

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/18/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/10/2024
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NAME OF PROVIDER OR SUPPLIER WILMOT CARE CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 501 4TH ST WILMOT, SD 57279
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted on 6/10/24. The areas surveyed included was food temperatures. Wilmot Care Center Inc was found not in compliance with the following requirements: F812	F 000		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, testing, interview, and policy review the provider failed to: *Maintain the temperature of the walk-in cooler below 41 degrees Fahrenheit (F). *Maintain the cleanliness inside of the walk-in cooler. Findings include:	F 812		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jan Van Beek

TITLE

Administrator

(X6) DATE

6-26-2024

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.

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F 812	Continued From page 1 1. Observation and testing on 6/10/24 at 1:00 p.m. in the walk-in cooler revealed: *The air blowing from the cooling unit felt warm. *The thermometer in the walk-in cooler read 60 degrees F. *The cooling fins of the walk-in cooler were completely covered with ice. The air could not move through the cooling fins to chill the walk-in cooler. *Testing of the ambient air temperature of the walk in cooler revealed it was 59 degrees F. *Testing of a bottle of water that had been stored in the walk-in cooler revealed it was 53 degrees F internal temperature. Review of the provider's temperature logs revealed: *There were two different forms used for logging temperatures. *The cooler/freezer logs revealed there had not been any temperatures recorded from 6/10/24 back to 4/13/24. *The refrigeration temperature log revealed the last log was from April 2024. It did not specify which refrigerator it was for and April 26th was the only recorded temperature. *Daily or weekly temperatures were not being recorded since April 2024. Interview on 6/10/24 at 3:42 p.m. with Cook C revealed: *Checking the temperatures had been changed to once a week on Fridays. *The individual who was responsible for taking those temperatures had not been completing that task. Review of the provider's Resident Refrigerator and	F 812	F812 1. Staff present were educated immediately on temperatures and what to do if outside of optimal range. Walk-in cooler was immediately emptied and all food was moved to other coolers or refrigerators. Any items spoiled were disposed of. Cooling fins were defrosted and all ice was removed so air could flow freely through them. Cooler and freezer temperature logs have been updated and each individual cooler/freezer has it's own log and is labeled with name of cooler/freezer, month and year. Cooler and freezer policy was updated to include recording all cooler and freezer temperatures at the start of the Dietary Cook's Day shift (5am) and at the start of the Evening Dietary Aide's shift (4pm). Log sheets also include temperature rages and instructions on corrective actions if temperatures are outside of optimal ranges. Administrator/designee will track temperature logs on a daily basis for 2 weeks, then 2 times a week for 2 weeks and then weekly. Administrator/designee will report temperature log completeness and follow through at the next QAPI meeting and then quarterly thereafter until committee recommends completeness.	7-12-2024	

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F 812	<p>Continued From page 2</p> <p>Freezer policy dated 7/14/2017 revealed: Acceptable temperature ranges were 35 degrees Fahrenheit (F) to 40 F for refrigerators and less than 0 F for freezers.</p> <p>Monthly tracking sheets for all refrigerators and freezers were to be posted to record temperatures.</p> <p>Monthly tracking sheets were to include time, temperature, initials, and "action taken." The last column was to be completed only if the temperatures were not acceptable.</p> <p>Evening dietary staff or a designee who served the HS (evening) snack, were to check and record refrigerator and freezer temperatures daily once per day.</p> <p>*There was a hand drawn line through daily once per day and "weekly ounce a week" was written by hand below it. The bottom of the policy had a handwritten note that indicated ot was updated on 4/22/24 and was signed by dietary manager D.</p> <p>If the refrigerator or freezer temperature were found to be out of range, the staff member was to document the temperature, re-check the temperature in one hour, and document the re-checked temperature in the "re-check temperature" column. If the temperature continued to be out of the optimal range, staff were to notify the dietary manage/maintenance department.</p> <p>Interview on 6/10/24 at 3:54 p.m. with administrator A confirmed the policy provided was the policy the dietary department was following for their refrigerators.</p> <p>2. Observation on 6/10/24 at 1:00 p.m. in the walk-in cooler revealed: *There was a grey and black fuzzy mold-like residue on the shelves where the food was</p>	F 812	<p>2. Staff present were educated immediately on cleaning procedures for walk-in cooler and shelving. All shelving was removed from walk-in cooler and scrubbed with soap and water and then a bleach solution. Cooling fan and cover where taken apart and cleaned with soap and water and then a bleach solution, as was all pipes, cooler walls, ceiling and floor.</p> <p>All cleaning lists were updated to include inside and outside of coolers and freezers.</p> <p>All dietary staff will be trained on temperature logs and cleaning schedules on June 27, 2024. Those unable to attend will be educated/trained on their next shift.</p> <p>Temperature logs and cleaning schedules will be included in new hire dietary Orientation and will be completed within the first 30 days of employment.</p> <p>Administrator/designee will track training of current staff and will report at the next Quality Assurance/Performance Improvement (QAPI) meeting and quarterly thereafter until committee recommends completeness.</p> <p>Business office manager will track new hire education during orientation period and will report at the next QAPI meeting and quarterly thereafter until committee recommends completion.</p>		

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F 812	<p>Continued From page 3 stored.</p> <p>-That residue could be removed when the surface of the shelf was wiped.</p> <p>-About twenty five percent of the surface of the shelves had that visible residue.</p> <p>*There were multiple grey/black fuzzy round mold-like spots on the fan grates. Those fan grates were where the fans recycled air to cool the walk-in cooler. That air would be circulated throughout the walk-in cooler.</p> <p>Review of the provider's weekly cleaning list revealed:</p> <p>*The last cleaning list was dated April. April one was on a Monday which coincides with 2024.</p> <p>*There were tasks listed for each day.</p> <p>*There was nothing documented on it that would have indicated that any of the tasks had been completed.</p> <p>*No records were provided for May or June 2024.</p> <p>Review of the provider's revised October 2008 dietary services sanitization policy revealed:</p> <p>**1. All kitchens, kitchen areas and dining areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies, and other insects."</p> <p>**2. All utensils, counters, shelves, and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks and shipped areas that may affect their use or proper cleaning. Seals, hinges, and fasteners will be kept in good repair."</p> <p>**3. All equipment, food contact surfaces and utensils shall be washed to remove or completely loosen soils by using the manual or mechanical means necessary and sanitized using hot water and /or chemical sanitizing solution."</p>	F 812	<p>2. continued</p> <p>Administrator/designee will track cleaning schedule completeness and timeliness daily for 2 weeks, 2 times a week for 2 weeks and then weekly and will report findings at the next QAPI meeting and quarterly thereafter until committee recommends completeness.</p>		

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F 812	Continued From page 4 *17. The Food Service Manager will be responsible for scheduling staff for regular cleaning of kitchen and dining areas. Food service staff will be trained to maintain cleanliness throughout their work areas during all tsks, and to clean after each task before proceeding to the next assignment." Interview on 6/10/24 at 6:30 p.m. with administrator A and director of nursing B confirmed: *The temperature in the cooler was not safe for storing potentially hazardous foods. *Temperature logs had not been done correctly since 4/13/24 *The walk-in cooler was not clean. *There was no documentation to support when the walk-in cooler had last been cleaned.	F 812			