

South Dakota Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                          |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>10713</b>            | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____  |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>05/21/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WINNER REGIONAL HEALTHCARE CENTER</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>805 EAST 8TH ST<br/>WINNER, SD 57580</b> |   |  |  |
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| S 000  | Compliance/noncompliance Statement<br><br>A complaint survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 5/20/25 through 5/21/25. Areas surveyed included care of residents who were incontinent, dignity of residents in staff interactions, and a resident who was physically aggressive towards residents and staff. Winner Regional Healthcare Center was found not in compliance with the following requirement: S206.   | S 000  |   |  |  |
| S 206  | 44:73:04:05 Personnel Training<br><br>The facility shall have a formal orientation program and an ongoing education program for all healthcare personnel. All healthcare personnel must complete the orientation program within thirty days of hire and the ongoing education program annually thereafter.<br><br>The orientation program and ongoing education program must include the following subjects:<br>(1) Fire prevention and response;<br>(2) Emergency procedures and preparedness;<br>(3) Infection control and prevention;<br>(4) Accident prevention and safety procedures;<br>(5) Proper use of restraints;<br>(6) Resident rights;<br>(7) Confidentiality of resident information;<br>(8) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms;<br>(9) Care of residents with unique needs;<br>(10) Dining assistance, nutritional risks, and hydration needs of residents;<br>(11) Abuse and neglect; and<br>(12) Advanced directives.<br><br>Any personnel whom the facility determines will have no contact with residents are exempt from | S 206  | All Winner Regional Staff have been found to be in compliance with dementia training.<br><br>All traveling staff will be required to take a dementia learning class online and present the DON/designee with the certificate for the class.<br>This is required to be completed by 06/23/2025.<br><br>All new hires will complete this online education and print a certificate within 30 days of hire.<br><br>ADON/designee will audit this and present to QAPI every quarter starting July of 2025. |  | 06/23/2025   |

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6/17/2025

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| S 206  | <p>Continued From page 1</p> <p>training required by subdivisions (5) and (8) to (12), inclusive, of this section.</p> <p>The facility shall provide additional personnel education based on the facility's identified needs.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by:<br/>Based on employee training records review, interview, and policy review, the provider failed to ensure mandatory training was provided on the care of residents with unique needs, such as dementia, for ten of fifteen contracted staff (D, F, G, I, J, K, N, P, Q, and R) reviewed.<br/>Findings include:</p> <p>1. Review of contracted employee records revealed:<br/>*Registered nurse (RN) D's contracted employment began on 2/10/25.<br/>*RN F's contracted employment began on 3/14/25.<br/>*Certified nurse assistant (CNA) G's contracted employment began on 12/30/24.<br/>*CNA I's contracted employment began on 10/28/24.<br/>*CNA J's contracted employment began on 2/12/25.<br/>*CNA K's contracted employment began on 3/17/25.<br/>*CNA/certified medication aide (CMA) N's contracted employment began on 7/29/24.<br/>*CNA/CMA P's contracted employment began on 2/9/25.<br/>*CNA/CMA Q's contracted employment began on 2/9/25.<br/>*CNA/CMA R's contracted employment began on 11/24/24.<br/>*There was no documentation that indicated the</p> | S 206  | <p>Completion date is 6/23/25</p> <p>Employee:</p> <p>D will complete by 6/23/25</p> <p>F will complete by 6/23/25</p> <p>G completed 6/12/25</p> <p>I No longer works here</p> <p>J completed 6/7/25</p> <p>K no longer works here</p> <p>N completed 6/7/25</p> <p>P completed 5/25/25</p> <p>Q completed 5/25/25</p> <p>R completed 5/25/25</p> | 06/23/2025   |

