PRINTED: 06/11/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		1 ' '	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		435035	B. WING_	B. WING		C 5/03/2025
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 2200 13TH AVE BELLE FOURCHE, SD 57717		700/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	A complaint health stocker Part 483, Subpater Care facilities were Areas surveyed includabuse, resident care and toileting, facility of practices, medication and personal protecting Rolling Hills Healthca compliance with the fresident Rights/Exer CFR(s): 483.10(a)(1) for the resident has a right self-determination, and access to persons an outside the facility, institution in this section.  §483.10(a)(1) A facility with respect and dignaresident in a manner promotes maintenance the quality of life, receindividuality. The facility promote the rights of faccess to quality care severity of condition, must establish and man practices regarding to residents regardless are severided.	arvey for compliance with 42 art B, requirements for Long ras conducted on 6/3/25. ded potential staff to resident practices related to bathing fleanliness, dietary services administration practices, we equipment availability. The was found not in collowing requirement: F550. Cise of Rights (2)(b)(1)(2)  Rights. Shift to a dignified existence, and communication with and discribed services inside and cluding those specified in the services inside and cluding those specified in the services		Corrective Action  DON has assessed and upon schedule for resident's 1, 2, ensure that they are scheduled 2 baths a week. Resident 4 only 1 bath a week and as redesire. All of these resident baths will be tracked in the ledocumented appropriately. The residents refuse a bath this documented, and the bath was rescheduled as needed.  Identification of Others  All residents have been asses they are scheduled for at lease week unless they desire less will be documented and trace EMR. Any resident refusals documented and rescheduled All New admissions will be abathing needs and added to the EMR.	dated the bath 3, 5, 6, and 7 to alled and receive is scheduled for needed per her is scheduled EMR and If any of these will be essed to ensure ast two baths a s. These baths cked in our s will be ed as needed. assessed for	07/05/2025
	§483.10(b) Exercise	of Rights.		TITLE		(YE) DATE

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURI

Administrator

(X6) DAT

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:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION		, ,	(X3) DATE SURVEY COMPLETED	
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		435035	B. WING			06/	03/2025	
	ROVIDER OR SUPPLIER HILLS HEALTHCARE	-		22	TREET ADDRESS, CITY, STATE, ZIP CODE 200 13TH AVE ELLE FOURCHE, SD 57717			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 550	The resident has the rights as a resident or resident of the Unit §483.10(b)(1) The faresident can exercise interference, coercion from the facility.  §483.10(b)(2) The refree of interference, creprisal from the facility and to be supplexercise of his or her subpart.  This REQUIREMENT by:  Based on record revious provider failed to proquality of life to ensure the seven of eighteen soon of the substantial preference to the substantial preference to documenting residence to the substantial preference to the substantial preference to documenting residence to the substantial preference to the substanti	right to exercise his or her if the facility and as a citizen ted States.  cility must ensure that the ensure	F	550	Systemic Changes  The DON/designee will ensure that a Resident baths are scheduled twice a unless noted in the EMR because of resident's desire for a different sched much as possible this schedule will reresidents desire time of day for their lands and an refusals will also be documented, and an refusals will also be documented. If a resident does refuse a bath, then that will be rescheduled as needed. All the documentation on baths will be monified and documented in the EMR. New admissions will be placed on and tract the morning meeting tracking tool to they are assessed for bathing needs added to the schedule in the EMR.  Monitoring  DON/Designee will conduct daily aud the bathing to ensure all baths are bedone and documented appropriately. audits will also audit refusals and if the refused baths are rescheduled. Audit be done daily for 2 weeks and then divectly for 3 months.  The DON/designee will report any idea trends or concerns to the Quality Assecommittee monthly and as needed. Adjustment to this system and audits to be done this committee will take appropriate action.	a week a ule. As effect baths. y a t bath his ored cked on ensure and its of eing These tese tes will one entified urance If any		

