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

PRINTED: 03/07/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
		435120	B WING _		02	/21/2025
	ROVIDER OR SUPPLIER MEMORIAL NURSING H	OME		STREET ADDRESS, CITY, STATE, ZIP CODE 315 NORTH WASHINGTON ST VIBORG, SD 57070		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 812	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 2/19/25 through 2/21/25. Pioneer Memorial Nursing Home was found not in compliance with the following requirement: F812. 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		F 00			3/14/25 Lb
	and local laws or regulition (ii) This provision doe facilities from using progradens, subject to consider growing and food (iii) This provision doe from consuming foods §483 60(i)(2) - Store, serve food in accordant standards for food seat This REQUIREMENT by: Based on observation review, the provider factor food was discarded from clude:	s not prohibit or prevent roduce grown in facility ompliance with applicable d-handling practices. es not preclude residents is not procured by the facility prepare, distribute and note with professional roice safety. It is not met as evidenced in, interview, and policy ailed to ensure outdated om inventory. Findings				

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

franchory TITLE

CFO

3/14/25

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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435120		435120	B. WING			02/21/2025	
NAME OF PROVIDER OR SUPPLIER PIONEER MEMORIAL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIF 315 NORTH WASHINGTON ST VIBORG, SD 57070	P CODE			
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	and cheese with an e *Five containers of sir and cheese with an e *Two five-pound containers of "thick dessert mix" with an e -A 12-ounce can of expiration date of 8/20 -Twenty-two 12-ounce with an expiration date 2. An interview on 2/2 dietary supervisor A re *He was not aware of food storage room. *It was his expectation have been used or re before their expiration *He reported there wa for outdated foods in so 3 Review of the provi Supply Storage" polic *"Purpose-To prevent may occur through ina *"Storeroom: All stock so the newest opened The oldest stock is us	rigle serving sized macaroni expiration date of 3/19/2024, angle serving sized macaroni expiration date of 8/10/2024, and easy pureed bread and expiration date of 3/4/2024, and easy pureed bread and expiration date of 3/4/2024, apporated milk with an 0/2023, and easy pureed bread and expiration date of 3/4/2024, apporated milk with an 0/2023, are cans of evaporated milk are of 2/14/2024. 0/25 at 12:30 p.m. with executed items in the an that food items would moved and discarded date. It is no schedule for checking the food storage room. der's 6/2024 "Food and y revealed: contamination of foods that appropriate storage." In the storeroom is rotated it stock is on the bottom.	F	812			

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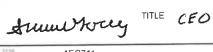
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION LDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		435120	B WING			2/19/2025	
	ROVIDER OR SUPPLIER	OME	315	STREET ADDRESS, CITY, STATE, ZIP CODE 315 NORTH WASHINGTON ST VIBORG, SD 57070			
(X4) ID PREFIX TAG			ID PREFIX TAG			(X5) COMPLETION DATE	
K 000	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL P		K 000				
ABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNAT	URE Jumb	THOUS THE CEO		(X6) DATE 3/7/	

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South Dakota Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ 8 WING_ 02/21/2025 10698 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 315 N WASHINGTON ST PIONEER MEMORIAL NURSING HOME **VIBORG, SD 57070** PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 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 2/19/25 through 2/21/25. Pioneer Memorial Nursing Home was found in compliance.

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



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E 000	CFR Part 482, Subpa Emergency Prepared Term Care Facilities,	ey for compliance with 42 art B, Subsection 483.73, Iness requirements for Long was conducted on 2/19/25. Irsing Home was found in	E				
						W0. D. IT.	

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Auni Hous

CEO

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