

South Dakota Department of Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 46902 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/07/2024 |
|--|--|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER WHISPERING WINDS ASSISTED LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 700 S MAIN AVE HOWARD, SD 57349 |
|---|---|

| (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) COMPLETE DATE |
|--------------------|---|---------------|--|--------------------|
| S 000 | Compliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted from 3/5/24 to 3/7/24. Whispering Winds Assisted Living was found not in compliance with the following requirements: S169, S201, S295, S305, and S506. | S 000 | | |
| S 169 | 44:70:02:17(5) Occupant Protection The facility shall: (5) Install an electrically activated audible alarm, if required by other sections of this article, on any unattended exit door. Any other exterior door must be locked or alarmed. The alarm must be audible at a designated staff station and may not automatically silence if the door is closed; This Administrative Rule of South Dakota is not met as evidenced by: Based on testing and interview, the provider failed to alarm one of four exterior doors (the main entrance) with a continuous alarm that would not automatically silence. Findings include: 1. Testing on 3/5/24 at 12:06 p.m. of the alarm for the main entrance door revealed the alarm made a single chime when the door was opened. 2. Previous testing on 3/5/24 from 11:30 a.m. to 12:06 p.m. of the other three exterior doors revealed those doors had alarms that made noise continuously at the panel in the kitchen until a staff member would reset the alarm. | S 169 | The company who installed the alarms was notified. He has ordered laser beam and key pad to be installed on the inside of the front door. He is coming to install the beam and key pad the week of April 1st. This will be reported by the administrator to the owners. | 4/15/24 |

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

Christina Konechne

TITLE

Administrator

(X6) DATE

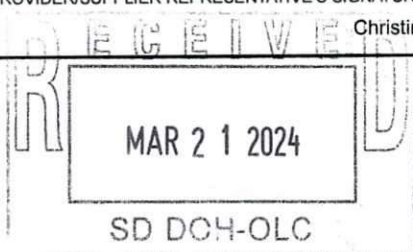
3/21/24

STATE FORM

6899

6BGS11

If continuation sheet 1 of 8



South Dakota Department of Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 46902 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/07/2024 |
|--|--|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER WHISPERING WINDS ASSISTED LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 700 S MAIN AVE HOWARD, SD 57349 |
|---|---|

| (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) COMPLETE DATE |
|--------------------|--|---------------|--|--------------------|
| S 169 | Continued From page 1 Interview with administrator A on 3/5/24 at 2:35 p.m. revealed: *She was not aware the front door needed to be alarmed the same as the other three doors when it was not attended. *She would have to contact the alarm company to see if the alarm on the front door could be activated to a continuous alarm when opened like the other three doors. Follow up e-mail interview on 3/7/24 confirmed the alarm company was not able to activate a continuous alarm on the front door. | S 169 | | |
| S 201 | 44:70:03:02 General Fire Safety Each facility must be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of occupants from fire, smoke, fumes, or resulting panic during the period of time reasonably necessary for escape from the structure in case of fire or other emergency. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, the facility must conduct monthly drills to provide training for all personnel. This Administrative Rule of South Dakota is not met as evidenced by: Based on testing and interview, the provider failed to maintain the positive latching feature for one of two sets of cross-corridor doors (north hall). Findings include: 1. Testing on 3/5/24 at 12:06 p.m. of the twenty-minute, cross-corridor doors at the end of the north hall revealed neither door would latch when closed with the self-closing device. | S 201 | The owners are getting the corridor doors in the north hall fixed so both doors latch when they are shut. The staff will check this on a monthly basis when fire drills are conducted. The administrator will conduct a monthly check to ensure the doors are latching properly. This will be reported to the owners. | 4/15/24 |