NAME OF PROVIDER OR SUPPLIER  ROLLING HILLS HEALTHCARE  SUMMARY STATEMENT OF DEPTCIENCES BELLE FOURCHE, SD 57717  SUMMARY STATEMENT OF DEPTCIENCES PROVIDERS PLAN OF CORRECTION PREFUL PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRE	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIF A. BUILDING	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  ROLLING HILLS HEALTHCARE  ROLLING HILLS HEALTHCARE  RELIE FOURCHE, SD 57717  RESIDENCY OR SUMMARY STATEMENT OF DEFICIENCIES (EACH POPICIARY MUST BE PRECIDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 550  Continued From page 2 indicated she required extensive assistance from one staff person with her bath.  Review of resident 2's 5/5/25 through 6/3/25 bath book documentation and her EMR bathing documentation revealed:  "Her baths were scheduled every Monday and Thursday on the"long-term care bath schedule a.m." lists.  "There was no documentation that she had bathed from 5/12/25 through 6/22/25.  "Scheduled baths that were not provided had not been rescheduled.  "Resident 2 had not refused baths during that time.  2. Review of resident 3's EMR revealed:  "She was admitted to the facility on 10/2/24.  "Her 4/15/25 BIMS assessment score was 14, which indicated she was cognitively intact.  "Her 5/26/25 care plan focus area and intervention for dressing/grooming/bathing indicated she required extensive assistance from one staff person with her bath.  Review of resident 3's 5/5/25 through 6/3/25 bath book documentation on Forevaled:  "The resident had been scheduled for one bath and was bathed on 5/14/25 during that period.  "No other baths were scheduled or recorded in the EMR or on the bath sheets during that period.  "No other baths were scheduled or recorded in the EMR or on the bath sheets during that period.  "No other baths were scheduled or recorded in the EMR or on the bath sheets during that period.  "No other baths were scheduled or recorded in the EMR or on the bath sheets during that period.  "No other baths were scheduled or recorded in the EMR or on the bath sheets during that period.  "No other baths were scheduled or recorded in the EMR or on the bath sheets during that period.  "No other baths were scheduled or recorded in the EMR or on the bath sheets during that period.  "Scheduled baths that were not provided had not			435035	B. WING	<u> </u>	0	C 6/03/2025	
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indicated she required extensive assistance from one staff person with her bath.  Review of resident 2's 5/5/25 through 6/3/25 bath book documentation and her EMR bathing documentation revealed:  "Her baths were scheduled every Monday and Thursday on the"long-term care bath schedule a.m." lists.  "There was no documentation that she had bathed from 5/12/25 through 5/22/25.  "Scheduled baths that were not provided had not been rescheduled.  "Resident 2 had not refused baths during that time.  2. Review of resident 3's EMR revealed:  "She was admitted to the facility on 10/2/24.  "Her 4/15/25 BIMS assessment score was 14, which indicated she was cognitively intact.  "Her 5/2/6/25 care plan focus area and intervention for dressing/grooming/bathing indicated she required extensive assistance from one staff person with her bath.  Review of resident 3's 5/5/25 through 6/3/25 bath book documentation revealed:  "The resident had been scheduled for one bath and was bathed on 5/14/25 during that period.  "No other baths were scheduled or recorded in the EMR or on the bath sheets during that period.  "Scheduled baths that were not provided had not	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AR	HOULD BE	COMPLETION	
*Resident 3 had not refused baths during that time.  Interview on 6/3/25 at 2:52 p.m. with resident 3 in her room revealed:	F 550	indicated she require one staff person with Review of resident 2's book documentation documentation revea *Her baths were sche Thursday on the "long a.m." lists.  *There was no documented from 5/12/25 sheduled baths the been rescheduled.  *Resident 2 had not retime.  2. Review of resident she was admitted to "Her 4/15/25 BIMS as which indicated she with the she was admitted to "Her 5/26/25 care plaintervention for dress indicated she require one staff person with Review of resident 3's book documentation documentation revea the EMR or on the baths were the EMR	d extensive assistance from her bath.  s 5/5/25 through 6/3/25 bath and her EMR bathing led: eduled every Monday and perem care bath schedule mentation that she had through 5/22/25. In the facility on 10/2/24. It were not provided had not refused baths during that seessment score was 14, was cognitively intact. In focus area and ing/grooming/bathing d extensive assistance from her bath.  s 5/5/25 through 6/3/25 bath and her EMR bathing led: en scheduled for one bath /14/25 during that period. In scheduled or recorded in ath sheets during that period. In ath sheets during that period. In the full of	F 58	50			

