

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 08/14/2024
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 The Centers for Medicare and Medicaid Services (CMS) conducted an abbreviated Federal Oversight Support Survey (FOSS)/Focused Concern Survey (FCS) on 8/8/24 through 8/14/24. Refer to State Survey Agency (SSA) Event ID 8MXP11. Deficiencies were cited. Census: 43 On 8/9/24 at 9:05 AM, two Immediate Jeopardies were identified for failures to thoroughly investigate and implement corrective actions for known grievances which resulted in the failure of the facility to prohibit and protect residents from verbal and mental abuse. A removal plan was accepted, and the Immediate Jeopardy was removed on 8/9/24.	F 000			
F 585 SS=K	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.	F 585	1. Unable to correct deficiencies for 4, 6, 26, and 39. All residents were interviewed about feeling comfortable reporting grievances or allegations of mistreatment in the center and asked if they have any fears. None expressed any. All care plans were reviewed for all residents in the center and revised as appropriate for resident 26 and one other resident. All residents have the potential to be affected. 2. The DDCO and DNS have reviewed the grievance policy by 8/9/2024. The DNS or designee will educate all staff on the grievance policy, Code of conduct, professionalism and reporting concerns appropriately by 8/9/24. The DNS or designee will educate all staff not in attendance prior to their next working shift. 3. The DDCO will review all grievances weekly times four weeks and monthly times two months to ensure all aspects of the grievance were addressed and investigated as appropriate. The DNS or designee will interview 4 random staff and 4 random residents weekly to ensure they feel safe in reporting concerns and allegations. The DDCO, 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.	08/29/2024	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Sarah Comp			LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Divisional Director of Clinical Operations		(X6) DATE 8/28/24

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.

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 08/14/2024
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 585	Continued From page 1 §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and	F 585			

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

PRINTED: 08/20/2024
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 08/14/2024
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 585	Continued From page 2 coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to thoroughly investigate and implement	F 585			

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

PRINTED: 08/20/2024
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 08/14/2024
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 585	<p>Continued From page 3</p> <p>effective correction action related to grievances, staff complaints and staff to visitor abuse for 5 of 5 grievances reviewed with R4, R6, R26 (two grievances) and R39. These failures create a likelihood for significant decline in resident mental or psychosocial functioning. The facility census was 43.</p> <p>On 8/9/24 at 9:05 AM, an Immediate Jeopardy was identified when the facility failed to thoroughly investigate and implement effective correction action related to grievances, staff complaints, and staff to visitor abuse. A removal plan was accepted, and the Immediate jeopardy was removed on 8/9/24 after onsite verification by the surveyor. After removal of the Immediate Jeopardy, the scope/severity of this citation is level "E."</p> <p>The facility provided the following acceptable removal plan and completion date of 8/9/24:</p> <ul style="list-style-type: none"> - Dietary Manager (DM) was terminated on 7/11/24. - Executive Director (ED) was suspended on 8/9/24. - Residents who could be, were interviewed for allegations of abuse - provided documentation on 8/14/24. - Divisional Director of Clinical Operations (DSCO) will educate the Director of Nursing Services (DNS) on grievance policies to ensure a thorough investigation was completed and appropriate interventions have been put in place - provided documentation on 8/14/24. - DNS/designee will immediately (and prior to next working shift) educate all staff on: Grievance policy and procedures and reporting concerns appropriately - provided documentation on 8/14/24. 	F 585			

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 08/14/2024
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 585	<p>Continued From page 4</p> <ul style="list-style-type: none"> - DDCO will review all grievances from the last standard recertification survey (7/11/24) and ensure they were fully investigated and acted upon. During an interview on 8/14/24 at 11:00 AM with the DDCO and DNS, the DDCO stated she was provided the grievances since 7/11/24 and stated she will be responsible for signing them and reviewing them for completeness. The DDCO showed the audit form that will be used for tracking and correcting any issues with the investigations. - Grievance policies were reviewed by the DDCO and DNS - provided documentation on 8/14/24. During an interview on 8/14/24 at 11:00 AM with the DDCO and DNS, the DDCO stated the policy was not changed, however, they would make sure that the SSC (Social Services Coordinator) followed the procedure and analyzed the grievances for tracking and trending. <p>During interviews on 8/14/24, the following staff were interviewed and confirmed they received the above training in person and online using the SNF (Skilled Nursing Facility) Clinic software: Certified Nurse Aide (CNA) W, Environmental Services G, SSC, Receptionist, Human Resources (HR) Representative, Dietary Aide P, Licensed Practical Nurse (LPN) B and the Director of Rehabilitation (DOR).</p> <p>Systemic Changes</p> <ul style="list-style-type: none"> - DDCO will review all grievances to ensure appropriate investigation was completed and followed up weekly times four weeks and monthly times two months. - DDCO will review all reportable events to ensure appropriate investigation was completed and followed up on weekly times four weeks and monthly times two months. 	F 585			

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 08/14/2024
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 585	<p>Continued From page 5</p> <ul style="list-style-type: none"> - DNS or designee will interview 4 random staff weekly times four weeks and monthly times two months to ensure they are comfortable bringing forth their concerns and any potential allegations. - DNS or designee will interview 4 random residents weekly times four weeks and monthly times two months to ensure they are comfortable bringing forth their concerns and any potential allegations. <p>Findings include:</p> <p>Review of facility policy, Grievance Procedure, updated November 2016, revealed in pertinent part:</p> <ul style="list-style-type: none"> - "The Executive Director (ED), Social Services/designee oversees the grievance procedures and coordinates the Center system for collecting, tracking, and responding to grievances." - "If the grievance involves abuse, neglect, exploitation, or misappropriate of resident property, the ED is notified immediately and an investigation begins." - "Social Services or designee routes the Grievance Form to the appropriate department manager, who reviews the grievance, responds within two business days, and returns the Grievance Form to Social Services or designee." - "Social Services/designee logs Grievance Forms on the Grievance Log ... analyzes grievances monthly for tracking and trending. Identifiable trends are addressed through the QAPI [Quality Assurance & Performance Improvement] Committee." <p>Review of facility policy, Prevention of All Types of Abuse, Neglect, Mistreatment, Involuntary Seclusion, Exploitation, and Misappropriation of</p>	F 585		