South Dakota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 46902 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/07/2024 |
|---|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER WHISPERING WINDS ASSISTED LIVING | | STREET ADDRESS, CITY, STATE, ZIP CODE 700 S MAIN AVE HOWARD, SD 57349 | | |
| (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) COMPLETE DATE |
| S 201 | Continued From page 2 Interview on 3/5/24 at 2:00 p.m. with administrator A revealed: *She was not aware that those doors would not latch. *Those doors were not on a preventative maintenance plan. | S 201 | | |
| S 295 | 44:70:04:04 Personnel Training The facility shall have a formal orientation program and an ongoing education program for all healthcare personnel. Ongoing education programs must cover the required subjects annually. This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, and policy review, the provider failed to ensure three of four sampled employees (C, E, and F) had completed the required annual training topics. Findings include: 1. Review of employee C's personnel file revealed: *She was hired on 3/3/22. *She had not completed the required annual training in 2023 for the following topics: -Fire prevention and response. -Emergency procedures and preparedness. -Accident prevention and safety procedures. -Incidents and diseases subject to mandatory reporting. -Nutritional risks and hydration. -Problem-solving and communication techniques regarding residents with cognitive impairment or challenging behaviors. | S 295 | The administrator overlooked that employees C, E, and F had not done employee orientation when they were hired. C, E and F will have these completed by 4/21/24. Administrator is aware that this should have been done as the policy states. The administrator will ensure that all new hires complete the required training and that monthly training is held for all employees. This information will be reported to the owners | 4/21/24 |

South Dakota Department of Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 46902 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/07/2024 |
|--|--|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER WHISPERING WINDS ASSISTED LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 700 S MAIN AVE HOWARD, SD 57349 |
|---|---|

| (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) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| S 295 | <p>Continued From page 3</p> <ul style="list-style-type: none"> -Abuse, neglect, and misappropriation of resident property. -Education based on resident care needs, post-traumatic stress disorder (PTSD) and mental illnesses. <p>2. Review of employee E's personnel file revealed: *She was hired on 1/20/23. *She had not completed the required annual training in 2023 for the following topics:</p> <ul style="list-style-type: none"> -Fire prevention and response. -Emergency procedures and preparedness. -Accident prevention and safety procedures. -Resident rights. -Confidentiality. -Incidents and diseases subject to mandatory reporting. -Nutritional risks and hydration. -Problem-solving and communication techniques regarding residents with cognitive impairment or challenging behaviors. -Abuse, neglect, and misappropriation of resident property. -Education based on resident care needs, post-traumatic stress disorder (PTSD) and mental illnesses. <p>3. Review of employee F's personnel file revealed: *She was hired on 12/9/21. *She had not completed the required annual training in 2023 for the following topics:</p> <ul style="list-style-type: none"> -Fire prevention and response. -Emergency procedures and preparedness. -Accident prevention and safety procedures. -Resident rights. -Confidentiality. -Incidents and diseases subject to mandatory reporting. | S 295 | | |

South Dakota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 46902 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/07/2024 |
|---|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER WHISPERING WINDS ASSISTED LIVING | | STREET ADDRESS, CITY, STATE, ZIP CODE 700 S MAIN AVE HOWARD, SD 57349 | | |
| (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) COMPLETE DATE |
| S 295 | Continued From page 4 -Nutritional risks and hydration. -Problem-solving and communication techniques regarding residents with cognitive impairment or challenging behaviors. -Abuse, neglect, and misappropriation of resident property. -Education based on resident care needs, post-traumatic stress disorder (PTSD) and mental illnesses. Interview on 3/5/24 at 3:41 p.m. with administrator A revealed she: *Was responsible for ensuring the completion of the annual training for all employees. *Confirmed annual employee training had not been completed within the last year. -They were having staffing issues. Review of the 2017 Personnel Training policy revealed: "It is Whispering Winds Senior Living policy to conduct a formal orientation program and ongoing education/training for all personnel in accordance with 44:70:04:04." | S 295 | | |
| S 305 | 44:70:04:05 Personnel Health Program The facility shall have a personnel health program for the protection of the residents. All personnel must be evaluated by a licensed health professional for a reportable communicable disease that poses a threat to others before assignment to duties or within fourteen days after employment including an assessment of previous vaccinations and tuberculin skin tests. This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview and | S 305 | Employees C,D,E,and F will have their TB screenings and health evaluations completed by 4/21/24 The administrator will ensure that all new hires get the screening and evaluations completed in a timely manner by putting a check list with the new hire paperwork. The information will reported to the owners | 4/21/24 |

