

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 06/18/2025
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and policy review, the provider failed to ensure an ongoing restorative nursing program was completed according to residents' care planned needs for twelve of twelve sampled residents (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12) at risk for a decline in range of motion (ROM).</p> <p>Findings include:</p> <p>1. Observation and interview on 6/17/25 at 10:41 a.m. with resident 1 and his wife revealed:</p> <ul style="list-style-type: none"> *He had lived at the facility since January 2025. *He had received therapy services when he admitted , but his therapy program had ended. *His physician and therapist had mentioned to him that he would never walk again. *His restorative program was completed once a week and varied on which day of the week it occurred. *He expressed his desire to return home and that he would like his restorative program to be daily. *He had recently had a care conference on 6/11/25 during which he asked staff about adding more leg exercises to his restorative program. *Resident 1's wife stated she could not see how his discharge home would be possible. <p>Interview on 6/17/25 at 1:04 p.m. with restorative aide (RA) E regarding resident 1's restorative program revealed:</p> <ul style="list-style-type: none"> *She stated that the therapy department had set up resident 1's restorative program to be completed on Tuesdays and Thursdays. *His ROM exercises included the use of TheraBands for his upper ROM, squeeze balls, and kicking exercises. <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
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-TheraBands are elastic bands used for strength training and stretching various muscle groups to increase flexibility and ROM.</p> <p>-Squeeze balls are small flexible balls used to exercise the muscles of the hands, fingers, and wrists, that can improve hand and wrist health and ROM.</p> <p>*She stated resident 1 would often get upset when he observed her working as a CNA on the floor, as that meant she would not be able to complete the restorative programs that day.</p> <p>Review of resident 1's electronic medical record (EMR) revealed:</p> <p>*He was admitted on [DATE].</p> <p>*His diagnoses included traumatic subdural hemorrhage with loss of consciousness (a serious head injury where bleeding occurs between the brain and its outer covering due to trauma, causing temporary or prolonged unconsciousness), localization-related symptomatic epilepsy and epileptic syndromes with complex partial seizures (a type of epilepsy where seizures originate from a specific area of the brain and involve a loss or alteration of awareness), other fracture of right lower leg, subsequent encounter for closed fracture with routine healing, Parkinsonism (a general term for a group of neurological disorders that share similar movement symptoms like tremors, slow movement, and stiffness), and transient cerebral ischemic attack (often called a mini-stroke, a temporary disruption of blood flow to the brain, causing stroke-like symptoms that resolve within minutes to hours, but typically within 24 hours).</p> <p>*His most recent significant change in status Minimum Data Set (MDS) assessment with an assessment reference date of 3/3/25 indicated:</p> <p>-Functional Limitation in Range of Motion: Lower extremity (hip, knee, ankle, foot).</p> <p>-Impairment on both sides.</p> <p>*A Restorative Program Referral Form signed by staff development registered nurse (RN) C on 4/17/25 indicated that an exercise group program was recommended for him five times per week.</p> <p>*His 5/28/25 Brief Interview for Mental Status (BIMS) assessment score was 15 which indicated he was cognitively intact.</p> <p>*His 6/18/25 care plan indicated:</p> <p>-A problem area of Impaired mobility R/T [related to]: decreased ROM. decreased bed mobility[, and] decreased transfer skills.</p> <p>-A goal of, I would like to maintain my current level of functioning.</p> <p>-An intervention of, NURSING REHAB/RESTORATIVE: ACTIVE ROM Program: Exercise group for 15 min. [minutes] Tue-Thurs [Tuesday, Thursday for] Flexibility. Mon-Wed-Fri [Monday, Wednesday, Friday for] Strengthening 3 times per week[.]