South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** (X3) DATE SURVEY A. BUILDING: _ COMPLETED 11053 B. WING 07/17/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 911 S. EGAN **BETHEL SUITES** MADISON, SD. 57042 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Compliance Statement S 000 A licensure survey for compliance with the Preparation and execution of this Administrative Rules of South Dakota, Article response and plan of correction 44:70, Assisted Living Centers, requirements for does not constitute an admission assisted living centers, was conducted from or agreement by the provider of 7/15/25 through 7/17/25. Bethel Suites was found the truth of the facts alleged or not in compliance with the following requirements: conclusions set forth in the S122, S455, and S506. statement of deficiencies. The plan of correction is prepared S 122 44:70:02:08 Linen and/or executed solely because it S 122 is required by the provisions of Commingled residents' personal clothing; federal and state law. For the common-use linens; any isolation clothing; and purposes of any allegation that the housekeeping items must be processed by center is not in substantial 8/1/2025 methods that assure disinfection. The facility shall compliance with federal process laundry following the laundry equipment requirements of participation, this and cleaning agent recommendations. If hot response and plan of correction water is used for disinfection, minimum water constitutes the center's allegation temperature supplied for laundry purposes must of compliance in accordance with be one hundred sixty degrees Fahrenheit or section 7305 of the state seventy-one degrees centigrade. If chlorine operations manual. bleach is added to the laundry process following the manufacturer's direction, the minimum hot water temperatures supplied for laundry purposes may be reduced to one hundred twenty degrees Fahrenheit or forty-nine degrees centigrade. This Administrative Rule of South Dakota is not met as evidenced by: Based on interview, observation, and policy review, the provider failed to maintain the hot water temperature for one of one washer at the required minimum of 160 degrees Fahrenheit to ensure disinfection of commingled towels and washcloths, according to the facility's policy. Findings include: 1. Interview on 7/16/25 at 3:45 p.m. with licensed practical nurse (LPN)/director of community LABORATORY DIRECTOR'S OR PROVIDER/SUMPLIER BY

PRESENTATIVE'S SIGNATURE

FORM APPROVED South Dakota Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING 07/17/2025 11053 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 911 S. EGAN **BETHEL SUITES** MADISON, SD 57042 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 122 S 122 Continued From page 1 *C0-mingled laundry will have 8/1/2025 services (DCS) B revealed commingled towels bleach added for whites-Water and washcloths from the whirlpool room were temp of 160 degrees for colored laundered in the assisted living with a household items using extra hot wash cycle. washer and dryer: *The white towels and washcloths were sanitized *Maintenance staff to check hot with bleach. water temperature to the washing *The colored towels and washcloths were machine weekly on an ongoing sanitized using the "extra hot" setting on the basis to ensure that extra hot water washer. cycle is at or above 160 degrees. Maintenance to adjust hot water Interview 7/16/25 at 4:09 p.m. with environmental heater accordingly if extra hot services director (ESD)/maintenance G revealed water cycle is not at an acceptable there was a separate water heater in the temperature. housekeeping supply room that provided the hot water to the provider's washing machine. He *Director of Community Services or stated he would check the water heater setting designee will audit hot water and test the hot water. temperature to the washing machine one time a week for one Continued interview on 7/16/25 at 4:29 p.m. with month, every other week for two ESD/maintenance G revealed the water heater months and once a month for three was set at 150 degrees Fahrenheit (F) and the months. actual washing machine's water temperature was tested that afternoon at a temperature of 150 degrees F. Interview on 7/16/25 at 4:50 p.m. with LPN/infection preventionist C revealed: *She worked for the provider's nursing home. *She was a resource who provided guidance to DCS B as requested. *She agreed that the 150 degree F water for processing the colored, commingled towels and washcloths did not meet the required hot water temperature of 160 degrees F. Interview and observation on 7/17/25 at 7:23 a.m. with resident attendant (RA)/medication aide

(MA) F revealed:

for the provider.

*The staff on the night shift processed the laundry

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		11053		B. WING		07/	17/2025	
NAME OF PE	ROVIDER OR SUPPLIER		911 S. EG	ORESS, CITY, STA	ATE, ZIP CODE			
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC REGULATORY OR		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
S 122	*She stated the nursi the bath towels and v assisted living over to process, but that had recall when that chan a while ago. *She stated the wash and fabric softener. *Observation in the la revealed a ten-gallon and a ten-gallon buck automatically dispens washer. Interview on 7/17/25 administrator A revea *The hot water temper washing machine whi commingled towels a degrees F. *That water temperati temperature of 160 de 2. Review of the prov Laundry and Bedding *Policy statement: "So be handled, transport to best practices for in control." *Onsite Laundry Proc processed in hot wate [degrees] F"	ing home staft washcloths us to the nursing changed. Shape had occur in machine aundry area who bucket of laundry area who bucket of liquid fasted into the front at 10:00 a.m. led he agreed and washcloth ure had not megrees F. ider's undated policy reveal policy revea	sed in the shome to be could not cred, but it was sused detergent with RA/MA Fundry detergent bric softener cont-load style with discreviced the shad been 150 met the required discoiled sed: bedding shall ssed according ention and style show a style sed according ention and style sed sed; sed sed; sed according ention and style sed sed; sed sed; sed according ention and style sed sed sed; sed sed sed sed; sed	S 122				
	44:70:06:02 Food Saf Hot foods must be hel Fahrenheit or 57.2 de served promptly after temperature holding d	ld at or above grees centigra being remove	ade and ed from the	S 455				