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 08/14/2024
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 585	<p>Continued From page 6</p> <p>Resident Property, updated October 2022, revealed in pertinent part:</p> <ul style="list-style-type: none"> - "Residents, families, staff, and others report concerns, events, and/or grievances without fear of retribution." - "The Center utilized the grievance process for concerns expressed by residents, family members, visitors, or others within the Center." - "The Center utilizes a separate Grievances Process for concerns expressed by staff members (refer to Employee Resolution/Grievances). - "Supervisors and staff (as appropriate) correct and intervene in reported or identified situations in which abuse ... is more likely to occur by analyzing the following ... the supervision of staff to identify inappropriate behaviors such as using derogatory language, rough handling, ignoring residents while giving care, etc. ..." - "Staff report concerns, such as insufficient staffing or a shortage of supplies to their supervisor and the Executive Director [ED], and to the Compliance Hotline as necessary." <p>Review of facility policy, Abuse Identification, published December 2023, revealed in pertinent part:</p> <ul style="list-style-type: none"> - "The Center Quality Assessment and Assurance (QAA) Committee, under the purview of the Quality Assurance and Performance Improvement (QAPI) program, investigates occurrences, patterns, and trends that may indicate the presence of abuse, neglect ... to determine the direction of investigations/interventions, through analysis of systems, audits, and reports." - "The Center supervisory staff monitors the behavior of staff and residents that are indicative of high stress levels that may lead to 	F 585			

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 08/14/2024
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 585	<p>Continued From page 7 abuse/neglect or may escalate to aggression."</p> <p>1. Review of a Grievance Form, dated 2/23/24, revealed a resident representative (RR) 1 of R26 called the Charge Nurse (unnamed) and stated she was very upset with the DM who had hung up on her. Documentation showed, "[RR1] stated earlier in day said person [DM] walked up to her while she visited with her mother and pushed her to the side. DM said she need to ask her mom question. [RR1] voiced this was her time with her mother and she could come back on (DM) time. Visited with [RR1] and expressed she could visit with SSC on Monday." Continued review of the grievance form showed the following areas were blank: Steps taken to investigate, Department Manager Investigation and Findings, Action Taken, Signature/Title of Person Completing this Portion and Date.</p> <p>An attachment to the Grievance Form, dated 2/23/24 revealed a signed statement from the DM which revealed in pertinent part, "A CNA [unnamed] came to the window and requested a cranberry juice for [R26]. I said she always has an apple juice is there a reason why I ask the CNA [sic]. She told me that [R26] said something about having been told she should have it all the time for meals. I grabbed a cranberry juice and headed to the table because I wanted to apologize to her for the mistake and let her know she might not see a change on her ticket for a couple more times but, she would see the change. I walked up to the table and [RR1] was chatting with all three ladies and I touched [RR1]'s arm and saic, "can I chat with your mom for just a second chickee" jokingly because I have joked around with her before. So, I explained to [R26] regarding the juice and apologized to her</p>	F 585			

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 08/14/2024
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 585	<p>Continued From page 8</p> <p>for not having it change right away but that she would see it. I felt as though [R26] felt bad about the exchange and told her that it was not a problem ..."</p> <p>A second attachment to the Grievance Form, dated 2/26/24 revealed documentation by the SSC of investigations. This form included four interviews that showed, in contrast to the DM statement:</p> <ul style="list-style-type: none"> - R32 confirmed there was an altercation between RR1 and the DM. R32 said the DM came out to the dining room to address an issue with R26. RR1 was standing there. R32 said the DM "came up to them seeming though unhappy and bumped [RR1] out of her way with her hip while saying I need to talk to your mother. She voiced the bump was not hard but she did bump out of the way [sic]." - R3 stated the DM came out to address an issue with cranberry juice. R3 "stated that the [DM] was rude voiced to both [R26] and [RR1] but that she did not see the [DM] bump into or touch [RR1] in anyway." - R26 stated the DM came to speak to her about her cranberry juiced and that she "bumped into [RR1] to get in between [RR1] and [R26] and voice "I need to talk to your mother" and in the process tapped [R26] on the shoulder saying I need to talk to you about your juice. [R26] stated [DM] was rude and wanted [R26] to understand that it was not the [DM's] fault that she did not get her cranberry juice." - Central Supply staff was interviewed and stated she did not see or hear anything that happened. <p>Review of R32's Annual Minimum Data Set (MDS - a federally mandated assessment), with an assessment reference date (ARD) of 7/10/24,</p>	F 585			

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 08/14/2024
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 585	<p>Continued From page 9</p> <p>revealed the resident had intact cognition with a brief interview for mental status (BIMS) score of 14 out of 15.</p> <p>Review of R3's Quarterly MDS, with an ARD of 7/31/24, revealed the resident had moderate cognition impairment with a BIMS score of 12 out of 15.</p> <p>Review of R26's Quarterly MDS, with an ARD of 7/30/24, revealed the resident had moderate cognition impairment with a BIMS score of 11 out of 15.</p> <p>A third attachment to the Grievance Form, undated, showed a signed witness statement from the Activities Director (AD) who did not witness the event.</p> <p>There was no additional evidence to show the outcome of this grievance and/or the corrective action. The residents had not been interviewed to identify how the altercation impacted their psychosocial well-being.</p> <p>During an interview on 8/8/24 at 11:10 AM, R32 stated, "I heard her yell at a resident's daughter and push her away with her hip. [DM] stood between the daughter and the resident, and the daughter said 'no' and the DM blew up and got very mad at the daughter. The daughter didn't back down. I was at the table when it happened."</p> <p>During an interview on 8/8/24 at 4:30 PM, the SSC stated the ED and the Vice President of Human Resources (VPHR) took over the investigation. The SSC stated she did not have additional documentation about the incident but the ED should.</p> <p>During an interview on 8/8/24, starting at 5:44</p>	F 585		

