

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

PRINTED: 07/25/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2023
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NAME OF PROVIDER OR SUPPLIER WHEATCREST HILLS HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1311 VANDER HORCK ST BRITTON, SD 57430
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(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
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F 000	INITIAL COMMENTS	F 000		
F 761 SS=E	<p>A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 7/17/23 through 7/19/23. Wheatcrest Hills Healthcare Center was found not in compliance with the following requirement: F761.</p> <p>Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)</p> <p>§483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review,</p>	F 761	<p>1. Medications from the RXNow and Resident #32 have been destroyed per protocol. All residents have the potential to be affected.</p> <p>2. The ED, DNS and Medical Director have reviewed the policies regarding the security of medications in the center. The DNS or designee will educate all licensed nurses and medication aides on the security of medication in the facility by 8/15/23. All licensed staff not in attendance will be educated prior to their next working shift.</p> <p>3. The DNS or designee will complete weekly audits of the medication room and medication carts to ensure there are no control medications not locked/secured appropriately weekly times four weeks and monthly times four months. The DNS or designee will bring the results of these audits to the monthly QAPI committee for further review and recommendation to continue or discontinue the audits.</p>	8/15/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Stephen Schmitz</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>7/31/2023</i>
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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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NAME OF PROVIDER OR SUPPLIER WHEATCREST HILLS HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1311 VANDER HORCK ST BRITTON, SD 57430
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F 761	<p>Continued From page 1</p> <p>and policy review, the provider failed to ensure a system was implemented for tracking and securing three government-controlled medications awaiting destruction that were expired or had been discontinued in one of one medication room.</p> <p>Findings include:</p> <p>Observation and interview on 7/18/23 at 9:10 a.m. of the medication room with registered nurse (RN) C revealed a medication storage machine. RN C stated:</p> <ul style="list-style-type: none"> *The "RX NOW" machine was an automated emergency medication system. *Nurses used their fingerprints to obtain access to the RX NOW when they needed to remove emergency medications from it. *The RX NOW automatically documented who had accessed the system, when medications were removed, and what type of medication had been removed. <p>Beside the RX NOW was a small opened plastic container. The lid could swing down to cover the contents in the box and had two holes that could have been used to place a zip tie to seal the lid.</p> <ul style="list-style-type: none"> *Inside the open box were two small, sealed plastic containers. -The lids of the containers were clear but had been covered with large signs to indicate what medications were in the containers. -The signs made it difficult to see how many tablets of medication had been in the container. *One medication container indicated it held six tablets of Klonopin (a Schedule 4 controlled substance) used for anxiety and seizures. -This controlled medication had a potential for misuse and diversion. *Another medication container indicated it held 	F 761		
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F 761	<p>Continued From page 2</p> <p>six tablets of Dilaudid (a Schedule 2 controlled medication).</p> <p>-That controlled medication was a highly potent opioid narcotic analgesic, used for intense pain.</p> <p>-Schedule 2 medications had a high potential for diversion.</p> <p>*RN C stated:</p> <p>-The provider had numbered zip-ties available to secure the emergency medication awaiting destruction.</p> <p>-She placed two numbered tags on the box holding the above medication.</p> <p>-She had not documented the numbers on those the zip ties to a medication form to show when the medications had been removed from the emergency box, who removed them, or how many tablets were present when the zip-ties were placed.</p> <p>-There was no documentation on those medication forms to track the above medications.</p> <p>Observation and interview with RN C at the above time of a locked cupboard in the same medication room revealed one medication punch card of 30 tablets of zolpidem tartrate (a Schedule 4 controlled medication) a hypnotic for resident 32. There was no information attached to the medication card to indicate why the medication had been placed in the locked cupboard, or who had moved the medication to the cupboard.</p> <p>RN C confirmed the unsecured emergency Schedule 2 and 4 medications, and as-needed Schedule 4 controlled hypnotic medication awaiting destruction:</p> <p>*The Dilaudid and the Klonopin medications:</p> <p>-Had been removed from the RX NOW because they were expired.</p> <p>-The provider's out-of-town pharmacy made</p>	F 761		

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F 761	<p>Continued From page 3</p> <p>deliveries and had not delivered frequently because of the distance.</p> <ul style="list-style-type: none"> -New replacements for the expired medication had occurred within the last week. -The provider would have to wait for the pharmacist to return and send them back to the pharmacy. *The zolpidem tartrate had expired, and the punch card had been removed from the medication cart and placed in the cupboard until the card could have been sent back to the pharmacy. *RN C confirmed none of the above medications had documentation attached to the medication packages to indicate the following: <ul style="list-style-type: none"> -The emergency medications that had been removed from the RX NOW had been checked for the amount left in the unsecured emergency medication containers. -Who had access to the unsecured emergency medication on the counter. -There was no information attached to the medication card of zolpidem tartrate to indicate the reason the medication had been placed in the cupboard, who had placed it in the cupboard, or if anyone had been monitoring those medications. *RN C stated: <ul style="list-style-type: none"> -All nurses and unlicensed assistive personnel who worked in the building had access to the medication room, using a push-button door lock. -Only the director of nursing (DON) and charge nurse had access to the locked medication cupboard in the medication room. -There was no set schedule for when the medication awaiting destruction was to have been destroyed. -Medications awaiting destruction were not accompanied by documentation to indicate how much of the medication had been present when it 	F 761		