PRINTED: 07/31/2025 FORM APPROVED South Dakota Department of Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING 11053 07/17/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 911 S. EGAN **BETHEL SUITES** MADISON, SD 57042 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 455 S 455 Continued From page 3 *Assisted Living staff will be 8/14/2025 held at or below 41 degrees Fahrenheit or 5 re-educated to ensure that food degrees centigrade and served promptly after temps are taken and recorded being removed from the holding device. when food is prepared and immediately before serving. Inservice to be held with registered dietician on August 14, This Administrative Rule of South Dakota is not 2025. met as evidenced by: Based on observation, interview, and record *Director of Community Services review the provider failed to follow food safety or designee will audit food standards by not ensuring temperatures of food temperature recording one time a were measured and documented prior to serving week for one month, every other the food to residents from July 1 through July 15. week for two months and once a 2025 for: month for three months. *Fifteen of fifteen breakfast meals served. *Five of fifteen noon meals served. Findings include: 1. Observation and interview on 7/16/25 at 10:00 a.m. in the assisted living kitchen with resident attendant (RA)/medication aide (MA) E revealed: *The provider's Food Temperature Record form for July 2025 was posted on the bulletin board. -The form indicated "NOTE: Hot food needs to be at or above 140* [degrees Fahrenheit (F)] and cold food at or below 41* [degrees F]. -The form's breakfast meal had spaces to document the temperatures for cereal, eggs. pancakes and/or French toast, bacon/sausage, and a sandwich. --No breakfast meal temperatures were

documented on that form.

salad, and other.

served supper meals.

-The form's lunch and supper meals had spaces

to document the temperatures for meat, potato/starch, gravy, vegetables, soup, cold

-- No temperatures were documented for the lunch meals served on July 4, 5, 6, 12, and 13. --No temperatures were documented for the

South Dakota Department of Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: ___ B. WNG 11053 07/17/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 911 S. EGAN **BETHEL SUITES** MADISON, SD 57042 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 455 S 455 Continued From page 4 *RA/MA E stated the night shift staff was responsible for preparing the breakfast meals for the assisted living residents which was served by the day shift staff at 7:00 a.m. 2. Interview on 7/16/25 at 3:45 p.m. with licensed practical nurse/director of community services B revealed and confirmed: *The assisted living staff served the breakfast and noon meals to the assisted living residents. *The Food Temperature Record form only had the noon meal temperatures recorded for ten of the sixteen meals served in July 2025, to date. *The dietary staff from the provider's nursing home delivered and served the evening meals to the assisted living residents. Interview on 7/16/25 at 4:30 p.m. with dietary manager D revealed: *The nursing home's dietary staff measured and documented the temperatures of the food items in the provider's main kitchen in the nursing home and then transported the food to the assisted living kitchen's steam table for the assisted living residents' evening meals. *She stated that the nursing home's dietary staff served the evening meals to the assisted living residents. Interview on 7/17/25 at 7:05 a.m. with RA/MA F revealed: *The breakfast meal was either a cold breakfast or a hot meal that the night shift prepared in a crock pot. *The 7/17/25 breakfast included a cold blueberry muffin with the always available food items, which included a banana, cereal of choice, toast, hardboiled egg, yogurt, grapefruit, juice, milk,

coffee, and tea.