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 08/14/2024
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 585	<p>Continued From page 10</p> <p>PM, the ED stated he did not have more documentation about the incident. "Next time I will document everything." The ED stated there were many emails back and forth with the corporate attorney and the VPHR. The ED stated they advised that the DM was not to have any contact with R26 or her RR1 and that the DM was to stay in the back (out of the dining room and common areas) when RR1 was in the building.</p> <p>2. Review of an undated/unsigned document titled, Manager Notes 2024, provided on 8/8/24 revealed, "Spoke with [DM] and instructed her to follow any directions or requests given to her by the [DNS] or the Charge Nurses. She was also reminded that any other questions pertaining to dietary should be ran through the RD [Registered Dietitian]."</p> <p>During an interview on 8/8/24, starting at 5:08 PM, the DNS stated whenever her staff had issues with the DM, she told the ED, and he was supposed to speak with the DM so she couldn't say what the DM was educated on. The DNS worked with the Dietitian on the snacks, getting physician orders for the ice cream and making sandwiches if they needed to be made.</p> <p>During an interview on 8/8/24, starting at 5:44 PM, the ED stated I do not have more documentation about the instructions given to the DM. "I don't know what date this occurred, and I am hesitant to guess." The ED stated he did not document what the actual concerns from the nursing staff were and did not follow-up to ensure the instruction was effective. The ED stated staff brought him concerns about the DM. Staff did not like the DM answers to procedures when she was trying to bring the kitchen back into compliance.</p>	F 585			

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 08/14/2024
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 585	<p>Continued From page 11</p> <p>"We brought someone in to help train in the kitchen" but the ED was unable to provide more information about the training.</p> <p>3. Review of an Impactful Leader Course invoice, dated 4/9/24, revealed the DM was to take the course. However, there was no evidence the course was completed.</p> <p>During an interview on 8/8/24, starting at 5:44 PM, the ED stated, "I don't know if she finished the course."</p> <p>4. Review of the DMs training records revealed she took the facility's Code of Conduct, PRIDE (Abuse) and Resident Rights training in April and May 2024.</p> <p>5. Review of a document written by the ED, dated 5/22/24 at approximately 12:00 PM, revealed a family member (unnamed) became verbally aggressive and pushed and pulled the DM by the arm. The document revealed a prior incident on 2/26/24 led to the altercation. The DM was not to associate with the family member's mother [R26]. The document showed the family member was angered because the DM was discussing meal questions with two other residents at two separate times seated at the same table as R26. The VPHR and general counsel were informed. The document said on 3/4/24, the DM was instructed by the ED to avoid all contact with R26's family member. The ED again spoke to the DM to avoid contact with R26. There was no additional documentation or investigation provided by the facility. There was no evidence residents were interviewed regarding their psychosocial well-being after witnessing the second altercation in the dining room.</p>	F 585			

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 08/14/2024
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 585	Continued From page 12 During an interview on 8/8/24, starting at 5:44 PM, the ED stated he did not have more documentation about this incident. The ED stated he had private conversations with the DM "to try and work it out." When asked why the DM was out in the dining room when she had been directed not to be around RR1 or R26, the ED stated I asked the DM why she was out there in the DR at all. "I was annoyed. I took it very seriously and went to corporate HR and the general counsel and followed their advice." The ED stated he gave the DM another verbal warning but had no documentation. The ED stated that the DM would be terminated if it happened again. The ED stated he provided an employee assistance program phone number for the DM but had no documentation of this intervention. The ED stated he was responsible for making sure the interventions were effective. "My documentation doesn't show it." The ED stated he had many phone calls and emails with corporate and the RD related to the DM but did not provide this documentation. 6. Review of a written letter dated 5/6/24 and signed by the DM and ED revealed, on more than one occasion, the family of R26 has requested no contact with them or R26. "After recent events ... [RR1] ... has again requested you refrain from any more interaction or communication..." The document directed the DM to have other staff assist R26 and other residents at her table, except in an emergency. Failure to follow instructions "may result in disciplinary action up to and including termination of employment." 7. Review of Grievance Form, dated 6/6/24, revealed R39 complained to Registered Nurse	F 585			

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

PRINTED: 08/20/2024
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 08/14/2024
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 585	<p>Continued From page 13</p> <p>(RN) A that her supper had been cold. "She is afraid to say anything because she doesn't think they like her because she has heard the cooks talking about her before." Under investigation it showed, "I spoke to all three who sit at her table. All 3 say that their food is cold." Under action it showed the DM instructed staff to keep a log of food temps at service and to "put their table soon after starting to serve. [R39] was ok with this." The form was signed by the DM and ED. There was no evidence the investigation included R39's fear to say anything because she had overheard being spoken about.</p> <p>During an interview on 8/8/24 at 3:04 PM, R39 stated she continued to be served last and have cold food and complained about potatoes, green beans, hard hamburgers and dry macaroni. R26 stated she complained but nothing changes. "I'm not happy."</p> <p>Review of R39's Quarterly MDS, with an ARD of 5/30/24, revealed the resident had intact cognition with a BIMS score of 15 out of 15.</p> <p>8. Review of Grievance Form, dated 6/17/24, revealed RR2 complained the "food is going down hill and very gross for residents. Father not eating well. Concerned because of it. And that they have been out of [brand] butter for a month." Under investigation, "Spoke to [RR2] and referred to Corporate representative." Signed by the ED. There was no further investigation documented on the grievance form.</p> <p>An attachment to the Grievance Form, with the bottom third of the page ripped off, showed an investigation into the butter and margarine orders and that every meal should have had butter and if</p>	F 585			

