

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Prairie View Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  401 South First Avenue Woonsocket, SD 57385	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</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:  435118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Prairie View Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  401 South First Avenue Woonsocket, SD 57385	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, interview, and policy review, the provider failed to ensure proper infection control practices had been followed for the cleaning and storage of oxygen equipment for two of two sampled residents (21 and 22) who required the use of a Continuous Positive Airway Pressure (CPAP) machine (a device that uses air pressure to keep breathing airways open). Findings Include: 1. Observation and interview on 7/22/25 at 9:59 a.m. with residents 21 and 22 in their shared room revealed: *There were two CPAP machines on the nightstand between the residents' beds. *Resident 21's CPAP mask was attached to the machine by a hose and was on the top of his CPAP machine. *Resident 22's CPAP mask was attached to the machine by a hose and was on her pillow. *They both indicated they had brought their CPAP machines when they were admitted to the facility a couple of weeks ago. *Resident 22 stated prior to moving in she had cleaned their CPAP masks, hoses, and water tanks every day at home with hot water and dish soap and allowed them to air dry. *She had been unable to clean their CPAP masks, hoses, and water tanks at the facility because she could not stand at the sink long enough and did not have any dish soap. *The staff members had assisted her with adding distilled water to the tanks, if they spot that it is low. *She thought the staff did not know that the CPAP machines and masks needed to be cleaned or how to clean them. *She stated she would have known if the staff had cleaned their CPAP masks because she felt they are getting smelly. 2. Review of resident 21's electronic medical record (EMR) revealed: *He was admitted on [DATE]. *His diagnoses included obstructive sleep apnea (a chronic condition in which the throat muscles relax during sleep and the airway may become partially or fully blocked) and dementia (a group of symptoms affecting memory, thinking, and social abilities). *His 7/5/25 Brief Interview of Mental Status (BIMS) assessment score was 3, which indicated he was severely cognitively impaired. *A 7/1/25 physicians order APAP (automatic CPap) with settings of 5-20 cm [centimeters of] H2O [water] every night. *There was no documentation in his EMR that indicated his CPAP mask and tubing were being cleaned. 3. Review of resident 22's EMR revealed: *She was admitted on [DATE]. *Her diagnoses included obstructive sleep apnea and fracture of the right lower leg. *Her 7/5/25 BIMS assessment score was 14, which indicated she was cognitively intact. *A 7/1/25 physicians order CPap with 8 cm of water nightly every night shift for OSA [obstructive sleep apnea]. *There was no documentation in her EMR that indicated her CPAP mask and tubing were being cleaned. 4. Interview on 7/24/25 at 12:10 p.m. with director of nursing (DON) B and administrator A regarding residents 21 and 22's CPAPs revealed: *DON B was aware that residents 21 and 22 had brought their CPAPs with them when they were admitted and that they were using them every night. *DON B expected there would be a nursing order on the residents' treatment administration record (TAR) to ensure that the CPAPs were cleaned daily between uses. *Administrator A and DON B confirmed that residents 21 and 22 did not have that nursing order on their TARs. *Administrator A confirmed that the provider's oxygen use policies did not address the use of CPAPs and that they would follow the manufacturer's instructions for the cleaning of the CPAP machines and masks. 5. Review of the undated ResMed CPAP manufacturer's instructions revealed: *Regularly clean your tubing assembly, water tub and mask to receive optimal therapy and to prevent the growth of germs that can adversely affect your health. *You should clean your device weekly as described. Refer to the mask user guide for detailed instructions on cleaning your mask. *Wash the water tub and air tubing in warm water using only mild detergent. *Rinse the water tub and air tubing thoroughly and allow to dry. *Wipe the exterior of the device with a dry cloth. 6. The provider had not provided cleaning instructions for the CPAP masks. 7. Review of the provider's November 2018 Respiratory Care: Equipment Care and Handling policy revealed it did not address the use or cleaning of CPAP machines or CPAP masks. 8. Review of the provider's December 2017 Guidelines for Administration of Aerosolized Care policy revealed it did not address the use or cleaning of CPAP machines or CPAP masks.