definitions and the mandator module will to ever the definitions and the mandator module will to ever the definitions and the mandator module will to ever the definitions and the mandator module will to ever the definitions and the mandator module will to ever the definitions and the mandator module will to ever the definitions and the mandator module will to ever the definitions and the mandator module will to ever the definitions and the mandator module will to ever the definitions and the m		Platte Care Center acknowledges that it fail report an allegation of neglect on 12/26/202 note was left on the DON's desk. This note allegation of neglect, that did not get report the mandatory reporting timeline. Changes Care Center's system will be changed to ac sustained compliance. Changes include: st. education and form changes. Staff education nurses and CNA's was completed on 2/11/2/13/2025. Education included reportable in to the department of health, including allegabuse and neglect. Education was also dor to report to the department of health and the timelines required for the reportable incider Additionally, an online mandatory assigned module will be assigned to all staff. This learnodule will cover the definitions of abuse, rand misappropriations of funds, the effects incidents, actions to take when there is beli	ed to 25 after a was an ed during to Platte chieve aff on for 2025 and ncidents ations of ne on how e int. learning reglect, of such ef one of	3/4/25	
	that cause the allegar serious bodily injury, the events that cause abuse and do not rest the administrator of the officials (including to adult protective service for jurisdiction in long accordance with State procedures.  §483.12(c)(4) Report investigations to the adesignated represent accordance with State Survey Agency, within	tion involve abuse or result in or not later than 24 hours if the allegation do not involve ult in serious bodily injury, to me facility and to other the State Survey Agency and ces where state law provides term care facilities) in e law through established			these occurred (including reporting), and pr of abuse and neglect. Reporting timelines verification in the Tip Sheet Binder for easy refer. The Corrective Action Form will have edits original form to include bullet points under the and neglect box. The added verbiage will instaff to file a report with the department of the using the tip sheets located in the Tip Sheet as well as to text the administrator immediate notification. Corrective Action Forms with the boxes checked, will then be placed in the administrator's mailbox or office. The Admin will be able to review and monitor the Corrective Action Forms, and compare them with the timessage received, as well as if the state refilled to ensure successful system changes. Administrator will conduct this monitoring ethere is a form, text message, and/or state sent to the administrator and will be monitor the next annual state survey. This monitorin will be added to the Quality Dashboard in a row and will be tallied monthly and sent to Assurance Meeting Quarterly and QAPI me that are held at least Quarterly for discussion.	vill be prence, to the abuse estruct health at binder, tiely for hese estruct estive ext port was The very time report ring until ng data separate Quality setings	(X6) DATE

3-4-25

Cordell Mushburg

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

The policy of the po 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.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDIN	COMPLETED C	
		43A072	B. WING_	-	02/05/2025
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 609 EAST 7TH PLATTE, SD 57369	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETION
F 609	Continued From p	age 1 alleged violation is verified	F6	09	
	This REQUIREME by: Based on review Health (SD DOH)	tive action must be taken.  INT is not met as evidenced  of South Dakota Department of complaint, interview, record			
	report suspected sampled residents	review, the provider failed to neglect for one of one (1) Findings include:  DDOH complaint filed			
	anonymously on 1 *On 12/28/24, the resident 1 in a soi	2/31/2025 revealed: anonymous writer observed led (incontinent) brief after CNA d changing resident 1's brief at			
	brief was dated 0t at 12:00 a.m.), co have been chang *The anonymous staff had written n	writer reported at 4:00 a.m., the 2000 (indicating it was changed including the brief could not sed at 2:00 a.m. by CNA D. writer reported that night shift multiple reports of CNA D's br, but the reports had not led to IA D's behaviors.			
	Avera Health Corsubmitted by LPN *A CNA brought if D had not been cresidents but was	to LPN C's attention that CNA completing required checks on falsely documenting she was. ne of the residents was			
	*When LPN C co me [LPN C] I was reported. *CNA A felt she w *LPN C told CNA	nfronted CNA D, "CNA D told in for a world of "shit" if has being targeted by LPN C.  D she had been getting other CNAs alleging CNA D was			

