STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43A103	A. BUILDING B. WING	07/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadoka Nursing Home	**605 MAPLE ST W POST OFFICE BOX 310, KADOKA, South Dakota, 57543**

(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
F0000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 7/21/26 through 7/23/26. Kadoka Nursing Home was found not in compliance with the following requirement: F812.	F0000	The beef stroganoff and chicken ala king were disposed of on 7/21/2026. The ham and beef were disposed of on 7/23/2026. The dietary manager checked all freezer space to ensure proper labeling and storage on 7/23/2026. The dietary manager or designee will monitor food labeling and storage 4 random times per week for 4 weeks, 1 random time per week for 8 weeks. The dietary manager or designee will report to quality assurance process improvement monthly and ensure compliance is achieved. The above the serving counter fan was cleaned the evening of 7/22/2026. The dietary manager or designee will monitor the entire cleaning schedule and spot check 4 random areas per week for 4 weeks then 2 random checks per week for 8 weeks. The dietary manager or designee will report to quality assurance process improvement monthly.	09/06/2026
F0812 SS = D	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, interview, kitchen task checklist review, and policy review, the provider failed to ensure standard food safety practices were followed regarding two of two observed freezers in the kitchen galley with food items in them that were not stored and labeled according to the provider's policy and one of one ceiling fan in the kitchen	F0812		

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 reverse for further 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
Teidi Coller		08/13/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A103	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadoka Nursing Home	**605 MAPLE ST W POST OFFICE BOX 310, KADOKA, South Dakota, 57543**

(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
F0812 SS = D	Continued from page 1 where residents' food was prepared that was on and not clean to prevent food contamination. Findings include: 1. Observation on 7/21/26 at 10:30 a.m. in the kitchen galley revealed there were two freezers. Inside the freezers, there were clear, unlabeled, and undated plastic bags that contained diced chicken, rhubarb stalks, and hot dogs. There were two additional unlabeled and undated plastic bags containing unknown food items. Another plastic bag was labeled "Spanish Rice," and was not dated. 2. There were four clear plastic storage containers in the freezer closest to the kitchen entry. One container was labeled "Beef Stroganoff" with a date-mark of 7/10/26 written on it. It was overfilled, and the container lid was not on the container, but rather sat on top of and touching the food inside that container. The lids of the other three plastic storage containers were date-marked and labeled "Chicken Ala King," "Roast," and "Ham." The lids of those containers did not fit securely on the containers. When the containers were moved, the lids easily slid on top of or off the containers. 3. Observation on 7/21/26 at 11:30 a.m. of Cook C in the kitchen revealed that cook C was plating the residents' noon meals. There was a metal countertop beside the steam table. Metal containers inside the steam table held the hot foods for the noon meals. There was a ceiling fan directly above the metal countertop. Cook C stood beneath that running ceiling fan and cut pork chops and cooked beets into bite-sized pieces for the residents who required a modified textured diet. The cleanliness of the fan was not seen while the fan was running. 4. Observation and interview on 7/22/26 at 12:10 p.m. with cook D in the kitchen revealed the ceiling fan was not running. Gray dust build-up was visible along the sides of the fan blades and on the surface of the blade that faced the metal countertop. Cook D stated the cooks were responsible for ensuring that kitchen tasks listed on a checklist were completed and documented each day. That list was composed of cleaning and other kitchen-related tasks that were to be completed either after each meal, daily, or weekly. Interview and kitchen task checklist review on 7/23/26 at 10:00 a.m. with dietary director (DD) B revealed she acknowledged the above observed findings regarding the contents in the two galley freezers. She stated that all foods stored inside the freezers were expected to be labeled and marked with the date that they were placed in the freezers.	F0812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A103	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F0812 SS = D	Continued from page 2 She acknowledged that the poorly fitting food storage container lids potentially compromised the quality and palatability of the food stored in them. DD B stated that an unclean ceiling fan blowing air in the food preparation and serving area increased the risk of food contamination. DD B stated it was the responsibility of the cook to ensure each day that all food was properly stored and labeled, and that the kitchen ceiling fan was cleaned weekly, according to the kitchen task checklist. She was aware that labeling and date-marking of foods and the cleaning of the ceiling fan were not consistently occurring. On 2/3/26, she educated the kitchen staff regarding kitchen cleaning expectations, which included the ceiling fan. On 5/26/26, she conducted a mock kitchen survey exercise with her staff. That exercise included identifying and managing unlabeled food and food that was not date-marked. It also re-addressed ceiling fan maintenance expectations. The 7/19/26 through 7/25/26 kitchen task checklist indicated that on 7/21/26, cook D initialed that she had ensured all food was labeled, and the ceiling fan blades were dusted. DD B confirmed that those tasks were not completed. DD B did not regularly audit the kitchen task checklist for task completion, but she thought she should. 5. Review of the provider's revised 3/25/24 Food Serving policy revealed that, "4.b. All leftover foods stored in the freezer shall be placed in food-grade containers with tight-fitting, secure lids or wrapped and sealed to protect the food from contamination, moisture loss, and freezer burn. Each container must be labeled with the [food] product name and preparation date."	F0812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43A103	A. BUILDING **01 - MAIN BUILD...** B. WING	**07/21/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadoka Nursing Home	**605 MAPLE ST W POST OFFICE BOX 310, KADOKA, South Dakota, 57543**

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K0000 Bldg. 01	INITIAL COMMENTS A recertification survey was conducted on 7/21/26 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Kadoka Nursing Home was found in compliance.	K0000		

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other ıfeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable) 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 ł 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 ogram participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
teidi Coller		8/13/2026

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10637	A. BUILDING: _____ B. WING _____	07/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KADOKA NURSING HOME	605 MAPLE ST W POST OFFICE BOX 310 KADOKA, SD 57543

(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
S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 7/21/26 through 7/23/26. Kadoka Nursing Home was found in compliance.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Heidi Coller — TITLE — (X6) DATE: 8/13/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43A103	A. BUILDING B. WING	07/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadoka Nursing Home	605 MAPLE ST W POST OFFICE BOX 310, KADOKA, South Dakota, 57543

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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 7/21/26. Kadoka Nursing Home was found in compliance.	E0000		

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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
teidi Coller		8/13/2026