STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43A072	A. Building B. Wing	11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Platte Care Center	609 East 7th Platte, SD 57369

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 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 50916 Based on South Dakota Department of Health (SD DOH) facility-reported incidents (FRI), interview, record review, and policy review, the provider failed to protect one of one sampled resident (11) from abuse by one of one agency certified nursing assistant (CNA) (F) who insinuated she was videoing the resident when providing her care. This citation is considered past non-compliance based on review of the corrective actions the provider implemented following the incident. Findings include: 1. Review of the provider's submitted SD DOH FRI regarding resident 11's incident revealed: *Her Brief Interview for Mental Status (BIMS) assessment score was 15 which indicated her cognition was intact. *On 7/9/24 at 9:00 p.m. she reported to licensed practical nurse (LPN) K that CNA F had been recording her while helping her with her bathroom care needs. *LPN K questioned CNA F who told her that she was not actually recording, but she had wanted resident 11 to believe she was. *LPN K reported the incident to administrator A. *CNA F was assigned to a different hallway for the rest of the night and monitored. *Interventions following their investigation of this incident included: -CNA F was terminated. -All residents received education regarding how to report abuse allegations. -Residents with a BIMS score of 8-15 were interviewed for signs or suspicions of abuse by staff. -Resident 11 was offered mental health services. -All staff were to receive education regarding abuse and how to report it. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43A072	A. Building B. Wing	11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Platte Care Center	609 East 7th Platte, SD 57369

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 0600 Level of Harm - Actual harm Residents Affected - Few	2. Interview on 11/20/24 at 11:10 a.m. with CNA D revealed: *They had received education on abuse in their huddles and online. *She knew how to report abuse to the designated people which included administrator A and director of nursing (DON) B. *She knew how to identify signs and symptoms of resident abuse. 3. Interview on 11/20/24 at 11:14 a.m. with resident 11 in her room revealed: *She had issues with CNA F prior to the video recording incident, but she never reported anything. *She had been offered mental health services, but she declined because she didn't think it was necessary. 4. Interview on 11/20/24 at 2:28 p.m. with administrator A revealed: *CNA F had a background check that indicated no prior abuse allegations when hired. *CNA F had completed education on abuse prior to being hired and completed the facility's education on abuse during her orientation. *He had contacted her agency and reported the incident. *Law enforcement had been notified of the incident. The provider's implemented actions to ensure the deficient practice does not reoccur was confirmed on 11/20/24 after record and policy review revealed the facility had followed their quality assurance process, education was provided to all nursing care staff regarding abuse and how to report it, resident education and interviews had been completed, and interviews revealed staff understood the education provided regarding those topics. Based on the above information, non-compliance at F600 occurred on 7/9/24, and based on the provider's 7/12/24 implemented corrective action for the deficient practice confirmed on 11/20/24, the non-compliance is considered past non-compliance.