South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		41972	B. WING		12/1	2/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1414 W CEDAR AVE MITCHELL, SD 57301						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
	44:70, Assisted Living assisted living center 12/10/24 through 12/Living was found in n following requirement	r compliance with the of South Dakota, Article g Centers, requirements for s, was conducted from 12/24. Avera Brady Assisted ot in compliance with the :: \$506.	S 000 S 506	S506 1) All staff serving food have received required dietary inservice training to meet the annual requirement. There have been no new hires since the annual training was assigned in		
	The person in charge of dietary services or the dietitian shall provide ongoing inservice training for all healthcare personnel providing dietary and food-handling services. Training must be completed within thirty days of hire and annually for any dietary or food-handling personnel and must include the following subjects: (1) Food safety; (2) Handwashing; (3) Food handling and preparation techniques; (4) Food-borne illnesses; (5) Serving and distribution procedures; (6) Leftover food handling policies; (7) Time and temperature controls for food preparation and service; (8) Nutrition and hydration; and (9) Sanitation requirements. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, personnel file review, and policy review, the provider failed to ensure seven of the nine required dietary in-service trainings (food safety, food handling/preparation techniques, food-borne			annual training was assigned in September 2024. All new hires w assigned the required dietary instraining to be completed within 30 of hire. 2) The new hire checklist was upon to ensure the required dietary instraining is assigned. 3) An audit of new hires will be convery two weeks for 3 months by assisted living manager, this audit verify that the required dietary instraining was assigned upon hire accompleted within 30 days of hire. Results of this audit will be brought to QAPI monthly be manager for 3 months. Any furthe will be recommended by the QAF committee. 4) Completion Date: 12/26/24	ervice 0 days dated ervice completed the it will service and by the AL er studies	12/26/2024

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

TITLE CEO/Administrator

(X6) DATE 12/26/2024 South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		41972	B. WING		12/12/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, STATE	, ZIP CODE	•		
AVERA BI	AVERA BRADY ASSISTED LIVING 1414 W CEDAR AVE MITCHELL, SD 57301						
(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)	BE COMPLETE		
S 506	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		S 506				

South Dakota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		TION NUMBER:	A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		41972		B. WING		12/	12/2024	
AVERA BRADY ASSISTED LIVING 1414 \				ADDRESS, CITY, STATE, ZIP CODE CEDAR AVE				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		DED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
S 506	*They had completed dietary in-service train nutrition and hydration hire dates. *There was no docum remaining seven required trainings were completed in September required annual trainings. *Al completed these and completed in September. *Al completed these and completed the sequired by the completed the sequired dietary training hire date, as their hire scheduled annual train and completed the provide requirement for new expected the required days of hire. Interview on 12/12/24 regarding the required employees revealed straining requirement for was not met. Review of the provide	two of the nindings (handward) within thirty thentation to surified dietary-specific to be 2024 as particularly specific to be trainings on se trainings on at 4:15 p.m. who as the required of the required of the required of the required ned upon a new distriction of the training in September was not meaning in September was not meanin	shing and days of their pport the pecific by days of their rainings were art of the period of the pe	S 506				

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South Dakota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		41972	B. WING		40/4	0/0004
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ATE, ZIP CODE	1 12/1	2/2024
AVERA BI	RADY ASSISTED LIVING	1414 W CE MITCHELL	DAR AVE , SD 57301			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
S 506	Education-Development with a complete the mandature of the provider's corpor Team when developing the complete the mandature of the provider's corpor Team when developing the substant of the provider's corpor to the provi	ent policy revealed: nent is essential to gain new concepts and skills." al Mandatory Education on Requirements (, for all employees." Ill employees complete new all mandatory education, and nandatory education as a e competency." iven a specific timeframe to ory education." Il committees will work with ation] Talent Development ng and implementing to ensure that specific	S 506			