STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435056	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINNER REGIONAL HEALTHCARE CENTER	805 E 8TH ST , WINNER, South Dakota, 57580

(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
F0000	INITIAL COMMENTS An onsite revisit survey was conducted from 7/21/26 through 7/23/26 for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities for all previous deficiencies cited on 6/2/26. Winner Regional Healthcare Center was found not in compliance with the following requirements: F657 and F755.	F0000		
F0657 SS = E	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to - (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (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. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.	F0657		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	CEO	8-Aug-26

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

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F0657 SS = E	Continued from page 1 This REQUIREMENT is NOT MET as evidenced by: Based on review of the provider's plan of correction (POC) with a completion date of 7/9/26 for the 6/2/26 recertification health survey, record review, and, interview, the provider failed to ensure the residents' care plans (a personalized plan that addresses a resident's care needs, goals, and interventions) were reviewed and revised to reflect the current care needs for five of nine reviewed residents (5, 9, 22, 101, and 102). Findings include: 1.Review of the provider's POC with a completion date of 7/9/26 for the 6/2/26 recertification health survey revealed all current resident care plans were to be audited by the contracted Minimum Data Set (MDS) company, with the assistance from the director of nursing (DON), and the assistant director of nursing (ADON) to ensure the residents' care plans were comprehensive, person centered, and revised to reflect the resident's current needs, physician's orders, and services provided. Any discrepancies, including missing interventions or failure to update following a change in the resident's condition, would be corrected. Education was provided before 7/9/26 to all licensed nursing staff, the MDS coordinator, the DON, and the ADON on the care plan requirements. All residents who were identified with behavioral health needs were to have individualized, non-pharmacological interventions included in their care plan. The DON, ADON, MDS coordinator, or a designee was to perform audits of five resident care plans weekly for four weeks, monthly for three months, and quarterly thereafter. 2. Review of resident 5's care plan revealed her care plan did not indicate the level of assistance she required for toileting. 3. Review of resident 9's care plan revealed her care plan did not indicate how she transferred out of bed, and it did not indicate if she used a walker or a wheelchair. 4. Review of resident 22's care plan revealed her care plan did not indicate the level of assistance that	F0657	The care plan for Resident 5 has been updated to reflect that the resident requires maximum to total assistance with toileting tasks. The care plan has also been updated to reflect that the resident is able to verbalize when toileting is necessary. Resident 9 passed away on 7/24/2026. The care plan for Resident 22 has been updated to reflect that the resident requires moderate staff assistance with bathing and showering tasks.	08/09/2026

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F0657 SS = E	Continued from page 2 she needed to complete her bathing. 5. Review of resident 101's electronic medical record (EMR) revealed she admitted to the facility on 6/30/26. Her diagnoses included anxiety disorder (anticipation of future danger or misfortune with feelings of distress and/or sadness and symptoms such as restlessness or irritability), major depressive disorder, and bipolar II disorder (mental condition causing extreme shifts in mood, energy, and activity levels). Her 7/22/26 care plan indicated she was on a psychotropic medication (drugs that affect brain activities associated with mental processes and behavior). It did not include non-pharmacological interventions related to her anxiety, depression, or bipolar II disorder. 6. Review of resident 102's EMR revealed she admitted to the facility on 5/19/26. Her diagnoses included dementia (a group of symptoms affecting memory, thinking, and social abilities) with behavioral disturbances, and visual hallucinations (to see something that is not there). Resident 102 had a 5/19/26 physician's order for quetiapine (an antipsychotic medication; a drug that alters neurotransmitter activity in the brain to reduce symptoms of mental health conditions) 50 milligrams (mg) to be administered daily at bedtime for dementia with behavioral disturbances and visual hallucinations. Resident 102's care plan did not indicate she was on an antipsychotic medication. It did not indicate she had behaviors or visual hallucinations. It did not include non-pharmacological interventions for her behaviors or hallucinations. 7. Interview and review of the audits that were completed on the residents' care plans on 7/23/26 at 10:15 a.m. with DON B revealed that not all the residents' care plans were reviewed, including resident 102's care plan. The care plans for residents 5, 9, 22, and 101 were reviewed and updated by the contracted MDS company. DON B acknowledged that not all the areas of the care plans for residents 5, 9, and 22 that were previously cited on 6/2/26 were updated to reflect their current personal care needs. 8. Interview on 7/23/26 at 10:40 a.m. with chief executive officer (CEO) A revealed the contracted MDS company were reviewing and updating the	F0657	The care plan for Resident 101 has been updated to reflect that no specific behavioral triggers have been identified. The resident's care plan has also been revised to include individualized, non-pharmacological interventions to address behaviors as needed. The care plan for Resident 102 has been updated due to the resident's psychotropic medication use and diagnosis of behavioral disturbances and visual hallucinations. In addition, non-pharmacological interventions have been incorporated into the care plan. All Resident Care Plans have been reviewed for personalized plan that addresses resident care needs, goals, and interventions by the MDS Company. The DON has audited the resident Care Plans to ensure personalization. The DON will also review all new admit Care Plans for a personalized plan that addresses resident care needs, goals, and interventions. The interdisciplinary team will have a representative from the MDS company participating in IDT at least three times per week. During IDT meetings, the team discusses changes in behavior, medications, possible triggering events, and other significant resident changes to ensure individualized needs are addressed and documented for individualization of care plans. Having a member of the MDS company involved in IDT will allow real time discussions and review of items to ensure individualized care plans, medications, triggering events, significant changes are addressed in a timely manner in the residents care plan. The DON will audit three care plans monthly to ensure the individualization of care plans. These findings from the audit will be brought to the IDT committee for review and discussion in our IDT meetings. In addition, the LTC administrator will also review the audits performed by the DON to ensure individualization of the care plans. These findings will be taken to the QAPI committee on a quarterly basis for a period of 24 months and presented by the DON or designee for review and recommendations.	08/09/2026

