

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER Bethany Home - Brandon		STREET ADDRESS, CITY, STATE, ZIP CODE 3012 E Aspen Blvd Brandon, SD 57005	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49238</p> <p>Based on South Dakota Department of Health (SD DOH) complaint, interview and policy review the provider failed to thoroughly investigate an incident of an alleged certified nursing assistant being intoxicated while at work and allowed her to work the weekend following the incident.</p> <p>Findings include:</p> <p>1. Review of the SD complaint report dated 5/7/24 revealed:</p> <ul style="list-style-type: none"> *The complainant wished to remain anonymous. *She was terminated Monday 4/29/24 for suspected intoxication. *She worked an evening shift on Friday 4/26/24 but usually worked day shifts. *A beverage container had been found that smelled like alcohol in the staff break room. *Police were contacted and had no concerns about her being intoxicated and let her go home. *She worked the next two days Saturday 4/27/24 and Sunday 4/28/24 without follow up from the administration. *She had not been the one to use alcohol and the residents were still at risk and the facility needed to continue their investigation. *She did not want her job back and had worked at the facility for five months. <p>2. Interview on 11/05/24 at 1:46 p.m. with resident 1 revealed:</p> <ul style="list-style-type: none"> *She is sitting in her wheelchair in her room. *She stated things are going well here and was headed to worship and study but could talk later. *She stated a female on night shift doesn't seem to get her brief on straight, otherwise no problems with any staff, and she was not aware of staff by name of CNA N. <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: 435130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER Bethany Home - Brandon		STREET ADDRESS, CITY, STATE, ZIP CODE 3012 E Aspen Blvd Brandon, SD 57005	
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>3. Interview on 11/06/24 at 11:06 a.m. with resident 1 revealed:</p> <p>*She had broken her leg back in March when she fell in the bathroom and could transfer herself at that time.</p> <p>*She did pivot transfers with staff help now and had not had any injuries since the fall.</p> <p>*She stated she heard her left shoulder crackle a couple of time when she had been assisted. I had that replaced quite a while ago.</p> <p>-She stated she is doing therapy and would see her doctor about her shoulder.</p> <p>4. Interview on 11/07/24 at 4:39 p.m. with resident 1 revealed she does not use a mechanical lift, she stated, she did that one-foot turn [pivot transfer] with help and had no injuries or complaints about staff.</p> <p>5. Interview on 11/08/24 at 10:46 a.m. with CNA O revealed she worked morning shifts and had never seen or heard of any staff or coworker working under the influence of alcohol. She had not seen or heard of any alcohol being in the facility staff break room. She stated if she had seen or seen that she would report that to administration.</p> <p>6. Interview on 11/8/24 at 10:48 a.m. with licensed practical nurse (LPN) P revealed she was not aware that anyone had worked under the influence of alcohol, or that any alcohol had been in the breakroom but would report it if she had.</p> <p>7. Interview on 11/8/24 at 3:00 p.m. with director of nursing (DON) B revealed:</p> <p>*She had an incident with a staff member that was suspected of being intoxicated when she had worked 4/26/24.</p> <p>-She stated that she was certified nursing assistant (CNA) Q and had picked up that 6-10 p.m. evening shift.</p> <p>-She stated staff had called her around 9:45 p.m. stating that CNA Q was acting strange and that they smelled alcohol on her breath while completing cares.</p> <p>-She stated she had them call the police, but [NAME] had left the facility.</p> <p>-She stated she received report from her staff that the police had stopped CNA Q in the parking lot but a breathalyzer had not been done because the police did not think she was intoxicated as she was not stumbling when she walked and allowed her to go home.</p> <p>-She stated a tumbler was found in the break room that smelled like there was alcohol in it.</p> <p>-DON B stated that CAN Q did not work the weekend and was not on the schedule.</p> <p>-She stated she would get the staff schedule for that weekend.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER Bethany Home - Brandon		STREET ADDRESS, CITY, STATE, ZIP CODE 3012 E Aspen Blvd Brandon, SD 57005	

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>8. Interview and review of staff schedules on 11/8/24 at 3:13 p.m. with DON B revealed:</p> <ul style="list-style-type: none"> *She stated CNA Q was on the schedule and worked Saturday 4/27/24 and Sunday 4/28/24 following the incident that happened Friday 4/26/24. *Staff schedule indicated CNA Q had worked 6:00 a.m. to 2:00 p.m. that weekend. *She stated, That was a long time ago, I couldn't remember she had worked. -She stated, The police did not think she was intoxicated CNA Q was allowed to work. -She stated she had asked her staff questions regarding the incident on the phone but she did not further investigate the incident. -She had not come into the facility the night of the incident because CNA Q would have been gone by the time she would have gotten there. -She came in 4/29/24 Monday morning and that was when