

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46453</b></p> <p>Based on South Dakota Department of Health (SD DOH) facility reported incident (FRI), interview, observation, record review, and policy review, the provider failed to protect three of five sampled residents (2, 3, and 4) from mistreatment, intimidation, verbal abuse, and physical abuse by one of one certified nurse assistant (J). Findings include:</p> <p>1. Review of the provider's FRI online report submitted to the SD DOH on 6/30/24 revealed:</p> <p>*Resident 2 was not feeling well on the evening of 6/29/24. She had vomited several times.</p> <p>*Certified nurse assistant (CNA) J was seen by another CNA to have been getting frustrated with resident 2, told resident 2 to shut up, and swatted resident 2's hands away from her incontinence brief.</p> <p>*CNA J was interviewed about the situation and CNA J denied saying shut up to the resident and swatting the resident's hands.</p> <p>*She was assigned educational videos to watch about coping skills, how to calm down in difficult caregiving situations, anger management, and people living with dementia.</p> <p>*CNA J was allowed to return to work after her time of suspension, completing the information noted above, and signing a performance improvement plan.</p> <p>2. Observation and interview on 7/22/24 at 4:18 p.m. with resident 2 revealed:</p> <p>*She was appropriately dressed and sitting in her wheelchair in her room.</p> <p>*Her call light and teddy bear were on the floor at her feet, and her lap blanket appeared to have been pushed away slightly.</p> <p>*She was watching a show on the television.</p> <p>*She repeated I'm lost multiple times.</p> <p>*Her room was clean and free from clutter.</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:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>*Surveyor picked up the call light from the floor and gave it to resident 2. She was able to understand the purpose of the button.</p> <p>*She pressed the button.</p> <p>3. Observation on 7/22/24 at 4:32 p.m. with CNA P revealed:</p> <p>*She answered resident 2's call light.</p> <p>*Resident 2 was not able to verbalize any needs.</p> <p>-She repeated, I'm lost.</p> <p>*CNA P calmly reminded her that she was safe, her family knew where she was, she was in the nursing home, and that supper was soon.</p> <p>*Resident 2 calmed down and continued to watch her show.</p> <p>Interview at that time with CNA P revealed:</p> <p>*It was normal for resident 2 to repeat the same phrase.</p> <p>*She was taught to calmly remind the resident about where she was at and address any of her needs.</p> <p>*She was not aware of any recent allegations of staff having been rough or rude to resident 2.</p> <p>4. Interview on 7/22/24 at 4:37 p.m. with resident 12 and at 5:05 p.m. with resident 13 revealed that neither of them had any concerns with their safety. They both felt free from abuse and neglect.</p> <p>5. Interviews on 7/23/24 from 11:00 a.m. to 12:55 p.m. with residents 5, 6, 7, and 8 about feelings of safety revealed they all expressed positive feelings of living at that facility, and they had no concerns regarding their safety.</p> <p>6. Interviews on 7/23/24 at 1:20 p.m. with CNA F and at 4:05 p.m. with CNA G regarding how staff treated residents revealed:</p> <p>*CNA F denied that she had witnessed any staff member mistreating a resident verbally or physically.</p> <p>*CNA G indicated she had no concerns about resident safety or how residents were treated by other staff members.</p> <p>7. Interview on 7/23/24 at 1:42 p.m. with CNA L about reporting alleged violations revealed:</p> <p>*She was able to verbalize the correct reporting procedures.</p> <p>*She had not reported any incidents recently.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>*She was not aware of the situation with resident 2.</p> <p>*There were two incidents that she knew a different CNA reported last week.</p> <p>-Both incidents involved CNA J.</p> <p>-One incident involved resident 3 having been stuck behind a door, and CNA J yelled and banged on that door.</p> <p>-The other incident involved resident 4, but she could not recall the details.</p> <p>-She was not present for either incident but heard about them from a coworker.</p> <p>8. Observation on 7/23/24 at 1:57 p.m. of resident 3 in her room revealed:</p> <p>*She was resting in bed with her eyes closed.</p> <p>*She was snoring.</p> <p>*Her bed was in a lower position.</p> <p>*There was a fall mat on the floor next to her bed.</p> <p>9. Observation and interview on 7/23/24 at 1:59 p.m. with resident 4 revealed:</p> <p>*She was laying on her left side on her bed. She was covered by a blanket.</p> <p>*She was able to converse but was saying nonsensical words and was having difficulty expressing herself.</p> <p>10. Interview on 7/23/24 at 2:36 p.m. with licensed practical nurse (LPN) D revealed:</p> <p>*She was aware of the incident between CNA J and resident 2, however, she was not there that day.</p> <p>*She was briefed about the situation.</p> <p>*She was not aware of any incident where a CNA was banging loudly on a resident's door.</p> <p>11. Interview on 7/23/24 at 2:44 p.m. with CNA I about the incident between CNA J and resident 2 revealed:</p> <p>*She confirmed she had worked that day.</p> <p>*Resident 2 had vomited several times during that shift.</p> <p>*CNA J was assigned to resident 2 and had called for help with getting her cleaned up and changed.</p> <p>*A different CNA assisted CNA J, so she did not know all the details.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>*She believed the CNA who helped CNA J had a good working relationship with CNA J and would not try to get CNA J in trouble.</p> <p>12. Interview on 7/23/24 at 2:56 p.m. with nurse aide (NA) M about the incidents involving residents 3 and 4 revealed:</p> <p>*One incident involved resident 3 and CNA J around supper time approximately two to three weeks ago.