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

PRINTED: 08/22/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		JULTIPLE CONSTRUCTION ILDING		(X3) DATE SURVEY COMPLETED	
435133		B. WING	3. WING		08/17/2023		
NAME OF PROVIDER OR SUPPLIER WESKOTA MANOR INC				STREET ADDRESS, CITY, STATE, ZIP CODE 608 1ST STREET NE WESSINGTON SPRINGS, SD 57382			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFI REGULATORY OR LSC IDENTIFYING INFORMATION) TAG			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E ATE	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS		F	000			
	with 42 CFR Part 483 for Long Term Care fa	th survey for compliance 3, Subpart B, requirements acilities was conducted from /23. Weskota Manor Inc was					
		The second secon			TITLE		(X6) DATE
laboratory Nikk i Voi		SUPPLIER REPRESENTATIVE'S SIGNATUR	E		Administrator		8/25/2023

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 opnotaniants 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.

AUG 2 5 2023

FORM CMS-2567(02-99) Previous Versions Obsolete

Event D: TDBW11

Facility ID: 0093

If continuation sheet Page 1 of 1

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
435133		B. WING			08/17/2023		
NAME OF PROVIDER OR SUPPLIER WESKOTA MANOR INC				6	STREET ADDRESS, CITY, STATE, ZIP CODE 508 1ST STREET NE WESSINGTON SPRINGS, SD 57382		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E ATE	(X5) COMPLETION DATE
E 000	Initial Comments A recertification surve CFR Part 482, Subpa Emergency Prepared Term Care facilities w	ey for compliance with 42 art B, Subsection 483.73, Iness, requirements for Long vas conducted from 8/14/23 skota Manor Inc was found		000			
LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE		_	TITLE		(X6) DATE
Nikki Voi					Administrator		8/25/2023

Any deficiency statement ending with an asteries (*) 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.

AUG 25 2023

Event ID: TDBW11

Facility ID: 0093

If continuation sheet Page 1 of 1

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING 0	(X3) DATE SURVEY COMPLETED		
		435133	B. WING		08/15/2023
	ROVIDER OR SUPPLIER		6	TREET ADDRESS, CITY, STATE, ZIP CODE 08 1ST STREET NE VESSINGTON SPRINGS, SD 57382	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETIC
K 000	INITIAL COMMENTS		K 000		
	Life Safety Code (LSC occupancy) was cond Manor Inc was found CFR 483.90 (a) requi Facilities. The building will meet 2012 LSC for existing	ey for compliance with the C) (2012 existing health care flucted on 8/15/23. Weskota not in compliance with 42 rements for Long Term Care the requirements of the health care occupancies valuation System (FSES)			
K 271 SS=C	for K271 deficiencies FSES, in conjunction	he completion date column identified as meeting the with the provider's ued compliance with the fire	K 271		F
	provides a level walki provisions of 7.1.7 with elevation and shall be obstructions. Addition be a hard packed all-18.2.7, 19.2.7 This REQUIREMENT by: Based on observation	rally, the exit discharge shall weather travel surface. is not met as evidenced in and interview, the provider ed path of exit discharge to			
	basement (the north of basement had a land	exit). That exit from the ing that ended greater than arest street. Findings include:			
ORATORY I	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE	(X6) DATE
	Eye			Administrator	8/25/20

Any deficiency statement ending with an asterisk (*) denetes 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 becapt for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or hot a stan 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.

AUG 2 5 2023

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TDBW21

Facility ID: 0093

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

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 08/22/2023 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG 01 - Main Building 01		(X3) DATE SURVEY COMPLETED	
		435133	B. WING_			08/15/2023	
NAME OF PROVIDER OR SUPPLIER WESKOTA MANOR INC			STREET ADDRESS, CITY, STATE, ZIP CODE 608 1ST STREET NE WESSINGTON SPRINGS, SD 57382				
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
K 271	1. Observation on the north exit from paved to the public that ended greater street. The terrain from th way would make the difficult. An interview with the time of the observent area was the basement was The building meets "F" in the complete.	age 1 8/15/23 at 10:32 a.m. revealed the east basement was not away. It had a concrete landing than 200 feet from the nearest econcrete landing to a public the installation of a sidewalk the maintenance supervisor at the ervation indicated that the sused for storage and laundry. It is the FSES. Please mark an an on date column to indicate efficiencies identified in K000.	K2	271			

(X2) MULTIPLE CONSTRUCTION

South Dakota Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING 08/17/2023 10707 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **608 1ST ST NE WESKOTA MANOR INC** WESSINGTON SPRINGS, SD 57382 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 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 8/14/23 through 8/17/23. Weskota Manor Inc 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 8/14/23 through 8/17/23. Weskota Manor Inc was found in compliance. (X6) DATE TITLE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Nikki VonEye
STATE FORM

AUG 2 5 2023

SD POHOLO

Administrator

8/25/2023

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If continuation sheet 1 of 1