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NAME OF PROVIDER OR SUPPLIER WHEATCREST HILLS HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1311 VANDER HORCK ST BRITTON, SD 57430		
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F 761	<p>Continued From page 4 was placed in the cupboard.</p> <p>Interview on 7/18/23 at 10:25 a.m. with DON B regarding the above medications and the security of controlled medications revealed: *The zolpidem tartrate should have remained in the double locked area of the medication cart until it was destroyed. *The expired emergency medication (Klonopin and Dilaudid) should have been counted, locked away and documented when they were removed from the RX NOW and returned to the pharmacy.</p> <p>Interview on 7/19/23 at 1:45 p.m. with RN consultant D and DON C regarding returning controlled medication to the pharmacy when they were expired. *RN consultant D stated expired controlled medication could not be returned to the pharmacy. -Expired or discontinued controlled medications were to have remained in the building and should have been disposed of by the nurses as soon as possible. *DON C stated the RX NOW emergency box was new to the building and she was not aware the emergency medication was to have been destroyed in the building.</p> <p>Review of the provider's revised undated Controlled Medication Storage policy revealed: *Medications included in the DEA classification as controlled substances were subject to special handling, storage, disposal, and record keeping. *Only authorized licensed nurses and pharmacy personnel were to have had access to controlled medications. *The access system (key or security codes) used to lock controlled medications subject to abuse</p>	F 761		

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F 761	<p>Continued From page 5</p> <p>could not be the same access system used to obtain the non-scheduled medications.</p> <p>*A controlled medication accountability record was to have been prepared when receiving the inventory of a Schedule 2 medication.</p> <p>**"Accountability record necessity for Schedule III, IV, or V medications will depend on state regulations or a decision of the nursing care center."</p> <p>*At each shift change a physical inventory of all Schedule 2 was to have been conducted by two licensed nurses and documented on the controlled substances accountability record. "The nursing staff may have elected to count all controlled medications at the shift change."</p> <p>*Current controlled medication accountability records were to have been kept in the medication administration record or narcotic book.</p> <p>*Controlled medications were not to have been surrendered to anyone, including the resident's prescriber.</p> <p>*Controlled medications remaining in the nursing care center after the order had been discontinued were to have been retained in the nursing care center in a securely double-locked area with restricted access until they were destroyed.</p> <p>*Non-controlled medications that have been identified by the nursing care center as having the potential for abuse may have been stored with controlled substances.</p> <p>**"The nursing care center may store some controlled medications in an emergency medications supply in accordance with state requirements."</p>	F 761		

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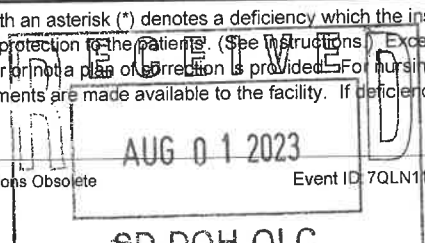
NAME OF PROVIDER OR SUPPLIER WHEATCREST HILLS HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1311 VANDER HORCK ST BRITTON, SD 57430
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E 000	<p>Initial Comments</p> <p>A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted from 7/17/23 through 7/19/23. Wheatcrest Hills Healthcare Center was found in compliance.</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Stephen Schmitz* TITLE *Executive Director* (X6) DATE *7/31/2023*

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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K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 7/18/23. Wheatcrest Hills Healthcare Center was found not in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of the deficiency identified at K211 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 211 SS=E	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation, testing, and interview, the provider failed to ensure operable egress doors as required at one exit door location (west wing exit door). Findings include: 1. Observation on 7/18/23 at 11:20 a.m. revealed the west wing exit door was unable to be easily opened. Testing of the door by applying greater than fifty pounds of force in the direction of the path of egress revealed it would not open.	K 211	1. The west wing exit door is able to be freely opened. All residents have the potential to be affected. 2. The Director of Maintenance was educated by the ED prior to 8/4/2023 on the ability to easily open an egress exit door. The Maintenance Director will audit all egress exit doors monthly as part of the preventative maintenance program. 3. The Executive Director or designee will audit 4 random egress exit doors weekly times four weeks and monthly times two months to ensure proper working order. The Executive Director or designee will bring the results of the audits to the QAPI committee for further recommendation to continue or discontinue the audits.	08/15/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Stephen Schmitz</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>7/31/2023</i>
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AUG 01 2023

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K 211	<p>Continued From page 1</p> <p>Interview at the time of the observation with the maintenance supervisor confirmed those conditions. She stated she was unaware that the door was not able to have been opened. Further investigation showed the ground swell had caused the threshold to impair door operation.</p> <p>Failure to provide working egress doors as required increases the risk of death or injury due to fire.</p> <p>The deficiency affected 100% of the smoke compartment occupants.</p> <p>Ref: 2012 NFPA 101 Section 19.2.2.2.1, 7.2.1.4.5.1(2)</p>	K 211		

South Dakota Department of Health

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NAME OF PROVIDER OR SUPPLIER
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STREET ADDRESS, CITY, STATE, ZIP CODE
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BRITTON, SD 57430**

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S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 7/17/23 through 7/19/23. Wheatcrest Hills Healthcare Center was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 7/17/23 through 7/19/23. Wheatcrest Hills Healthcare Center was found in compliance.	S 000		

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

Stephen Schmitz **RECEIVED** Executive Director

TITLE

7/31/23

(X6) DATE