</p> <p>*Resident 3 wheeled herself into her room and closed the door behind her, had gotten her wheelchair stuck, and the staff were not able to open the door.</p> <p>-She walked by resident 3's room and heard banging. Resident 3 was saying, Help, I'm stuck.</p> <p>-She tried to provide verbal directions to resident 3 to maneuver herself away from the door.</p> <p>-She was not able to open the door.</p> <p>*NA M was not assigned to resident 3's hallway that day, and one of her assigned residents had pressed their call light.</p> <p>-NA M asked CNA J to assist resident 3 and went to answer her assigned resident's call light.</p> <p>*She heard CNA J yell and swear loudly at resident 3 to open the door.</p> <p>-She could not recall what specifically was said.</p> <p>*She reported that incident to administrator A the same day.</p> <p>*Another incident happened last Friday, 7/19/24.</p> <p>-She indicated this incident was the most concerning to her and stated it broke my heart.</p> <p>*Last week, CNA J became upset with resident 4.</p> <p>-Resident 4 was at risk for falling and had repeatedly attempted to stand up and walk herself without assistance.</p> <p>-CNA J wheeled resident 4 out of her room and to the CNA station.</p> <p>-Resident 4 attempted to stand up from her wheelchair.</p> <p>-CNA J forcefully put her hands on resident 4's shoulders and sat her back down in her wheelchair.</p> <p>-CNA J said to the staff at the CNA station, Here, you watch her, and walked away.</p> <p>*CNA G asked CNA J what was going on and if she was okay.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>-CNA J talked loudly back at CNA G in a rude manner.</p> <p>-CNA G requested that CNA J not speak to her in that manner.</p> <p>-NA M waved at registered nurse (RN) C to get her attention so she could help diffuse the situation.</p> <p>-NA M volunteered to switch residents with CNA J.</p> <p>-She reported that incident to administrator A immediately.</p> <p>*Later that evening, while NA M was helping resident 4 get ready for bed, resident 4 was agitated, fidgeting, and repeatedly said, He's a hateful person. He's a hateful person.</p> <p>-She asked resident 4, Who's a hateful person?</p> <p>-NA M stated CNA J came into resident 4's room, [resident 4's] face fell , and she whispered [to NA M], 'Him, he's a hateful person,' and she pointed at [CNA J].</p> <p>-NA M again reported her concerns to administrator A that same day.</p> <p>13. Interview on 7/23/24 at 4:23 p.m. with CNA J about the above incidents revealed:</p> <p>*She most often as assigned List A which included residents 3 and 4.</p> <p>*Regarding the incident resident 2:</p> <p>-She felt really bad for resident 2 because she [resident 2] was vomiting a lot.</p> <p>-She did what she was trained to do and cleaned her up, changed her, and repositioned her, and evidently someone that was working with me thought I told her [resident 2] to shut up. I would never tell a resident to shut up.</p> <p>-She denied saying Shut up to the resident.</p> <p>-She denied swatting the resident's hands.</p> <p>-She received education after that incident about coping skills and residents with dementia.</p> <p>*She had worked at that facility for six years.</p> <p>*If she needed help from another staff member, she would have used the radios to call for help.</p> <p>-She stated, Sometimes I feel the other staff ignore me.</p> <p>*She denied any other reportable incidents.</p> <p>14. Interview on 7/23/24 at 4:49 p.m. with administrator A regarding the above incidents revealed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>*She confirmed CNA J needed reminders to Watch her words, her tone.</p> <p>*One of the other CNAs came to her The other day and told her [CNA J] is a little cross with the residents.</p> <p>*She said regarding CNA J, she doesn't understand dementia.</p> <p>*After NA M reported the incidents to her the previous week, she texted director of nursing (DON) B.</p> <p>-DON B had worked a nurse shift that evening.</p> <p>-She told DON B to tell [CNA J] she has to watch her interactions.</p> <p>*Administrator A said, [CNA J] has a hard time with 'those residents' as in dementia.</p> <p>*She confirmed she knew about the incident between CNA J and resident 3.</p> <p>*She initially denied knowledge of the incident between CNA J and resident 4.</p> <p>-[CNA J] has had trouble with [resident 4] but I'm not aware of that particular incident.</p> <p>-However, when detailing the incident further, especially when resident 4 expressed He's a hateful person, administrator A did remember that incident.</p> <p>*She kept a daily log of conversations she has had throughout the day.</p> <p>-She could not remember exactly when NA M reported those incidents.</p> <p>15. Interview on 7/24/24 at 9:33 a.m. with RN C revealed:</p> <p>*She was currently the staff development coordinator and would resume the DON role when DON B moved.</p> <p>*She was not aware of any of the incidents regarding CNA J.</p> <p>*Last Friday (7/19/24), she was at the nurse's station and a CNA flagged her down.</p> <p>-CNA G and O were heated because they didn't think CNA J was treating residents the best.</p> <p>-She denied hearing the staff yell at each other.</p> <p>-She denied observing CNA J forcefully sit resident 4 down into her wheelchair.</p> <p>*She coordinated the monthly staff training day.</p> <p>*If a CNA needed more experience or training on a particular subject, DON B would have taken care of that as she was directly responsible for the nursing staff.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>*She confirmed that CNA J was up to date with the required training topics.</p> <p>16. Interview on 7/24/24 at 10:28 a.m. with DON B regarding the above incidents revealed:</p> <p>*She had addressed CNA J's gestures and facial expressions with her before as people with dementia pick up on that.