

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:  <b>435120</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/21/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PIONEER MEMORIAL NURSING HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>315 NORTH WASHINGTON ST VIBORG, SD 57070</b>
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(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
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F 000	INITIAL COMMENTS	F 000		
F 812 SS=E	<p>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.</p> <p><b>Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</b></p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§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.</p> <p>§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is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure outdated food was discarded from inventory. Findings include:</p> <p>1. Observation on 2/20/25 of the dry food storage room revealed there were:</p>	F 812	<p>1. Dietary Director/Dietary Director Designee removed the expired food items on 2/20/2025. 2. All residents could be affected. 3. Dietary Director/Dietary Director Designee will monitor food expiration dates monthly to ensure there are no outdated food items in the kitchen. All dietary staff were re-educated by the Director of Support Services on the process for outdated food on 3/14/2025. 4. Beginning 3/17/2025 the Dietary Director/Dietary Director Designee will complete audits monitoring food outdates. Audits will be completed weekly for two weeks, and then monthly for two months to ensure there is no outdated food in the kitchen. If audits are not at 100% audits will be repeated until compliance is achieved. Audit results will be brought to the Quality Assurance and Performance Improvement Committee by the Director of Dietary for further recommendations.</p>	3/14/25 IL

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Stumm</i>	TITLE <b>CFO</b>	(X6) DATE <b>3/14/25</b>
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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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NAME OF PROVIDER OR SUPPLIER  PIONEER MEMORIAL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 315 NORTH WASHINGTON ST VIBORG, SD 57070		
(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 812	Continued From page 1 *Two containers of single serving sized macaroni and cheese with an expiration date of 3/19/2024. *Five containers of single serving sized macaroni and cheese with an expiration date of 8/10/2024. *Two five-pound containers of baking powder with an expiration date of 10/16/2020. -A container of "thick and easy pureed bread and dessert mix" with an expiration date of 3/4/2024. -A 12-ounce can of evaporated milk with an expiration date of 8/20/2023. -Twenty-two 12-ounce cans of evaporated milk with an expiration date of 2/14/2024.  2. An interview on 2/20/25 at 12:30 p.m. with dietary supervisor A revealed: *He was not aware of the expired items in the food storage room. *It was his expectation that food items would have been used or removed and discarded before their expiration date. *He reported there was no schedule for checking for outdated foods in the food storage room.  3. Review of the provider's 6/2024 "Food and Supply Storage" policy revealed: *"Purpose-To prevent contamination of foods that may occur through inappropriate storage." *"Storeroom: All stock in the storeroom is rotated so the newest opened stock is on the bottom. The oldest stock is used first." *The policy did not address expired canned foods	F 812			

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NAME OF PROVIDER OR SUPPLIER  <b>PIONEER MEMORIAL NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>315 NORTH WASHINGTON ST VIBORG, SD 57070</b>		
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K 000	INITIAL COMMENTS  A recertification survey was conducted on 2/19/25 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Pioneer Memorial Nursing Home was found in compliance.	K 000			

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

*James Tracy*

TITLE

CEO

(X6) DATE

3/7/25

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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10698</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/21/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PIONEER MEMORIAL NURSING HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>315 N WASHINGTON ST VIBORG, SD 57070</b>
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S 000	<p>Compliance/noncompliance Statement</p> <p>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.</p>	S 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Ann M. Kocay* TITLE **CEO**

(X6) DATE  
**3/7/25**

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E 000	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 2/19/25. Pioneer Memorial Nursing Home was found in compliance.	E 000			

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

*Summit*

TITLE

CEO

(X6) DATE

3/7/25

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