STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43A135	A. Building B. Wing	08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastern Star Home of South Dakota, Inc	126 W 12th Avenue Redfield, SD 57469

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, interview, and policy review, the provider failed to ensure two of five sampled residents (25 and 28) who received psychotropic medications (any drug that affects brain activities associated with mental processes and behavior) had an attempted gradual dose reduction (systemic dose reduction over time to determine if the condition could be managed with a lower dose or discontinuation of the medication) (GDR) or documented rationale to support that a GDR was clinically contraindicated (not appropriate based on the resident's condition, potential risks, or adverse effects) for those medications. Findings include: 1. Observation and interview with resident 28 on 8/5/25 at 4:30 p.m. revealed she: *Was in the common area of the facility, seated in a wheelchair with a blanket over her lap. *Was very hard of hearing, but answered simple questions and indicated:-The staff were good to her. -The food was good.-She had no concerns. Review of resident 28's 7/14/25 annual Minimum Data Set (a tool used to evaluate a resident's health status and to develop an individualized care plan to manage the resident's care needs) (MDS) assessment revealed she: *Had been admitted to the facility on [DATE]. *Had diagnoses of dementia (a group of symptoms affecting memory, thinking, and social abilities), depression, and traumatic brain dysfunction (a disruption in the normal function of the brain caused by an injury that affects how the brain works). *Had moderately impaired cognition, was rarely/never understood, and was unable to complete a cognitive screening. *Exhibited the following mood indicators: little interest in doing things, appearing down or depressed, having little energy, and a poor appetite. *Exhibited the following behaviors: wandering and rejection of care. *Was prescribed psychotropic medications that included an: -Antidepressant medication.-Antipsychotic medication. --The antipsychotic medication had not had a gradual dose reduction (GDR) attempted in the past year. --There was no documentation by the physician to support why a GDR was clinically contraindicated. Minimum Data Set (MDS) coordinator C had signed the assessment as completed on 7/20/25. Review of resident 28's care plan, dated 5/27/25, revealed:*The resident was taking psychotropic medications (antidepressant and antipsychotic) for her depression. -Her care plan goal was to take the lowest therapeutic dose of medication daily.-Her approaches included:--Education was provided to the family and the resident on the risks and benefits of those medications. --Staff were to observe the resident for side effects and report unusual findings to the nurse. --A GDR review was to be completed every six months. Review of resident 28's Pharmacy Recommendation form dated 7/17/25 revealed:*Director of nursing (DON) B had initiated the form and indicated that the resident was currently taking: -The antidepressant medication Sertraline 150 milligrams (mg) daily since 4/15/25 when the dosage had been increased. -The antipsychotic medication Olanzapine 5 mg daily, which had been started in February 2025, and included a request to- - Please advise. *The pharmacy recommendation was to Continue the same dose and was signed 7/22/25 by the provider's consultant pharmacist. *The resident's primary physician had signed the form on 8/5/25 and noted that she agreed with the consultant pharmacist's above plan. *The form had not included a description of the clinical contraindications to completing a GDR for those medications. Interview on 8/6/25 at 6:27 p.m. with administrator A, DON B, and MDS (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

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	coordinator C regarding resident 28's psychotropic medications revealed:*DON B agreed she had asked regarding the psychotropic medications on the Pharmacy Recommendation form and: -The provider's consultant pharmacist's recommendation indicated no change and not to proceed with a GDR. -The resident's physician had signed the form.*They agreed the physician had not provided a written indication why a GDR would be clinically contraindicated. *Administrator A and DON B agreed that:-The physician should have documented on the form the rationale for the decision to maintain the current medications' dosage and not attempt a GDR. -The consultant pharmacist should have requested the physician to review the resident's psychotropic medications for possible GDRs. Interview on 8/7/25 at 11:47 a.m. with MDS Coordinator C regarding resident 28's psychotropic medications revealed she agreed that: *Resident 28's medical record had no documentation regarding the clinical contraindications of completing a GDR for her psychotropic medications. *Resident 28's physician should have documented the rationale for the decision to maintain the current medications' dosage and not attempt a GDR. *She expected that psychotropic medications were reviewed for possible GDRs every six months. 