

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40533	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2023
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NAME OF PROVIDER OR SUPPLIER WELLSHIRE PARK PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1105 S. 2ND STREET MILBANK, SD 57252
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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) COMPLETE DATE
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S 000	Compliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted from 11/7/23 through 11/9/23. Wellshire Park Place was found not in compliance with the following requirement: S105.	S 000		
S 105	44:70:02:06 Food service Food service shall be provided by a licensed facility or food service establishment that is inspected by a local, state, or federal agency. The facility shall meet the safety and sanitation procedures for food service in §§44:02:07:01, 44:02:07:02, and 44:02:07:04 to 44:02:07:95, inclusive, in the Food Service Code. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and document review, the provider failed to maintain the dishwasher and the grease trap drawers underneath the stovetop and flattop grill in a clean and sanitary manner in one of one kitchen. Findings include: 1. Observation and interview on 11/9/23 from 8:25 a.m. to 8:35 a.m. with director A in the kitchen revealed: *There was a layer of grime and mineral buildup on the inside of the dishwasher doors. *The two grease trap drawers under the flattop grill and the stovetop were filled with grease.	S 105	The dishwasher was cleaned and delimed to remove grime and mineral build up. The two grease trap drawers under the flattop grill and the stovetop were cleaned and degreased on 11/9/23. The grease trap drawers were added to the cleaning schedule on 11/9/23. All residents being served have the potential to be at risk. The facility policies on kitchen cleanliness were reviewed with no revision. Administrator/Designee educated dietary staff on the safety and sanitation procedures for food services and the facilities cleaning schedule on 11/10/23, and 11/15/23. Administrator/Designee will audit the cleanliness of the dishwasher and grease trap drawers 3 times weekly to ensure items are clean and sanitary for 4 weeks, then weekly for 3 months or until sustained compliance is achieved. Results and findings will be reported during QAPI.	11/26/23

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

[Signature]
STATE FORM

TITLE

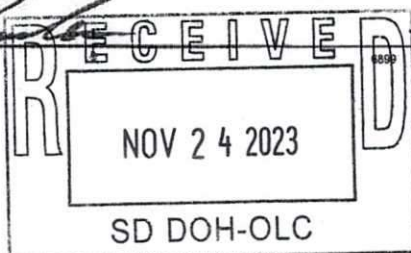
Administrator

(X6) DATE

11/24/23

IUEX11

If continuation sheet 1 of 2



South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40533	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/09/2023
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NAME OF PROVIDER OR SUPPLIER WELLSHIRE PARK PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1105 S. 2ND STREET MILBANK, SD 57252
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S 105 Continued From page 1

S 105

burnt bits of food, and an unidentified black liquid.
*Director A explained that the dietary manager was out sick, and he was not certain how often those items were cleaned.

-His expectation was that the dishwasher should have been cleaned daily and delimed weekly, and that the grease trap drawers should have been cleaned according to the schedule.

*He confirmed they had not maintained those areas in a clean and sanitary manner.

*There was a cleaning schedule posted on the cooler doors. However, the grease trap drawers were not specified on that list.

2. A copy of the provider's kitchen cleanliness policy was requested at the time of the above observation. The requested documents had not been provided by survey exit on 11/9/23 at 12:45 p.m.



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NAME OF PROVIDER OR SUPPLIER WELLSHIRE PARK PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1105 S. 2ND STREET MILBANK, SD 57252
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{S 000}	<p>Compliance Statement</p> <p>A revisit survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers was conducted on 12/20/23 for deficiencies cited on 11/9/23. All deficiencies have been corrected, and no new noncompliance was found. Wellshire Park Place is in compliance with all regulations surveyed.</p>	{S 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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