STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435133	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Weskota Manor Inc	608 1st Street NE Wessington Springs, SD 57382

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)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and policy review the provider failed to ensure:*A bed-hold notice information was provided when six of six sampled residents (1, 5, 7, 11, 26, and 33) transferred to the hospital to those residents or their representatives.*The Office of State Long-Term Care Ombudsman was notified when a resident discharged from the facility or was transferred to the hospital for six of six sampled residents (1, 5, 7, 11, 26, and 33) and two of two sampled residents (7 and 34)who were discharged home. Findings include:1. Review of resident 1's electronic medical record (EMR) revealed: *He was transferred to the hospital on 8/11/25. *His representative was notified of the 8/11/25 transfer. *There was no documentation that the bed hold information was given to the resident or his representative for his 8/11/25 transfer to the hospital. *There was no documentation that the Office of State Long-Term Care Ombudsman was notified of resident 1's transfer to the hospital. 2. Review of resident 26's EMR revealed: *She was transferred to the hospital on 9/4/25 and was readmitted to the facility on [DATE]. *Her representative was notified of her transfer to the hospital on 9/4/25. *There was no documentation that the bed hold information was given to resident 26 or her representative for her 9/4/25 transfer to the hospital. *There was no documentation that the Office of State Long-Term Care Ombudsman that resident 26 transferred to the hospital and admitted . 3. Review of resident 5's EMR revealed: *She was transferred to the hospital on [DATE] and was readmitted to the facility on [DATE]. *Her representative was notified of her transfer to the hospital on [DATE]. *There was no documentation that the bed hold information was given to resident 5 or her (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	representative for her 10/25/25 transfer to the hospital. *There was no documentation that the Office of State Long-Term Care Ombudsman that resident 5 transferred to the hospital and admitted . 4. Review of resident 33's EMR revealed: *She was transferred to the hospital on [DATE] and was readmitted to the facility on [DATE]. *Her representative was notified of her transfer to the hospital on [DATE]. *There was no documentation that the bed hold information was given to resident 33 or her representative for her 11/16/25 transfer to the hospital. *There was no documentation of notification to the Office of State Long-Term Care Ombudsman that resident 33 transferred to the hospital and admitted . 5. Review of resident 11's EMR revealed: *He was transferred to the hospital on [DATE]. *His representative was notified of the 12/13/25 transfer. *There was no documentation that the bed hold information was given to the resident or his representative for the 12/13/25 hospital transfer. *There was no documentation of notification to the Office of State Long-Term Care Ombudsman that resident 11 transferred to the hospital. 6. Review of resident 7's EMR revealed: *She was transferred to the hospital on [DATE] and then transferred to another hospital to receive additional services. *Her representative was notified of her transfer to the hospital on [DATE]. *There was no documentation that the bed hold information was given to resident 7 or her representative for her 12/15/25 transfer to the hospital. *Resident 7 did not return to the facility after her hospital stay and was discharged to home on [DATE]. *There was no documentation that the Office of State Long-Term Care Ombudsman was notified of resident 7's transfer to the hospital or her discharge to home. 7. Review of resident 34's EMR revealed: *She was discharged to her home on [DATE] upon her request. (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	*There was no documentation of notification to the Office of State Long-Term Care Ombudsman of resident 34's discharge to home. 8. Interview on 1/14/26 at 2:58 p.m. with registered nurse (RN) E revealed she: *Stated the nurses did not do anything related to bed holds. *Thought the business office staff was responsible for providing the bed hold information to the resident or the resident's representative when the resident transferred out of the facility. 9. Interview on 1/15/26 at 10:25 a.m. with social service director (SSD) C revealed: *She reviewed the bed hold policy with each resident or the resident's representative on admission to the facility and a copy of the policy was in their admission packet. *She was not responsible providing the written bed hold information to the resident or the resident's representative when a resident was transferred to the hospital. *She was responsible for notifying the Office of State Long-Term Care Ombudsman if a resident was transferred or discharged . *She did not notify the Office of State Long-Term Care Ombudsman when the residents transferred and discharged but verbally reviewed those with the local Ombudsman when she was in the facility during her monthly visits. *She verified there was no documentation that the Office of State Long-Term Care Ombudsman office had been notified of the residents' transfers and discharges. 