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 08/14/2024
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 585	<p>Continued From page 14</p> <p>that wasn't served, the kitchen was unaware. There was no investigation into the concern of the food palatability and resident [R6] not eating well.</p> <p>During an interview on 8/8/24 at 1:53 PM, R6 stated he had lost weight because of health problems and his age. R6 stated the food was fine. R6 stated he just wasn't hungry and didn't want any different food choices. "I only want the shakes." Review of R6's electronic medical record (EMR) revealed R6 had returned from the hospital on 4/3/24 and the physician had recommended hospice. R6's weights showed since 6/17/24, weekly weights were stable with a little weight gain.</p> <p>Review of R6's Quarterly MDS, with an ARD of 5/31/24, revealed the resident had intact cognition with a BIMS score of 14 out of 15.</p> <p>During an interview on 8/8/24 at 1:40 PM, Staff H stated ordering of food has always been messed up and they would be out of random things. Staff H stated they were out of the whipped butter containers for a while, but the staff would fill condiment cups with the butter in the back. Staff H stated it happened a lot that we could not do a meal substitute sandwich because we were out of meat.</p> <p>9. Review of Grievance Form, dated 6/27/24, revealed R4 complained to LPN B that a CNA (unnamed) took R4 a meal tray at 12:15 PM and R4 requested a sandwich. The CNA told the DM right away. Kitchen did not make the sandwich and nurse was notified at 1:30 PM. The nurse took R4 juice and a sandwich right way because R4 was a diabetic and needed appropriate meals at the correct times. The ED wrote see</p>	F 585			

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 08/14/2024
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 585	<p>Continued From page 15 attachment and action is to share with R4 and LPN B.</p> <p>An attachment to the Grievance Form, showed a signed statement from the DM that the CNA requested a ham sandwich, but they were out of thawed ham and that she would make 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>During an interview on 8/8/24 at 12:25 PM, R4 stated she had no issues with the DM and that she never spoke to the DM about the sandwich but that the CNA had taken care of getting her the sandwich. R4 stated she was not concerned about her blood sugars. Review of R4's blood sugars on 6/27/24 showed 88 mg/dL (milligrams per deciliter) at 7:35 AM and 183 mg/dL at 12:22 PM, within normal limits for R4.</p> <p>Review of R4's Annual MDS, with an ARD of 6/25/24, revealed the resident had moderate cognition impairment with a BIMS score of 12 out of 15.</p> <p>10. Review of a facility reported incident (FRI), dated 7/9/24, revealed R2's relative, RR3 brought an allegation of verbal abuse against the DM. The DM was suspended.</p> <p>Review of a FRI, dated 7/10/24, revealed state surveyors provided the facility with allegations the DM was depriving residents of goods and services and that residents were fearful of the DM. The DM was terminated.</p> <p>During an interview on 8/14/24 at 11:00 AM with</p>	F 585		

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 08/14/2024
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 585	Continued From page 16 the DDCO and the DNS, the DDCO stated she was not aware of the situation with the DM as the ED had been discussing the issue at a much higher corporate level. The DDCO stated the immediate governing body for the facility had been left out of the conversations. The DDCO stated, she and the DNS completed a root cause analysis of the failures at F585 and F600 and determined the importance of management communication, listening to staff complaints and recommendations, completing thorough investigations and the identification of psychosocial harm for residents during investigations.	F 585			
F 600 SS=L	Cross reference F600 and F610. Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to protect the residents' (R) right to be free	F 600	1. Unable to correct deficiencies for 2, 26, 32 and 34. All residents were interviewed about feeling comfortable reporting grievances or allegations of mistreatment in the center and asked if they have any fears. None expressed any. All care plans were reviewed for all residents in the center and revised as appropriate for resident 26 and one other resident. All residents have the potential to be affected. 2. The DDCO and DNS have reviewed the abuse policies by 8/9/2024. The DNS or designee will educate all staff on the grievance policy, Code of conduct, professionalism and reporting concerns appropriately by 8/9/24. The DNS assigned through SNF Clinic PRIDE module (abuse training), sexual harrasment and workplace violence to be completed by 8/9/24. All staff who have not completed will complete prior to their next working shift. The DNS or designee will educate all staff not in attendance prior to their next working shift. 3. The DDCO will review all allegations of abuse or neglect weekly times four weeks and monthly times two months to ensure all aspects were addressed and investigated as appropriate. The DNS or designee will interview 4 random staff and 4 random residents weekly to ensure they feel safe in reporting concerns and allegations. The DDCO, 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.	8/29/2024	

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 08/14/2024
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 600	<p>Continued From page 17</p> <p>from verbal and mental abuse and deprivation of goods and services by the Dietary Manager (DM). Specifically, the facility failed to provide a safe resident environment ensuring the DM was in control of her behavior and behaved professionally while working with a nursing home population. These failures create a likelihood for significant decline in mental or psychosocial functioning when residents were afraid to request things, afraid their family members would be treated poorly, and where residents were worried for the nursing staff. The facility census was 43.</p> <p>On 8/9/24 at 9:05 AM, an Immediate Jeopardy was identified when the facility failed to protect residents from verbal and mental abuse and deprivation of goods and services by the Dietary Manager (DM). A removal plan was accepted, and the Immediate jeopardy was removed on 8/9/24 after onsite verification by the surveyor. After removal of the Immediate Jeopardy, the scope/severity of this citation is level "F."</p> <p>The facility provided the following acceptable removal plan and completion date of 8/9/24:</p> <ul style="list-style-type: none"> - Dietary Manager (DM) was terminated on 7/11/24. - Executive Director (ED) was suspended on 8/9/24. - Residents who could be, were interviewed for allegations of abuse - provided documentation on 8/14/24. - All staff interviewed on potential abuse allegations that were not brought forward previously - During an interview on 8/14/24 at 11:00 AM with the Divisional Director of Clinical Operations (DDCO) and Director of Nursing Services (DNS), the DNS stated these interviews took place during the in-person training which 	F 600			

