FORM APPROVED South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 68823 05/08/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **410 8TH ST SE** HIGHMORE HEALTH HIGHMORE, SD 57345 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 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 on 5/5/25 through 5/8/25 and then on 5/13/25. Highmore Health was found not in compliance with the following requirement: S450. S 450 44:70:06:01 Dietetic Services S 450 1. The food safety requirements for food procurement, 6/13/2025 storage and sanitation was reviewed. The Dietary
Department Infection Control Policies & Procedures
was reviewed. The Glove Use and Hand Hygiene in The facility shall have an organized dietetic the Kitchen Policy was reviewed and revised service that meets the daily nutritional needs of 2. All residents who eat facility food are potentially residents and ensures that food is stored. affected. 3. Dietary Director reviewed proper procedures for prepared, distributed, and served in a manner glove use, The Glove Use and Hand Hygiene in the Kitchen policy changes for glove use, proper cleaning that is safe, wholesome, and sanitary in accordance with the provisions of § 44:70:02:06. procedures, and the cleaning schedules with dietary staff on 5/29/25. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review the provider failed to follow standard food safety practices for: \*One of one cook (C) who had not changed her gloves or washed her hands while serving resident food items to prevent potential contamination. \*Kitchen equipment that had not been cleaned to maintain a sanitary environment. Findings include: 1. Observation on 5/5/25 at 5:28 p.m. of cook C during a meal service revealed with her gloved hands she: \*Removed the lids from the covered food items on the steam table. \*Touched a ladle and then grabbed the handle of

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

\*Organized resident meal cards and opened the microwave door to heat up the pureed food.

TITLE

(X6) DATE

Kim Knox

a cart.

Administrator

5/30/2025

South Dakota Department of Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	(X3) DATE SURVEY COMPLETED		
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S 450	Continued From page	e 1	S 450		
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				

\*The lower shelf of the prep table had food

PRINTED: 05/20/2025 FORM APPROVED South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ 68823 05/08/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 410 8TH ST SE HIGHMORE HEALTH HIGHMORE, SD 57345 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 450 S 450 Continued From page 2 spatter and debris on it. 4. Observation on 5/6/25 at 11:35 a.m. of the steam table revealed: \*The wooden surface had bare wood exposed, making it an uncleanable surface. \*The front of the steam table had food spatter and stains on it. \*The storage shelf had food stains and debris on 5. Interview on 5/6/25 at 11:42 a.m. with dietary manager (DM) B regarding the cleaning of the shelves and the steam table revealed: \*The prep table shelf had not been cleaned in a while. \*She had a weekly and monthly cleaning schedule posted for staff to follow. \*She agreed that those cleaning schedules had not been followed. \*She thought that cook D had cleaned the steam table two weeks ago, but food would get spilled on it, and the staff sometimes would not clean the spilled food off the steam table. 6. Interview on 5/6/25 at 11:50 a.m. with cook D regarding the cleaning of the steam table revealed: \*He had cleaned the steam table about two weeks ago.

STATE FORM

again.

surfaces.

\*He agreed the steam table needed to be cleaned

7. Interview on 5/8/25 at 10:35 a.m. with DM B regarding the observation with cook C revealed: \*She had agreed that cook C should have changed her gloves after touching multiple

\*She agreed Cook c should not have worn the same pair of gloves when she touched multiple South Dakota Department of Health

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED  68823 B. WING 05/08/202  NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	25
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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	(X5) DMPLETE DATE
S 450  Continued From page 3  surfaces and then continued to plate and serve food.  "Staff should have only worn gloves when preparing ready to eat food items.  "DM B agreed that wearing gloves and touching multiple surfaces and then handling ready to eat food items with those same gloves would have been an infection control concern that created the potential for cross-contamination.  Review of the provider's cleaning schedule revealed:  "The steam table had been signed-off as having been cleaned on 2/11/25, 2/25/25, and 3/4/25.  "There was no area to sign-off the completion of cleaning the prep table shelves.  Review of the provider's October 2014 Dietary Department Infection Control Policies and Procedures revealed:  "Clean and sanitize work surfaces, utensils, and equipment after each use."  Review of the provider's undated Use of Gloves and Washing Hands policy revealed:  "Only single-use gloves will be used."  "Hands must be washed before putting on gloves and when changing to a new pair."  "Food handlers will change gloves when:  -Gloves become solied or forn.  -Before beginning a different task.  -At least every four hours during continual use, and more often as necessary.  -After handling raw meat, seafood, or poultry and before handling ready-to-eat foods.	

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Findings include:

on the steam table.

hands she:

1. Observation on 5/5/25 at 5:28 p.m. of cook C during a meal service revealed with her gloved

\*Removed the lids from the covered food items

\*Touched a ladle and then grabbed the handle of

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revealed:

3. Interview on 5/8/25 at 10:35 a.m. with dietary manager (DM) B regarding the above observation

\*She had agreed that cook G should have changed her gloves after touching multiple

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	multiple surfaces and	t food items. earing gloves and touching then processing ready to e gloves would have been				
	table across from the *A 9 x13 pan had food inside of the pan.	d spatter and debris on the od spatter and debris on e prep table had food				
	*The wooden surface  *The front of the stea and stains.	6/25 at 11:35 a.m. of the see that bare wood exposed. In table had food spatter and food stains and debris.				
	regarding the cleaning table revealed:  *The prep table shelf while.  *She did have a week schedule posted for some schedule posted for schedule posted for schedule posted for schedule for schedule po	ning schedules had not  at cook I had cleaned the as ago, but food would get awould not clean the spill.  5 at 11:50 a.m. with cook D				

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revealed:

South Dakota Department of Health

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S 450	*He had cleaned the weeks ago. *Agreed the steam ta again.  Review of the provide revealed: *The steam table had on 2/11/25, 2/25/25, a *There had not been cleaning the prep tab  Review of the provide Department Infection Procedures revealed: *"Clean and sanitize equipment after each Review of the provide and Washing Hands p *Food handlers will cl-Gloves become soile-Before beginning a cl-At least every four he and more often as ne	steam table about two ble needed to be cleaned er's cleaning schedule been signed of as cleaned and 3/4/25. a signed off task for le shelves. er's October 2014 Dietary Control Policies and work surfaces, utensils, and use." er's undated Use of Gloves colicy revealed: nange gloves when: ed or torn. lifferent task. burs during continual use, cessary. eat, seafood, or poultry and	S 450			