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. WNG 11053 01/18/2024 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 (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) STATEMENT OF COMPLIANCE: S 00 Compliance Statement S 000 The following represents the plan of correction for 03 Mar 2024 alleged deficiencies cited during the survey that was conducted from 1/16/2024 through 1/18/2024. Please A licensure survey for compliance with the accept this plan of correction as Bethel Lutheran Administrative Rules of South Dakota, Article Homes Credible Allegation of Compliance with the 44:70, Assisted Living Centers, requirements for completion date of 03 March 2024. assisted living centers, was conducted from The completion and execution of this plan of correction 1/16/24 through 1/18/24. Bethel Suites was does not constitute admission of guilt or wrongdoing found not in compliance with the following on the part of Bethel Lutheran Home. This plan of requirement: S450 correction is completed in good faith as Bethel Lutheran Homes commitment to quality outcomes for the residents. In addition, this plan of correction is S 450 44:70:06:01 Dietetic Services S 450 completed as it is required by law. The facility shall have an organized dietetic The Dietary Manager disposed of the expired Orchard service that meets the daily nutritional needs of Splash prune juice immediately when identified during residents and ensures that food is stored. the survey. Boxes of food items were placed on prepared, distributed, and served in a manner shelves and staff were instructed to keep all food items that is safe, wholesome, and sanitary in off the floor in refrigerated/frozen and dry storage areas. accordance with the provisions of § 44:70:02:06. Alcohol pads were obtained and placed in areas where This Administrative Rule of South Dakota is not food thermometers are kept, staff were immediately met as evidenced by: educated on proper use of cleaning food thermometers. Based on observation, interview and policy review A Dietary Staff in-service will be held on February 16, the provider failed to maintain sanitary conditions 2024, on Food Safety and Sanitation for all Dietary in the kitchen and to ensure foods were stored. handled, prepared and served in a safe and sanitary manner for the following: The Dietary Manager (DM) and/or a designee will complete glove use, hand hygiene, thermometer and *Appropriate glove use and hand hygiene for one hairnet use audits twice weekly for three months and of one cook (D) while preparing and serving food. then monthly for the next year. The Dietary Manager *Appropriate glove use and hand hygiene for two will report her findings monthly at the facility's Quarterly Assurance (QAPI) meeting and will be of two dietary aides (G and H) while handling reviewed by the QAPI team. The Registered Dietitian (RD) will perform monthly sanitation audits. The audits *Appropriate glove use and hand hygiene for one will include proper glove use, hand washing, and of one cook assistant/dietary aide (L) while proper food storage. The RD will report her findings serving food. monthly at the facility's monthly Quality Assurance (QAPI) meeting by the DM or RD and reviewed by the Findings include: QAPI team. 1. Initial kitchen tour on 1/16/24 at 3:41 p.m. revealed: *One container of Orchard Splash prune juice with an expiration date of 10/12/23 was open, and

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

in the refrigerator

STATE FORM

Jeremiah Schneider

Administrator/CCO

05 Feb 2024

South Dakota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:	COMPLETED		
11053		B. WING	01/18/2024			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE		CONTROL ON
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(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	NI I	ave.
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S 450	Continued From page 1		S 450			
	toast) was sitting on the freezer. *Cook D put on glove hands on a wheeled gothen begun slicing strangloves on. *Cook D then walked a food item in a pot, respectively.	ems (hoagie buns and garlic the floor of the walk-in as, placed those gloved garbage can and moved it, awberries with those same over to the stovetop, stirred eturned and continued to cut with those same gloved				
	several surfaces inclu (hanging on cupboard boards/clipboards) and	d drawers without removing ands or putting on new				
	p.m. through 5:24 p.m evening meal prep & s *Stated he had been v a year. *Had gloves on both h over his gloved left had food item in the oven. *Then closed the over oven mitt from his left place. *Moved to a two-section	service revealed he: vorking as a cook for about mands, placed an oven mitt and and checked on a trayed an door and removed the hand, leaving his gloves in oned sink and filled a large ase same gloved hands. se oven mitts with the same				
	*Continued to move the touched multiple so the food warmer with the *Obtained temperature.	nroughout the kitchen while urfaces and placed pans in those same gloved hands. es of the carrots, chowder, d used the same towel to				

PRINTED: 01/30/2024 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 01/18/2024 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 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 450 Continued From page 2 S 450 wipe the temperature probe between each food item that was probed. *Had the same gloves on throughout the entire observation period. 2. Observation on 1/16/24 at 5:19 p.m. through 5:29 p.m. of dietary aide G revealed she: *Went in and out of the kitchen without washing her hands or putting on gloves and removed items from the refrigerator. *Was not wearing a hairnet, but her hair was styled in a single braid. *Walked in and out of the walk-in cooler and delivered food items to the dining room without gloves or washing her hands. 3. Observation on 1/16/24 at 5:20 p.m. through 5:29 p.m. of dietary aide H revealed he: *Entered the kitchen and had not washed his hands or put on gloves. *Entered the walk-in cooler/freezer area and exited with a tub, placed it on the counter and placed jugs of milk in it, then exited the kitchen. *Again entered the kitchen without washing his hands or putting on gloves. *Entered the walk-in cooler/freezer area and delivered a metal tub containing what appeared to have been individual containers of ice cream to a counter behind the food service area and exited the kitchen. 4. Observation on 1/16/24 at 5:33 p.m. through

5:45 p.m. of Cook D while plating and serving

*Held a slice of bread in his previously gloved left hand, added egg salad on it and placed another slice of bread on top of it to make a sandwich. *Placed the sandwich on a cutting board, cut it, placed it on a plate, filled a soup bowl with chowder and placed the bowl on the plate with

food revealed he:

SOUTH Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

11053

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

B. WING

01/18/2024

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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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) COMPLETI DATE
S 450	Continued From page 3	S 450		
	the same gloved hands. *Then rested his gloved hand on his apron (right hip area), rested the gloved hand on top of plate and used that plate to assemble another sandwich in the same manner as stated above. *Wiped food off his gloved left hand with the towel that was used to wipe off the food thermometer probe.			
	*Wiped his nose then his face with his right gloved hand and proceeded to plate the resident's food and served it.			
77	Interview on 1/16/24 at 5:51 p.m. with cook D regarding food temping process, glove use and hand hygiene revealed he: *At that time removed his gloves, washed his hands and put on a new pair of gloves. *Stated he used the sanitizer, walked to the wall-mounted sanitizer jug, pointed to it (jug is tabled as J-512) and stated "Now it's just a dirty rag."			
	clean the thermometer probes but they were out and was not aware where alcohol pads were located. *He stated that he would change his gloves when he was done with a task and moved on to another task.			
	5. Observation on 1/17/24 from 8:15 a.m. through 8:33 a.m. of cook assistant/dietary aide L while plating and serving resident's food in the kitchen revealed she: *Coughed into her left elbow/arm bend and did not wash her hands or change her gloves.			
	not wash her hands or change her gloves. *Continued to plate and serve resident's food. *Then stated her gloves were too big, discarded those gloves and put on a new pair of gloves without washing her hands. *Picked up toast from a tray with those gloved			

PRINTED: 01/30/2024 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 01/18/2024 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 **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 450 Continued From page 4 S 450 hands, placed toast on a plate and served it. *She continued to use those same gloved hands throughout the remainder of the observed breakfast food service. 6. Observation and interview on 1/17/24 at 8:27 a.m. of the walk-in freezer with dietary manager F revealed: *Four boxes of food items stored on the freezer floor, identified as: doughnuts, cinnamon rolls, hoagie buns, and garlic toast. *She stated that those items should not have been placed on the floor. 7. Observation on 1/17/24 11:30 a.m. of cook assistant/dietary aide L revealed: *While plating resident food items, she turned around and sneezed into her left elbow/arm bend area. *She had not washed her hands or changed her *She continued to plate and serve resident food, sneezed again without performing hand hygiene or changing her gloves. 8. Interview on 1/18/24 at 8:09 AM with dietary manager F regarding the above observations regarding food storage, food handling, expired foods, glove use, hand hygiene and kitchen sanitization revealed her expectations would have been for the following: *Staff should wash their hands when entering the kitchen.

*Gloves and an apron should have been worn by

*Staff should wash their hands and put on a new pair of gloves after coughing or sneezing.
*Staff should use alcohol probe wipes between each food item when taking temperatures.
*No food items in boxes should have been placed

staff when handling food.

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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	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
		IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		
		11053	B. WING		01/18/2024	
NAME OF B	2014252 02 011201152				A. D. B. C.	
NAME OF PI	ROVIDER OR SUPPLIER	911 S. E	DDRESS, CITY, STAT	E, ZIP CODE		
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	OUNDARY OF		<u> </u>	DECLIDED DI ALI CE CODECA		_
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S 450	Continued From page 5		S 450			
	on the floor in the freezer.		0.00			
	9 Poviou of the prov	ider's January 2024 Glove				
	Use When Preparing					
	revealed:	rociving rood policy				
	*Gloves must be wor	n when handling ready to eat				
	food directly. Tongs/U	Jtensils may be used instead				
		ng/preparing ready to eat				
	foods.					
	and the second s	contaminated and/or soiled				
	and must be changed				28	
	*Disposable gloves were single-use items and should be discarded after each use. *Hands should have been washed before glove use. Review of the provider's updated January 2024 Food Preparation and Service policy revealed: *Food preparation staff would adhere to proper hygiene and sanitary practices to prevent the spread of food borne illnesses. *Dietary services staff and other staff that assist with meal service should wash their hands before serving food to residents. Handwashing will also					
			-			
	prior to handling food	soiled plates and food waste				
-	()	rith ready to eat food was			TIK TIK	
	prohibited.	in ready to eat look was				
_		ne kitchen should wear hair				
	restraints (hair net, h	at, beard restraint, etc.) so				
	that hair does not cor	ne in contact with the food.				
	Daview of the second					
		er's updated January 2024 venting Foodborne Illness				
	policy revealed:	venting i oodborne lilliess				
	*Critical factors implicated in Foodborne illness					
are: Poor personal hygiene of dietary						
	staffcontaminated					
		nandle, prepare or serve food				
	would be trained in the	ne practices of safe food				

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: 11053 B. WING 01/18/2024 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 (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 450 Continued From page 6 S 450 handling and preventing food borne illness. Employees will demonstrate knowledge and competency in those practices prior to working with food or serving food to the residents. *All food service equipment and utensils would be sanitized according to manufacturer's recommendations. Review of the provider's 10/27/2017 Food Storage policy revealed: *Food was stored, prepared, and transported at appropriate temperatures and by methods designed to prevent contamination or cross contamination. *Food should have been stored off of the floor.

PRINTED: 03/07/2024 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: ___ R 11053 B. WING 03/06/2024 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 (X5) COMPLETE DATE ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) (S 000) Compliance Statement ${S 000}$ A revisit survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted on 3/6/24, for all previous deficiencies cited on 1/18/24. All deficiencies have been corrected, and no new noncompliance was found. Bethel Suites was found in compliance with all regulations surveyed.

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

TITLE

(X6) DATE