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		43A072	B. WING _	8. WING		02/0	) 5/2025
	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE 09 EAST 7TH		
				Р	LATTE, SD 57369		
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F 609	Continued From page	e 2	F 6	309			
F 609	not performing her joi *LPN C wanted to tak incontinent brief, but and "made a scene." *LPN C then sent the discuss the incident.  3. Phone interview or staff member who red anonymous revealed *Some of the CNAs wanter completed their work *CNA D had made ver shift nurse. *The anonymous inteleast three staff mem D neglecting her duti (DON) B and adminis *The anonymous inteleast three are fearful of retallation 4. Interview on 2/5/2s administrator A reveal *He considered care neglect. *It was his expectation along or accused each the floor nurse was to and report the invest *He reported education how to file a report with nursing staff on 8/26 at staff meetings. *There were step-by file a report with the	to duties.  The a picture of a resident's CNA D would not allow this  DON a message to call and a 2/5/25 at 10:42 a.m. with a quested to remain to a could lie about having duties.  The arrive wee was aware of at a could be about having duties.  The arrive wee was aware of at a could be about having duties.  The arrive wee was aware of at a could be about having duties.  The arrive wee was aware of at a could be about having duties.  The arrive wee reported that staff on from management.  The arrive wee reported that staff on from management.  The arrive wee reported that staff on from management.  The arrive wee reported that staff on from management.  The arrive wee reported that staff on from management.  The arrive wee reported that staff on from management.  The arrive wee reported that staff on from management.  The arrive wee reported that staff on from management.  The arrive wee reported that staff on from management.  The arrive wee was aware of at a could be a could	F6	90809			
		per."  on that these allegations  ported to the SD DOH.					

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F 609 F 610 SS=D	regarding SD DOH o *She was aware of th *She had used it to re *She had not used it neglect, she would re directly to DON B for 6. Review of the prov Prohibition Policy & F Term Care, Hospital, revealed: *"Neglect" Neglect is employees or service and services to a res avoid physical harm, emotional distress. *The facility will thoro violations and will pre while the investigatio *"Policy: Platte Healt established a "zero to of abuse or neglect to Investigate/Prevent/C CFR(s): 483.12(c)(2)  §483.12(c) In respon neglect, exploitation, must:  §483.12(c)(2) Have eviolations are thoroug §483.12(c)(3) Prevent §483.12(c)(3) Prevent	at 2:31 p.m. with RN F niline reporting revealed: ne online reporting site. port fall incidents. to report allegations of port allegations of neglect investigation.  Aider's 1/2025 Abuse Reporting of Crimes (in Long & Home Settings) policy  the failure of the facility, its provider to provide goods ident that are necessary to pain, mental anguish, or  bughly investigate all alleged event further potential abuse in is in progress. The Center Avera has olerance" policy for any form oward any resident/patient."  Correct Alleged Violation (-(4))  see to allegations of abuse, or mistreatment, the facility  evidence that all alleged ghly investigated.  Int further potential abuse, or mistreatment while the ogress.		610			
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F 610	investigations to the designated represe accordance with St Survey Agency, wit incident, and if the appropriate correct This REQUIREMED by:  Based on South D (SD DOH) complaireview, and policy thoroughly investig one of one sample nursing aide (CNA document the proceed of the Stanonymously on 12/28/24, the resident 1 in a soile D had documented brief at 4:00 a.m.  *The anonymous we resident's incontine (indicating it was a concluded the brie at 2:00 a.m. by CN the anonymous with staff had written eglectful behavior any change in CNA 2. Interview on 2/5 administrator A review SD DOH by	e administrator or his or her entative and to other officials in rate law, including to the State thin 5 working days of the alleged violation is verified ive action must be taken.  NT is not met as evidenced rakota Department of Health at review, interview, record review, the provider failed to ate allegations of neglect of director of director of reporting neglect.  D DOH complaint was 2/31/2025 revealed: anonymous writer observed and (incontinent) brief after CNA director having changed resident 1's viriter reported at 4:00 a.m., the ence brief was dated 0000 hanged at 12:00 a.m.), and foculd not have been changed IAD. writer reported that the night en multiple reports of CNA D's reported to the reported to the reported to the reported director of nursing (DON) Burs and by the night shift nurse	F 62	Platte Care Center acknowledges that investigate allegations of neglect on 12 was left on the DON's desk. This note neglect that did not get reported in the resulting in the investigation not being Changes to Platte Care Center's syste achieve sustained compliance. Change ducation and nightly rounding change be conducted with at least two staff meall cares are being done. Staff education was completed on 2/11/2025 and 2/13 included reportable incidents to the deincluding allegations of abuse and negdone on how to report to the departmet timelines required for the reportable in online mandatory assigned learning mall staff. This learning module will covabuse, neglect, and misappropriations such incidents, actions to take when these occurred (including reporting), a and neglect. Reporting timelines will be Sheet Binder for easy reference. The will have edits to the original form to in the abuse and neglect box. The addedition of the area of the area of the comparent with the departmer sheets located in the Tip Sheet binder administrator immediately for notificatiforms with these boxes checked, will administrator's mailbox or office. The to review and monitor the Corrective Acompare them with the text message state report was filed to ensure succes. The Administrator will conduct this mois a form, text message, and/or state readministrator and will be monitoring usurvey. This monitoring data will be a Dashboard in a separate row and will sent to Quality Assurance Meeting Quineetings that are held at least Quarter.	es include: stall es. At night, rounds will embers to ensure that on for nurses and CNA's W2025. Education partment of health, plect. Education was also ent of health and the icident. Additionally, an locule will be assigned to er the definitions of of funds, the effects of here is belief one of and prevention of abuse the placed in the Tip Corrective Action Form rollude bullet points under diverbiage will instruct at of health using the tip, as well as to text the ion. Corrective Action then be placed in the Administrator will be able action Forms, and received, as well as if service in the report service state.	3/4/2025	

