

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Wheatcrest Hills Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1311 Vander Horck St Britton, SD 57430	

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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>49958</p> <p>Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI), observation, interview, record review, and policy review, the provider:</p> <p>*Failed to follow the nebulizer (neb) machine manufacturer's instructions which resulted in resident (12) receiving a burn.</p> <p>*Failed to follow the physician's order to discontinue the resident's (12) self-administration of his neb (breathing) treatments after he had received a burn.</p> <p>Findings include:</p> <p>1. Review of the provider's SD DOH FRI submitted on 6/12/24 at 2:24 p.m. revealed:</p> <p>*Resident 12 was found to have a Reddened area and 2 fluid filled blisters noted to resident's right outer thigh.</p> <p>*When resident takes his 2000 [8:00 p.m.] neb [breathing treatment] he requests that the machine be placed on his bed.</p> <p>*It is reasonable to conclude that the resident moved his nebulizer next to his skin causing the burn.</p> <p>*.Self administration of nebulizer discontinued.</p> <p>2. Observation and interview on 7/09/24 at 11:09 a.m. with resident 12 revealed:</p> <p>*A nebulizer machine on the nightstand to the left of his recliner.</p> <p>*He stated:</p> <p>- They come in and turn it [the nebulizer machine] on and put the mask on me.</p> <p>-She doesn't usually stay but sometimes she does. They are usually in a hurry.</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: 435105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Wheatcrest Hills Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1311 Vander Horck St Britton, SD 57430	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Sometimes they come back and sometimes I take it [the nebulizer mask] off myself but the machine keeps running. If they leave it close enough I can shut it off. It's heavy and hard to handle. It works best if they leave it where I can reach it.</p> <p>*He recalled that he had burns on his right leg as he touched the area between his knee and hip.</p> <p>-He stated, It hurt real bad, but it's getting better.</p> <p>-They put it [the nebulizer machine] on my bed and I fell asleep. He could not recall who had placed it on his bed.</p> <p>-I didn't feel it [the nebulizer machine] getting hot.</p> <p>Observation and interview on 7/09/24 at 11:18 a.m. with registered nurse (RN) P revealed she:</p> <p>*Entered resident 12's room while the surveyor was conducting an interview.</p> <p>*Explained each step as she completed them.</p> <p>*Put liquid medication into the nebulizer's mask reservoir.</p> <p>*Placed the nebulizer mask on resident 12.</p> <p>*Turned on the nebulizer machine that was located on the nightstand.</p> <p>*Handed resident 12 his call light and exited the room.</p> <p>Observation on 7/09/24 at 11:23 a.m. with RN P revealed she returned to resident 12's room, turned off the nebulizer machine, cleaned the mask, washed her hands, and left the room.</p> <p>Interview on 7/10/24 at 7:39 a.m. with director of nursing (DON) B revealed:</p> <p>*Education had been provided on 6/12/24 to all licensed staff not to place nebulizer machines on resident's beds.</p> <p>*She clarified that a nebulizer and an inhaler were different medication types, and each required a separate self-administration order.</p> <p>*Resident 12's nebulizer self-administration order had been discontinued by the physician on 6/12/24.</p> <p>*She completed the Self Administration of Medication Evaluation Review on 7/9/24.</p> <p>*She expected that staff would have remained in the room with resident 12 while he completed his nebulizer treatment.</p> <p>*She was aware that RN P had left resident 12's room while he had completed his nebulizer treatment on 7/9/24 because she already told me.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Wheatcrest Hills Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1311 Vander Horck St Britton, SD 57430	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and interview on 7/10/24 at 7:44 a.m. with certified nursing assistant (CNA) J and resident 12 revealed:</p> <ul style="list-style-type: none"> *CNA J washed her hands and put on a gown and gloves before completing resident 12's care. *CNA J uncovered resident 12's right thigh. -There were four small red areas on the resident's thigh, one contained a scab. *The resident stated, They are healing up, and denied any pain. <p>Interview on 7/10/24 at 9:04 a.m. via phone with RN F revealed:</p> <ul style="list-style-type: none"> *On 6/7/24 she had been informed by a CNA that there was a reddened area on resident 12's thigh. -She had discovered a large red area and four to five small blisters had started to develop. --The resident had complained of pain in that area. -He had not been sure what had caused the pain. *She had provided his nebulizer treatments on the night shift. -The resident had taken his nebulizer treatment in bed that night. --The nebulizer had been placed on the bed so that it could reach because the tube isn't long enough and then he could shut it off when he was done. *She had laid the nebulizer next to the reddened area and assumed that was what caused the burn because it lined up. *She had not been aware of the manufacturer's recommendation not to place the nebulizer machine on a soft surface, such as a bed. *She had last provided his nebulizer treatment on 7/7/24 she stated she had: <ul style="list-style-type: none"> -Placed the mask on him. -Turned the machine on. -Left the room to pass medications down the hall. -Returned after 10-15 minutes to take his mask off and turn off the machine. <p>3. Review of resident 12's electronic medical record (EMR) revealed:</p> <ul style="list-style-type: none"> *He had a Brief Interview for Mental Status (BIMS) score of nine which indicated his cognition was moderately impaired. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Wheatcrest Hills Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1311 Vander Horck St Britton, SD 57430	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>*On 6/7/24 a progress note indicated Was called to this Residents room by the CNA [certified nursing assistant] to look at an area on the residents right outer thigh that hadn't been noted before now. It was a large, reddened area that measured 11[centimeters]cm x 6.5cm with 2 fluid filled blister areas that measured 2.5x.5cm and 2.5x1.0cm.</p> <p>*On 6/12/24 a physician's order discontinued the May self-administer nebulizer treatments after LN [licensed nurse] sets up. Every shift.</p> <p>*His 6/27/24 Self Administration of Medication Evaluation Review indicated .He is also able to self-administer his nebulizer treatment after staff sets it up.</p> <p>*His 7/9/24 Self Administration of Medication Evaluation Review indicated Resident is able to administer his inhaler after nurse sets it up but he is unable to self-administer his nebulizer.</p> <p>4. Review of the Aeromist Colors Nebulizer Compressor Kit Instruction Manual revealed:</p> <p>*Warning: To reduce the risk of burns, electrocution, fire or injury NEVER block the air openings of the product or place it on a soft surface, such as a bed or couch, where the air openings may be blocked.</p> <p>*Operation Instructions . Place the compressor on a stable, sturdy and flat surface such that the unit can be easily reached when you are seated.</p> <p>5. Review of the provider's December 2017 Guidelines for Administration of Aerosolized Care (Nebulizers and Inhalers) Policy revealed:</p> <p>*Aerosolized care will be provided in accordance with standards of practice and physicians orders.</p> <p>Review of the provider's Self-Administration of Medication policy revealed:</p> <p>*If it is determined the resident may self-administer medications, the nurse: Obtains a physician order for the specific medication(s).</p>		