</p> <p>*She had provided quite a bit of informal training to CNA J about her attitude.</p> <p>*After the incident with resident 2, she provided formal training to CNA J on teamwork.</p> <p>*Regarding other incidents with CNA J:</p> <p>-Staff brought up concerns regarding her yelling.</p> <p>-On 7/19/24, she started her shift at 10:00 p.m. and she spoke with CNA J about her actions. She informed her that was the last warning before termination.</p> <p>-Once you bring her [CNA J's] attention to a problem, she fixes it for a while.</p> <p>17. Interview on 7/24/24 at 11:03 a.m. with administrator A about the above incidents revealed:</p> <p>*She confirmed she was not informing the other department heads, like RN C the staff development coordinator, about certain incidents in an attempt to maintain confidentiality.</p> <p>-If an incident involved a CNA, she would have only let DON B know about the situation.</p> <p>-She had not considered bringing the staff development coordinator into the conversation.</p> <p>*Her investigation process included to:</p> <p>-Review schedules.</p> <p>-Interview those staff who were on shift and were involved.</p> <p>-Speak to each person individually.</p> <p>-Try to maintain confidentiality.</p> <p>*She felt the incidents involving CNA J and residents 3 and 4 were probably true because the staff member that reported those incidents was reliable.</p> <p>18. Interview on 7/24/24 at 12:12 p.m. with CNA K about the incident between resident 2 and CNA J revealed:</p> <p>*She had worked that day and that resident 2 was not feeling well.</p> <p>*It was stressful.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>*She helped CNA J with resident 2 as she had vomited multiple times.</p> <p>*She confirmed she heard CNA J tell the resident to shut up.</p> <p>*Later on during that same shift, while she helped CNA J to get resident 2 to bed:</p> <p>-Resident 2 had been pulling at her incontinence brief.</p> <p>-She confirmed she saw CNA J swat resident 2's hands and said, You don't need to be messing with that.</p> <p>*She was not aware of any other specific incidents involving CNA J.</p> <p>*Each shift [CNA J] has some behavioral issues, such as being rude to residents and staff or raising her voice.</p> <p>19. Review of resident 2's electronic medical record (EMR) revealed:</p> <p>*On 6/29/24, she vomited and had loose stools that began early in the morning.</p> <p>*There was no indication of the 6/29/24 allegations of verbal or physical abuse in the progress notes.</p> <p>*There was no indication in the progress notes that her family or representative was contacted regarding the alleged verbal or physical abuse on the evening of 6/29/24.</p> <p>*Her care plan included the following:</p> <p>-I was admitted because I need your help and support to manage with these health issues: .Anxiety disorder . [Unspecified] dementia .</p> <p>-I have the potential to have problems communicating and have problems with my memory because I have Alzheimer's dementia . I show this by having the inability to remember things that happened a short time ago, .a short attention span, increased disorientation, confusion about time, .at this time I repeatedly cry out 'help', talk about being 'lost' .</p> <p>--I need my aides to help me the same way every time, tell my nurse about any pain I have, offer me fluids, allow me to wander while assuring me that I am safe/give me directions if I start talking about being 'lost', acknowledge that you understand me, remind me of where I am, keep my items in the same place, face me and speak clearly when talking to me, allow time for me to respond .</p> <p>-I like to be comfortable because I have suspected pain. I show this by having changes in facial expression especially putting shoes on.</p> <p>--I need my aides to be extra gentle with me, ask me if I hurt, tell the nurse if I hurt, be patient with me, distract me with conversation.</p> <p>20. Review of resident 3's care plan revealed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>*I was admitted because I need your help and support to manage with these health issues: Adult failure to thrive .other symptoms and signs involving cognitive functions and awareness, other encephalopathy, unspecified severe protein-calorie malnutrition.</p> <p>*I have problems with my memory because I was hospitalized due to failure to thrive, abnormal weight loss, severe protein-calorie malnutrition, psychiatric or mood disorder (depression, anxiety), [hypertension], behaviors. I show this by having a BIMS [Brief Interview for Mental Status] score suggesting severe cognitive impairment, impulsivity, wandering, agitation.</p> <p>-I need my aides to help me the same way every time, tell my nurse about any pain I have, offer me fluids, make sure I am active and kept busy, allow me to wander, acknowledge that you understand me, keep my items in the same place, use safety devices .allow time for me to respond .make sure I'm wearing my glasses.</p> <p>*I have the potential to feel sad, anxious, I may also experience side effects from my medications because I have a diagnosed mood disorder (depression and anxiety) .have a cognitive impairment, can't move around well, .take psychotropic medications, .BIMS suggests severe cognitive impairment, behavioral symptoms, sundowning .</p> <p>-When I feel this way I feel down or depressed, can't relax or sleep, may not feel like eating, yell, shout, or scream .</p> <p>--I need my aides to ask me if I'm having pain, offer me a snack or drink, help me call my family, check on me, reassure me, offer me choices, ask me how I'm feeling today, .help me do as much for myself as I can, record my behaviors .</p> <p>*I like to be comfortable because I sometimes hurt, have arthritis . I show this by [complaints of] pain in my abdomen related to previous bladder cancer and surgery, back pain.