STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435056	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Winner Regional Healthcare Center	805 E 8th St Winner, SD 57580

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50916 Based on observation, interview, record review, and policy review, the provider failed to ensure: *One of one resident (9) receiving oxygen had appropriate exchange and maintenance of the cannula. *One of one resident (27) receiving oxygen at night had a current physician order for use and was care planned. Findings include: 1. Observation and interview on 12/17/24 at 9:57 a.m. with resident 9 in her room revealed: *She was seated in her wheelchair. *Her oxygen nasal cannula tubing connected to her oxygen concentrator was dated in black ink 9/5/24. *She stated she used her nasal cannula at nighttime. Observations on 12/18/24 and 12/19/24 revealed resident 9's oxygen nasal cannula tubing was dated 9/5/24. Interview on 12/18/24 at 9:27 a.m. with registered nurse (RN) H regarding changing resident oxygen tubing revealed: *The night shift staff were expected to change oxygen tubing weekly. *There were labels they could use on the oxygen tubing. *Staff were to document in the residents' charts who used oxygen when they had changed the oxygen tubing. Review of resident 9's electronic medical record (EMR) revealed: *She was admitted on [DATE]. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*Her Brief Interview for Mental Status (BIMS) assessment score was 8, meaning she was moderately cognitively impaired. *Her diagnoses included: -Chronic diastolic congestive heart failure. -Dependence on supplemental oxygen. -Intervertebral disc degeneration. -Chronic atrial fibrillation (a heart arrhythmia that causes the upper chambers of the heart to beat irregularly and quickly). *A physician's order for 2 liters of oxygen by nasal cannula every night dated 5/9/24. *A physician's order to change oxygen and nebulizer tubing once a week on Sundays during the night shift dated 8/6/23. *The changing of her oxygen tubing once a week on Sunday night shifts had been documented as complete by staff on 12/1/24, 12/8/24, and 12/15/24. Interview on 12/19/24 at 9:01 with director of nursing (DON) B regarding resident 9's oxygen tubing revealed: *She confirmed that residents' oxygen tubing was to be changed weekly on Sunday by the night nurses. *She agreed based on the above observations of resident 9's oxygen tubing that it had not been changed since 9/5/24. *She stated they do not perform chart audits or supervise staff to ensure they are performing and documenting oxygen tubing changes correctly. 2. Observation and interview on 12/17/24 at 12:24 pm of resident 27 her room revealed: *There was an oxygen concentrator with tubing and cannula attached. -There was no visible indication of a dating mechanism for changing the tubing. *She used oxygen at night when she needed it. -She thought the oxygen flow rate was about 2 liters. -She thought they changed the tubing weekly but she wasn't sure. Review of resident 27's electronic medical record (EMR) revealed: (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*The Medical Administration Record (MAR) did not reference her use of oxygen. *The Treatment Administration Record (TAR) contained no tasks related to oxygen equipment maintenance or changing of equipment such as oxygen tubing or cannula. *There was no physician order for the use of oxygen. *The care plan did not indicate that resident 27 used oxygen. *There was no indication on the pocket care plan that was used each day by certified nurse aides that resident 27 used oxygen. Interview with director of nursing (DON) B on 12/19/24 at 10:13 am regarding residents' use of oxygen revealed: *Use of oxygen required a physician's order. *She would have expected that oxygen use would have been documented in transfer orders received from hospital. -Staff were to ensure that orders were entered in the resident's EMR. -Staff were to enter the associated tasks including tubing changes in the resident's TAR. -Oxygen use was to be addressed in the resident's care plan. Review of the provider's 2/2020 Cleaning of Oxygen and Nebulizer Equipment policy revealed: *Nebulizer masks, cannulas, tubing are changed weekly. *Weekly, as assigned on the duties schedule, the charge nurse or designee replaces all oxygen masks, cannulas, and tubing. 51370

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45683 Based on observation, interview, record review, and policy review the provider failed to ensure side rail assessments were completed for safe and appropriateuse for three of seven sampled residents (1, 9, and 14) wh used them for repositioning. Findings include: 1. Observation and interview on 12/17/24 at 10:47 a.m. with resident 14 in her room revealed: *She was seated in her wheelchair. *Her bed hadside rails on the top half of each side (bilateral) of her bed. *She stated she used the side rails to move around in bed. Review of resident 14's electronic medical record (EMR) revealed: *She was admitted on [DATE]. *Her Brief Interview for Mental Status (BIMS) score was 14, meaning she was cognitively intact. *She had diganoses of: -Nondisplaced comminuted fracture of left patella (kneecap). -Parkinson's disease. -Pneumonia. *An order dated 5/8/24 for her to use side rails to bilateral sides of the bed, to aid her in self mobility and repositioning while in bed. *A 1/4 rail and side rail rationale and safety screen was completed on 5/7/24. *No other safety screens or assessments were completed for the use of the side rails. 2. Observation and interview on 12/17/24 at 9:57 a.m. with resident 9 in her room revealed: *She was seated in her wheelchair. *The top half of her bed had bilateral side rails. *She stated she used the side rails and loved them. Review of resident 9's EMR revealed: (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	*She was admitted on [DATE]. *Her BIMS assessment score was 8, meaning she was moderately cognitively impaired. *A 1/4 rail and siderail rationale and safety screen was completed on 7/29/23. *She had a current physicians order for a side rail. *No other safety screens or assessments were completed for the use of the side rail. 3. Observation and interview on 12/17/10:22 a.m. with resident 1 in her room revealed: *She was seated in her motorized wheelchair. *The top half of her bed had a side rail on the left side of her bed. *She stated she used her side rail at night to help her turn. *She stated she had been living at the facility for seventeen years. Review of resident 1's EMR revealed: *She was admitted on [DATE]. *Her BIMS assessment score was 15, meaning she was cognitively intact. *A side rail use assessment was completed on 3/6/2019. *She had a current physicians order for a side rail. *An alarm/side rail/restraint consent for use was signed on 9/9/2022. *No other safety screens or assessments were completed for the use of a side rail. Interview on 12/19/24 at 8:16 a.m. with assistant director of nursing (ADON) C regarding side rail assessments revealed the therapy department completed the assessments for the side rails. Interview on 12/19/24 at 8:39 a.m. with physical therapist L regarding side rail assessments revealed: *The therapy department did the initial assessments. *The nursing department was responsible for completing the quarterly assessments. Interview on 12/19/24 at 9:32 a.m. with director of nursing (DON) B regarding side rail assessments revealed: *She had identified the quarterly side rail assessments were an issue. (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	*The therapy department completed the initial assessments. *The nursing department was responsible for the quarterly assessments. *She agreed the quarterly assessments were not being completed. Review of the provider's 6/2021 side rail policy revealed: *Each resident will maintain his/her highest practical level of well-being in an environment that prohibits the use of side rail for discipline or to restrict movement and limits side rail use to circumstances in which the resident has been evaluated for transfers and safety with use of side rails to enhance mobility. *10. A side rail assessment will be completed by therapy and/or nursing when there is a desire expressed by the resident or need reported by the nursing staff. *11. Physicians orders for type and number of side rails will be obtained prior to placing the side rail on the bed. *12. A side rail assessment form will be completed quarterly and prn by the MDS coordinator or designee in conjunction with OBRA MDS's and prn for use or desired change. 50916