			G	(X3) DATE SURVEY COMPLETED C		
	435035	B. WING_			06/03/2025	
NAME OF PROVIDER OR SUPPLIER ROLLING HILLS HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 13TH AVE BELLE FOURCHE, SD 57717				
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST B: TAG REGULATORY OR LSC IDENT	E PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
*She stated she received one Tuesdays.  *She indicated she did not re Tuesday morning bath on 6/3 *Staff did not provide her with reschedule the bath.  *She expressed she preferre and that she did not receive consistently.  3. Review of resident 4's EM *She was admitted to the face *Her 4/15/25 BIMS assessment which indicated she had a manimpairment.  *Her 4/25/25 care plan focus intervention for dressing/growindicated she required extensher shower once a week.  *She occasionally refused her shower was scheduled.  Review of resident 4's 5/5/25 book documentation and her documentation revealed:  *Her shower was scheduled.  *Her shower was scheduled.  Saturday/Sunday "long-term a.m." lists.  *It was documented in her E sheet that she refused her si *There was no documentation bathed after her refusal on 5 period.  *Scheduled showers that we not been rescheduled.  Interview on 6/3/25 at 3:05 pher room revealed:  *She preferred a shower ond daytime.	ceive her scheduled 3/25. In an explanation or d two baths a week her baths  R revealed: It is	F 5	50			

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION  NG		E SURVEY PLETED	
		435035	B. WING		06	C 5/03/2025
	ROVIDER OR SUPPLIER HILLS HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CO 2200 13TH AVE BELLE FOURCHE, SD 57717		10312023
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 550	shower from staff on  4. Review of resident *She was admitted to *Her 3/18/25 BIMS as which indicated she h impairment. *Her 3/15/25 are plan for dressing/grooming required extensive as person with her bath.  Review of resident 5% book documentation documentation revea *Her bath was schede "long-term care bath *She exhibited behav and other care occas *There was no docum bathed from 5/8/25 th	ecall if she received her a consistent basis.  5's EMR revealed: the facility on 10/8/20. ssessment score was 1, and a severe cognitive  focus area and intervention g/bathing indicated she esistance from one staff  as 5/5/25 through 6/3/25 bath and her EMR bathing led: uled every Thursday on the schedule" a.m. list. iors and refused bathing ionally. hentation that she had	F	550		
	*Her 5/6/25 BIMS ass which indicated she h impairment. *Her 5/6/25 care plan for dressing/grooming required extensive as person with her bath. Review of resident 6's book documentation documentation revea	the facility on 3/18/24. sessment score was 6, and a severe cognitive  focus area and intervention g/bathing indicated she sistance from one staff  s 5/5/25 through 6/3/25 bath and her EMR bathing				

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI		NSTRUCTION	C	OMPLETED
		435035	B. WING				06/03/2025
	ROVIDER OR SUPPLIER			2200	ET ADDRESS, CITY, STATE, ZIP CODE  13TH AVE  LE FOURCHE, SD 57717		
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 550			F	550			
	p.m. list.  *There was no doculus bathed after 5/1/25.  *Scheduled baths the been rescheduled.	-term care bath schedule" mentation that she had at were not provided had not refused baths during that					
	*Her 6/3/25 BIMS as which indicated she impairment. *Her 5/26/25 care pl intervention for dres	o the facility on 8/29/24. ssessment score was 8, had moderate cognitive an focus area and sing/grooming/bathing ed extensive assistance from					
	book documentation documentation reve *Her bath was scher Sunday on the "long p.m. list. *There was no docubathed after 5/21/25 *Bathing information EMR or on the bath *Scheduled baths the been rescheduled.	duled every Wednesday and j-term care bath schedule" mentation that she had is. In was not recorded in the					
	nursing assistant (C *Each hall (200, 300 one CNA and one b	25 at 10:40 a.m. with certified NA)/bath aide E revealed: 0, and 400) were staffed with ath aide during the day shift.					