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 08/14/2024
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 600	<p>Continued From page 18</p> <p>was confirmed during staff interviews.</p> <ul style="list-style-type: none"> - DDCO will educate the DNS on grievance policies to ensure a thorough investigation was completed and appropriate interventions have been put in place - provided documentation on 8/14/24. - DNS/designee will immediately (and prior to next working shift) in-service all staff on: Code of Conduct and professionalism - provided documentation on 8/14/24. - DNS/designee will assign all staff online abuse, sexual harassment and workplace harassment and violence and effective communication training - provided documentation on 8/14/24. - Abuse policies were reviewed by the DDCO and DNS - provided documentation on 8/14/24. <p>During interviews on 8/14/24, the following staff were interviewed and confirmed they received the above training in person and online using the SNF (Skilled Nursing Facility) Clinic software: Certified Nurse Aide (CNA) W, Environmental Services G, Social Services Coordinator (SSC), Receptionist, Human Resources (HR) Representative, Dietary Aide P, Licensed Practical Nurse (LPN) B and the Director of Rehabilitation (DOR). These staff also confirmed they were asked to bring forward any abuse allegations that were not previously brought forward.</p> <p>Findings include:</p> <p>Review of facility policy, Freedom from Abuse, Neglect, Corporal Punishment, Involuntary Seclusion, Mistreatment, Misappropriation of Resident Property, and Exploitation, updated October 2022, revealed in pertinent part: - "Abuse: The willful [deliberate] infliction of ...</p>	F 600			

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 08/14/2024
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 600	<p>Continued From page 19</p> <p>intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being ..."</p> <p>- "Mental Abuse: The use of verbal or nonverbal conduct which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation or degradation. It includes but is not limited to, coercion, harassment, inappropriately isolating a vulnerable adult from family, friends, or regular activity, and verbal assault that includes ridiculing, yelling, or swearing ..."</p> <p>- "Verbal Abuse: May be considered a type of mental abuse. Verbal abuse includes the use of oral, written, or gestured communication, or sounds, to residents within hearing distance ..." Examples of mental and verbal abuse include " ... depriving a resident of care ..."</p> <p>1. During an interview on 8/8/24 at 9:30 AM, R2 stated, "I'm glad they got the other one [DM] out, she was rough and stuff. She'd yell at people. You can't work here if you do that, it is not good." R2 stated she returned from the hospital and for two weeks only had oatmeal and broth. R2 stated when the doctor said she could eat regular food again, the DM came over to her and said she heard she could eat now. "B she wasn't very nice about it." R2 stated she did yell at me another time and Staff N heard it and thought it was terrible. "I was treated poorly by her [the DM] for months." R2 stated her family knew about it and got after her [the DM]. "She made me feel bad. She wouldn't make the food I wanted. She wouldn't talk with me at the end."</p>	F 600			

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

PRINTED: 08/20/2024
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 08/14/2024
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 600	<p>Continued From page 20</p> <p>Staff N was unavailable for interview.</p> <p>During an interview on 8/8/24 at 9:46 AM, R26 stated the DM wasn't nice to the residents. "I asked her for a cup of coffee, and she said that wasn't in her department. I felt embarrassed when I was turned down for the coffee. She did not yell at me." R26 stated the DM was not talking to her anymore because [Resident Representative-RR1] was handling things. R26 stated this was going on for months but the boss wouldn't fire her (the DM). R26 stated, both the staff and residents were against the DM and were afraid to say anything.</p> <p>During an interview on 8/8/24 at 10:36 AM, R34 stated the DM was not abusive to her" in general" but she was "snippy" and could get a "swelled head" because she had to be the boss. R34 stated R2 didn't like the DM but that she had never heard the DM yell at a resident. R34 stated the DM got a lot of people fired in the kitchen and she hoped one of them could come back to the facility now. "He knew how to make an omelet."</p> <p>During an interview on 8/8/24 at 11:10 AM, R32 stated, "Since the DM has been gone it is a lot quieter, no more arguing. Everyone is more relaxed. The atmosphere is completely different. There has been a positive change. She was fighting with the nurses." R32 stated the DM said, "After 10 AM you could no longer have breakfast and if you didn't have a ticket, you didn't get a meal." R32 stated, "One time I was sick and asked for tea and toast and the CNA got chewed up and the charge nurse had to go in and make the toast. I didn't like her [the DM]. We could hear her hollering at the staff. We shouldn't hear it. I never heard her yell at a resident, but I heard her</p>	F 600			

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

PRINTED: 08/20/2024
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 08/14/2024
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 600	<p>Continued From page 21</p> <p>yell at a resident's daughter and push her away with her hip. [The DM] stood between the daughter and the resident, and the daughter said "No!" and the DM blew up and got very mad at the daughter. The daughter didn't back down. I was at the table when it happened. It made me feel like I didn't want my family to come in. This is my home. My family should be treated with respect. I felt bad. I felt like I couldn't ask for food because I didn't want the nurses to get chewed out, but the nurses told me it was my right and to not be afraid to ask for anything. All the staff kind of knew what she was like."</p> <p>2. During an interview on 8/8/24 at 12:53 PM, the SSC stated if you have a violation of verbal or mental abuse, you also had a violation of respect and dignity. The SSC stated examples of abuse/dignity/respect violations occurred when you treated a resident like they were a child or if you holler or scream at them.</p> <p>During an interview on 8/8/24 at 1:15 PM, the Activities Director (AD) stated residents were asked if they felt safe at the facility during care conferences and she was present at the resident council meetings. "I was blown away with what the residents shared with the state surveyors. I was shocked they were scared. That is pretty sad." The AD stated she heard staff to staff "snipping" with the DM in front of the residents in the window pass of the dining room. "I heard it and the residents don't need to hear that."</p> <p>During an interview on 8/8/24 at 1:40 PM, Staff H stated residents shouldn't feel fearful in their home. Staff H stated the DM would not give ice cream to residents because she said they didn't need it every day. Staff H said the DM was like</p>	F 600			

