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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A089	(X2) MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING ______	(X3) DATE SURVEY COMPLETED 12/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE RIVER HEALTH CARE CENTER	515 E 8TH STREET WHITE RIVER, SD 57579

(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 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 12/12/23 through 12/13/23. White River Health Care Center was found not in compliance with the following requirement: F791.	F 000		
F 791 SS=D	Routine/Emergency Dental Srvcs in NFs CFR(s): 483.55(b)(1)-(5) §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care. §483.55(b) Nursing Facilities. The facility- §483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services; §483.55(b)(2) Must, if necessary or if requested, assist the resident- (i) In making appointments; and (ii) By arranging for transportation to and from the dental services locations; §483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that	F 791	Routine/Emergency Dental Services in NFs Resident #20 had no negative outcomes resulting from missing all his teeth three months ago, waiting for dentures, and not being informed of a dental appointment process. Resident #20 had dental follow-up appointment December 20th, and 28th The appointment on 12/28/23 has another appointment scheduled for 01/17/24. Review of dental appointments was completed on 1/04/24 to ensure any follow up appointments were scheduled and charted by Social Service Designee All residents have the potential to be affected. Administrator, DON, and ADON re-educate starting on 01/04/24 with following policies: Routine Dental Care, Medication and Treatment Orders, Dental Services, Dental Examination/Assessment, Emergency Dental Care, Dental Services, and Availability of Services Dental ensuring all residents dental services and follow-up visits are ensured for residents with all nursing staff, medical records, and drivers. The consultation papers will be given to the charge nurse after each appointment. The Charge nurse will log all follow-up visit when given the consult form, and add it to the nursing 24 hour communication book, with follow-up appointments. The consult form will be given to Medial records, and scanned into the	1/5/24 BH

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Amanda J Hodges — TITLE: Administrator — (X6) DATE: 1/5/24

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.

RECEIVED
JAN 05 2024
SD DOH-OLC

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	43A089	A. BUILDING ______ B. WING ______	12/13/2023

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WHITE RIVER HEALTH CARE CENTER	515 E 8TH STREET WHITE RIVER, SD 57579

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F 791	Continued From page 1 led to the delay; §483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and §483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review the provider failed to ensure one of one sampled resident (20) received recommended dental services after tooth extractions were completed. Finding include: 1. Observation and interview on 12/12/23 at 8:36 a.m. with resident 20 in his room revealed he: *Was missing all his teeth. *Stated that all of his teeth were pulled three months ago. *Was waiting for dentures. *Had not been informed of an appointment to start the process of getting dentures. Review of resident 20's electronic medical record revealed: *He was admitted on 3/1/22. *His Brief Interview of Mental Status score was 15, meaning his cognition was intact. *His diagnoses included: -Cerebral infarction due to thrombosis of the right middle cerebral artery. -Hemiplegia and hemiparesis following cerebral	F 791	EMR, Medical records and audited ensuring all follow-up visits are made. The Nursing 24-hour communication book will be taken to Interdisciplinary meetings making sure follow-up dental appointments are made. All identified staff will be educated before their next scheduled shift. The Administrator and/or designee will conduct audits monthly for 3 months and randomly thereafter. Results will be reviewed at QA/QAPI meetings until in substantial compliance is achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 791	Continued From page 2	F 791		

infarction affecting the left non-dominant side.
-Hypokalemia.
-Gastro0esophageal reflux disease without esophagitis.
*His care plan dated 9/20/23 showed a regular mechanical soft diet.
*His progress notes included:
-On 2/6/23 he returned from an oral surgery appointment.
-Instructions were given to begin resident on Amoxicillin 500 mg three times a day for five days.
-Hydrocodone 5/325 mg every six hours for pain as needed.
-Chlorhexidine 15 mL mouthwash twice a day for 14 days.
-The resident was instructed to keep gauze in extractions until no blood was present.
-Ice packs as needed for swelling.

Interview on 12/13/23 at 10:48 a.m. with director of nursing B regarding resident 20's dentures revealed:
*The medical records person would have scheduled the appointments for his new dentures, but she was out on maternity leave.
*The business manager was the backup person for medical records.
*She agreed the appointment should have been set up when he came back from getting his teeth extracted.
*The follow-up appointment must have gotten overlooked.
*It was her expectation that all follow-up appointments would be scheduled and documented in the appointment book.
*She confirmed his follow-up appointment with the dentist was not scheduled.