</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>--Job positions responsible for that included certified nursing assistant (CNA) and restorative nursing assistant (RNA).</p> <p>*His 6/18/25 point of care (POC) response history for the past 30 days for the above nursing restorative program indicated there were 21 days from 5/20/25 through 6/17/25 that had responses recorded for the question Amount of minutes spent providing Range of Motion [ROM] (active) that indicated:</p> <p>-On 5/22/25 at 10:28 a.m. the Resident [was] Not Available[.]</p> <p>-On 6/3/25 and 6/9/25, both at 1:59 p.m., resident 1 had completed five minutes of active ROM on each of those two days.</p> <p>-The other 18 days were Not Applicable[.]</p> <p>2. Interview on 6/17/25 at 2:09 p.m. with resident 2 and 3 in their room revealed:</p> <p>*They both participated in the restorative programs.</p> <p>*Their restorative programs were to be held every day, Monday through Friday.</p> <p>*They both stated they had no concerns regarding the restorative programs offered.</p> <p>Interview on 6/17/25 at 1:04 p.m. with RA E regarding resident 2 and 3's restorative program revealed they both participated in the restorative program every day that it was scheduled.</p> <p>Review of resident 2's EMR revealed:</p> <p>*He was admitted on [DATE].</p> <p>*His most recent quarterly MDS assessment with an assessment reference date of 5/7/25 indicated:</p> <p>-Functional Limitation in Range of Motion: Upper extremity (shoulder, elbow, wrist, hand).</p> <p>-Impairment on one side.</p> <p>*A Restorative Program Referral Form signed by staff development RN C on 6/13/25 indicated an exercise group program and NuStep program was recommended for resident 2.</p> <p>-A NuStep is a bike-like therapy machine that combines upper and lower body movement while in a seated position.</p> <p>-No frequency was indicated.</p> <p>*His 5/7/25 BIMS assessment score was 11 which indicated he was cognitively moderately impaired.</p> <p>*His 6/18/25 care plan indicated:</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-A problem area of Impaired mobility R/T [related to]: decreased ROM, [and] decreased ambulation skills.</p> <p>-A goal of, I would like to maintain my current level of functioning.</p> <p>-An intervention of, NURSING REHAB/RESTORATIVE: ACTIVE ROM Program: Exercise group for 15 min. Tue-Thurs [Tuesday, Thursday for] Flexability [flexibility]. Mon-Wed-Fri [Monday, Wednesday, Friday for] Strengthening.</p> <p>-An intervention of, NURSING REHAB/RESTORATIVE: ACTIVE ROM Program: NuStep level 5 for 15 min 5 times per week.</p> <p>--Job positions responsible included CNA and RNA.</p> <p>*His 6/18/25 POC (point of care) response history for the past 30 days for the above restorative programs:</p> <p>-Indicated there were four days from 5/20/25 through 6/17/25 that had responses recorded for the question Amount of minutes spent providing Range of Motion [ROM] (active) that indicated:</p> <p>-On 6/17/25 at 1:59 p.m., fifteen minutes of active ROM had been completed for that day for both of his restorative programs noted above.</p> <p>-The other three days were Not Applicable[.]</p> <p>Review of resident 3's EMR revealed:</p> <p>*He was admitted on [DATE].</p> <p>*His most recent quarterly MDS assessment with an assessment reference date of 3/19/25 indicated:</p> <p>-No impairment in Functional Limitation in Range of Motion for both Upper extremity (shoulder, elbow, wrist, hand) and Lower extremity (hip, knee, ankle, foot).</p> <p>*A Restorative Program Referral Form signed by staff development RN C on 1/8/25 indicated a group exercise group program and NuStep program was recommended for the resident five times a week to maintain current level of functioning.</p> <p>*His 6/17/25 BIMS assessment score was 15 which indicated he was cognitively intact.</p> <p>*His 6/18/25 care plan indicated:</p> <p>-A problem area of Impaired mobility R/T [related to]: decreased ROM.</p> <p>-A goal of, I would like to maintain my current ROM and level of functioning .