

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41662	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/31/2024
NAME OF PROVIDER OR SUPPLIER ARROWHEAD LODGE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 224 E MINNESOTA ST RAPID CITY, SD 57701		
(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
S000	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 1/30/24 through 1/31/24. Arrowhead Lodge Senior Living was found not in compliance with the following requirements: S145, S201, S215, S506, and S987.	S000	This plan of correction is not to be interpreted as an admission of or agreement with the findings and conclusions is the Statement of Deficiencies dated 01/31/24. It is a submission of our ongoing efforts to comply with regulatory requirements. We have outlined specific action in response to identified issues We remain committed to the delivery of quality health care services and will continue to make changes and improvements in line with that objective. As of 02/12/24 the Maintenance Director requested bids from Action Mechanical and Midwestern Mechanical to add 6 vents to the building in storage rooms. The work will be scheduled within 30 days after return of bids. The Maintenance Director will report monthly to the Quality committee the status of the bids and start date until the work is complete. s 145 Addendum-per discussion with Craig Holden, Medical Facilities Engineer with the SDDOH on 02/26/24, the vents will not be required at this time unless room use changes	02/26/24
S 145	44:70:02:12 Ventilation Electrically powered exhaust ventilation shall be provided in all soiled areas, wet areas, toilet rooms, and storage rooms. Clean storage rooms may also be ventilated by supplying and returning air from the building's air-handling system. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to install exhaust ventilation for six of six storage rooms. Findings include: 1. Observation on 1/31/24 beginning at 2:35 p.m. revealed the second-floor pantry, second-floor storage rooms, and first-floor storage rooms were each over 100 square feet in area and contained copious amounts of combustible storage. The storage/supply rooms were not equipped with exhaust ventilation. The rooms had no ventilation whatsoever. Interview with maintenance supervisor C at the time of the observations confirmed those conditions.	S145		
S201	44:70:03:02 General Fire Safety Each facility must be constructed, arranged,	S201		

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

Sheila Gehring

Sheila Gehring

TITLE

Executive Director

(X6) DATE

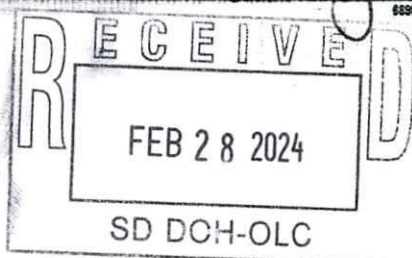
02/16/24

STATE FORM

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If continuation sheet 1 of 8



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S201	Continued From page 1 equipped, maintained, and operated to avoid undue danger to the lives and safety of occupants from fire, smoke, fumes, or resulting panic during the period of time reasonably necessary for escape from the structure in case of fire or other emergency. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, the facility must conduct monthly drills to provide training for all personnel. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to perform fire drills as required by the Life Safety Code 101 Chapter 33.7.3.1 (No night-time drills). Findings include: 1. Record review on 1/31/24 at 3:05 p.m. revealed the provider performed one fire drill per month for the building. Interview with maintenance supervisor C on 1/31/24 at 3:15 p.m. revealed the provider operated with two 12-hour shifts for staffing. *Emergency egress and relocation fire drills must be conducted not less than monthly for a two-shift staffing arrangement, with not less than two drills conducted during the night when residents were sleeping for the entire building. *Sleeping hours were considered to be from 9:00 p.m. to 6:00 a.m. each day. The earliest the fire drills had been performed was at 7:10 a.m. on 1/5/23 and the latest drills had been performed was at 6:50 p.m. on 11/8/23. *The emergency fire drills could be permitted to be announced to the residents in advance. *Fire drills must involve the actual evacuation of all residents to an assembly point, as specified in the emergency plan, and shall provide residents	S201	S201 Addendum - "Fire drill policies to be modified per pending written agreements with the Department of Health and the Rapid City Fire Marshal regarding "Defend in Place" and elevator non-re-call condition.	03/16/24
		S201		

