

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2024
NAME OF PROVIDER OR SUPPLIER Wakonda Heritage Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 515 Ohio Street Wakonda, SD 57073	

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)
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45683</p> <p>Based on observation, interview, record review, and policy review, the provider failed to ensure menu substitutions for special events were reviewed and approved by a registered dietitian. Findings include:</p> <p>1. Observation on [DATE] at 12:08 p.m. of resident 1 in the dining room revealed:</p> <ul style="list-style-type: none"> *He was assisted into the dining room in his wheelchair by a staff member. *His juice, water, and soy milk were at the table for him. *Dietary staff brought his meal on a portioned plate which consisted of meatballs, a baked potato, and wax beans. *The meatballs were ground. *All other foods were cut into small pieces. *He used weighted gloves to keep his hands steady. <p>2. Interview on [DATE] at 1:35 p.m. with resident 1 in his room revealed:</p> <ul style="list-style-type: none"> *He had an issue with choking a few days ago and went to the hospital. *The meal he was served that day included steak and potatoes for a special Father's Day meal. *He said he had issues with swallowing but that was better now. *The meat was ground up now and his other food was cut into small pieces. *He was ok with his new diet. <p>3. Interview and record review on [DATE] at 3:00 p.m. with dietary manager C regarding the incident with resident 1 revealed:</p> <p>(continued on next page)</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2024
NAME OF PROVIDER OR SUPPLIER Wakonda Heritage Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 515 Ohio Street Wakonda, SD 57073	
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)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*The meal on the menu for supper on [DATE] was, a hot dog and a bun, mashed potatoes and gravy, pea salad, and a banana.</p> <p>*They provided a special Father's Day meal of steak and foil packets that contained potatoes, carrots, onions, and butter for the male residents.</p> <p>*She had marinated the steaks in the morning before they were cooked.</p> <p>*She cut up the steaks for residents before they were served.</p> <p>*Resident 1 was originally on an NDD2 diet with regular meat and staff would cut up the meat.</p> <p>-He came back from the hospital with an order for a speech evaluation.</p> <p>-On [DATE] the speech therapist did a speech eval and education to change his diet to NDD2 with ground meat.</p> <p>-He was now on NDD2 diet (moist, soft foods) with ground meat.</p> <p>*The female residents were served what was listed on the menu.</p> <p>*The June menu substitution log revealed staff had not added the steak and vegetable foil packets to the menu substitution log for the registered dietitian to review and approve.</p> <p>*It was her expectation that staff would have added those food items to the substitution log for the dietitian to review and approve.</p> <p>4. Interview on [DATE] at 3:30 p.m. with director of nursing (DON) B regarding resident choking and emergency response in the dining room revealed:</p> <p>*All the nursing staff are CPR certified which included choking response.</p> <p>*They have an annual training to go over emergency procedures that pertain to the residents and the facility.</p> <p>*Resident 1 was on an NDD2 diet with regular meat at the time of his choking incident.</p> <p>*After that incident they obtained an order for a speech evaluation.</p> <p>*The evaluation was completed on [DATE] and his diet was changed to NDD2 with ground meat.</p> <p>5. Interview and record review on [DATE] at ,d+[DATE] p.m. with licensed practical nurse (LPN)D regarding resident 1's choking incident on [DATE] revealed:</p> <p>*She worked the day shift on [DATE].</p> <p>*Resident 1 was in the dining room for breakfast but did not want to eat due to complaints of nausea.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2024
NAME OF PROVIDER OR SUPPLIER Wakonda Heritage Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 515 Ohio Street Wakonda, SD 57073	

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)
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*He was taken back to his room where he had some watery emesis (vomit) with bits of egg in it.</p> <p>*She gave him Zofran (medication to prevent nausea per his doctor's orders.</p> <p>*He continued to have emesis issues throughout the day but denied any issues with breathing.</p> <p>*She called an electronic long-term care support service, and they recommended he be sent to the emergency room (ER) for an evaluation.</p> <p>*He was evaluated in the ER and then admitted to the hospital for the removal of the steak.</p> <p>*They had removed two ,d+[DATE] inch-sized pieces of steak from his throat from the special Father's Day meal the night before.</p> <p>*He returned to the facility on [DATE] with orders for a clear liquid diet and a speech evaluation.</p> <p>*The speech evaluation changed his diet to NDD2 with soft meats.</p> <p>*He would be moved to a different table in the dining room to allow for increased staff observation for signs of choking.</p> <p>6. Interview on [DATE] at 4:40 p.m. with administrator A regarding resident 1's choking incident revealed:</p> <p>*They provide special meals for residents on special occasions like Mother's Day, Father's Day, and St. Patrick's Day.</p> <p>*All nursing staff were trained in CPR and to address choking issues.</p> <p>*There was always a member of the nursing department in the dining room.</p> <p>*She was not sure if dietary staff had ever documented the special meal menus on the substitution sheet for the dietitian to review and approve.</p> <p>*She agreed the dietary staff should have followed the policy for menu substitutions.</p> <p>Review of the provider's menu substitutions policy dated 2021 revealed:</p> <p>*Menu substitutions will be made after discussion with the director of food and nutrition services whenever possible. Last minute substitutions may need to be made for uncontrollable situations (ie. inventory emergency when a food item is temporarily unavailable) .</p> <p>*3. All changes to the menu (including the date, menu item substitution, and reason for the substitution) will be recorded.</p> <p>*4. The registered dietitian (RDN) or designee will periodically evaluate menu changes and if needed, an appropriate plan of action will be made to correct any concerns.</p>