</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*A Restorative Program Referral Form signed by staff development RN C on 3/6/25 indicated that individual exercises were recommended five times a week to maintain his current level of functioning with sit-to-stand training added.</p> <p>*His 3/20/25 BIMS assessment score was fifteen which indicated he was cognitively intact.</p> <p>*His 6/18/25 care plan indicated:</p> <p>-A problem area of Impaired mobility R/T [related to]: decreased ROM[,] decreased transfer skills [, and] decreased ambulation skills.</p> <p>-A goal of, I would like to maintain my current level of functioning.</p> <p>-Interventions of, NURSING REHAB/RESTORATIVE:</p> <p>--ACTIVE ROM Program: In room exercises to all his extremities for 15 minutes 5 times a week.</p> <p>--Transfer Program: Sit-to-Stand training with no frequency indicated.</p> <p>--Job positions responsible for that included CNA and RNA.</p> <p>*His 6/18/25 POC (point of care) response history for the past 30 days for the above restorative programs indicated there were twenty-six days from 5/20/25 through 6/17/25 that had recorded responses that indicated:</p> <p>-Responses for the question Amount of minutes spent training and skill practice in transfer indicated that was completed:</p> <p>--On 5/22/25 at 1:35 p.m. for five minutes.</p> <p>--On 5/23/25 at 1:59 p.m. for 20 minutes.</p> <p>--The other 24 days had responses of Not Applicable[.]</p> <p>-For the question Amount of minutes spent providing Range of Motion [ROM] (active).</p> <p>--On 5/30/25 at 1:51 p.m. for ten minutes.</p> <p>--On 6/3/25 at 1:59 p.m. for five minutes.</p> <p>--On 6/9/25 at 1:59 p.m. for ten minutes.</p> <p>-The other 23 days had responses of Not Applicable[.]</p> <p>5. Interview on 6/17/25 at 1:04 p.m. with RA E regarding resident 6's restorative program revealed that he needed encouragement to participate in his restorative exercises and frequently refused to participate.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 6/17/25 at 2:24 p.m. with resident 6 in his room regarding his restorative program revealed he felt his restorative program was going well, and he had no concerns.</p> <p>Review of resident 6's EMR revealed:</p> <p>*He was admitted on [DATE].</p> <p>*His diagnoses included hemiplegia (severe weakness on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (a condition where a part of the brain is damaged due to a lack of blood supply) affecting right dominant side, vascular dementia, and primary generalized osteoarthritis (the most common type of osteoarthritis, characterized by joint pain, stiffness, and limited range of motion in multiple joints, often affecting hands, spine, knees, and hips).</p> <p>*His most recent quarterly MDS assessment with an assessment reference date of 6/3/25 indicated:</p> <p>-Functional Limitation in Range of Motion for both upper and lower extremities with impairment on one side.</p> <p>*A Restorative Program Referral Form signed by staff development RN C on 2/5/25 indicated in-room upper body exercises and sit-to-stand training programs were recommended five times a week for the resident.</p> <p>*His 6/3/25 BIMS assessment score was nine, which indicated he was cognitively moderately impaired.</p> <p>*His 6/18/25 care plan indicated:</p> <p>-A problem area of Impaired mobility R/T [related to]: decreased ambulation skills.</p> <p>-A goal of, I would like to maintain my current level of functioning.</p> <p>-Interventions of NURSING REHAB/RESTORATIVE:</p> <p>--ACTIVE ROM Program- In room exercises to upper extremities for 15 minutes 5 times a week.</p> <p>--Transfer Program In room Sit-to-Stand training.</p> <p>--Job positions responsible for that included CNA and RNA.</p> <p>*His 6/18/25 POC (point of care) response history for the past 30 days for the above restorative programs indicated there were eleven days from 5/20/25 through 6/17/25 that had the following responses recorded:</p> <p>-For the question Amount of minutes spent training and skill practice in transfer.</p> <p>--On 6/17/25 at 1:59 p.m., resident 6 had completed two minutes.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>--The other ten days had responses of Not Applicable[.]</p> <p>--No responses had indicated the resident had refused.