</p> <p>-I need my aides to ask me if I hurt, tell the nurse if I hurt, be patient with me, distract me with conversation, help me to change position.</p> <p>21. Review of resident 4's EMR revealed:</p> <p>*She was admitted on [DATE].</p> <p>*She had a pattern of frequently standing up and ambulating without assistance, which resulted in a few falls.</p> <p>*A Summary Note on 6/13/24 read, Late onset Alzheimer's disease, able to redirect during the day with behaviors but increased agitation during the evening hours. Wears tabs monitor, she will frequently staff, walks with the assist of 2 [staff]. Often strikes out at staff, try to redirect by walking with her the assist of 2, assist her to the bathroom, offer snacks and attempt 1:1 [one to one] sessions. Speech is unclear, can't verbalize needs.</p> <p>*A Progress Note from 6/18/24 read, .Last evening, she required 1:1 staffing to assure her safety - she repeatedly stood up while holding on to her [wheelchair]. She insists on following a couple staff, but did not seem to tire .Agitated state lasted more than 1.5 hrs [hours] with [1:1] staffing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>*She was experiencing increased agitation on 7/13/24 when she was continually attempting to stand by herself, was resistive to cares, and she was attempting to bite and scratch staff.</p> <p>*There were no progress notes related to any behaviors or increased agitation on 7/19/24, which was when the alleged physical abuse occurred, and NA M said that resident 4 showed fear and repeated He's a hateful person.</p> <p>*There was no indication that her family or representative had been notified regarding the alleged abuse that occurred on 7/19/24.</p> <p>*Her care plan included the following:</p> <p>-I was admitted because I need your help and support to manage with these health issues: Alzheimer's disease with late onset, Dementia in other diseases classified elsewhere with mood disturbance, Major depressive disorder .</p> <p>-I have problems communicating, and am forgetful because I have a history of Alzheimer's dementia, do not hear well, emotions affect my ability to communicate, problems with my speech patterns. I show this by having a BIMS that suggests severe impairment, having the inability to recognize people, the inability to remember things that happened a short time ago .</p> <p>--I need my aides to help me the same way every time, tell my nurse about any pain I have, offer me fluids, make sure I am active and kept busy, allow me to wander, acknowledge that you understand me</p> <p>-I have the potential to feel anxious, angry, sad, confused or forgetful, I may also experience side effects from my medications because I have a diagnosed mood disorder (depression and anxiety), moved here recently, have a hard time carrying on a conversation, have a cognitive impairment .</p> <p>--I need my aides to ask me if I'm having pain, offer me a snack or drink, present tasks to me one at a time, follow my toileting plan, check on me, reassure me, be aware of my stressors .</p> <p>-I need to have someone help me because I am unaware of safety risks . I have the potential to fall down and hurt myself because I have dementia/Alzheimer's disease. In the past I have fallen, and I have a history of getting anxious, upset, or angry (pinch, grab and scratch staff), trying to move around without help .</p> <p>--I need my aides to use a pressure pad in bed, [wheelchair] and recliner; use the following assistive devices to be able to better help me: walker .wheelchair; .frequently check on me; encourage me to use assistance .</p> <p>22. Review of CNA J's employee file revealed:</p> <p>*She started on 4/11/18 and passed all the reference and background checks.</p> <p>*She was up to date with the required education topics.</p> <p>*After the allegations against CNA J on 6/29/24, an investigation was initiated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>-Verbal accounts were gathered from resident 2 and all staff on shift at the time of the incident.</p> <p>-CNA J was suspended from work on 6/30/24 while the investigation was completed.</p> <p>-She returned to work on 7/1/24.</p> <p>*An Employee Performance Improvement and Disciplinary Action Plan - Written Warning was given to CNA J.</p> <p>-Identify problem: Failure to consistently fulfill duties of [a] CNA according to facility standards in a manner that promotes dignity of each person and treating them with respect, consideration and kindness.</p> <p>-Standard not being met: allegation of verbal abuse and intimidation of a resident.</p> <p>-Employee fails to meet standard for following reasons: On June 29, 2024 there were reported interactions with a resident who was ill . [CNA J] denied yelling 'shut up' to a resident and she denied touching the resident's hands (which was reported as swatted her hands away from the brief) . There is no reason to believe that the party who reported the allegation has anything against [CNA J]. She was told that there have been other instances in which she was guided to lower her volume and/or be attentive to her tone of voice.</p> <p>-The allegation made appears to be credible although [CNA J] adamantly denies .</p> <p>-There were no signatures or dates anywhere on the document.</p> <p>*DON B followed up with CNA J on each day she worked to audit her actions and behaviors.</p> <p>-7/14/24 - I [DON B] worked 6p-10:30p nursing shift: .[resident 4] tried to bite the nurse after using the bathroom .she was pushing her and pinching her during the shift. [CNA J] was supported in managing/coping with behaviors by DON. She gave evidence of her frustration (body language and facial expression) and was reminded about people with dementia being able to pick up on such things .</p> <p>-7/15/24 - [Resident 3] [was] very busy during the shift .trying to get up without assistance multiple times; She said that [resident 3] was yelling out and this makes her frustrated. She was reminded about coping techniques including working as a team.