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

PRINTED: 08/20/2024
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 08/14/2024
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 600	<p>Continued From page 22</p> <p>this with other foods as well. She would say they didn't need the food to stay healthy [it was healthier for them not to have it]. "I was confused because this is their house. We have it and they should have it if they want it." Staff H stated the food ordering was always messed up and they'd be out of random things. "It happened a lot that I could not do a substitute sandwich because we were out of meat."</p> <p>During an interview on 8/8/24 at 2:02 PM, Staff Z stated one-time R26 asked for a different food and Staff Z told the DM and the DM said, "No, this is what she is getting." Staff Z stated RR1 overheard the conversation and RR1 said to the DM, "How dare she not let her mom have a sandwich." Staff Z said another time, R2 told her she was very upset because the DM screamed at her about what the alternative meal was. Staff Z stated she told the nurse and the SSC and made notes about it.</p> <p>During an interview on 8/8/24 at 2:23 PM, Staff I stated the DM wasn't very nice to everyone. "She was crabby all the time, would snap back at you and the next day she was fine." Staff I stated residents could overhear the DM which may have made them feel uncomfortable.</p> <p>During an interview on 8/8/24 at 2:30 PM, Staff K stated the DM brought out a food tray in the dining room to a resident and the DM was not supposed to be in the dining room. "Words were said" between RR1 and the DM. "Residents all overheard."</p> <p>During in interview on 8/8/24 at 2:37 PM, Staff Q stated the DM passed a tray in the dining room and it led to an altercation with RR1. "Everyone in</p>	F 600			

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 08/14/2024
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 600	<p>Continued From page 23</p> <p>the room could feel the tension. It was uncomfortable." Staff Q stated if a resident asked the DM for something, the DM would say, "It wasn't on the sheet [menu ticket]."</p> <p>During an interview on 8/8/24 at 2:45 PM, Staff E stated the DM was mean to the staff, saying the DM started to get mean in March. Staff E stated one time a resident wanted a snack at 4:00 PM and she said, "Residents don't need snacks before mealtimes and that it will be on us if they don't eat their food." Staff E stated one time a resident asked for a tomato for their burger so I asked the DM and she said we don't have tomato and she would "go on and on" asking why was the resident was asking for a tomato." Staff E stated the residents would see the DM be "snarky" to the staff. Staff E stated the residents could overhear the DM in the kitchen talk to the dietary aides about them. "She [the DM] would say stuff about a particular resident always dropping his food. It was not nice. He [the resident] couldn't help it."</p> <p>During an interview on 8/8/24 at 2:57 PM, Staff M stated a lot of staff complained that the DM was rude to them.</p> <p>During an interview on 8/8/24 at 3:10 PM, Staff Y stated one time the DM berated a resident who didn't want the meal they got at the table, so the resident sent it back to the kitchen. The DM brought the tray back to the resident and said, "Why don't you want it, try it." The resident was upset and said, "No, I don't want to eat it." The DM kept trying to convince the resident to keep the food tray and raised her voice. The resident wouldn't back down and eventually the DM gave an alternative meal. Staff Y said, "I don't think that</p>	F 600			

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

PRINTED: 08/20/2024
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 08/14/2024
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 600	<p>Continued From page 24</p> <p>is right." Staff Y said another time the DM would not give a group of men ice cream. "This was a group of men who always met together to have ice cream." The DM said they didn't need it and wouldn't give it to them. Staff Y said, another time, the DM was asked for silverware and would yell saying, "Who is it for?" and it would escalate. The residents saw this. "It was not a homelike environment. It has gotten so much better [since the DM left]. The energy changed the minute she walked out the door. The residents have said it has gotten better."</p> <p>During an interview on 8/8/24 at 3:21 PM, Staff O stated the DM was blunt with residents with her tone of voice, and that people can take the DM being stern the wrong way. Staff O said it was not an appropriate communication style and the residents should be treated with respect. Staff O stated she thought the DM felt overwhelmed and needed more help in the kitchen, but she had told the DM that she couldn't take that out on the residents. "These people [residents] need us and if we are in a bad mood, this is their home; they didn't ask to feel the tension."</p> <p>During an interview on 8/8/24 at 3:40 PM, Staff S stated the DM changed the way meals were ordered and the meal tickets would be misplaced, "I don't think the DM could handle the job responsibility." Staff S said the issues with the DM made a hostile environment. "It's a whole different atmosphere here [now that the DM no longer worked at the facility]."</p> <p>During an interview on 8/8/24, starting at 5:08 PM, the DNS stated her role was to ensure residents dietary needs were met. The DNS stated whenever her staff had issues with the</p>	F 600		