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
435035		B. WING_			C 06/03/2025	
NAME OF PROVIDER OR SUPPLIER  ROLLING HILLS HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP COD 2200 13TH AVE BELLE FOURCHE, SD 57717		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 550	200 were shared betwaide and the CNA. *The bath aide was rebaths for residents who halls were completed. *The CNA assigned in responsible for ensuring were completed. *The evening shift was who shared the responsible for ensuring shift was who shared the responsible devening between the state of the shared that hall be shared the responsible for ensuring shift was who shared the responsible for ensuring shift was who shared the resident bathing state stopped at approximate assist residents with good as the shift of the	esponsible for ensuring all no resided in the 300 and eted. In the 200 hall was ing baths for those residents as staffed with three CNAs insibility for completing the aths. In the 400 a.m. and itely 7:15 a.m. for staff to getting to breakfast. In the facility on 10/5/22. In the facility on 10/5/22 are a traumatic brain injury, left side paralysis. Itely 30 are sessionally indicated he required total staff person with his bathing. In the school of the session of the s	F 5	50		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		435035	B. WING		06	/03/2025	
NAME OF PROVIDER OR SUPPLIER  ROLLING HILLS HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP COD 2200 13TH AVE BELLE FOURCHE, SD 57717	)E			
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F 550	9. Interview on 6/3/ regarding resident revealed: *Bathing document forms that were key responsibility of the completed those for- Resident names of each day based on scheduled bath day *Daily bath form do binder was transfer resident's EMR by  Continued interview and DON B regard process revealed: *They expected all necessary assistant bathed no less that *One of two design scheduled weekdat p.m. to complete re aides had been in amount of timeAt times, the dayt fill a scheduled CN CNA could not wo been provided on *ADON C was rev documentation to missed their sched those resident nar bath aide to have made up the follow -There was no con those missed bath made up by the bath	25 at 2:30 p.m. with ADON C bathing documentation  attion was written on bath per in a bath binder. It was the endesignated bath aide to have been seach day. In the daily bath forms changed a individual resident's sys.  Socumentation from the bath pred to each applicable the designated bath aide.  What 3:00 p.m. with ADON C inguing the resident bathing  residents to have received the nace from the staff to have been in once weekly. In atted daytime bath aides was also from 6:00 a.m. until 2:30 esident baths. Those two bath their positions for a consistent lime bath aide was expected to JA work shift if a scheduled risk that day. Baths may not have those days. It is in the bath book identify residents who had dailed baths. She had flagged thes in the bath book for the known their baths needed to be	F 55				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		435035	B. WING				03/2025	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 2200 13TH AVE BELLE FOURCHE, SD 57717	)DE	001	03/2023	
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F 550	refusals and data ent occurred when the bat transferred to a reside *Resident 1 was sche help him sleep and be better in the evening.  -DON B stated evening provided to accommod and support the compopportunities. It was at the staff who had assist their baths were not a expectations like the *DON B and ADON C bathing documentation been bathed more that above 30 day period their minimum expect bathed at least week!  10. Interviews on 6/3/C and at 3:50 p.m. wiresidents 2, 3, 4, 5, 6 documentation reveal bathing documentation residents had been be weekly during the per bathing after refusing reviewed. That had nexpectation for reside A Bath Aide job described.  A Bath Aide job described.	to account for bathing by mistakes that may have ath book documentation was ent's EMR.  Iduled for evening baths to ecause his demeanor was and and weekend baths were date resident preferences obtained a newer process and she felt isted those residents with as familiar with bath aide daytime bath aides were. It confirmed resident 1's an failed to support he had an one time during the reviewed. That had not met faction for him to have been by.  In a 13.32 p.m. with ADON th DON B regarding and 7's bathing led they confirmed the infailed to support those athed more than one time indice reviewed or were offered a bath during the period of met their minimum and bathing to have occurred.  In possible the support of the period of met their minimum and bathing to have occurred.  In possible the support of the period of met their minimum and bathing to have occurred.  In possible the support of the period of met their minimum and ministrator A. At 5:05 to bath aide job description were aide job description were	F	550				

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		435035	B. WING			C 6/03/2025	
	ROVIDER OR SUPPLIER HILLS HEALTHCARE			STREET ADDRESS, CITY, STATE, Z 2200 13TH AVE BELLE FOURCHE, SD 57717	IP CODE		
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F 550	Certified Nursing Ass revealed: "Summary: position is to ensure resident care availab Review of the provid Activities of Daily Liv *"2. Appropriate care provided for resident ADLs independently resident and in acco- including appropriate with:	sistant job description  The primary purpose of the the highest quality of sile"	F	550			