</p> <p>-7/19/24 - [Resident 3] was yelling at others .[CNA J] was observed to be tense, but admitted that other than trying to make sure [resident 3] is safe, there is not a lot to do that is effective in redirecting her when she is like this.</p> <p>-7/20/24 - Soke with [CNA J] about concerns from co-workers being impatient and loud when giving directions/guidance with behavioral issues.</p> <p>*The provider had a system where progress notes could be submitted associated with each employee:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>-7/20/24: concerns about quality of care - the administrator has heard concerns from [CNA J's] co-workers about her being impatient and being loud in giving guidance/intervening in behavioral issues. [CNA J] was counseled about the need to be attentive to how her actions and verbalizations are being interpreted. She was told that with her last warning, it was noted that if there would be an allegation that is anything other than unsubstantiated, this would result in termination of employment.</p> <p>-6/6/24: .At times, when a resident is particularly agitated, you might need reminders to speak at a lower volume and to remember 'Q-TIP' (quit taking it personally).</p> <p>-6/6/23: Other CNA came walking by the desk with a resident and said that she voided in another resident's closet. While that CNA took the resident to get cleaned up, [CNA J] was asked by the nurse to 'Please go clean the urine up out of that resident's room, because housekeeping is out of the building and said resident has family in their room' Instead of doing what was asked of her she went into another resident's room, not cleaning up the mess. Staff finally emerged from the other resident's room once she heard that the urine was cleaned up by someone else.</p> <p>-10/12/21: concerns about quality of care .received report that [CNA J] spoke very harshly to a resident in dining room. Spoke to another resident who reported the issue .Spoke to [CNA J] about this witnessed behavior, she informed me that she had already spoken to [administrator A] .discussed what resident reported (CNA yelling at resident across room in dining room) .discussed better ways to handle the situation instead of yelling at resident .discussed understanding the perception of someone watching what was occurring and how it may have looked to them .discussed walking across the room and speaking discreetly to a resident, not yelling from across the room.</p> <p>-6/29/21: spoken to concerning some reported incident of saying 'shut up' to resident, [CNA J] denies this happening, also reminded not to speak about personal things in front of residents when taking care of them.</p> <p>-5/13/19: resident came back from living room [at 2:30 p.m.] requesting to use the bathroom; [CNA J] said ok and walked the opposite way; 15 minutes later writer found [CNA J] in cafeteria eating a donut; writer stated '[resident] needs to use the bathroom,' [CNA J] said 'I'm going.'</p> <p>23. Review of the provider's 7/19/24 updated Abuse, Neglect and Misappropriation of Resident Property policy revealed:</p> <p>*Policy: Residents at [facility] will be treated with dignity and respect. No resident of this facility will be mistreated, abused or neglected.</p> <p>*This abuse plan has been implemented to protect our residents. The responsibility for carrying out this plan will ultimately lie with the Administrator and the staff employed by [facility] but involves every person in contact with residents.</p> <p>*Residents have the right to be free from verbal, .physical, and mental abuse, involuntary seclusion, neglect . Residents must not be subjected to abuse by anyone .</p> <p>*Neglect is defined as the failure to provide the goods or services necessary to maintain the health or safety of a resident. Neglect is also defined as the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>*Physical Abuse is defined as the use of physical force that may result in bodily injury, physical pain, or impairment. It may include .striking, hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching .</p> <p>*Emotional or Psychological Abuse is defined as the infliction of anguish, pain, or distress through verbal or nonverbal acts. It includes .verbal assaults, insults, threats, intimidation, humiliation, and harassment. Examples of verbal abuse include .yelling, screaming, using demeaning language to ridicule; insulting; and swearing at residents. Signs associated with emotional or psychological abuse include recent or sudden changes in behavior, unjustified fear, unwarranted suspicion, .new or unexplained depression, lack of interest, or change in anxiety level.</p> <p>*The following could happen if abuse is not reported: The situation could get worse, the resident could get seriously injured, the resident could become ill, the resident could die, the person could abuse other residents .</p> <p>*Conflict between residents, between residents and staff, or between staff members directly influences the quality of life of residents. Often, abuse situations occur as a result of conflicts that get out of control.</p> <p>*Prevention: Information will be provided to residents, families and staff informing them on how and to whom they may report concerns, incidents and grievances without the fear of retribution. The facility will provide feedback regarding the concerns that have been expressed. The facility will identify, correct and intervene in situations in which abuse, neglect and/or misappropriation of resident property is likely to occur.</p> <p>*The most frequent abusers are caregivers and family members. Abuse usually happens because the person is overwhelmed by their own problems as well as those of the person for whom they are providing care.