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		43A072	B. WNG	Marriallian Assessment		02/05/2025		
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 609 EAST 7TH PLATTE, SD 57369		i			
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F 610	*Instructions for repo be found in the medi binder."  *He described negle done."  *It was his expectati would be reported.  *When asked if there	orting to the SD DOH could ication room in the "tip sheet ect to surveyors as "cares not on that neglect allegations e had been any recent	F	610				
	allegations of neglect been rumors."  *When asked how h rumors of neglect to expected staff to rep nurse.  -The nurse was to the allegations.  -He thought the last occurred about two	ct, he replied "There have be would have expected be handled, he explained he port the allegations to the						
	administrator A reversity administrator A reversity Action Pland to DON B by licenser regarding suspected *He had just received *He was not aware by DON B.  *His statement regaincident information have been reported 4. Review of the profession 12/26/2019 administration in the profession 12/26/2019 administration 12/26/2019 adminis	atte Care Center Avera Health an" form had been submitted ed practical nurse (LPN) C d neglect by CNA D. ed that form from DON B. that form had been received arding that form and the included on it was "It should						
	submitted by LPN C *A CNA had reporte							

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had. *LPN C verified one incontinent of urine. *When LPN C confro "CNA D told me [LPN "shit" if reported to me performing her requil *CNA D felt she was *LPN C told CNA D scomplaints from other not performing her jo *LPN C wanted to ta incontinent brief, but and "made a scene." *LPN C then sent DC discuss the incident.  5. Interview on 2/5/2 revealed: *If she witnessed about first remove the resident threat. *She would then report the charge nurse. *It was her expectation neglect would be reported to the night of the she had missed a property of the chargent of the she had missed a property of the mean of the "Platte Care Cerect Action Plan" form had the "Platte Care Cerect Action Plan" form we she with the stem of the mean of the stem of the stem of the stem of the mean of t	of the residents had been onted CNA D, CNA D replied N C] I was in for a world of nanagement for not red duties. being targeted by LPN C, she had been getting or CNAs alleging CNA D was be duties. ke a picture of a resident's CNA D would not allow that on DN B a message to call and the state or neglect, she would dent from the immediate or the abuse or neglect to son that suspicion of abuse or	F	610				

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F 610	*Upon her return from CNA D about the acc cares by LPN CCNA D was adaman performed. *A follow-up communuse of Volt (a message phone used by the facommunicate with eath ad apologized to LP to talk to LPN C. *At this point, it was the argument had been so the service of the provent of the	n vacation, she interviewed usation of not completing the duties had been ication with LPN C with the ging application on cell cility for staff to ch other) revealed CNA D N C for yelling and refusing the DON's opinion the lettled.  Ider's 1/2025 Abuse Reporting of Crimes (in Long & Home Settings) policy the failure of the facility, its provider to provide goods ident that are necessary to pain, mental anguish, or sughly investigate all alleged event further potential abuse in is in progress.	F	\$10				