she smelled the container with the alleged alcohol in it. -She stated CNA Q was terminated 4/29/24. <p>9. Review of personnel consultation Termination record dated 4/29/24 revealed:</p> <ul style="list-style-type: none"> * Name: CNA Q. - Category: Termination. - Subject: Drinking on the Job. - On 4/26/24 it was reported by other staff working that night that you smelled of alcohol and were behaving strangely. -The charge nurse approached you and informed you that you would be subject to a breathalyzer to ensure that you hand not been drinking. You then left the facility and were stopped by the police who offered you a breathalyzer to show you had not been drinking and you declined, and they had no reason to suspect that you had been drinking. - On 4/29/24, [NAME] Administration found a cup that is believed to belong to you and it contained a liquid that smelled of alcohol. - As a result of these finding, [NAME] will immediately be terminating your employment. - Employee signature indicated, Employee terminated via phone, initialed by administrator A 4/29/24. - Employee Comments had been left blank. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER Bethany Home - Brandon		STREET ADDRESS, CITY, STATE, ZIP CODE 3012 E Aspen Blvd Brandon, SD 57005	
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>	<ul style="list-style-type: none"> - Signed by human resource manager M. - Signed by department supervisor DON B and administrator A. - This form may be used for all types of counseling including warning records and disciplinary action records. 10. Review of SD Department of Health Facility report incident revealed: *Administrator A handed this surveyor that report and stated, This is the investigation that was done. - Patient/Resident name indicated resident 1 on the report. - Cognition score was fifteen [indicated her cognition was intact]. -The report was completed and signed by administrator A. - Date and Time of Event, 4/26/24 at 8:00 p.m. - Type of Event Being Reported, Suspicion/allegation of abuse/neglect. - Allegation type, Other, Suspected intoxicated employee. - Law enforcement was notified for suspected intoxication. - Law enforcement was notified 4/26/24 at 9:45 p.m. - APS worker was notified by an emailed report for suspected resident neglect on 4/29/24 at 4:20 p.m. - Health Department was notified on 4/20/24 at 4:20 p.m. - Investigation Conclusion: Conclusionary summary statement of facility investigation: (Please include all specific interventions put in place to prevent further occurrences. There was no information provided. - Suspicion/Allegation of Abuse/Neglect: Facility personnel. - Is the individual capable of providing an explanation of the event or capable of participating in investigation? Yes. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER Bethany Home - Brandon		STREET ADDRESS, CITY, STATE, ZIP CODE 3012 E Aspen Blvd Brandon, SD 57005	
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>- Provide a brief explanation of event being reported. Please include name(s) of Patient/Resident/Personnel/Family/Visitors involved with event: On 4/26/24 it was reported to the Director of Nursing that CNA Q, smelt of alcohol and that she was acting weird and disappearing for long stretches of time. Facility called the police and requested that they give the staff member a breathalyzer test. Staff member refused to be tested and left the facility. A water bottle tumbler was then found on her neighborhood that had pink liquid in it that smelled strongly of alcohol. By leaving without submitting to a breathalyzer, CNA Q violated [NAME] policy and was terminated on the afternoon of 4/29/24.</p> <p>- Interview with CNA/Med Aide N: CMA N was assisting CNA Q with cares with the above resident and stated that CNA Q was discussing problems with her boyfriend with the resident. At that time CMA N said she was acting weird and was thinking hard about what she was going to say before she spoke. CNA Q then asked CMA N for help assisting the above listed resident. During cares for the above listed resident CNA N said CAN Q smelled of alcohol and that CNA Q was having hard time completing the cares for the resident. CMA N stated he never saw her drinking any liquids that night and did not see CNA Q drinking from the cup that was later found to have alcohol in it. CMA N told the nurse on duty who call the DON B. CMA N said the nurse on duty told CNA Q she would need to be breathalyzed at which time CNA Q left the facility.</p> <p>- Interview with licensed practical nurse (LPN) R: LPN r stated that both her and CAN Q arrived to work at 6:00 p.m. at which time LPN R started passing pills on Maple Valley. LPN R stated she got to Cottonwood Court around 8:15 p.m. She saw CNA Q in the dish room talking on her phone and that CNA Q ran into the door frame of the dish room when she came back out. CMA N approached LPN R at about 9:00 p.m. and said that CNA Q smelled like alcohol. LPN R texted DON B. During this time, LPN R stated that CNA Q would disappear off the unit for extended periods of time and they would find her in random resident rooms. LPN also stated that CNA Q was very anxious and having a hard time speaking during the shift. At 9:45 p.m. LPN R informed CNA Q that the police were on their way and that she would be subjected to a mandatory breathalyzer to which CNA Q seemed nervous and said that is suspicious. LPN R went to go assess a resident and when she came back CNA Q was gone. LPN R went to the front entrance of the facility and saw CNA Q with the police. After LPN R returned to the neighborhood, she found the green tumbler at which point she opened the container and smelled it and it smelled strongly of alcohol. CNA Q refused a breathalyzer from the police and left the facility. Police informed Administrator A and DON B that they could not pursue any charges against her as they had no evidence that a crime had been committed. CNA Q was terminated effective 4/29/24.