10. Interview and review of the provider's bed hold policy on 1/15/26 at 10:51 a.m. with director of nursing (DON) B revealed: *She stated bed hold information was to be provided to the resident or resident representative when a resident was transferred to the hospital. *There had been a miscommunication between the departments about who was responsible to give the bed hold information to the resident or the resident's representative upon transfer, and that may have resulted in the information not being given when the residents were transferred to the hospital. *She was aware that the provider's policy indicated that the nurses were responsible for providing the bed hold information. The nurses used to provide that information, but they no longer had access to the bed hold information, so they no longer provided it. 11. Interview on 1/15/26 at 11:00 a.m. with administrator A revealed: *She was unable to find documentation to support the bed hold information was provided to resident 1, or his representative, for the hospital transfer on 8/11/25. *She was unable to find documentation to support the bed hold information was provided to resident 11, or his representative, for the hospital transfer on 12/13/25. (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	*There was no documentation that residents 5, 7, 26, or 33 or their representatives was provided bed hold information at the time of transfer from the facility. *She indicated that she expected the bed hold documentation would have been in the resident's EMR. *The Office of State Long-Term Care Ombudsman's was not formally notified of resident transfers or discharges. 12. Review of the provider's 2004 Bed Hold policy revealed: *To establish a bed-hold policy for all residents prior to admission, following transfer to a hospital or therapeutic leave and an appropriate procedure for notifying a resident and family member or legal representative of the policy. *Prior to or at the time transfer for hospitalization or a therapeutic leave, the resident and family will be issued a copy of the Facility bed-hold policy. In case of an emergency transfer, a copy of the bed-hold will be issued within 24 hours of the transfer, to resident and family. *The Charge Nurse, at the time a resident is transferred to a hospital or therapeutic leave, will document in the resident file that a copy of the bed-hold policy was issued to the resident and family. Review of the provider's 6/2024 Long Term Care Transfer and Discharge-System Standard Policy, South Dakota, revealed: * Emergency Transfers: When a resident is temporarily transferred on an emergency basis to an acute care facility, notice of the transfer may be provided to the resident and resident representative as soon as practicable. Copies of notices for emergency transfers must also still be sent to the Ombudsman, but they may be sent when practicable, such as in a list of residents on a monthly basis.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and policy review, the provider failed to ensure one of one sampled resident's (5) Minimum Data Set (MDS) (a tool used to evaluate a resident's health status and to develop an individualized care plan to manage the resident's care needs) assessment was accurately coded for the Pre-admission Screening and Resident Review (PASRR) and one of one sampled resident's (17) MDS assessment was accurately coded for areas of pressure ulcers. Findings include:1. Review of resident 5's electronic medical record revealed:*She was admitted on [DATE].*Her diagnoses included delusional disorder (a mental illness where a person holds strong, false beliefs despite evidence to the contrary), anxiety disorder (anticipation of future danger or misfortune with feelings of distress and/or sadness and symptoms such as restlessness or irritability), schizoaffective disorder (a serious mental illness with symptoms of impaired reality perceptions, mood swings, disorganized thinking, and altered behavior), and paranoid personality disorder (a mental health illness with unwarranted distrust and suspicion of others).*Her 1/14/26 care plan had a focus area that stated, 2/1/2024 PASSR [PASRR] review done and accepted for nursing home care no changes at this time. I [the resident] am determined as a Level 1 Positive PASSR for Level 2 with Serious Mental Illness.*She had a level I (1) PASRR completed on 2/1/24 for a potential change in condition that stated.- Your Level I screen was submitted for a potential status change. It shows that you have evidence of serious mental illness or an intellectual/developmental disability (IDD). However, your condition does not require further PASRR evaluation at this time because your serious mental illness or IDD treatment needs have not significantly changed since your previous PASRR Level II evaluation.- The facility should mark yes for question A1500 on the MDS ?Is the resident currently considered by the state level II PASRR process to have a serious mental illness and/or intellectual disability or related condition?'*Item A1500 of her 9/19/24 and 8/21/25 comprehensive MDS assessments were coded No.2. Review of resident 17's EMR revealed:*She was admitted on [DATE].*She had a stage II (2; open wound or blister with partial-thickness skin loss) pressure ulcer (skin and/or underlying tissue injury from prolonged pressure) on her coccyx (tailbone) from 7/4/25 through 10/6/25 that healed.*Item M0100 A of her 8/14/25 MDS assessment was coded No to the question Resident has a pressure ulcer/injury, a scar over bony prominence, or a non-removable dressing/device.3. Interview and review of resident 5's PASRR determination on 1/15/26 at 10:25 a.m. with social services director (SSD) C revealed she:*Was responsible for submitting the PASRR screens to Maximus (the state contracted agency responsible for reviewing, making determinations, and recommendations related to residents' PASRR screening results).