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	43A089	A. BUILDING ______ B. WING ______	12/13/2023

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F 791	Continued From page 3 Interview on 12/13/23 at 11:03 a.m. with business manager D regarding resident 20's dentures revealed: *She was the backup person for medical records while she was on maternity leave. *The Medicaid authorization did not get scanned into resident 20's medical record. *There was no paper trail for the follow-up visit with the dentist. *She agreed there should have been a follow-up dentist appointment scheduled. *The medical records person was not available for an interview. Review of the provider's revised February 2014 Medication and Treatment Orders, Dental Services policy revealed: *"Orders for the treatment of the resident's dental problems must be signed by the attending dentist." *"All orders must be charted and made a part of the resident's medical record and care plan."	F 791		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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E 000	Initial Comments 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 12/12/23 through 12/13/23. White River Health Care Center was found in compliance.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 1/5/24

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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JAN 05 2024
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/28/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43A089	A. BUILDING 01 - MAIN BUILDING 01 B. WING ______	12/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE RIVER HEALTH CARE CENTER	515 E 8TH STREET WHITE RIVER, SD 57579

(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
K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 12/12/23. White River Health Care 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 deficiencies identified at K324 and K363 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 324 SS=E	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through	K 324	K324 Cooking Facilities CFR(s); NFPA 101 Rapid Fire Protection from Rapid City, SD sent a quote signed on 12/11/23 to starting the facilities annual and semi-annual cooking facilities fire suppression system for the range hood fire suppression system. We have a new contract with Rapid Fire Protection to do the semi-annual and annal kitchen hood inspection. Rapid Fire protection did the kitchen hood inspection on 12/14/23. The Maintenance Supervisor and Dietary Manager were reeducated by the Administrator on 01/04/24 with the Kitchen Hood inspection and cleaning policy. The Maintenance Supervisor was given a kitchen and hood inspection form to implement monthly and educated by the Administrator. The Administrator and/or Designee will audit logs monthly x's six months then randomly after that point to ensure that compliance is maintained. The plan of correction will be monitored at the QA/QAPI meeting until such consistent substantial compliance has been met.	1/5/24 BH

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Amanda L Hodges
TITLE: Administrator
(X6) DATE: 1/5/24

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	43A089	A. BUILDING 01 - MAIN BUILDING 01 B. WING ______	12/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE RIVER HEALTH CARE CENTER	515 E 8TH STREET WHITE RIVER, SD 57579

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K 324	Continued From page 1 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on the kitchen tour and interview, the provider failed to conduct the required six-month inspections of the cooking facility's fire suppression system for the range hood. The records regarding the kitchen hood fire suppression system indicated an inspection was last done in March 2021. Findings include: 1. The kitchen tour on 12/12/23 at 1:30 p.m. revealed the tags on the kitchen hood fire suppression system indicated the last inspection was performed on 3/1/2021. The kitchen hood fire-suppression system must be inspected not less than every six months. There was no further documentation indicating other required inspections had taken place. Interview with the maintenance director and kitchen manager on 12/12/23 at 2:45 p.m. confirmed that finding. They stated the problem originated during the COVID challenges, and was then forgotten. A new fire service contractor had noted the deficiency and was scheduled to come on 12/14/23. This deficiency affected one of numerous kitchen hood fire suppression system requirements.	K 324		
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke	K 363	Corridor-Doors CFR(s): NFPA 101 The free closing corridor door (chapel door) with a wedge in place between the door and the floor was removed allowing the door to close. The corridor door (chapel door) was removed to meet substantial compliance with failed to maintain impediment-free closing for one corridor door (chapel door).	1/5/24 BH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43A089	A. BUILDING **01 - MAIN BUILDING 01** B. WING ______	12/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE RIVER HEALTH CARE CENTER	**515 E 8TH STREET** **WHITE RIVER, SD 57579**

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K 363	Continued From page 2 and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to maintain impediment-free closing for one corridor door (chapel door) as required. Findings include:	K 363	Maintenance Supervisor removed the door on 01/03/2024. Administrator re-educated Maintenance Supervisor on K-363 Corridor-doors about the importance of not having a door hold (wedge) placed on protective corridor doors.	

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43A089	A. BUILDING 01 - MAIN BUILDING 01 B. WING	12/12/2023

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K 363	Continued From page 3 1. Observation on 12/12/23 at 11:40 a.m. revealed the corridor door to the chapel had wedge in place between it and the floor. The door was not able to close with the wedge in place. The wedge had been in place for some time that included waxing it in place. Interview with a facility nurse at the time of the observation confirmed that finding. She said she was not even aware of the door because it was always open for easy access to the patient scale located within the chapel area. The deficiency had the potential to affect 100% of the occupants of the smoke compartment.	K 363		

PRINTED: 12/28/2023
FORM APPROVED

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10710	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED 12/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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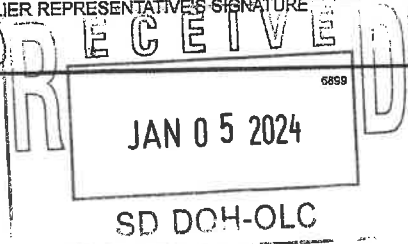
S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 12/12/23 through 12/13/23. White River Health Care Center was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement 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 12/12/23 through 12/13/23. White River Health Care Center was found in compliance.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Marcella L Hodges
TITLE: Administrator
(X6) DATE: 1/5/24



STATE FORM 6899 XJSY11 If continuation sheet 1 of 1