</p> <p>*Many factors contribute to abuse by staff including low staff ratios, inadequate supervision of staff, lack of empathy for elderly, staff personal problems, more severely ill residents, low wages, abusive or belligerent residents, job frustration, high staff turnover, cultural differences, lack of skills training and high stress.</p> <p>- .Mental and emotional signs and symptoms of stress include .anger; .inappropriate behavior like screaming, yelling, striking or hitting .</p> <p>*Process:</p> <p>-Identification: Staff will identify events, such as suspicious bruising of residents, occurrences, patterns, and trends that may constitute abuse; staff will determine the direction of an investigation.</p> <p>-Investigation: Alleged violations will be investigated and will be reported to proper authorities by the administrator, director of nursing or their representative</p> <p>-Protection: Residents will be protected from harm during an investigation. Staff may need to be reassigned to other areas or suspended until the investigation is completed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>-Reporting/Response: The facility must report all alleged violations involving mistreatment, neglect, or abuse, including injuries on unknown source and misappropriation of resident property immediately to the administrator or their representative.</p> <p>-The SD Department of Health must be notified immediately but not later than 2 hours if serious bodily injury occurred, within 24 hours of incident if no serious bodily injury.</p> <p>-Notify law enforcement only for an incident or event where there is reasonable cause to suspect abuse or neglect of any resident by any person.</p> <p>-The results of the investigation must be reported to the SD Department of Health, [the local police department] (if required to notify), and the SD Department of Human Services (if required to notify) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>-The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further abuse while the investigation is in progress. The facility must analyze the occurrences to determine what changes are needed, if any, to policies and procedures to prevent further occurrences.</p> <p>-If the alleged violation is verified, appropriate corrective action, which may include termination of employment, will be taken to prevent further occurrences.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46453</p> <p>Based on South Dakota Department of Health (SD DOH) facility reported incident (FRI), interview, record review, and policy review, the provider failed to ensure resident property was not taken by one of one housekeeper (H) Failure to ensure the protection of resident property violated a resident's right to be free from misappropriation of resident property. This citation is considered past non-compliance based on review of the corrective actions the provider implemented immediately following notification of the incident.</p> <p>Findings include:</p> <p>1. Review of the provider's 7/17/24 FRI submitted online to the SD DOH revealed:</p> <p>*On 7/13/24, a bag of resident 11's clothes were discovered in one of the housekeeper's (H) closets.</p> <p>*The family [resident 11's family] was asked if the clothing was to be discarded, and both parties said no.</p> <p>*There was another shirt found in the same housekeeper's closet that belonged to a resident who had recently passed away.</p> <p>*.she [housekeeper H] has been spoken to .several times about donated clothing being taken home[,] the clothes are meant to be for the residents not staff.</p> <p>*Housekeeper H was interviewed and said, that she didn't get permission because when the resident was admitted she did not have many clothes, so items of clothing were donated to her, those were the ones she took.</p> <p>*She also said the clothes that she took were not new, they looked [NAME] looking.</p> <p>*[Housekeeper H] also said another resident's shirt was in the cleaning closet, but she found that in someone else's closet and before she could return the item, the resident passed away.</p> <p>*It has been reviewed with [housekeeper H] that she must obtain permission from family through social services before removing .items from resident rooms. Once permission is obtained, supervisor will accompany staff removing articles from room.</p> <p>*The clothes were discovered in the housekeeper's closet on 7/13/24, the event was reported to the administrator on 7/15/24, and the administrator attempted to submit the required reporting on 7/15/24, 7/16/24, and 7/17/24.</p> <p>-They were able to submit the report on 7/17/24.</p> <p>The provider implemented systemic changes to ensure the deficient practice does not recur was confirmed after:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*Interviews with several residents throughout the facility revealed no one reported any missing personal items.</p> <p>*Interviews with housekeeper H and other staff (nursing, housekeeping, and laundry staff) confirmed they were knowledgeable of the revised Personal Items Inventory policy, the procedure for handling resident's clothing that might have needed to be replaced due to wear and tear, and about a resident's right to be free from misappropriation of property.</p> <p>*Record review confirmed staff were educated on the provider's updated Personal Items Inventory policy and procedure on 7/22/24.</p> <p>Based on the above information, non-compliance at F602 occurred on 7/13/24, and based on the provider's implemented corrective actions for the deficient practice confirmed on 7/22/24, the non-compliance is considered past non-compliance.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>46453</p> <p>Based on interview, record review, and policy review, the provider failed to report allegations of abuse to the required entities in the required timeframe for two of two incidents of alleged abuse involving two of three sampled residents (3 and 4). Findings include:</p> <p>1. Interview on 7/23/24 at 1:42 p.m. with certified nursing assistant (CNA) L about reporting of alleged violations revealed:</p> <ul style="list-style-type: none"> <li>*She was able to verbalize the correct reporting procedures.