*Completed question A1500 on the residents' MDS assessments related to their PASRRs.*Read resident 5's PASRR outcome explanation from Maximus as a positive Level I with no PASRR Level II required.*Stated she did not read through the entire document when she received it and only looked at the PASRR Level I determination which said, Level I Positive, No Status Change.*After reviewing the document she agreed that if she had read through the entire document, she would have seen that resident 5 had a current Level II PASRR, and the directions on how she was to answer the question related to the Level II PASRR on resident 5's MDS assessment.4. Interview and review of resident 17's EMR and 8/14/25 MDS assessment on 1/15/26 at 10:41 a.m. with registered nurse (RN)/MDS coordinator D revealed:*She was responsible for coding the residents' MDS assessment related to pressure ulcers.*When she coded the MDS assessments related to pressure ulcers, she would review the resident's EMR, risk management documentation, and information provided during daily staff meetings (to inform staff of resident status and care needs updates).*She would attempt to complete a skin check after the resident's bath during the resident's look back period (the time period over which the resident's condition or status is captured by the MDS assessment) to determine how to accurately code the resident's skin information on the MDS.*After (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	review of resident 17's EMR and 8/14/25 MDS assessment RN/MDS coordinator D verified she had coded M0100A inaccurately as resident 17 had a pressure ulcer during the look back period.5. Interview on 1/15/26 at 10:51 a.m. with director of nursing (DON) B revealed she expected the MDS assessments to be completed accurately.6. Review of the provider's November 2025 MDS Completion policy revealed:* To complete the quarterly, annual and significant change MDS by all departments which include Dietary, Activities, Social Services, and Nursing.* Each department enters all data in their section of the MDS into the computer and signs off their area.Review of the provider's December 2025 LTC [Long-Term Care] PASRR -South Dakota- policy revealed:* It is the policy to screen all potential admissions on an individualized basis. As part of the preadmission process, the facility participates in the Preadmission Screening and Resident Review (PASRR) screening process (pre-screening and Level I) for all new and readmissions per requirement to determine if the individual meets the criterion for mental disorder (SMI/SMD), intellectual disability (ID) or related condition.* The objective of the PASRR policy is to ensure that individuals with mental illness and intellectual disabilities receive the care and services that they need in the most appropriate setting. The PASRR will be evaluated as needed upon any significant change for those individuals identified.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, interview, and policy review, the provider failed to monitor the room temperature to ensure medications were stored within safe temperature ranges in one of one medication room. Findings include:1. Observation and interview on 1/14/26 at 12:44 p.m. with registered nurse (RN) E in the medication room revealed:*She stated the facility had one medication room.*She stated the medication room often felt significantly warmer than the rest of the facility.*There were logs to document the temperatures of the medication and food refrigerators stored in the medication room in a three-ringed binder.*There were no documented medication room temperatures.*RN E stated that the temperature of the medication room was not monitored or documented.*She stated she did not know how the temperature of the medication room could be adjusted because there was no thermostat for that room.*A box of resident 19's ipratropium bromide and albuterol sulfate (a medication to open airways and make breathing easier) indicated it was to be stored between 68- and 77-degrees Fahrenheit (F) was stored in the upper cabinet in the medication room.2. Interview on 1/15/26 at 8:49 a.m. with administrator A revealed there were no medication room temperature documentation logs.3. Interview on 1/15/26 at 10:07 a.m. with RN F revealed she:*Stated the temperature of the medication room was not monitored or documented.*Stated the temperature of the medication room fluctuated by the seasons, sometimes it felt hot in there and other times it felt cool.*Stated that the monitoring of the temperature of the medication room had been discussed before but she was not sure why it was not monitored.*Agreed that if the temperature of the medication room was not monitored it would not be possible to verify that the medications stored in the medication room were maintained within the manufacturers' recommended storage temperatures.4. Interview on 1/15/26 at 10:51 a.m. with director of nursing (DON) B revealed she:*Verified the temperature of the medication room was not monitored.*Was not aware the temperature of the medication room was required to be monitored.*Had verified that the provider's policy addressed the temperatures in which medications were to be stored.5. Review of the provider's January 2026 Medication Storage policy revealed:* Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier.* Medication storage areas are kept clean, well-lit, and free of clutter and extreme temperatures and humidity.* All medications are maintained within the temperature ranges noted in the USP [US Pharmacopeia (a legally recognized collection of publicly accessible quality standards for drugs and their components)] and by the CDC [Center for Disease Control].