2. Review of resident 25's 5/26/25 annual MDS assessment revealed she: *Had been admitted to the facility on [DATE]. *Had diagnoses of dementia and anxiety disorder. *Had moderately impaired cognition, was rarely/never understood, and was unable to complete a cognitive screening. *Exhibited the mood indicator of having a poor appetite. *Had not exhibited any behaviors. *Was prescribed psychotropic medications that included an: -Antianxiety medication. -Antipsychotic medication. --The antipsychotic medication had not had a GDR attempted in the past year. --There was no documentation by the physician to support why a GDR was clinically contraindicated. Minimum Data Set (MDS) coordinator C had signed the assessment as completed on 6/1/25. Review of resident 25's care plan, dated 5/27/25, revealed:*The resident was taking psychotropic medications (antianxiety and antipsychotic) for aggression, hallucinations (to see, hear, smell, taste or touch something that is not there), and delusional thinking (false beliefs and distorted views of reality). -Her care plan goal was to take the lowest dose of medication daily.-Her approaches included:--Education was provided to the resident's family and the resident on the risks and benefits of those medications. --Staff were to observe the resident for side effects and report unusual findings to the nurse. --A GDR review was to be completed every six months. Review of resident 25's Pharmacy Recommendation form dated 9/12/24 revealed:*DON B had initiated the form and indicated the resident was currently taking the antianxiety medication Ativan 0.25 mg three times daily since 6/27/23, and included a request to- - Please advise. *The pharmacy recommendation was to Continue the same [dose] and was signed 9/30/24 by the provider's consultant pharmacist. *The resident's primary physician had signed the form on 10/2/24. *The form had not included a description of the clinical contraindications to completing a GDR for that medication. Review of resident 25's Pharmacy Recommendation form dated 1/17/25 revealed:*DON B had initiated the form and indicated the resident was currently taking the antipsychotic medication Risperidone 0.25 mg daily since 3/22/23, and included a request to- - Please advise. *The pharmacy recommendation was No change, continue the same dose and was signed on 1/28/25 by the provider's consultant pharmacist. *The resident's primary physician had signed the form on 1/29/25. *The form had not included a description of the clinical contraindications to completing a GDR for that medication. Review of resident 25's Pharmacy Recommendation form dated 3/20/25 revealed:*DON B had initiated the form and indicated the resident was currently taking the antianxiety medication Ativan 0.25 mg twice daily since 4/18/23, and included a request to- - Please advise. *The pharmacy recommendation was to Continue the same dose and was signed 3/25/25 by the provider's consultant pharmacist. *The resident's primary physician had signed the form but had not indicated the date she had signed it. *The form had not included a description of the clinical contraindications to completing a GDR for that medication. Review of resident 25's Pharmacy Recommendation form dated 6/18/25 revealed:*DON B had initiated the form and indicated the resident was currently taking the antipsychotic medication Risperidone 0.25 mg daily since 3/22/23, and included a request to- - Please advise. *The pharmacy (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	recommendation was to Continue the same dose and was signed 6/23/25 by the provider's consultant pharmacist. *The resident's primary physician had signed the form but had not indicated the date she had signed it. *The form had not included a description of the clinical contraindications to completing a GDR for that medication. Review of the provider's 3/6/19 Gradual Dose Reduction of Psychotropic Drugs policy revealed: *Purpose: Residents who use psychotropic drugs receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.*Performed By: Nurses and Pharmacist. *For any individual who is receiving a psychotropic medication to treat expressions or indications of distress related to dementia, the GDR may be considered clinically contraindicated for reasons that include, but that are not limited to:- The resident's target symptoms returned or worsened after the most recent attempt at a GDR within the facility.- The physician has documented the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the resident's function or increase distressed behavior.