</li> <li>*She had not reported any incidents recently.</li> <li>*There were two incidents that she knew a different CNA reported last week.</li> <li>-Both incidents involved CNA (J).</li> <li>-One incident involved resident 3, and the other incident involved resident 4.</li> <li>-She was not present for either incident but heard about them from a coworker.</li> </ul> <p>2. Refer to F600, finding 12.</p> <p>3. Interview on 7/23/24 at 4:49 p.m. with administrator A regarding those incidents revealed:</p> <ul style="list-style-type: none"> <li>*After nurse aide (NA) M reported the incidents to her the previous week, she texted director of nursing (DON) B.</li> <li>-DON B had worked a nurse shift that evening.</li> <li>-She told DON B to tell [CNA J] she has to watch her interactions.</li> <li>*Administrator A said, [CNA J] has a hard time with 'those residents' as in dementia.</li> <li>*She confirmed she knew about the incident between CNA J and resident 3.</li> <li>*She initially denied knowledge of the incident between CNA J and resident 4.</li> <li>-[CNA J] has had trouble with [resident 4] but I'm not aware of that particular incident.</li> <li>-However, when detailing the incident further, especially when resident 4 expressed He's a hateful person, administrator A did remember that incident.</li> <li>*She kept a daily log of conversations she has had throughout the day.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-She could not remember exactly when NA M reported those incidents.</p> <p>*She confirmed she had not reported either incident to the South Dakota Department of Health (SD DOH).</p> <p>4. Review of the provider's submitted reportable incidents for the past three months confirmed the incidents regarding residents 3 and 4 had not been reported to the SD DOH or other required entities.</p> <p>5. Review of the provider's 7/19/24 updated Abuse, Neglect and Misappropriation of Resident Property policy revealed:</p> <p>*Policy: Residents at [facility] will be treated with dignity and respect. No resident of this facility will be mistreated, abused or neglected.</p> <p>*The following could happen if abuse is not reported: The situation could get worse, the resident could get seriously injured, the resident could become ill, the resident could die, the person could abuse other residents .</p> <p>*Process:</p> <p>- .Reporting/Response: The facility must report all alleged violations involving mistreatment, neglect, or abuse, including injuries on unknown source and misappropriation of resident property immediately to the administrator or their representative.</p> <p>-The SD Department of Health must be notified immediately but not later than 2 hours if serious bodily injury occurred, within 24 hours of incident if no serious bodily injury.</p> <p>-Notify law enforcement only for an incident or event where there is reasonable cause to suspect abuse or neglect of any resident by any person.</p> <p>-The results of the investigation must be reported to the SD Department of Health, [the local police department] (if required to notify), and the SD Department of Human Services (if required to notify) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>46453</p> <p>Based on interview, record review, and policy review, the provider failed to investigate two of two reported allegations of abuse experienced by two of three sampled residents (3 and 4). Findings include:</p> <ol style="list-style-type: none"> <li>1. Refer to F609, finding 1.</li> <li>2. Refer to F600, finding 12.</li> <li>3. Interview on 7/23/24 at 4:49 p.m. with administrator A regarding the alleged incidents revealed: <ul style="list-style-type: none"> <li>*One of the other certified nursing assistants (CNAs) came to her The other day and told her [CNA J] is a little cross with the residents.</li> <li>*After nurse aide (NA) M reported the incidents to her the previous week, she texted director of nursing (DON) B. <ul style="list-style-type: none"> <li>-DON B had worked a nurse shift that evening.</li> <li>-She told DON B to tell [CNA J] she has to watch her interactions.</li> </ul> </li> <li>*She confirmed she knew about the incident between CNA J and resident 3.</li> <li>*She initially denied knowledge of the incident between CNA J and resident 4. <ul style="list-style-type: none"> <li>-[CNA J] has had trouble with [resident 4] but I'm not aware of that particular incident.</li> <li>-However, when detailing the incident further, especially when resident 4 expressed He's a hateful person, administrator A did remember that incident.</li> </ul> </li> <li>*She kept a daily log of conversations she has had throughout the day. <ul style="list-style-type: none"> <li>-She could not remember exactly when NA M reported those incidents.</li> </ul> </li> <li>*She confirmed she had not reported either allegation to the required entities, and she had not investigated either incident further.</li> </ul> <p>4. Interview on 7/24/24 at 11:03 a.m. with administrator A about the alleged incidents revealed:</p> <ul style="list-style-type: none"> <li>*She confirmed she was not informing the other department heads, like registered nurse (RN) C the staff development coordinator, about certain incidents in an attempt to maintain confidentiality. <ul style="list-style-type: none"> <li>-If an incident involved a CNA, she would have only let DON B know about the situation.</li> <li>-She had not considered bringing the staff development coordinator into the conversation.</li> </ul> </li> </ul> <p>(continued on next page)</p> </li></ol>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*Her investigation process included to:</p> <ul style="list-style-type: none"> <li>-Review schedules.