

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

PRINTED: 11/30/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>11/20/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>WINNER REGIONAL HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>805 E 8TH ST</b> <b>WINNER, SD 57580</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 943 SS=E	<p>Abuse, Neglect, and Exploitation Training CFR(s): 483.95(c)(1)-(3)</p> <p>§483.95(c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on-</p> <p>§483.95(c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12.</p> <p>§483.95(c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property</p> <p>§483.95(c)(3) Dementia management and resident abuse prevention. This REQUIREMENT is not met as evidenced by: Based on review of provider's South Dakota Department of Health (SDDOH) online self-report of neglect, interviews, and policy review, the provider failed to ensure their corrective action regarding all staff educated on abuse and neglect in a timely manner.</p> <p>1. Review of the SDDOH provider's self-report of neglect allegation intake number SD00002095</p>	F 943	<p>Audits of new staff will be completed by the DON/designee within 2 days of hire and those audits will presented to the QAPI meeting for 3 months starting in January 2024 QAPI meeting. The DON will oversee the completion and review of all new employee education. Training will be provided to all staff and specific staff based on the outcome of the audits. If we miss 1 individual in their orientation training we will provide training to all staff again in regards to Elder Abuse.</p>	Dec. 4 2023	

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

TITLE

(X6) DATE

*[Signature]* CEO 12/18/23

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.

DEC 08 2023

SD DOH-OLC

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F 943	<p>Continued From page 1</p> <p>revealed the corrective action included that the provider was to educate all staff on abuse and neglect by 11/8/23.</p> <p>Interview on 11/20/23 at 2:04 p.m. with licensed social worker C regarding corrective action of employee education relating to abuse and neglect revealed she:</p> <ul style="list-style-type: none"> <li>*Had become aware of the allegation of neglect on 11/1/23, after returning from a vacation.</li> <li>-She submitted the online self-report of neglect to the SDDOH.</li> <li>*Had educated Administrator A and Director of nursing (DON) B on abuse, neglect, and reporting requirements on 11/1/23.</li> <li>*Was aware the corrective action for this self-report of neglect had included providing education to all employees by 11/8/23.</li> <li>*Had educated 12 of 37 employees on 11/14/23 about abuse and neglect.</li> <li>*Had not educated any additional employees.</li> <li>-She had not had time to provide the education.</li> </ul> <p>Interview on 11/20/23 at 1:46 p.m. with DON B regarding corrective action of employee education relating to abuse and neglect revealed she:</p> <ul style="list-style-type: none"> <li>*Was familiar with the SD DOH online reporting system.</li> <li>*Was aware the self-report for neglect submitted to this system on 11/1/23 included the corrective action of education to all employees on abuse and neglect by 11/8/23.</li> <li>*Had provided training to all nursing employees during morning "huddles".</li> <li>-There was no documentation to support this education had occurred.</li> <li>*She confirmed there was no documentation to support all employees had received education on</li> </ul>	F 943		

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F 943	<p>Continued From page 2 abuse and neglect by 11/8/23.</p> <p>Interview on 11/20/23 at 4:15 p.m. with employees D, E, F, and G regarding abuse and neglect education revealed: *Employees D, E, and F received education on abuse and neglect on 11/14/23. *Employee G had not received that education. -She was an agency employee. -Her agency had provided abuse and neglect education to her on 9/27/23, prior to her contract with the provider. -She had not received abuse and neglect education from the provider.</p> <p>Review of the provider's revised 12/2021 Abuse Prohibition policy revealed: *"Reporting and Response". -"d. The Administrator, D.O.N. [director of nursing], Social Worker or other designated person will provide a written report of the results of all abuse investigations and appropriate action taken to the state survey and certification agency..." -"f. The corrective actions to be implemented and monitored by Administrator, D.O.N., Social Worker or other designated person.</p> <p>Interview on 11/20/23 at 4:30 p.m. with administrator A regarding corrective action of employee education relating to abuse and neglect revealed: *Was aware the corrective action for this self-report of neglect had included providing education to all employees by 11/8/23. *Confirmed there was no documentation to support all staff had received that education. *Confirmed the corrective action had not been fully implemented.</p>	F 943	<p>There were no residents identified by the state or the facility affected by the training being partially completed, however there is the possibility of residents being affected by the partial training. Winner Regional Healthcare Center has put in place a training form that will be utilized in training staff that will document which staff attended the training and a personalized document that will also be placed in the employees/ travelers file for reference of the training. When this training is needed and conducted Winner regional Healthcare Center IDT will review the training needs and review the employees/travelers who have been trained and need training. Winner regional Healthcare will bring such training to the Care Center QAPI meetings after the training has been performed. Winner Regional Healthcare Center implemented Elder Abuse education for all staff identified as to working in the care center with or around residents.</p>	

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The LSW began the Elder Abuse training in a mandatory staff training that took place on 11/22/2023. Those who were unavailable to attend the training were trained by the LSW/ designee after daily huddles or in one-on-one trainings. Out of the 64 staff members all except for 5 staff have received the Elder Abuse training. Those 5 staff are either PRN or on medical leave at this time and will not be able to work until the Elder Abuse training has been completed. To ensure such training is occurring regularly and when required the Winner Regional Healthcare Center IDT meeting will be reviewing all potential training needs and review staff training when we meet in our Monday through Friday IDT meetings.