</p> <p>-For the question Amount of minutes spent providing Range of Motion [ROM] (active) all eleven responses were Not Applicable[.]</p> <p>--No responses had indicated the resident had refused.</p> <p>6. Interview on 6/17/25 at 2:31 p.m. with resident 7 in her room revealed she:</p> <p>*Had lived at the facility for the past year and a half.</p> <p>*Participated in the restorative program on Monday, Wednesday, and Fridays.</p> <p>*Stated the staff did a good job with the restorative exercises and had no concerns.</p> <p>Review of resident 7's EMR revealed:</p> <p>*She was admitted on [DATE].</p> <p>*Her diagnoses included spinal stenosis (a condition where the spaces within your spine narrow, putting pressure on the spinal cord and nerves, which causes pain, numbness, and weakness in the neck, back, arms, or legs), age-related osteoporosis (a bone disease that weakens bones, making them more susceptible to fractures), and primary osteoarthritis.</p> <p>*Her most recent quarterly MDS assessment with an assessment reference date of 6/10/25 indicated:</p> <p>-Functional Limitation in Range of Motion for both upper and lower extremities with impairment on one side.</p> <p>*A Restorative Program Referral Form signed by staff development RN C on 6/13/25 indicated group exercises, NuStep, and Walk-to-Dine training programs were recommended five times a week for the resident.</p> <p>*Her 6/10/25 BIMS assessment score was ten, which indicated she was cognitively moderately impaired.</p> <p>*Her 6/18/25 care plan indicated:</p> <p>-A problem area of Impaired mobility R/T [related to]: decreased ROM[,] decreased transfer skills[, and] decreased ambulation skills.</p> <p>-A goal of, I want to maintain my current level of functioning.</p> <p>-Interventions of NURSING REHAB/RESTORATIVE:</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>--ACTIVE ROM Program Exercise group for 15 min. Tue-Thurs [for] Flexibility [and] [NAME]-Wed-Fri [for] Strengthening.</p> <p>--ACTIVE ROM Program: NuStep at level 5 for 15 minutes up to 5x a week.</p> <p>--Walking Program: Walk with walker and one assist to meals and PRN [as needed].</p> <p>--Job positions responsible for that included CNA and RNA.</p> <p>*Her 6/18/25 POC (point of care) response history for the past 30 days for the above restorative programs indicated:</p> <p>-For the Exercise group Amount of minutes spent providing Range of Motion (active), there were three responses:</p> <p>--On 6/13/25 and 6/14/25 the responses were Not Applicable.</p> <p>--On 6/17/25 at 1:59 p.m., the response of ten minutes.</p> <p>-For the NuStep Amount of minutes spent providing Range of Motion (active), there were three responses;</p> <p>--On 6/13/25 and 6/14/25 the responses were Not Applicable.</p> <p>--On 6/17/25 at 1:59 p.m., the response of nine minutes.</p> <p>-For the Walking Program Amount of minutes spent training and skill practice in walking, there were eight responses of Not Applicable.</p> <p>--There were no indications that the walking program had occurred in the past 30 days.</p> <p>7. Interview on 6/17/25 at 1:04 p.m. with RA E regarding resident 8's restorative program revealed that she participated in her restorative program every day it was offered with upper extremity exercises.</p> <p>Interview on 6/17/25 at 2:38 p.m. with resident 8 in her room revealed she:</p> <p>*Had lived at the facility for the past year.</p> <p>*Participated in the restorative program on Monday, Wednesday, and Fridays.</p> <p>*Stated the staff did a good job with the restorative exercises and had no concerns.</p> <p>Review of resident 8's EMR revealed:</p> <p>*She was admitted on [DATE].</p> <p>(continued on next page)</p>		