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 08/14/2024
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 600	<p>Continued From page 25</p> <p>DM, she told the ED, and he was supposed to speak with the DM, so she couldn't say what the DM was educated about. The DNS told her staff to protect the resident's rights and make sure goods and services were not being withheld, despite the DM's actions. The DNS stated she did this by working with the Dietitian on the snacks, getting physician orders for the ice cream and making sandwiches if they needed to be made. The DNS stated she never observed the DM argue with staff or residents, but she overheard the DM arguing with other staff. The DNS stated residents were not present when she heard the arguing, but she still expected staff to go somewhere private to talk. The DNS stated she knew the residents didn't like the DM based on hearsay only. "Residents never complained to me." The DNS stated staff told her the DM was bossy but nothing was said to her that was abusive or reportable.</p> <p>During an interview on 8/8/24 at 6:31 PM, with the Divisional Dietitian (DD) and the Registered Dietitian (RD) stated they had provided oversight for the DM every two weeks. They stated residents had not brought up concerns to them about the DM, but that staff had told them about snack and sandwich availability which they addressed. "We don't know if it was budget driven [the DMs concerns about too many snacks]." The DD and RD stated they had not been aware that the DM changed the menu ticket process, and it was not appropriate to run the kitchen like an institution. The DD and RD stated it was a huge surprise the residents felt scared and that if a resident felt demeaned or embarrassed it would need to be reported as an alleged abuse. The DD and RD stated the atmosphere of the building felt a lot better now.</p>	F 600			

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 08/14/2024
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 600	Continued From page 26 During interviews on 8/8/24 from staff who requested anonymity, the following statements were made: - "I see that the DM being here did not protect or prevent residents from feeling fearful in their home." - "I disagreed with having the DM return from suspension." - "The ED always sided with the DM." - "The DM had a sharp tongue." - "The DM could get belligerent; she meant well but it came out hard." - "It was an ongoing issue [with the DM]. Bringing it up wasn't going anywhere." - "A lot of times the DM would run to the ED, and he would side with her over the nursing staff." During an interview on 8/8/24, starting at 5:44 PM, the ED stated he was ultimately responsible for the protection of residents and the prevention of resident abuse. The ED stated he never heard the DM yell at anybody, staff or residents. The ED stated the DM's natural demeanor was that she spoke loudly, and he would tell the DM that she was talking too loud and that she projected like a television on the tray line. The ED stated he told the DM to take her conversations to the side and talk there. The ED stated he was not aware that residents were scared to ask for things from the DM. "They shouldn't be." The ED stated he had not provided additional supervision of the DM's interactions with staff, residents or RR1 but he had many conversations with the DM in private. Cross reference F585 and F610.	F 600			
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)	F 610	See next page.		

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 08/14/2024
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 610	Continued From page 27 §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to thoroughly investigate an allegation of verbal abuse and an allegation of mental abuse by a staff member to residents (R) for 2 of 2 abuse investigations reviewed. Specifically, R2 told her resident representative (RR) 3 that the Dietary Manager (DM) yelled at her; and during a resident council meeting, residents complained about foods being withheld by the DM. These failures have the potential to reoccur when the root cause is not identified to ensure all appropriate corrective action is implemented. Findings include: Review of facility policy, Abuse Investigation, updated October 2022, revealed in pertinent part: - "The Center conducts a thorough investigation	F 610	1. Unable to correct deficiencies for resident 2. All residents were interviewed about feeling comfortable reporting grievances or allegations of mistreatment in the center and asked if they have any fears. None expressed any. All care plans were reviewed for all residents in the center and revised as appropriate for two residents. All residents have the potential to be affected. 2. The DDCO and DNS have reviewed the abuse investigation policy by 8/9/2024. The DNS or designee will educate all staff on the grievance policy, Code of conduct, professionalism and reporting concerns appropriately by 8/9/24. The DNS assigned through SNF Clinic PRIDE module (abuse training), sexual harrasment and workplace violence to be completed by 8/9/24. All staff who have not completed will complete prior to their next working shift. The DNS or designee will educate all staff not in attendance prior to their next working shift. 3. The DDCO will review all allegations of abuse or neglect weekly times four weeks and monthly times two months to ensure all aspects were addressed and investigated as appropriate. The DNS or designee will interview 4 random staff and 4 random residents weekly to ensure they feel safe in reporting concerns and allegations. The DDCO, 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.	08/29/2024

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 08/14/2024
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 610	<p>Continued From page 28</p> <p>of potential, suspected and/or allegations of abuse, neglect ... mistreatment ... in accordance with state and federal regulations."</p> <p>- "The Executive Director [ED] is the designated abuse coordinator and is responsible for assigning and overseeing staff that are to assist with investigations."</p> <p>- "The Center identifies and interviews involved persons, including the aged victim, alleged perpetrator, witnesses and others who might have knowledge of the allegations."</p> <p>- "Through investigation, the Center works to determine if the abuse, neglect ... mistreatment has occurred and to determine the extent and cause."</p> <p>- "The Center maintains complete and thorough documentation of the investigation."</p> <p>Review of facility policy, Abuse Protection, updated October 2022, revealed in pertinent part:</p> <p>- "The Center examines the alleged victim for signs of injury ... or a psychosocial evaluation as needed or determined."</p> <p>- "The Center increases supervision of the alleged victim and other residents as determined by the Executive Director/designee."</p> <p>- "The Center protects residents and staff from retaliation for making a report of alleged abuse and/or participating in an abuse investigation."</p> <p>1. Review of R2's Quarterly Minimum Data Set (MDS - a federally mandated assessment), with an assessment reference date (ARD) of 5/16/24, revealed the resident had intact cognition with a brief interview for mental status (BIMS) score of 15 out of 15.</p> <p>Review of a facility reported incident (FRI), dated 7/9/24, revealed a relative (RR3) was upset and</p>	F 610			