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| S 206  | <p>Continued From page 2</p> <p>above contracted employees had completed the required training on caring for residents with unique needs, such as dementia, within 30 days of their employment with the facility.</p> <p>2. Interview on 5/20/25 at 3:07 p.m. with CNA/CMA O revealed that some staff members were more effective in managing dementia-related behaviors and interacting with residents with dementia than others.</p> <p>3. Interview on 5/21/25 at 9:30 a.m. with director of nursing (DON) B revealed:<br/>*There was no documentation of training on the care of residents with unique needs, such as dementia, for travel staff members D, F, G, I, J, K, N, P, Q, and R.<br/>*She thought assistant DON (ADON) S was providing that education to the contracted staff members.<br/>*She confirmed those contracted staff members had not received dementia training within 30 days of their employment at the facility.</p> <p>4. Review of the provider's January 2025 "Required Annual Training of Healthcare Workers" policy revealed:<br/>*"To assure all direct care employees are knowledgeable and trained to provide safe, competent care for patients and residents."<br/>*"In accordance with State (SD Administrative Rules 44:73:04:05) and Federal regulations on personnel training, Winner Regional Health shall maintain a formal orientation program and an ongoing education program for all personnel..."<br/>*"In addition, direct patient care healthcare workers shall receive additional required annual education for the following patient care training areas ...Care of patients with unique needs."<br/>*"Initial training for new employees must be</p> | S 206  | <p>Policy Required Annual Training of Healthcare Workers was reviewed and changed. Added Dementia training and to be completed within 30 days of hire.</p> <p>The DON and ADON, who do the training, are aware of the changes to the policy. ADON/designee will audit monthly for three months, then quarterly for one year.</p> |   |

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| S 206  | Continued From page 3<br><br>completed within 60 days from date of hire."  | S 206   |  |                          |  |

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

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FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                          |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>435056</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><br><b>05/21/2025</b> |
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| F 000  | INITIAL COMMENTS   | F 000  |  |                            |  |
| F 657<br>SS=D  | <p>A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 5/20/25 through 5/21/25. Areas surveyed included care of residents who were incontinent, dignity of residents in staff interactions, and a resident who was physically aggressive towards staff. Winner Regional Healthcare Center was found not in compliance with the following requirement: F657.</p> <p>Care Plan Timing and Revision<br/>CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans<br/>§483.21(b)(2) A comprehensive care plan must be-</p> <ul style="list-style-type: none"> <li>(i) Developed within 7 days after completion of the comprehensive assessment.</li> <li>(ii) Prepared by an interdisciplinary team, that includes but is not limited to-- <ul style="list-style-type: none"> <li>(A) The attending physician.</li> <li>(B) A registered nurse with responsibility for the resident.</li> <li>(C) A nurse aide with responsibility for the resident.</li> <li>(D) A member of food and nutrition services staff.</li> <li>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</li> <li>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</li> </ul> </li> <li>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the</li> </ul> | F 657  | <p>The facility procedure is to develop and implement individualized care plans for all residents. Care plans are developed upon admission and are reviewed and updated quarterly and where there is a significant change in condition. Care plans are reviewed by the MDS coordinator/appropriate department and will be updated by MDS coordinator/appropriate department for any changes as they occur.</p> <p>A care plan was developed by 05/22/25 for resident 1 to reflect verbally aggressive behaviors. A care plan was developed by 05/22/2025 for resident 2 to reflect vulnerability to verbal aggression by roommate.</p> | 06/23/2025                 |  |

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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.

