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 65371 11/07/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1901 SOUTH HOLLY AVENUE BETHANY HOME SIOUX FALLS SIOUX FALLS, SD 57105 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000 Compliance Statement S 000 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 11/5/24 through 11/7/24. Bethany Home Sioux Falls was found not in compliance with the following requirements: S450 and S477. 44:70:06:01 Dietetic Services S 450 The facility shall have an organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored. On 11/21/2024 the Dietary Manager G cleaned the Vulcan brand convection 12/22/2024 prepared, distributed, and served in a manner that is safe, wholesome, and sanitary in accordance with the provisions of § 44:70:02:06. On 11/21/2024 the Dietary Manager G determined the need to remove the Cleveland brand SteamChe This Administrative Rule of South Dakota is not steamer from service due to its age and will not replace it due to its infrequency of use. met as evidenced by: Based on observation, interview, and document On 11/21/2024 the Dietary Manager G in review, the facility failed to maintain cleanliness in collaboratin with the Dietician and the Administrator reviewed the manufacturer's one of one steamer and one of one convection Instructions regardign cleaning the Vulcan oven in the kitchen. brand convection oven and found them to be correct. Findings include: On 11/21/2024 the Dietary Manager G, Dieticlan, Medical Director and Administrator created the "Oven Cleaning Procedure" based on manufacturer's instructions and that states 1. Observation during the initial kitchen tour on 11/5/24 from 11:43 a.m. to 12:19 p.m. revealed: *The interior of the Vulcan brand convection oven the need to ensure that all food preparation equipment is maintained in a clean and was heavily coated in baked-on grease and food sanitary manner for all users. particles. On 11/21/2024 the Dietician provided Dietary Manager G with a personal In-service with return demonstration on the "Oven Cleaning *The interior of the Cleveland brand SteamChef steamer had an excessive buildup of limescale Procedure" and stressed that it is all food preparation employees' responsibility to ensure that all kitchen and scum, and there were food particles at the bottom of the basin sitting in standing water. equipment and appliances are well-maintained, clean, and sanitary for use. 2. Interview on 11/7/24 at 10:45 a.m. with cook L On 11/21/2024 Dietary Manager G created a daily cleaning schedule for the Vulcan convection oven which also includes an about cleaning the large kitchen equipment revealed: every two week deep cleaning requirement. *She claimed that she cleaned the steamer and

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

Deborah Herrboldt

TITLE

(X6) DATE 11/25/2024

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 65371 11/07/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1901 SOUTH HOLLY AVENUE **BETHANY HOME SIOUX FALLS** SIOUX FALLS, SD 57105 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 450 Continued From page 1 S 450 On 11/22/2024 the Dietary Manager G inspected all kitchen equipment and appliances and found them to be clean and oven every day, and deep-cleaned them weekly. *That equipment had not been deep-cleaned in in good working order. about a month. On 11/22/2024 the Dietary Manager G reviewed the cleaning schedule for all other kitchen equipment and appliances and found it to be *She did not know the proper steps to clean the steamer. 3. Interview on 11/7/24 at 1:34 p.m. with dietary On 11/25/2024 the Dietary Manager G provided a personal in-service with return demonstration on the "Oven Cleaning Procedure" to cook L. manager G about the oven and steamer revealed: On 11/25/2024 the Dietary Manager G provided cook *There was a cleaning schedule for the kitchen L with a personal in-service regarding the oven daily equipment. cleaning schedule and the two week deep cleaning *She performed monthly audits for kitchen requirment. cleanliness. Beginning 11/22/2024 the Dietary Manager G will *She was unaware that the oven and steamer provide education to all cooks on the "Oven Cleaning Procedure" with return demonstration. were that dirty. *She did not know the proper steps to clean the Beginning 11/22/2024 the Dietary Manager G will provide education to all cooks on the Vulcan oven cleaning daily schedule and every two week deep steamer. cleaning requiement. 4. Review of the provider's monthly kitchen Beginning 12/2/2024 the Dietary Manager G or her designee will audit the Vulcan convection oven daily cleaning and two week deep cleaning schedule including an oven inspection daily x 4 weeks and then weekly thereafter. The Dietary Manager G or her designee will report findings to the quarterly QAPI committee for as long as the committee deems cleanliness audits revealed: *The audits were completed on 8/26/24, 9/30/24, and 10/25/24. *There was a line item under the "Maintenance" section that read "Ovens and Steamer clean and necessary. in good repair." -There was a checkmark "Yes" next to that line item on the above-listed audit sheets. 5. Review of the manufacturer's cleaning guidelines for the Cleveland SteamChef revealed they recommended descaling daily to prevent the buildup of minerals and limescale. *"When done daily this will help prevent the buildup of calcium and other mineral deposits left over from the boiling of water, and prevent scale buildup in the steamer, helping prevent more costly maintenance and service on the steamer."

