

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10720	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/19/2024
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NAME OF PROVIDER OR SUPPLIER HIGH PRAIRIE RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 19129 PRAIRIE HILLS ROAD BELLE FOURCHE, SD 57717
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S 000	<p>Compliance Statement</p> <p>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 from 9/17/24 through 9/19/24. High Prairie Retirement Home was found not in compliance with the following requirements: S201 and S450.</p> <p>A complaint survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted from 9/17/24 through 9/19/24. Area surveyed included elopement. High Prairie Retirement Home was found not in compliance with the following requirements: S030.</p>	S 000	<p>Supervisor A has put into place training for all employees to complete in the annual Training about reporting abuse incident, accidents, and elopement, Supervisor A or Nurse, Administrator will follow up within 24 hours to the Department of Health of any incident, accident, or abuse and elopement. Also has trained all staff what steps to take to keep our residents safe and focused so there mind wont be on leaving the facility</p>	
S 030	<p>44:70:01:07 Reports To The Department</p> <p>Each facility shall report the following events to the department through the department's online reporting system within twenty-four hours of the discovery of the event:</p> <p>(1) An attempted suicide; (2) Any cause to suspect abuse or neglect of a resident; (3) Any death resulting from other than natural causes that originated on facility property; (4) A missing resident; (5) A fire in the facility; (6) Any loss of utilities, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than twenty-four hours; or (7) Any unsafe drinking water samples, or samples from pools or spas.</p>	S 030	<p>Supervisor A did training on training on Dietary and safe food handling with gloves and labeling food items. On 9-20-2024 facility staff will follow up with training x 1 week for 3 weeks then 1 x month for 3 months, then once ever year.</p>	9/20/24

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

Linda Hall

TITLE

Administrator

(X6) DATE

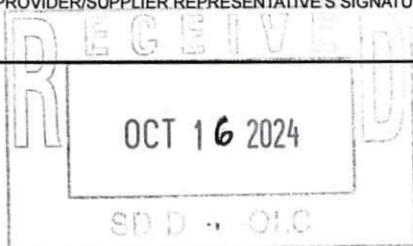
10-12-2024

STATE FORM

6899

W5EP11

If continuation sheet 1 of 7



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S 030	<p>Continued From page 1</p> <p>The facility shall conduct an internal investigation for the event and report the results to the department no later than five working days after the event.</p> <p>The department may request additional information from the facility and investigate any reported event.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview the provider failed to report an elopement for one of one sampled resident 1 (left the facility without staff knowledge) to the South Dakota Department of Health (SD DOH). Findings include:</p> <p>1. Review of resident 1's care record revealed: *His admission date was 2/23/09. *His Mini-Mental Status Examination score was 25 which indicted he had minimal cognitive impairment. *His diagnoses included traumatic brain injury, dementia, Parkinson's with tremors, and alcoholism. *An undated note to his primary doctor: "{Resident 1} has been very confused lately on Tuesday we found him walking out on the road almost into oncoming traffic." *A 7/25/24 note to another facility: "he been known to wander outside and was caught walking out to the interstate part in [local town] on a hot day."</p> <p>Interview on 9/19/24 at 10:22 a.m. with facility supervisor B revealed he: *Was driving back from another town around noon on July 25th when he saw resident 1 at the stop sign when he turned to go to the assisted</p>	S 030		

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S 030	Continued From page 2 living facility. *Had gotten the resident back to the assisted living and took his vitals and gave him fluids. *Stated the caregiver/medication aide that was on duty at the time was unaware that resident 1 had left the premises. *Called the resident's daughter and notified his primary doctor. *Was unsure of how long the resident was outside. *Agreed that was an elopement. *Agreed it was his responsibility to notify the SD DOH of the elopement. On 9/19/24 at 10:55 a.m. an "Elopement Policy" was requested from facility supervisor B and he stated they did not have an elopement policy. Continued interview with facility supervisor B revealed an elopement was any time a resident leaves the premises without the knowledge of the staff.	S 030		
S 201	44:70:03:02 General Fire Safety Each facility must be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of occupants from fire, smoke, fumes, or resulting panic during the period of time reasonably necessary for escape from the structure in case of fire or other emergency. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, the facility must conduct monthly drills to provide training for all personnel. This Administrative Rule of South Dakota is not met as evidenced by:	S 201	Supervisor A and Administrator has put into place a policy to train all staff on Fire drills on the AM, PM, and night shift, also will conduct a fire drill at 9:00pm to 6:00am at least 3 times a year. On 9-28-2024, facility Supervisor trained staff on fire drills. Supervisor A will follow up with staff once every month to ensure fire drill are being done am, pm, and nights.	9/28/24