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Prairie View Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  401 South First Avenue Woonsocket, SD 57385	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Prairie View Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  401 South First Avenue Woonsocket, SD 57385	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on observation, interview, record review, and policy review, the provider failed to: *Follow standard food safety practices to ensure one of one kitchen had been cleaned to maintain a sanitary environment to store, prepare, and serve food to residents related to the cleanliness of the food preparation areas. *Follow acceptable food safety practices by not having ensured that food packages were dated when opened and outdated food items were discarded from inventory in one of one observed kitchen related to food items requiring refrigeration. *Properly temp foods to prevent the spread of cross-contamination by one of one observed cook M during one of one meal services. *Ensure the use of a beard net by one of one food and nutrition service (FANS) manager (F). Findings include: 1. Observation and interview on 7/21/25 at 3:30 p.m. with FANS manager F in the kitchen revealed: *He was cooking food in a pot on the stove. *He had a short beard and was not wearing a beard net. *He was the acting FANS manager. *FANS manager N had been on leave since June 2025. 2. Observation on 7/21/25 at 3:55 p.m. in the main kitchen revealed: *There were uncovered containers of whipped margarine labeled Keep Refrigerated and peanut butter on the counter near the food serving area. *Two unopened and one partially used one-pound blocks of margarine labeled Refrigerate for best quality, were on a shelf in the rear of the kitchen. -The partially used margarine had an orangish-pink discoloration on two sides. It had not been labeled when it had been opened or with a use-by date. *Four cereal dispensers containing dry cereal, on the shelf near the three-compartment sink, were not labeled with the contents or the date they had been opened, or their use-by date. *Two open bags of dry cereal that were not labeled with the contents or the date they had been opened, or their use-by date. *The food preparation sink contained unidentifiable orange and brown pieces of food and a significant amount of coffee splatter. *A coffee machine with two plastic trays beneath it. -The trays contained at least four wet, stained, crumpled rags and a significant amount of pooled cold coffee that was not absorbed by the rags. *The counters, a white plastic scoop, and other utensils in the utensil tray adjacent to the coffee machine contained coffee splatter. *An approximately eight-inch by four-inch coffee spill was noted on the floor to the left of the coffee machine. *The walk-in refrigerator contained: -At least nine uncovered cups with an orange puree dessert. -At least 20 uncovered cups of a white creamy dessert with what appeared to be chunks of fruit. -Peas dated 7/18 that did not contain a use-by date. -Carrots dated 7/17 that did not contain a use-by date. -Baked beans dated 5/21/25 use by 5/22/25. - BBQ chicken dated 5/21/25 use by 5/23/25. -A cart contained nine plastic pitchers of juice dated 7/16 use by 7/19 and ten open boxes of juice that had not been labeled with their open date, which indicated use within seven days. *On the floor, under the metal shelf, in the walk-in freezer, were two individual frozen waffles and two ice cream cups. 3. Observation on 7/21/25 at 5:05 p.m. in the main dining room revealed: *FANS aide P poured juice from the plastic pitchers dated 7/16 use by 7/19 and the ten open boxes of juice that had not been labeled with their open date, which indicated use within seven days during the meal service. *He served the creamy white and orange desserts to resident at their tables. 4. Observation on 7/21/25 at 5:25 p.m. of FANS manager F in the kitchen serving area revealed he did not wear a beard net while he plated resident meals and placed them on the window ledge to be served. 5. Observation and interview on 7/22/25 at 11:27 a.m. with dietitian O and FANS manager F revealed: *Dietitian O was at the facility once a week. *Dietitian O expected that FANS manager F or any dietary staff with facial hair would wear a beard net during food preparation and serving. -She confirmed that FANS manager F had not been wearing a beard net and she provided him with one. *Dietitian O expected that boxed juice containers would be dated with the date they were opened and discarded within seven days after that. *FANS manager F confirmed that the opened boxed juice on the cart in the walk-in refrigerator had not been dated when opened. *The juice pitchers on the top shelf that appeared to be the same pitchers observed above, contained new labels dated 7/21 use by 7/24. *Dietitian O stated that she followed the food code and that juice prepared from a powdered mix was to be discarded after seven days. *FANS manager F confirmed that the carrots and peas observed in the refrigerator had been discarded, but she thought that the baked beans and BBQ chicken had been prepared and served yesterday (7/21/25) and had been mislabeled with May dates. *There had been no meal substitutions documented in June or July. 6. Observation on 7/23/25 at 11:00 a.m. with cook M and dietician O of the food temperature monitoring of food to be served at the lunch meal revealed: *Cook M took the thermometer from its protective sleeve and, without cleaning the thermometer probe, placed it into a piece of fish. *Cook M took a second thermometer from its protective sleeve and, without cleaning the thermometer probe, placed it into a second piece of fish. *Cook M removed</p>		