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F0657 SS = E	Continued from page 3 residents' care plan to reflect their current care needs as their quarterly, annual, and significant change MDS assessments were due. The other resident care plans were reviewed and updated by the contracted MDS company as time allowed. He acknowledged there were no audits completed by the DON B, ADON C, or contracted MDS company related to the residents' care plans accurately reflecting the residents' current personal care needs.	F0657		
F0755 SS = E	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is NOT MET as evidenced by: Based on review of the provider's plan of correction (POC) with a completion date of 7/9/26 for the 6/2/26 recertification health survey, observation,	F0755	On July 22, 2026, the WRH ADON completed a full review of medications and supplies and removed all expired items from the medication storage areas which includes the medication room and medication carts. On July 23, 2026, the LTC Administrator and ADON conducted a follow-up audit to confirm that all expired medications and supplies had been removed. The facility has implemented a process requiring the ADON or designee to verify medication expiration dates in the medication areas weekly for three months, after which the review will occur monthly. The audit record will be maintained in the medication room for staff review. The DON will conduct a monthly audit of medications and supplies to ensure no outdated items are present in any of medication storage areas and will document the audit date and findings on the medication storage areas audit form. In addition, the LTC Administrator, with assistance from the DON or ADON, will conduct a monthly spot audit of medications and supplies in medication storage areas. Audit findings will be presented quarterly to the QAPI Committee by the DON or designee for review and recommendations for a period of 12 months.	08/09/2026

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F0755 SS = E	Continued from page 4 interview, and record review, the provider failed to ensure expired vaccinations were discarded in one of one medication storage room. Findings include: 1. Review of the provider's POC with a completion date of 7/9/26 for the 6/2/26 recertification health survey revealed there was an immediate audit of all medication storage areas. The audit included checking expiration dates and all expired items in the medication storage room were discarded. Education was provided to all licensed nursing staff related to medication storage and item expiration dates before 7/9/26. The director of nursing (DON) or assistant director of nursing (ADON) was to complete audits for four weeks, then monthly for three months to ensure ongoing compliance related to expired items in the medication storage areas. 2. Observation and Interview on 7/22/26 at 2:15 p.m. with ADON C in the medication storage room revealed the medication storage refrigerator contained 19 syringes of the influenza vaccine that were outdated on 6/13/26. ADON C confirmed that the influenza vaccine was outdated. ADON C verified that she was the staff member who was responsible for the weekly audits of the medication storage areas to ensure there were no outdated medications. 3. Review of the provider's F755 Pharmacy Services Audit Checklist revealed on 6/8/26, 6/15/26, 6/22/26, 6/29/26, 7/6/26, 7/13/26, and 7/20/26 ADON C documented there were "no expired medications present." 4. Interview on 7/22/26 at 2:45 p.m. with chief executive officer (CEO) A revealed he expected the medication storage areas to be checked weekly by ADON C for outdated items. He was told there were no outdated items in the medication storage areas.	F0755		