South Dakota Department of Health

| | | | |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 46902 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 03/07/2024 |
|--|--|--|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER WHISPERING WINDS ASSISTED LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 700 S MAIN AVE HOWARD, SD 57349 |
|---|---|

| (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) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| S 305 | <p>Continued From page 5</p> <p>policy review the provider failed to ensure four of four sampled employees' (C, D, E, and F) health status for communicable diseases was evaluated by a licensed health professional within 14 days of the hire date. Findings include:</p> <p>1. Review of the employee personnel files revealed the following: *Employee C was hired on 3/3/22. *Employee D was hired on 12/6/23. *Employee E was hired on 1/20/23. *Employee F was hired on 12/9/21. *The health status for communicable diseases for the above employees was not evaluated by a licensed health professional.</p> <p>Interview on 3/6/24 at 10:30 a.m. with administrator A regarding employee health evaluations revealed, that she was aware of the requirement to have employee health evaluations reviewed, signed, and dated by a licensed health professional within 14 days from the hire date.</p> <p>Review of the provider's 2017 Employee Health Program policy revealed: "It is Whispering Winds Senior Living policy to conduct a formal orientation program and ongoing education/training for all personnel in accordance with 44:70:04:05."</p> | S 305 | | |
| S 506 | <p>44:70:06:17 Required Dietary Inservice Training</p> <p>The person in charge of dietary services or the dietitian shall provide ongoing inservice training for all healthcare personnel providing dietary and food-handling services. Training must be completed within thirty days of hire and annually for any dietary or food-handling personnel and</p> | S 506 | | |

South Dakota Department of Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 46902 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/07/2024 |
|--|--|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER WHISPERING WINDS ASSISTED LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 700 S MAIN AVE HOWARD, SD 57349 |
|---|---|

| (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) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| S 506 | <p>Continued From page 6</p> <p>must include the following subjects:</p> <ul style="list-style-type: none"> (1) Food safety; (2) Handwashing; (3) Food handling and preparation techniques; (4) Food-borne illnesses; (5) Serving and distribution procedures; (6) Leftover food handling policies; (7) Time and temperature controls for food preparation and service; (8) Nutrition and hydration; and (9) Sanitation requirements. <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on employee personnel record review and interview, the provider failed to ensure two of four sampled dietary employees (C and D) received the required dietary in-service training within 30 days of their hire and annually. Findings include:</p> <p>1. Review of employee C's personnel file revealed: *She was hired on 3/3/22 *She had not completed the required dietary training within 30 days of hire or annually for the following topics: -Food safety. -Handwashing. -Food handling/preparation techniques. -Serving and distribution procedures. -Leftover food handling policies. -Time and temperature controls for food preparation and service. -Nutrition and hydration. -Sanitation requirements.</p> | S 506 | | |

South Dakota Department of Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 46902 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/07/2024 |
|--|--|---|---|

NAME OF PROVIDER OR SUPPLIER
WHISPERING WINDS ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**700 S MAIN AVE
HOWARD, SD 57349**

| (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) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| S 506 | <p>Continued From page 7</p> <p>2. Review of employee D's personnel file revealed: *She was hired on 12/6/23 *She had not completed the required training within 30 days of hire for the following topics: -Food safety. -Handwashing. -Food handling/preparation techniques. -Serving and distribution procedures. -Leftover food handling policies. -Time and temperature controls for food preparation and service. -Nutrition and hydration. -Sanitation requirements.</p> <p>Interview on 3/5/24 at 3:41 p.m. with administrator A revealed she: *Was responsible for ensuring that the initial and annual dietary training was completed for all employees. *Confirmed annual employee training had not been completed within the last year. -They were having staffing issues.</p> <p>A policy was requested on 3/5/24 at 3:50 p.m. and administrator A could not provide a policy.</p> | S 506 | <p>The administrator was aware that each new employee needed to complete the dietary in-service training within 30 days of hire and annually. Employees C and D will have their dietary training completed by 4/21/24. The administrator overlooked this when they were hired. The administrator will also ensure that the dietitian will conduct an annually dietary in-service for all staff.</p> <p>This will be reported to the owners.</p> | 4/21/24 |

South Dakota Department of Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 46902 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 04/25/2024 |
|--|--|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER WHISPERING WINDS ASSISTED LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 700 S MAIN AVE HOWARD, SD 57349 |
|---|---|

| (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) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| {S 000} | <p>Compliance Statement</p> <p>A revisit survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted on 4/25/24 for deficiencies cited on 3/7/24. All deficiencies have been corrected, and no new noncompliance was found. Whispering Winds Assisted Living is in compliance with all regulations surveyed.</p> | {S 000} | | |

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

TITLE

(X6) DATE