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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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Her diagnoses included mild cognitive impairment (a stage of cognitive decline that is more pronounced than normal aging, but not as severe as dementia), repeated falls, and other fatigue.</p> <p>*Her most recent annual comprehensive MDS assessment with an assessment reference date of 6/4/25 indicated:</p> <ul style="list-style-type: none"> -Functional Limitation in Range of Motion for lower extremities with impairment on both sides. <p>*A Restorative Program Referral Form signed by staff development RN C on 1/29/25 indicated upper body exercises were recommended five times a week for the resident.</p> <p>*Her 6/4/25 BIMS assessment score was eleven, which indicated she was cognitively moderately impaired.</p> <p>*Her 6/18/25 care plan indicated:</p> <ul style="list-style-type: none"> -A problem area of Impaired mobility R/T [related to]: decreased ROM[, and] decreased bed mobility. -A goal of, I would like to maintain my current level of functioning . -Interventions of a NURSING REHAB/RESTORATIVE: ACTIVE ROM Program to upper body extremities Tue-Thurs [for] Flexibility [and] Mon-Wed-Fri [for] Strengthening 5 times per week. -Job positions responsible for that included CNA and RNA. <p>*Her 6/18/25 POC (point of care) response history for the past 30 days for the above restorative program indicated there were twenty-three days from 5/20/25 through 6/17/25 that had recorded responses for the question Amount of minutes spent providing Range of Motion (active) that included:</p> <ul style="list-style-type: none"> -On 5/22/25 at 1:36 p.m., the response of five minutes. -On 5/30/25 at 10:49 a.m., the response of Resident Not Available. -On 6/3/25 at 1:59 p.m., the response of Resident Refused. -On 6/9/25 at 1:59 p.m., the response of fifteen minutes. -The other nineteen days' responses were Not Applicable[.] <p>8. Interview on 6/17/25 at 1:04 p.m. with RA E regarding resident 9's restorative program revealed that she participated in her individualized restorative program with upper and lower extremity exercises, but was known to refuse to participate.</p> <p>Interview on 6/17/25 at 2:46 p.m. with resident 9 in her room revealed she:</p> <p>*Had lived at the facility for the past year and a half.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Participated in the restorative program every other day.</p> <p>*Stated she enjoyed her restorative program and working with RA E on her exercises.</p> <p>Review of resident 9's EMR revealed:</p> <p>*She was admitted on [DATE].</p> <p>*Her diagnoses included Alzheimer's disease with late onset (a progressive neurodegenerative disorder that gradually impairs memory, thinking, and reasoning skills) and cerebrovascular disease (a group of conditions that affect the blood vessels in the brain, disrupting blood flow and potentially leading to brain damage).</p> <p>*Her most recent quarterly MDS assessment with an assessment reference date of 3/25/25 indicated:</p> <p>-Functional Limitation in Range of Motion for lower extremity with impairment on one side.</p> <p>*A Restorative Program Referral Form signed by staff development RN C on 4/17/25 indicated group exercises were recommended five times a week for the resident.</p> <p>-A 5/16/25 note indicated Restorative CNA also does 1:1 [one-to-one] exercises.</p> <p>*Her 4/15/25 BIMS assessment score was four which indicated she was severely cognitively impaired.</p> <p>*Her 6/18/25 care plan indicated:</p> <p>-A problem area of Impaired mobility R/T [related to]: decreased ROM[,] decreased bed mobility[,] decreased transfer skills[, and] decreased ADLS [activities of daily living] ability.</p> <p>-A goal of Resident will maintain current level of function .</p> <p>-Interventions of a NURSING REHAB/RESTORATIVE: ACTIVE ROM Program Exercise group for 15 min. Tue-Thurs [for] Flexibility [and] Mon-Wed-Fri [for] Strengthening.</p> <p>--Job positions responsible for that included CNA and RNA.</p> <p>*Her 6/18/25 POC (point of care) response history for the past 30 days for the above restorative program indicated there were twenty-three days from 5/20/25 through 6/17/25 that had recorded responses for the question Amount of minutes spent providing Range of Motion (active) that included:</p> <p>--On 5/22/25 at 1:36 p.m., 5/30/25 at 1:53 p.m., 6/3/25 at 1:59 p.m., and 6/9/25 at 1:59 p.m. the responses of five minutes for each date and time.</p> <p>--The other nineteen days had responses of Not Applicable[.]</p> <p>--No responses had indicated the resident had refused.