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S201	Continued From page 2 with experience in egressing through all exits and means of escape. It was noted during the fire drill conducted on 1/17/24 at 10:30 a.m. on the second floor of the C wing (a memory care wing) that resident evacuation could have been considered impractical. The drill ran for over twelve minutes. 'Exits and means of escape not used in any drill shall not be credited for meeting the requirements of the Life Safety Code for board and care facilities. 'All employees must be periodically instructed and kept informed concerning their duties and responsibilities under the plan, and such instruction shall be reviewed by the staff not less than every two months. Staff training must include: orientation; annual refresher training; and participation in fire drills. The provider operated with two twelve-hour shifts with overlapping staff coverage for both shifts. 'There was no documentation indicating these items were completed as required in 2023.	S201		
S215	44:70:03:03 Fire Extinguisher Equipment Fire extinguisher equipment shall be installed and maintained to the following standards: (1) Portable fire extinguishers must have a minimum rating of 2-A:10-B:C; (2) Fire extinguisher equipment must be inspected monthly and maintained yearly; and (3) Approved fire extinguisher cabinets must be provided throughout the building with one cabinet for each 3,000 square feet or 278.7 square meters of floor space or fraction thereof. The fire resistance rating of corridor walls must be maintained at recessed fire extinguisher cabinets. The glazing in doors of fire extinguisher cabinets	S215	On 02/13/24 the Administrator ordered 18 fire extinguisher 3-D signs. The signs arrived on 02-16-24 and have been hung above the extinguishers by the Maintenance Director. The Maintenance Director will audit monthly X1 and report to the Quality committee after confirming all extinguishers have their proper signs.	2/23/24

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S215	Continued From page 3 must be wire glass or other safety glazing material. Fire extinguisher cabinets must be identified with a sign mounted perpendicular to the wall surface above the cabinet. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to install signage for fire extinguishers as required (in the corridors and the kitchen). Findings include: 1. Observation on 1/31/24 beginning at 2:35 p.m. revealed the semi-recessed fire extinguisher cabinets in the corridors did not have conspicuous signs indicating the location of the fire extinguishers. There was neither a perpendicular sign above the cabinet nor was there a lettered sign on the side of the cabinets to indicated the location of the fire extinguishers. 2. Observation on 1/31/24 at 3:15 p.m. revealed the K-type extinguisher in the kitchen did not have the special sign required for its installation location. Interview with maintenance supervisor C at the times of the observations confirmed those findings.	S215 S215 S215	S215 Cont. The Administrator ordered one K-type fire extinguisher sign on 02/13/24. Arrival date not available. Sign will be placed within 5 business days of receipt by the Maintenance Director. The Maintenance Director will audit monthly X1 and report to the Quality Committee after confirming all extinguishers have their proper signs. S 215 Addendum K-type sign was installed on 02/23/24	
S506	44:70:06:17 Required Dietary Inservice Training The person in charge of dietary services or the dietitian shall provide ongoing inservice training for all healthcare personnel providing dietary and food-handling services. Training must be completed within thirty days of hire and annually for any dietary or food-handling personnel and	S506		

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S506	<p>Continued From page 4</p> <p>must include the following subjects:</p> <ol style="list-style-type: none"> (1) Food safety; (2) Handwashing; (3) Food handling and preparation techniques; (4) Food-borne illnesses; (5) Serving and distribution procedures; (6) Leftover food handling policies; (7) Time and temperature controls for food preparation and service; (8) Nutrition and hydration; and (9) Sanitation requirements. <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, and policy review, the provider failed to ensure a formal dietary orientation training program was completed within 30 days of hire for four of five sampled kitchen staff (D, E, G, and H).</p> <p>1. Review of employee D's, E's, G's and H's personnel files revealed all of the above staff: *Had been hired less than a year ago. *Had completed one of the required orientation training topic within 30 days of hire: nutrition and hydration risks. *Had not completed the remaining eight required orientation training topics within 30 days of hire that included the following: -Food safety. -Handwashing. -Food handling and preparation techniques. -Foodborne illness. -Serving and distribution procedures. -Leftover food handling policies. -Time and temperature controls for food and</p>	S506	<p>On 02/04/24 retroactive training was completed using "Food Safety Fundamentals. The course was added to Dietary orientation The course was assigned annually. The Culinary Service Director will audit any new hires for completion within the first 30 days of hire x3 months and report to the quality team.</p> <p>S 506 - Addendum- All dietary staff have completed the required training as of 02/04/24. Training is documented in Relias. The course has been assigned to all Dietary staff in Relias during the first 30 days of employment and annually.</p>	02/04/24