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| F 657  | <p>Continued From page 1</p> <p>comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on South Dakota Department of Health (SD DOH) complaint report review, record review, and interview, the provider failed to ensure care plans were reviewed and revised to reflect the current care needs of two of two sampled residents (1 and 2):</p> <p>*One of one sampled resident (1) with verbally aggressive behaviors.</p> <p>*One of one sampled resident (2) vulnerable to verbal aggression from her roommate.</p> <p>Findings include:</p> <p>1. Review of the 1/28/25 SD DOH complaint report revealed a resident with dementia (1) was physically aggressive with staff.</p> <p>*He had an alarm placed.</p> <p>-The report did not identify where, why, or what type of alarm had been placed.</p> <p>*An anonymous staff member was "afraid that the alarm would not prevent the resident from going after other residents and staff."</p> <p>Review of resident 1's medical record revealed:</p> <p>*He was admitted on 1/7/25.</p> <p>*His 4/7/25 Brief Interview of Mental Status (BIMS) assessment score was 1, which indicated he had severe cognitive impairment.</p> <p>*His diagnoses included: dementia, psychotic disturbance, mood disturbance, and anxiety.</p> <p>*His nurse progress notes indicated:</p> <p>-On 3/29/25, "Resident was yelling at his [roommate]."</p> <p>-On 5/16/25 at 12:45 p.m., resident 1, while in his room, was "cussing and yelling" at a staff member. His roommate asked him to "please</p> | F 657  | <p>Continued from page 1</p> <p>The Interdisciplinary team will review daily documentation and audit the care plans. Any behaviors/incidences identified will be care planned by the appropriate department. Audits will be reviewed at QAPI on a quarterly basis for 1 year.</p> <p>All residents will be reviewed for behavior care plans by June 23, 2025. A trauma Informed Care Policy was created by 05/22/2025. A Trauma Informed Care Screening will be implemented within 5 days of admission beginning 06/04/2025. Based on the findings from the Trauma Informed Care Screening, care plans and interventions will be individualized to deter re-traumatization from occurring.</p> <p>The care plans will be audited with the quarterly, significant change and annual MDS'. The number of audits will vary as they will align with the MDS Schedule.</p> <p>Education will be provided to the interdisciplinary team on 06/16/2025.</p> <p>The Care Plan policy was reviewed, and no changes were deemed necessary.</p> | 06/23/2025                 |  |

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| F 657  | <p>Continued From page 2</p> <p>stop cussing" and allow staff to help him.<br/>Resident 1 told his roommate, "Shut the hell up or I will slap..."</p> <p>-On 5/16/25 at 6:11 p.m., resident 1 was very agitated, and he cussed at "his roommate."</p> <p>*His current care plan reviewed on 5/20/25 did not include that:</p> <p>-He was verbally aggressive to his roommate or to staff.</p> <p>-He had any aggressive behaviors, or interventions for staff to implement to address his behaviors.</p> <p>2. Review of resident 2's medical record revealed:</p> <p>*She was admitted on 1/7/25.</p> <p>*Her 4/7/25 BIMS assessment score was a 13, which indicated her cognition was intact.</p> <p>*Her diagnoses did not include any mental health diagnoses.</p> <p>*Her nurse progress notes indicated that on 4/14/25 her roommate had been observed to "holler" at her on occasion. Her family was aware and had chosen not to move her to another room.</p> <p>*Her current care plan, reviewed on 5/20/25, did not include that she was vulnerable to verbal aggression by her roommate or any interventions for staff to implement to address or limit that vulnerability.</p> <p>3. Interview on 5/20/25 at 4:30 p.m. with director of social services (DSS) C revealed:</p> <p>*The facility utilized a contracted service to complete the Minimum Data Set (MDS) assessment (used to evaluate a resident's health status and to develop an individualized care plan to manage the resident's care needs) while a new MDS coordinator was being trained.</p> <p>*She confirmed that resident 1's care plan did not</p> | F 657  |  |                            |  |

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| F 657  | <p>Continued From page 3</p> <p>include his aggressive behaviors or interventions to address those behaviors.</p> <p>*She confirmed that resident 2's care plan did not include her vulnerability to verbal aggression from her roommate or any interventions to address that vulnerability.</p> <p>*She would "absolutely expect" to see those issues identified in resident 1 and resident 2's care plans.</p> <p>*She stated the care plans were not revised due to "a lapse between me and the MDS nurse."</p> <p>4. Interview on 5/21/25 at 11:33 a.m. with director of nursing (DON) B regarding care plans revealed:</p> <p>*She confirmed that resident 1's care plan did not reflect his aggressive behaviors.</p> <p>*She confirmed that resident 2's care plan did not address her vulnerability to verbal aggression from her roommate.</p> <p>*She stated that she and the MDS nurse shared responsibility for those care plans not having been revised to reflect residents' current care needs.</p> <p>*She agreed that care plans should reflect the residents' current needs and interventions to address those needs.</p> | F 657  |  |                            |  |