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>9. Interview on 6/17/25 at 1:04 p.m. with RA E regarding resident 10's restorative program revealed that she participated in her individual restorative program, which included exercises and sit-to-stand training, although she was known to refuse participation.</p> <p>Interview on 6/17/25 at 2:52 p.m. with resident 10 in her room revealed she:</p> <ul style="list-style-type: none"> *Had lived at the facility for the past several years. *Participated in the restorative program's group exercise at nine o'clock in the morning. *Stated she worked with RA E on her exercises. <p>Review of resident 10's EMR revealed:</p> <ul style="list-style-type: none"> *She was admitted on [DATE]. *Her diagnoses included mild cognitive impairment and primary generalized osteoarthritis. *Her most recent quarterly MDS assessment with an assessment reference date of 5/8/25 indicated: <ul style="list-style-type: none"> -No impairment in Functional Limitation in Range of Motion for both upper and lower extremities. *A Restorative Program Referral Form signed by staff development RN C on 10/10/24 indicated sit-to-stand training was recommended three times a week for the resident. *Her 5/8/25 BIMS assessment score was fifteen, which indicated she was cognitively intact. *Her 6/18/25 care plan indicated: <ul style="list-style-type: none"> -A problem area of Impaired mobility R/T [related to]: decreased ROM. -A goal of I would like to maintain my current level of functioning. -Interventions of a NURSING REHAB/RESTORATIVE: Transfer Program Sit-to-Stand training. --Job positions responsible for that included CNA and RNA. *Her 6/18/25 POC (point of care) response history for the above restorative program for the past 30 days indicated there were twenty-four days from 5/20/25 through 6/18/25 that had recorded responses for the question Amount of minutes spent training and skill practice in transfer that included: <ul style="list-style-type: none"> --On 5/22/25 at 1:35 p.m., 5/30/25 at 1:51 p.m., 6/3/25 at 1:59 p.m., and 6/9/25 at 1:58 p.m. the responses of ten minutes for each date and time. --The other twenty days were responses of Not Applicable[.] --No responses had indicated the resident had refused. <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of resident 12's EMR revealed:</p> <p>*She was admitted on [DATE].</p> <p>*Her diagnoses included dementia, weakness, and history of falling.</p> <p>*Her most recent admission comprehensive MDS assessment with an assessment reference date of 4/6/25 indicated:</p> <p>-No impairment in Functional Limitation in Range of Motion for both upper and lower extremities.</p> <p>*A Restorative Program Referral Form signed on 4/17/25 indicated group exercises were recommended five times a week for the resident.</p> <p>*Her 4/4/25 BIMS assessment score was seven, which indicated she was severely cognitively impaired.</p> <p>*Her 6/18/25 care plan indicated:</p> <p>-A problem area of Impaired mobility R/T [related to]: decreased ROM[,] decreased bed mobility[,] decreased transfer skills[, and] decreased ambulation skills.</p> <p>-A goal of The resident will maintain current level of functioning .</p> <p>-Interventions of a NURSING REHAB/RESTORATIVE: ACTIVE ROM Program Exercise group for 15 min. Tue-Thurs [for] Flexibility [and] Mon-Wed-Fri [for] Strengthening.</p> <p>--Job positions responsible for that included CNA and RNA.</p> <p>*Her 6/18/25 POC (point of care) response history for the past 30 days for the above restorative programs indicated there were twenty-five days from 5/20/25 through 6/17/25 that had recorded responses for the question Amount of minutes spent providing Range of Motion (active) that included:</p> <p>--On 5/22/25 at 1:36 p.m., 6/3/25 at 1:59 p.m., and 6/9/25 at 1:59 p.m. the responses of fifteen minutes.</p> <p>--On 5/30/25 at 1:52 p.m. the response of ten minutes.</p> <p>--The other twenty-one days had responses of Not Applicable[.]</p> <p>12. Interview on 6/17/25 with RA E revealed:</p> <p>*At 11:53 a.m. she stated she:</p> <p>-Had worked at the facility for about four years.</p> <p>-Worked every other weekend on the floor as a CNA.</p> <p>(continued on next page)</p>		

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