

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

PRINTED: 11/27/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2024
NAME OF PROVIDER OR SUPPLIER WILMOT CARE CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 501 4TH ST WILMOT, SD 57279	
(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 657 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 11/12/24 through 11/13/24. Areas surveyed included resident neglect, nursing services and quality of care/treatment. Wilmot Care Center was found not in compliance with the following requirements: F657 and F805.</p> <p>Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <p>(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</p>	F 657	<p>F657 The Certified Dietary Manager (CDM) updated Resident 1's care plan with the correct diet order on 11-14-2024. The Administrator educated the CDM and Care Planning/Interdisciplinary Team members on the Care Plan Policy which includes the review and updating of care plans when there has been a significant change in the resident conditions and at least quarterly. The Administrator/designee will audit care plan updates for resident diet changes by running the Order Listing report and comparing it to the care plan Daily for 2 weeks, weekly for 2 weeks, biweekly for 4 weeks and then monthly for 4 months. The Administrator/designee will report on diets being updated timely in the care plan to the QAPI committee at the next QAPI meeting and then quarterly for 1 year or until committee recommends completed.</p>	12-20-24

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

Jan Van Beek, Administrator

TITLE

(X6) DATE

12-11-2024

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 assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on South Dakota Department of Health (SD DOH) facility reported incident (FRI), record review, and policy review the provider failed to ensure that the care plan reflected the current individualized dietary needs for one of one sampled resident (1). Findings include:</p> <p>1. Review of the provider's DOH FRI report dated 9/26/24 revealed: *Resident 1 was provided with a peanut butter and jelly sandwich for lunch on 9/25/24 by CNA (certified nursing assistant) B. *Resident 1 had a recent decline in cognition, mobility, and chewing/swallowing. *Resident 1 tolerated tolerated the sandwich without choking or gagging. *Resident 1's care plan has been updated.</p> <p>2. Review of resident 1's electronic medical record revealed: *Her diagnoses included: -Alzheimer's disease (a brain disorder that causes a gradual decline in memory, thinking, and behavior). -Nutrition and metabolic disease. *A progress note dated 9/18/24 indicated that speech therapy evaluated the resident with new recommendations to: "Change diet to pureed. Recommend all medications to be crushed in puree or in liquid form". *A progress note dated 9/20/24 indicated resident 1 was triggered for having had a weight loss and noted plans for her diet to be changed to pureed diet texture as ordered by speech therapy on 9/18/24. *A physician's order dated 9/24/24 for resident 1</p>	F 657		

JVB
12-4-2024

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F 657	Continued From page 2 to be provided "a regular consistency diet, pureed texture [a smooth, soft, and uniform consistency that resembles pudding]." *Resident 1's care plan: -Did not reveal updated physician ordered diet changes to include a pureed diet. -Indicated that the "kitchen is to serve meats cut up, including sandwiches/burgers." -Indicated "Supervision of one [staff member] and sits at the assist table [for assistance with eating]." 3. Interview on 11/13/24 at 11:00 a.m. with director of nursing (DON) A revealed: *Care plans were to be updated by the department managers immediately following an order change or resident status change. -The dietary manager had not updated resident 1's care plan immediately following the physician ordered diet change. 4. Review of the provider's Care Plan Policy dated 6/6/24 revealed: **Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change." ***The care planning/Interdisciplinary Team (IDT) is responsible for the review and updating of care plans: -When there has been a significant change in resident's condition. -When the desired outcome is not met. -When the resident has been readmitted from a hospital stay. -At least quarterly.	F 657		
F 805 SS=D	Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3)	F 805		

JMB
11-14-2024

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F 805	Continued From page 3 §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(3) Food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) facility reported incident (FRI), record review, interview, and policy review, and interview, the provider failed to ensure the care plan reflected the current individualized diet plan ordered by the resident's physician for one of one sampled resident (1). Findings include: 1. Review of provider's DOH FRI report dated 9/26/24 revealed: * Resident was fed a peanut butter and jelly sandwich for lunch on 9/25/24 by CNA (certified nursing assistant) B. *Resident's care plan has been updated. *Resident has had a recent decline in cognition, mobility, and chewing/swallowing. 2. Review of resident 1's electronic medical record revealed: *Her brief Interview for Mental Status (BIMS) assessment score dated 7/27/24 was 2, which indicated she had severe cognitive impairment. *Physician's order dated 9/24/24 for a regular consistency diet, pureed texture (a smooth, soft, and uniform consistency that resembles pudding). *Progress note dated 9/18/24 revealing that speech therapy evaluated the resident with new recommendations: "Change diet to pureed. Recommend all meds crushed in puree or in liquid form". *Progress note dated 9/20/24 revealing that	F 805	F805 The Director of Nursing (DON) educated CNA (B) regarding serving Resident 1 a peanut butter and jelly sandwich once the incident was reported. Education included Resident diet order, the Nurse cannot upgrade a resident diet without Speech Therapy or provider order, and the incident was a form of abuse and was reported to the So. Dak. Dept. of Health. Education was completed on 9-25-2024. CNA (B) no longer works at this facility. All nursing staff (nurses and CNAs) will be educated regarding resident diets and if altered texture, process for diet order changes, and where to find the diet orders in the care plan related to nursing. A Kardex for each resident will be printed and put in a binder at the nurse's station that will identify the diet order and any special instructions or diet textures that need to be followed. The DON will educate all nursing staff by 12-26-2024 and a copy of the education will be posted in the Nurse education binder for all employees (staff and agency) to review. The DON/designee will audit resident diet order changes daily by running the order listing report and update the Nurse portion of the care plan, which will then be reflected in the Kardex. DON/designee will audit diet order changes daily for 2 weeks, weekly for 2 weeks, biweekly for 4 weeks, then monthly for 4 months. DON/designee will report on diet order changes at the next QAPI meeting and then quarterly for 1 year or until committee recommends completed.	12-26-24	JMB 12-4-2024