</p> <p>*Substantiation and Action: Was abuse/neglect allegations substantiated: No, why or why not? Unable to completely substantiate but evidence presented made it clear that CNA Q needed to be terminated.</p> <p>- If a patient/resident was suspected of abuse/neglect, was it a willful act? Yes.</p> <p>- Action taken by the facility; Personnel terminated.</p> <p>11. Review of [NAME] Homes/Meadows/Foundation 2024 Employee handbook revealed:</p> <p>*Drug Testing on page 33:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER Bethany Home - Brandon		STREET ADDRESS, CITY, STATE, ZIP CODE 3012 E Aspen Blvd Brandon, SD 57005	
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>- [NAME] has adopted screening and testing practices to identify employees who use illegal drugs on or off the job, and to identify employees under the influence of alcohol on the job. Refusal to submit to drug or alcohol testing being conducted by the facility will be considered a positive test. Such refusal may lead to disciplinary action, up to and including immediate termination.</p> <p>* Purpose: In compliance with the Drug-Free Workplace Act of 1988, [NAME] has a longstanding commitment to provide a safe, quality-oriented, and productive work environment consistent with the standards of the community in which [NAME] operates. Alcohol and drug abuse poses a threat to the health and safety of [NAME] employees, residents, family, and guests. For these reasons, [NAME] is committed to the elimination of drug and alcohol use and abuse in the workplace.</p> <p>*Work Rules:</p> <p>- 1. Whenever employees are working, are present on [NAME] premises or are conducting company-related work offsite, that are prohibited from:</p> <p>- b. Being under the influence of alcohol, or an illegal drug as define in this policy.</p> <p>- c. Possessing or consuming alcohol.</p> <p>* Page 35 Reasonable suspicion:</p> <p>- Employees are subject to testing based on (but not limited to) observations by the supervision of apparent workplace use, possession, or impairment. HR [human resources], the supervisor or Administration are to be consulted before sending an employee for testing. Under no circumstances will the employee be allowed to drive himself or herself to the testing facility. A member of supervision/management must escort the employee or arrange for a safe driver, the supervisor/ manager will make arrangements for the employee to be transported home. The expense of this arrangement will be the responsibility of the employee.</p> <p>* Follow-up:</p> <p>- Employees who have tested positive, or otherwise violate this policy, are subject to discipline, up to and including discharge from employment. At management discretion depending on the circumstances and the employee's work history/record, [NAME] may offer an employee who violates this policy or test positive one time the opportunity to return to work on a last-chance basis pursuant to mutually agreeable terms, which could include follow-up drug testing at times and frequency determined by [NAME] for a minimum of one year. If the employee either does no complete the rehabilitation program ort tests positive after completing the rehabilitation program, the employee will be subject to immediate discharge from employment.</p> <p>*Consequences:</p> <p>- Employees who refuse to cooperate in required test or who use, possess, buy, sell manufacture or dispense an illegal drug in violation of this policy will be terminated. If the employee refuses to be tested , yet the company believe he or she is impaired, under no circumstances will the employee be allowed to drive himself or herself home. Refusal to cooperate will result in a call to the police.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER Bethany Home - Brandon		STREET ADDRESS, CITY, STATE, ZIP CODE 3012 E Aspen Blvd Brandon, SD 57005	

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>- Page 36, The first time an employee tests positive for alcohol or illegal drug use under this policy, the result will be discipline up to and including discharge.</p> <p>- Employees will be paid for time spent in alcohol or drug testing and then suspended without pay pending the results of the drug or alcohol test.</p> <p>*Page 58, Discipline Procedures:</p> <p>- 3. Suspension: Suspension is a form of discipline normally reserved for severe infractions of rules, standards, or for excessive violations for which the employee has already received a written warning and the employee has made insufficient effort to improve performance or behavior. However, an employee can be placed on paid or unpaid suspension for disciplinary reasons, for example; excessive absenteeism, medication errors, or an incident requiring investigation such as, abuse, or the results of drug testing.'</p> <p>- 4. Termination: [NAME] may accelerate or omit any of the steps mentioned above.</p>