FORM APPROVED South Dakota Department of Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: _ B. WING 66371 11/07/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1901 SOUTH HOLLY AVENUE** BETHANY HOME SIOUX FALLS SIOUX FALLS, SD 57105 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRFFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 477 Continued From page 2 S 477 S 477 44:70:06:09 Written Menus S 477 Any regular or therapeutic menu, including therapeutic diet menu extensions for all diets served in the facility, must be written, prepared, and served as prescribed by each resident's physician, physician assistant, nurse practitioner, or dietician. Each menu must be written at least one week in advance. This Administrative Rule of South Dakota is not met as evidenced by: Based on menu review, observation, and interview, the provider failed to ensure adequate portions were served according to the menu for one of one observed meal. This had the potential to affect all residents receiving the main menu in the facility. Findings include: On 11/21/2024 the Dietary Manager G, Dietician, and Administrator in collaboration with the Medical Director reviewed the "Portion Control Policy" and revised it to 1. Review of the provider's menu for lunch on 11/7/24 revealed the following main menu items: *Beef & broccoli, '#8 dip x2," which was eight include the need to ensure that the appropriate serving size is what is served out unless the resident has made a choice/preference for a different portion ounces (oz.) total. *Diced carrots, "four oz. spoodle." -A spoodle is a slotted scoop to drain the liquid. On 11/21/2024 the Dietician provided personal in-service education with return demonstration on the "Portion Control Policy" to Dietary Manager G. 2. Observation on 11/7/24 at 11:11 a.m. in the kitchen during lunch service revealed: On 11/22/2204 the Dietary Manager G and the *Cook L was plating the residents' lunch meal Dietician reviewed the weekly menu with extensions and found it to be correct. food items. *She served a three oz. scoop of the beef & On 11/22/2024 the Dietary Manager G confirmed that the kitchen was stocked with the correct portion sized serving utensils to correlate with the weekly broccoli. -The printed menu indicated the serving size for menu with extensions. the regular diet as #8 dip x 2. On 11/25/2024 the Dietary Manager G provided *Cook L served a heaping two oz, spoodle of corrective action and personal in-service education diced carrots. with return demonstration to cook L on the "Portion Control Polcy".

OZ.

-The printed menu indicated the serving size as 4

*Observation of the utensil drawer confirmed that

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: _ 65371 B. WNG 11/07/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1901 SOUTH HOLLY AVENUE BETHANY HOME SIOUX FALLS** SIOUX FALLS, SD 57105 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY S 477 Continued From page 3 S 477 Beginning 11/22/2024 the Dietary Manager G will provide education with return demonstration to all cooks on the "Portion Control Policy". a 4 oz. spoodle and a 4 oz. serving spoon were available. Beginning 12/2/2024 the Dietary Manager G or her designee will complete an observation audit of tray line at varying meal service times on a daily basis 3. Interview on 11/7/24 at 1:29 p.m. with cook L x 4 weeks and then weekly thereafter. Dietary Manager G or her designee will report findings to the revealed she: quarterly QAPI committee for as long as the *Was aware of the serving sizes on the printed committee deems necessary. menu. *Chose not to use the correct serving sizes; she did not provide a reason. 4. Interview on 11/7/24 at 1:34 p.m. with dietary manager G about the above observations revealed she: *Was not aware that dietary staff served the wrong portion sizes for lunch that day. *Was aware of the need to meet the dietary requirements of the residents by following the approved menu, including portion sizes.