</li> <li>-Interview those staff who were on shift and were involved.</li> <li>-Speak to each person individually.</li> <li>-Try to maintain confidentiality.</li> </ul> <p>*She felt the incidents involving CNA J and residents 3 and 4 were probably true because the staff member that reported those incidents was reliable.</p> <p>*She indicated that she started an investigation into the allegation involving resident 4 and CNA J and had submitted an initial report to the South Dakota Department of Health.</p> <p>5. Review of the provider's 7/19/24 updated Abuse, Neglect and Misappropriation of Resident Property policy revealed:</p> <p>*Policy: Residents at [facility] will be treated with dignity and respect. No resident of this facility will be mistreated, abused or neglected.</p> <p>*This abuse plan has been implemented to protect our residents. The responsibility for carrying out this plan will ultimately lie with the Administrator and the staff employed by [facility] but involves every person in contact with residents.</p> <p>*Process:</p> <ul style="list-style-type: none"> <li>-Identification: Staff will identify events, such as suspicious bruising of residents, occurrences, patterns, and trends that may constitute abuse; staff will determine the direction of an investigation.</li> <li>-Investigation: Alleged violations will be investigated and will be reported to proper authorities by the administrator, director of nursing or their representative</li> <li>-Protection: Residents will be protected from harm during an investigation. Staff may need to be reassigned to other areas or suspended until the investigation is completed.</li> <li>-Reporting/Response: The facility must report all alleged violations involving mistreatment, neglect, or abuse, including injuries on unknown source and misappropriation of resident property immediately to the administrator or their representative.</li> <li>-The SD Department of Health must be notified immediately but not later than 2 hours if serious bodily injury occurred, within 24 hours of incident if no serious bodily injury.</li> <li>-Notify law enforcement only for an incident or event where there is reasonable cause to suspect abuse or neglect of any resident by any person.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The results of the investigation must be reported to the SD Department of Health, [the local police department] (if required to notify), and the SD Department of Human Services (if required to notify) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>-The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further abuse while the investigation is in progress. The facility must analyze the occurrences to determine what changes are needed, if any, to policies and procedures to prevent further occurrences.</p> <p>-If the alleged violation is verified, appropriate corrective action, which may include termination of employment, will be taken to prevent further occurrences.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>50015</p> <p>Based on interview, observation, and policy review, the provider failed to follow their policy to ensure a controlled medication (one easily diverted by staff) was securely stored for one of one (1) resident. Findings include:</p> <p>1. Interview on 7/23/24 at 12:46 p.m. and again at 2:09 p.m. with medication aide (MA) E revealed:</p> <ul style="list-style-type: none"> <li>*Resident 1 received Tramadol (a controlled pain medication) 50 milligrams (mg) tablet twice daily.</li> <li>*The Tramadol 50 mg tablets were kept in the same location as other scheduled dose medications and were not double-locked.</li> <li>*She was aware Tramadol was a controlled substance medication.</li> <li>*Controlled medications that were for PRN (as needed) use were stored in the double-locked drawer are were counted at shift change.</li> <li>*Scheduled controlled medications were counted before and after they were administered.</li> <li>*She confirmed they do not count the scheduled controlled medications at shift change.</li> </ul> <p>2. Interview on 7/24/24 at 9:47 a.m. with licensed practical nurse (LPN) D revealed:</p> <ul style="list-style-type: none"> <li>*PRN Tramadol was stored in the double-lock box in the medication cart.</li> <li>*Only the scheduled controlled medications like Tramadol and Clonazepam (a sedative) are kept with other scheduled medications.</li> </ul> <p>3. Observation on 7/24/24 at 10:32 a.m. with MA E revealed:</p> <ul style="list-style-type: none"> <li>*She removed a current Tramadol dosing card for resident 1, from the top drawer of the medication cart.</li> <li>*That drawer was only secured by one lock.</li> </ul> <p>4. Interview on 7/24/24 at 11:58 a.m. with director of nursing (DON) B revealed:</p> <ul style="list-style-type: none"> <li>*Scheduled Tramadol is kept with other scheduled medications in the medication cart.</li> <li>*PRN narcotic medications are in the double-lock drawer.</li> <li>*This is the provider's normal practice for controlled medications.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  St William's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 N Viola St Milbank, SD 57252	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*The double-lock drawer is not big enough for all the controlled medications.</p> <p>*She agreed that having the scheduled Tramadol doses with other scheduled medications did not follow their current Controlled Substance-Narcotic Medication Management Policy.</p> <p>5. Review of the provider's 7/14/23 Controlled Substance-Narcotic Medication Management policy revealed:</p> <p>*All scheduled II-V medications are maintained in separately locked, permanently affixed compartment of the medication cart.</p> <p>*All controlled substances, including ER narcotic kit and medications in the refrigerator, must be counted at each shift change.</p>