South Dakota Department of Health

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S 201	<p>Continued From page 3</p> <p>A. Based on document review and interview, the provider failed to conduct fire drills for three months in 2024 (April, June, and July). Findings include:</p> <p>1. Document review on 9/17/24 at 4:30 p.m. revealed fire drill log sheets were not available for April, June, and July for 2024. Fire drills must be conducted monthly and the fire alarm must be sounded each month.</p> <p>Interview on 9/17/24 at 4:45 p.m. with the nursing manager B confirmed that finding.</p> <p>B. Based on document review and interview, the provider failed to conduct night-time fire drills for fourteen consecutive months from July 2023 through August 2024. Findings include:</p> <p>1. Document review on 9/17/24 at 4:30 p.m. revealed fire drill log sheets did not show any night-time fire drills between 9:00 p.m. and 6:00 a.m. for fourteen consecutive months from July 2023 through August 2024.</p> <p>Interview on 9/17/24 at 4:45 p.m. with the nursing manager B confirmed that finding.</p>	S 201		
S 450	<p>44:70:06:01 Dietetic Services</p> <p>The facility shall have an organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored, prepared, distributed, and served in a manner that is safe, wholesome, and sanitary in accordance with the provisions of § 44:70:02:06.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by:</p>	S 450	<p>Supervisor A, has trained all staff on dietary food safety for all employees, including glove use and cross contamination, also they have been trained on labeling any open items with Date and to discard any left over food after 7 days</p> <p>On 9-2024, supervisor a will follow up with training check off list x 1 week</p>	9/20/24

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S 450	<p>Continued From page 4</p> <p>Based on observation, and interview the provider failed to ensure necessary food safety guidelines were followed which included:</p> <ul style="list-style-type: none"> *The appropriate labeling of food items for one of one kitchenette. *Appropriate glove use by one-of-one caregiver/medication aide C during the meal service preparation. <p>Findings include:</p> <p>1. Observation on 9/18/24 at 11:05 a.m. in the kitchenette revealed:</p> <ul style="list-style-type: none"> *The interior of the refrigerator contained multiple food items that were opened and not dated including: <ul style="list-style-type: none"> -One partially empty Smucker's strawberry jelly with no opened date. -One half-empty bottle of dill relish with no opened date. -One partially empty bottle of zesty Italian dressing with no opened date. -One half-empty bottle of Coffee-mate zero sugar French vanilla with the initials "[Residents Initials]" with no opened date. -One fully opened sour cream container with no opened date. -One partially empty bottle of orange juice with no opened date. -One opened package of flour tortillas with no opened date. -One large full tub of peaches with no opened date. -One small full tub of peaches with no opened date. -One partially empty French onion dip with "sell by Oct 19 24 on it" with no opened date. *The top freezer contained: <ul style="list-style-type: none"> -One partially wrapped-up bag containing unidentified food with no opened date. -Wrapped up partial bags of peas, beans, and 	S 450	for 2 weeks, then 2 x a month for 3 monthgs and will follow up as needed and yearly with all employees	

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S 450	<p>Continued From page 5</p> <p>carrots with no opened date. -One zip-lock bag with breaded chicken strips with no opened date.</p> <p>Interview on 9/18/24 at 1:25 p.m. with owner A and facility supervisor B revealed: *All food and drink items were to be labeled with the opened date. *After 7 days they were to be thrown out. *The expectations were to write the date on the food and drink items when they were opened and placed in the refrigerator. *They agreed there were food and drink items that were not labeled with opened dates.</p> <p>On 9/19/24 at 9:10 a.m. a "Refrigerator Labeling Food Policy" was requested from facility supervisor B and he stated they did not have one.</p> <p>2. Observation on 9/18/24 at 11:33 a.m. in the kitchen revealed: *Caregiver/medication aide C had gloves on both of her hands. She: -Was stirring the main course. -Took the food thermometer and checked the temperature of the main course. -Went to the refrigerator and flipped up a piece of paper to look at the temperature guidelines. -Cleaned the food thermometer. -Handled nine plates and bowls for the residents. -Removed the peaches out of the refrigerator -Dished up the peaches into the bowls. -Dished up the main course onto the plates. -Used those same gloved hands, she helded a slice of bread with one hand and used a knife in the other hand and buttered the bread. She repeated the process for all nine residents.</p> <p>Interview on 9/18/24 at 12:10 p.m. with caregiver/medication aide C regarding the above</p>	S 450		

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S 450	<p>Continued From page 6</p> <p>observation revealed she:</p> <ul style="list-style-type: none"> *Had been employed with the facility since 7/16/24. *Had completed her dietary training. *Agreed she should have washed her hands and changed her gloves to prevent cross-ontamination before touching ready-to-eat food items. <p>Interview on 9/18/24 at 1:15 p.m. with owner A and facility supervisor B regarding the above observation revealed they agreed she should have washed her hands and changed gloves before touching ready-to-eat foods items.</p> <p>On 9/19/24 at 9:10 a.m. a "Glove Use Policy" was requested from facility supervisor B and he stated they did not have one.</p>	S 450		