

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

PRINTED: 02/12/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/01/2024
NAME OF PROVIDER OR SUPPLIER CLARKSON HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 MT VIEW RD RAPID CITY, SD 57702		
(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	
F 000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 1/30/24 through 2/1/24. Clarkson Health Care was found not in compliance with the following requirement: F812. A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 1/30/24 through 2/1/24. Areas surveyed included sufficient staffing, personal care, infection control, and medication administration. Clarkson Health Care was found in compliance.	F 000			
F 812 SS=E	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	F 812	Clarkson Health Care operates in compliance with all relevant regulations and professional standards, in a manner that ensures safe and appropriate care, with an emphasis on residents' rights, for all residents that we serve. In regards to F812, specific to Food Procurement,Store/Prepare/Serve-Sanitary. Staff education was completed with all staff presented by Dietary Manager, Director of Nursing and Administrator on 02/07/2024 specific to Food Procurement,Store/Prepare/Serve-Sanitary. Throughout this process, interviews with staff and education it was discovered all food products that were stated to be found unopened or unlabeled had been opened within 48-72 hours and are used on a regular basis. Regarding chemical storage, all chemicals were stored away, unopened and concealed on its own separate metal shelving away from food.		

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

Andrea Knoll, LNHHA

TITLE

Executive Director

(X6) DATE

02/15/2024

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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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 3PD211 Facility ID: 0053 If continuation sheet Page 2 of 3

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F 812	<p>Continued From page 2</p> <p>*She was unsure if there was another location to store those chemicals.</p> <p>*She confirmed the food items observed in the upright freezer and the upright refrigerator/freezer were not dated, labeled, and sealed when they were opened.</p> <p>*It was her expectation that staff would store opened food items in sealed bags that were labeled and dated.</p> <p>Interview on 2/1/24 at 8:10 a.m. with administrator A revealed:</p> <p>*The food storage policy stated that chemicals were to have been stored on a different rack than the food items but did not need to be stored in a different location.</p> <p>*It was her expectation that opened food items be sealed and dated.</p> <p>*The dietary policies were in the process of being reviewed and updated.</p> <p>Review of the provider's undated Food Storage Policy and Procedure Manual revealed:</p> <p>***4. Chemicals must be clearly labeled, kept in original containers when possible, kept in a locked area and stored away from food."</p> <p>***14. c. Frozen Foods: All foods should be covered, labeled, and dated."</p>	F 812			

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NAME OF PROVIDER OR SUPPLIER CLARKSON HEALTH CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 1015 MT VIEW RD , RAPID CITY, South Dakota, 57702			
(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
E0000	Initial Comments A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted on 7/22/2025. Clarkson Health Care was found in compliance.			E0000			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Andrea Kroll, LNA</i>		TITLE Executive Director	(X6) DATE 08/15/2025
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K0000	INITIAL COMMENTS A recertification survey was conducted on 7/22/2025 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Clarkson Health Care was found in compliance.	K0000					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Andrea Knoll, LNAHA</i>	TITLE Executive Director	(X6) DATE 08/15/2025
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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 62419	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER CLARKSON ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1015 MT VIEW RD RAPID CITY, SD 57702			
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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 7/22/25 through 7/24/25. Clarkson Assisted Living was found not in compliance with the following requirements: S296 and S352.	S 000	Clarkson Health Care operates in compliance with all relevant regulations and professional standards in a manner that ensures safe and appropriate care with an emphasis on residents' rights for all residents we serve.		
S 296	44:70:04:04(1-11) Personnel Training These programs must be completed within thirty days of hire for all healthcare personnel and must include the following subjects: (1) Fire prevention and response; (2) Emergency procedures and preparedness, including responding to resident emergencies and information regarding advanced directives; (3) Infection control and prevention; (4) Accident prevention and safety procedures; (5) Resident rights; (6) Confidentiality of resident information; (7) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; (8) Nutritional risks and hydration needs of residents; (9) Abuse and neglect; (10) Problem solving and communication techniques related to individuals with cognitive impairment or challenging behaviors if admitted and retained in the facility; and (11) Any additional healthcare personnel education necessary based on the individualized resident care needs provided by the healthcare personnel to the residents who are accepted and retained in the facility. Any personnel whom the facility determines will have no contact with residents are exempt from	S 296	In reference to S296 – This was an isolated situation –Advance Directive Training was implemented immediately for all employees. An all-staff meeting will be held 08/21/2025 to review re-certification. Education will be provided as deems necessary.	08/21/2025	

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

Andrea Kroll, LNA

TITLE

Executive Director

(X6) DATE

08/21/2025

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 62419	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/24/2025
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S 296	<p>Continued From page 1</p> <p>the training required by subdivision (8).</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on employee personnel records, training transcript review, and interview, the provider failed to ensure training was completed on all the required topics for advance directives for five of five sampled employees (F, G, J, M, and N) within 30 days of hire, and annually. Findings include:</p> <p>1. Review of employee personnel records revealed: *Employee F was hired on 12/2/24. *Employee G was hired on 9/17/24. *Employee J was hired on 7/9/24. *Employee M was hired on 6/16/25. *Employee N was hired on 12/9/24.</p> <p>2. Review of employee training records and online training transcripts revealed, there was no documentation that employees F, G, J, M and N had received training on advanced directives.</p> <p>3. Interview on 7/24/25 at 9:00 a.m. with human resources D revealed: *The provider used an online training program for employee-required training. *Human resources D verified employees F, G, J, M, and N had not received training on advanced directives within 30 days of their hire or annually. *She was responsible for assigning the employee training topics. *She had not assigned advanced directives as a</p>	S 296		

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S 296	Continued From page 2 training topic to any staff member. *She was not aware advanced directives was a required training topic. 4. Interview on 7/24/25 at 12:45 p.m. with director of nursing (DON) B and administrator A revealed: *The provider used an online training program for employee-required training. *DON B confirmed employees F, G, J, M, and N had not completed training on advanced directives. *DON B verified advanced directives had not been assigned to any staff member to complete upon hire or annually. *Administrator A and DON B were not aware that advanced directives was a required training.	S 296			
S 352	44:70:04:13 Resident Admissions The facility shall evaluate and document each resident's care needs at the time of admission, thirty days after admission, and annually thereafter, to determine if the facility can meet the needs for each resident. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, and policy review, the provider failed to ensure a 30-day evaluation of care needs was completed for one of two sampled residents (1). Findings include: 1. Review of resident 1's care record revealed: *Her admission date was 6/4/25. *Her admission evaluation of care needs was completed on 6/3/25, prior to her admission. *There was no documentation that her 30-day	S 352			

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S 352	<p>Continued From page 3</p> <p>evaluation of care needs was completed.</p> <p>Interview with director of nursing B on 7/24/25 at 7:41 a.m. regarding resident 1's evaluation of care needs revealed:</p> <ul style="list-style-type: none">*She was responsible to complete the evaluation of care needs for residents.*She stated the 30-day evaluation of care needs for resident 1 was due to be completed on 7/4/25.*She verified the 30-day evaluation of care needs for resident 1 had not been completed. <p>Review of the provider's 11/2/09 Resident Handbook revealed "Resident evaluations determine the level of services needed and are completed at the time of admission, 30 days after admission and at least annually or when change occurs in the resident's condition."</p>	S 352			