

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 10/02/2024
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 - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>49238</p> <p>Based on South Dakota Department of Health (SD DOH) facility reported incident (FRI) report, interview, record review and policy review the provider failed to prevent staff to resident sexual abuse from occurring for one of one resident (29).</p> <p>Findings include:</p> <p>1. Review of the SD DOH FRI report for resident 29 revealed:</p> <p>*On 9/21/24 at 11:35 p.m. certified nursing assistants [CNAs] reported to licensed practical nurse (LPN) H that resident 29 was complaining of CNA M being rough after she had used the bathroom and was being cleaned up.</p> <p>*LPN H assessed resident 29 in her room.</p> <p>*Administrator A and director of nursing (DON) B were notified.</p> <p>*Resident 29's power of attorney (POA) was notified.</p> <p>*Resident 29's primary physician was notified.</p> <p>*Administrator A contacted CNA M to suspend her pending investigation results.</p> <p>*Medical director C was contacted and he arranged for her transfer to the local emergency room for further assessment.</p> <p>*CNA M was terminated from the facility on 9/25/24.</p> <p>2. Interview on 9/30/24 at 4:42 p.m. with resident 29 revealed:</p> <p>*She had a urinary tract infection (UTI) and was on antibiotics.</p> <p>*She stated she would get UTIs from her catheter.</p> <p>-I am on the strongest antibiotic you can be on for a UTI and I take my last pill tonight.</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
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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>5. Interview on 10/01/24 at 4:01 p.m. with CNA K regarding providing peri cares for resident 29 revealed:</p> <ul style="list-style-type: none"> *She would put on a gown and gloves and explain what cares she would be providing to resident 29. *She and another staff would use the mechanical lift to position her to clean the peri area. *She stated one staff would stand in front of resident 29 to keep her steady while the other staff would stand behind her to clean her. -She stated she cleaned her from front to back with wet wipes then with a washcloth and soap and water. She held the catheter to one side and cleaned the opposite side. *She was not aware of any new interventions for resident 29. *She was not aware of any abuse to residents. *She was not aware of any abuse education or training provided in the last month. <p>6. Interview on 10/01/24 at 4:27 p.m. with CNA N revealed:</p> <ul style="list-style-type: none"> *He was not aware of any staff being rough with resident cares. *He thought he had abuse and neglect education in August. <p>7. Interview on 10/2/24 at 8:32 a.m. with certified medication assistant (CMA) J regarding abuse revealed:</p> <ul style="list-style-type: none"> *She stated there had been staff to resident abuse in July or August a staff member had slapped a resident. -CNA M was no involved in this incident. -She was not aware of any allegations of staff to resident sexual abuse. *She had not had any sexual abuse education in the last couple of weeks. <p>8. Interview on 10/2/24 at 8:39 a.m. with social service designee E regarding the above incident involving resident 29 and CNA M revealed:</p> <ul style="list-style-type: none"> *She stated she didn't know much but she knew that resident 29 had been in the mechanical lift. -Resident 29 had said 'ouch to the CNA when a nurse was putting in a catheter. -She stated she thought resident 29 had said ouch to the catheter being put in. *She said CNA M no longer worked there. <p>(continued on next page)</p>		

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