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 08/14/2024
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 610	<p>Continued From page 29</p> <p>reported to the Social Services Coordinator (SSC) that the DM "yelled at his mom yesterday for the 2nd time that he knows of, stated that he let it go the 1st time and didn't notify us but this time he is not letting it go, stated that it could be considered a form of elderly abuse." Further documentation showed the SSC visited with R2 who stated "they were having something with Teriyaki so she asked [DM] what it was and [DM] yelled at her that she should know what it is, stated that [DM] made her feel stupid."</p> <p>Under Investigation Conclusion, it showed the DM was suspended until investigation was completed. A few staff and the RR3 were interviewed but no one had witnessed the incident. R2 had told RR3 what had happened. The DM stated she did not yell at R2 but was just explaining what Teriyaki steak was. Documentation showed the ED "will provide education to [DM] about her tone when talking to residents before she returns to work."</p> <p>Review of the Event Investigation Final Summary, dated 7/9/24, showed "Not Applicable" or "None" was documented under the section headings that read:</p> <ul style="list-style-type: none"> - "If previous history what was implemented to prevent reoccurrence at that time ... - Are there any health problems or conditions that could cause or contribute to event ... - External or environmental risk factors that could have contributed to the event ... - Does the resident take any medications which could have potentially caused or contributed to the event ... - Any recent medication changes made ... - Was the resident experiencing any unstable medical, mood, or behavioral conditions at time of 	F 610			

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 08/14/2024
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 610	<p>Continued From page 30 event?"</p> <p>Under analysis of information, it read, - "Visited with [DM], she stated she did not yell at [R2]. She was just explaining what Teriyaki stead was because [R2] had asked."</p> <p>Under what is the plan to prevent reoccurrence? - "[ED] will educate [DM] about her tone when talking to residents before she comes to work."</p> <p>The following questions were not answered, - "Care plan change ... - Was there abuse or suspected abuse."</p> <p>The document was signed by the ED and the Director of Nursing Services (DNS).</p> <p>No additional information was gathered from R2 such as when the incident occurred, if there were witnesses, where the incident took place, what time of day, if she felt unsafe with the DM and when the DM had yelled at her or made her feel stupid before, since RR3 indicated there was another time.</p> <p>Review of the Investigator's Interview Statement of Event, dated 7/9/24, showed a signed witness statement from Registered Nurse (RN) C who stated she had not heard anything but RR3 was upset and after he stated what happened and RN C directed RR3 to speak with the SSC.</p> <p>Review of the Investigator's Interview Statement of Event, dated 7/9/24, showed a signed witness statement from RN D who had not witnessed or heard the incident. RN D wrote, "Resident has had multiple negative interactions w/ [with DM]."</p>	F 610			

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 08/14/2024
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 610	<p>Continued From page 31</p> <p>Review of the Investigator's Interview Statement of Event, dated 7/9/24, showed a signed witness statement from CNA E who did not hear the DM yell at R2.</p> <p>Review of a typed word document, dated 7/9/24 at 4:30 PM revealed RR3 returned call, repeating what R2 had told him about the DM being abrupt with her. RR3 stated he was not present when the incident occurred.</p> <p>The facility failed to interview additional residents about the DM, failed to review the evidence of known complaints against the DM and failed to show evidence R2 or RR3's credibility should be in question. These failures led to the facility's conclusion to bring the DM back from suspension and attempt more education after past failed education attempts.</p> <p>Cross reference F585.</p> <p>2. Review of an Education and Coaching Form, dated 7/10/24 showed the DM will be coached on the following topics: - "Be kind and courteous when talking to residents. Be polite and avoid interruptions or causing disturbances. Listen to the resident and respect their differences in beliefs and opinions. Always think before you speak and be mindful of your tone when talking to others." Action Plan showed "Will be more respectful and watch for tone when interacting with residents." Further review of the form revealed the facility Human Representative (HR) representative wrote, "Not able to give to [DM] as she resigned."</p> <p>During an interview on 8/9/24 at 8:39 AM, the HR representative stated people above her wanted to</p>	F 610			

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

PRINTED: 08/20/2024
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 08/14/2024
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 610	<p>Continued From page 32</p> <p>bring the DM back from suspension and she was told to have the Education and Coaching Form ready to give the DM. The HR representative stated in general, staff were saying a lot of things about the DM, but no one came directly to her to officially complain. "It was voiced many times, so people didn't think they needed to formalize it." The HR representative said the ED and corporate HR were working with the DM.</p> <p>3. Review of a FRI, dated 7/10/24, revealed, "During resident council with state surveyors and resident interviews, residents complained about not getting snacks, ice cream not being provided, and sandwiches not being available all due to dietary manager. Residents reported fear of reporting and retaliation by dietary manager. Residents also reported that they are fearful of dietary manager." Under Personnel involved, the DM was documented as terminated on 7/11/24. Under Investigation Conclusion, it showed, the DM put in her resignation for three months and resignation was accepted immediately. There was no other investigation documentation provided.</p> <p>The investigation failed to show the facility interviewed residents for psychosocial well-being and to understand the root cause of the resident concerns to prevent and prohibit future abuse. The investigation failed to show staff were interviewed to identify if staff were aware of the resident concerns and if staff were not reporting these concerns to their supervisors.</p> <p>During an interview on 8/8/24, starting at 5:08 PM, the DNS stated she had no additional investigation documentation and that everything to do with the DM was handled by the ED. The</p>	F 610			

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 08/14/2024
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 610	<p>Continued From page 33</p> <p>DNS stated she did not interview the residents because the state surveyors interviewed everyone.</p> <p>During an interview on 8/8/24, starting at 5:44 PM, the ED stated he did not conduct a root cause analysis of the incidents and did not provide additional supervision of the DM. The ED stated he had not interviewed residents about the impact DM's altercations with RR1 had on them and stated, "that makes sense [to interview the residents]." The ED stated he had no other investigation documentation for the FRI, dated 7/10/24.</p> <p>During continued interview, the ED stated his focus was on the DM being loud in the kitchen which was being overheard in the dining room. The ED stated that the DM did need help in the kitchen at times because it was an overworked and highly stressed role, and the DM covered a lot of shifts.</p> <p>During an interview on 8/9/24 at 9:39 AM, the ED stated the DM returned to work and handed in her termination. The plan was to have her in a back room to train the next DM and then terminate her in a few months, but they accepted her resignation immediately.</p> <p>Cross reference F600.</p>	F 610		