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F 805	Continued From page 4 resident 1 triggered for weight loss and noted plans for diet change to pureed diet texture as previously ordered by speech therapy on 9/18/24. *Her diagnoses included: -hyperlipidemia (high cholesterol). -Alzheimer's disease (a brain disorder that causes a gradual decline in memory, thinking, and behavior). -Nutrition and metabolic disease. *Resident 1's care plan: -Did not reflect a pureed diet. -Indicated that the "kitchen is to serve meats cut up, including sandwiches/burgers." -"Supervision of one and sits at the assist table." 3. Interview on 11/12/24 at 4:25 p.m. with certified nursing assistant (CNA) B regarding the above incident involving resident 1 revealed: *CNA B provided and assisted resident 1 with eating a peanut butter and jelly sandwich. -She was aware of the order for resident 1 to eat pureed foods. -She was instructed by the nurse on duty that day to assist resident 1 in eating the sandwich. -She had been concerned about the resident as she had not eaten much for three days before that. 4. Interview on 11/13/24 at 8:35 a.m. with dietary aide C revealed: *He had worked in the facility for 3 years. *The process when a resident's diet would change was as follows: -Speech therapy would evaluate the resident. -Speech therapy would notify the administrator of the suggested changes. -The doctor would send new dietary orders for the resident. -Dietary staff would be notified of the resident's	F 805	F805 continued: The Certified Dietary Manager (CDM) will educate all dietary staff on the updated Diet Order Change Policy, which includes resident diet order, the Nurse/CNA cannot upgrade a resident diet without Speech Therapy or provider order and the incident was a form of abuse and was reported to the So.Dak. Dept. of Health. Education will be completed by 12-23-2024. Certified Dietary Manager (CDM) updated the Care Plan to reflect the pureed diet on 11-14-2024. CDM/designee will audit resident diet order changes daily by running the order listing report and update the Dietary portion of the care plan, and the diet identification card used by dietary staff at meal times. The CDM/designee will audit diet order changes and diet identification card updates daily for 2 weeks, weekly for 2 weeks, biweekly for 4 weeks and the monthly for 4 months. CDM will report on diet order and diet identification card updates at the next QAPI meeting and then quarterly for 1 year or until committee recommends completed.	MB 12-4-2024	

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F 805	<p>Continued From page 5 diet changes.</p> <p>5. Interview on 11/13/24 at 9:02 a.m. with registered nurse (RN) D revealed: *She was not aware of the above incident regarding resident 1 having been provided with a sandwich that was the wrong diet type. *Weekly resident updates are located on a clipboard at the nurses' station. -Weekly resident updates are the responsibility of the staff nurses during each shift.</p> <p>6. Interview on 11/13/24 at 11:00 a.m. with director of nursing (DON) A revealed: No education or staff training had been completed with staff since resident 1 was given the peanut butter and sandwich on 9/25/24. *She attended one meal daily to complete the dining observation. *No documented auditing regarding resident's diets or diet changes has been completed since the above incident that involved resident 1.</p> <p>7. Review of the provider's Alteration of Texture and Consistency Diet Policy dated 1/2007 reveals: *Consistency modifications were to be a part of the resident's physician diet order. **"Procedures for levels of blended diets will be followed for the resident who tolerates some softer foods in whole form". **"Foods that must be pureed or ground will be done by the dietary department". **"At no time will dietary personnel or Nurse Aide make a diet order change without a written order. All consistency changes are ultimately approved by the physician".</p> <p>8. Review of the provider's Blended/Pureed</p>	F 805		<p style="text-align: right;">JVB 12-11-2024</p>

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F 805	Continued From page 6 Foods Policy dated 1/2007 revealed: **"All foods must be pureed using a blender or food processor". **"A complete meal consisting of meat, potato or substitute, milk, vegetable, fruit or dessert must be served. **"All foods should be served with a consistency of mashed potatoes, if added moisture needs to be added, a pot of warm milk should be put on the cart for nursing to use in thinning the puree". **"Blended (pureed) diets would be individualized according to individual residents needs or diet restrictions".	F 805			

JVB
12-11-2024