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S506	Continued From page 5 preparations and service. -Sanitation requirements. Interview on 1/31/24 at 10:00 a.m. with dietary director D revealed he: 'Was hired on 11/27/23. 'Was not aware of the nine required dietary training topics. 'Used the 7/2019 "Dietary Orientation Skills Checklist" for the newly hired kitchen staff that covered: -Diet orders. -Equipment use. -Infection control. Interview on 1/31/24 at 11:57 a.m. with administrator A revealed she: 'Was responsible for the hiring process for kitchen staff. 'Had gone through three dietary managers in the last few months. 'Thought the nine required topics for the 30 day hires were found in the Relias online training course. -Had found the Relias online training course that covered the nine required dietary topics but it was in the annual training and not covered in the first 30 days of hire for the kitchen staff. 3. On 1/31/24 at 12:10 p.m. a policy for personnel staff training was requested from administrator A and no policy was provided before the end of the survey.	S506		
S987	44:70:10:19 Elevators If a resident's bed or a service such as recreation, resident dining, dietary, laundry, central storage, or therapy rooms, is located on	S987		

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S987	<p>Continued From page 6</p> <p>other than the first floor, the facility shall have an electrical or electrohydraulic elevator. Each elevator car and platform shall be constructed of noncombustible material, except that material treated with fire retardant may be used if all exterior surfaces of the car are covered with metal. The car door shall have a clear opening of not less than three feet eight inches (1.12 meters). Each elevator shall have automatic two-way leveling with accuracy within plus or minus 0.5 inch (0.01 meters). Each elevator, except a freight elevator, shall be equipped with a two-way special service switch to permit cars to bypass all landing button calls and to be dispatched directly to any floor.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to remove the elevator from the evacuation procedures for the building. The elevator was used during the fire drill. Findings include:</p> <p>1. Observation on 1/31/24 at 4:10 p.m. at the initiation of the fire drill revealed the elevator was the main means of evacuation from the second floor of the building for individuals with walkers, wheelchairs, and motorized scooters. The elevator was used while the fire alarm was sounding. The elevator was in the center core area and was separated from the resident room wings with smoke barriers and self-closing doors actuated by the fire alarm. Further observation revealed there was no signage in the elevator stating not to use the elevator during a fire emergency. The elevator was not tied-into the fire alarm system to preclude it from use by residents. A fire emergency could take out the electrical systems of the elevator and stop it between floors or other circumstances.</p>	S987	<p>The Maintenance Director contacted TK Elevator on 02/13/24. The company will send us the correct signage for inside of the elevator. The sign will be posted on 03-01-24.</p> <p>The company also sent a copy of the exception granted to TK to leave the recall off. The exception was granted from the RCFD</p> <p>S 987 Addendum Fire Drill policies to be modified per pending written agreements with the SDDOH and the Rapid City Fire Marshal regarding "Defend in place" and elevator non recall condition.</p>	03/01/24
		S987		

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S987	Continued From page 7 2. Interview with the administrator A on 1/31/24 at 4:25 p.m. revealed there was no communication from the fire marshal authorizing the existing evacuation procedures. Possible modified procedures could include progressive evacuations or defend-in-place depending on approval from both of the authorities having jurisdiction (Rapid City Fire Marshal and the Department of Health Licensure and Certification Office).	S987	S987 Cont. The Maintenance Director and Executive Director requested a visit from from the life-safety division of the Rapid City Fire Department. He felt that an exception request for our evacuation procedures was a reasonable request. The draft of the exception has been sent to the state and the fire department for review on 02/13/24. Upon approval a special meeting will be held for the training of staff. Residents will be updated.	

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{S 000} Compliance Statement

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An onsite 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 3/21/24 for deficiencies cited on 1/31/24. All deficiencies have been corrected, and no new noncompliance was found. Arrowhead Lodge Senior Living is in compliance with all regulations surveyed

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

TITLE

(X6) DATE