STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435062	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alcester Care and Rehab Center, Inc	101 Church Street Alcester, SD 57001

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 49958 Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI), record review, interview, and observation, the provider failed to ensure the safety of one of one sampled resident (1) who eloped (left the facility without staff knowledge) and was outside of the building approximately 18 minutes when a basement door was left unalarmed. Failure to ensure the alarm was activated may have contributed to his elopement. This citation is considered past non-compliance based on review of the corrective actions the provider implemented immediately following the incident. Findings include: 1. Review of the provider's 6/10/24 SD DOH FRI revealed: *On 6/9/24 at 3:13 p.m. the facility received a phone call from a community member alerting them that resident 1 was sitting outside the facility in the apartment parking lot close to the street. *Resident 1 was brought back to the facility by staff, was assessed, was not injured. The provider implemented systemic changes to ensure the deficient practice does not recur was confirmed after: record review revealed the facility had followed its quality assurance process, education was provided to all staff regarding the elopement process including ensuring the basement door alarm was to always be properly engaged. resident 1, was re-educated that he was to let staff know when he would like to go outside, observations and interviews revealed staff understood how to engage the door alarm system, how to respond to the door alarms, and to implement their process to ensure an elopement does not occur, review of staff schedules confirmed staffing levels met residents' assistance needs, verifying the elopement procedures including the activation of the basement door alarm was conducted and audits were being performed. Based on the above information, non-compliance at F689 occurred on 6/9/24, and based on the provider's implemented corrective actions for the deficient practice confirmed on 6/11/24, the non-compliance is considered past non-compliance.

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