*She stated her routine had not included

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		IDENTIFICA	ION NUMBER: A. BUILDING:			COMPLETED	
		11053		B. WNG		07/17	7/2025
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, STA	ATE. ZIP CODE		
			911 S. EGA				
BETHEL S	BUITES			SD 57042			
(X4) ID		ATEMENT OF DEF		ID	PROVIDER'S PLAN OF CORRECTION	200	(X5)
PREFIX TAG	(EACH DEFICIENC' REGULATORY OR I			PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		COMPLETE DATE
S 455	Continued From page	5		S 455			
	measuring the tempe	ratures of the	hreakfast food				
	items prior to serving						
	thought the night staff			1			
	food temperatures.						
	*Activity assistant H v	vorked every	day, Monday	1	Δ.		
	through Friday, from			1			
	her duties included:						
	 Collecting the noon r 						
	home's main kitchen		ng the food to	l .			
	the assisted living kito			1			
	-Measuring the temper						
	placing the food conta -Plating the noon mea						
	served the plated me			1			
	-Cleaning up and was						
	-Coordinating the 2:00 p.m. activity, and -Organizing the 3:00 p.m. coffee time before the						
	end her shift.						
	Interview on 7/17/25 a	at 12:02 p.m. v	vith				
	administrator A reveal						
meal temperatures to be measured and		and recorded					
	at each meal.						
	Interview on 7/17/25 a	at 1:23 n m	th activities				
	assistant H confirmed						
	listed above.		adda inooo				
	2 Povious of the area	idada aures :	Overaldect				
	Review of the provi menus for the assiste						
	consultant dietitian on						
	three-week menu cyc						
	five to six days each v						
	"Available daily: Bana			1			
	(Oatmeal/Cold Cereal						
	Yogurt, Grapefruit, Jui						
	Review of the provide	r's undated "F	ood Safety,				
	Sanitation and Nutrition						
	document provided in	response to t	ne request for				

South Da	kota Department of He	ealth					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			W. Saranasa managa	(X2) MULTIPLE CONSTRUCTION			
IDENTIFICATION NOTICE			A. BUILDING:		COMPLETED		
		11053		B. WNG		07/17	//2025
NAME OF P	ROVIDER OR SUPPLIER		STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
911 S. EGA							
BETHEL S	BUITES		MADIS	ON, SD 57042			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	(X5) COMPLETE DATE	
S 455	Continued From page	e 6	342	S 455			
	a dietary staff training for Time and Tempera Preparation and Serv "Take [food] temps [temperation]	ature Controls	for Food staff were to				
S 506	44:70:06:17 Required	d Dietary Inse	rvice Training	S 506			
	The person in charge dietitian shall provide for all healthcare personal food-handling service completed within thirt for any dietary or food must include the follows:	ongoing inse sonnel providi s. Training m y days of hire d-handling pe	rvice training ng dietary and ust be and annually rsonnel and		*Dietary Inservice Training will added to orientation checklist all new staff in Assisted Living Any new employees will be required to complete Dietary Inservice Training within 30 day of hire.	for J.	8/14/2025
	 Food safety; Handwashing; Food handling and Food-borne illnes Serving and district Leftover food hand Time and temperapreparation and serving Nutrition and hyd Sanitation require 	ses; bution procedudling policies ature controls ce; ration; and	lures;		* All current Assisted Living st will receive yearly training by registered dietician on August 2025. *Director of Community Servic or designee will audit Dietary Training one time a week for of month, every other week for the months and once a month for three months.	ces	
	This Administrative R met as evidenced by: Based on employee r the provider failed to *One of one newly hir completed nine of nin days of hire. *Two of four sampled completed the annual	ecords review ensure: red dietary sta e required top dietary staff (of and interview, off (J) had oics within 30				

South Dakota Department of Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 2 5	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
			A. BUILDING:	The state of the s	COMPLETED	
		11053	B. WNG		07/17/2025	
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		911 S. E	GAN			
BETHEL S	UITES	MADISO	N, SD 57042			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE	
S 506	was hired on 8/30/24 -She had not complet training topics within and training topics within and the safetyHandwashingFood handling and	ee records revealed: (RA)/medication aide (MA) J deted the following required 30 days of her date of hire: preparation techniques. es. ution procedures. ling policies. ure controls for food ice. tion. hents. distent records that indicated by services (DCS) B and stant (CNA) K had required topics for the annual fucation. 25 at 10:00 a.m. with RA/MA shift staff was responsible for east meals for the assisted in was served by the day shift sch day. 25 at 3:45 p.m. with licensed ch director of community five aled: director	S 506	DEPICIENCY		
		ce on 8/7/24 with their eading the in-service, which				

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 11053 07/17/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 911 S. EGAN **BETHEL SUITES** MADISON, SD 57042 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 506 Continued From page 8 S 506 seven of the assisted living staff members had attended. *RA/MA J had been hired on 8/30/24, after the 8/7/24 in-service. -LPN/DCS B agreed that RA/MA J had not received training on the required dietary topics since her hire date. *CNA K had been rehired on 3/14/22 and worked in the provider's assisted living and nursing home. -LPN/DCS B agreed that CNA K had not attended the 8/7/24 annual in-service that included the required dietary topics. *LPN/DCS B agreed that she had not attended the 8/7/24 annual in-service that included the required dietary topics. *LPN/DCS B confirmed she did not have any records to indicate that the above assisted living employees had received the annual training on the nine required dietary topics.