STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435038	A. BUILDING _____ B. WING _____	06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TEKAKWITHA LIVING CENTER	6 E CHESTNUT SISSETON, SD 57262

(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) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 5/30/23 through 6/1/23. Tekakwitha Living Center was found not in compliance with the following requirements: F684, F758, F802, F803 and F812.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, record review, interview, and policy review, the provider failed to ensure: *One of nine residents (28) had received a physician ordered therapeutic diet. *The failure to provide the diabetic diet resulted in an increase of her blood glucose levels and diabetic medications requirements. Findings include: 1. Observation on 5/31/23 at noon in the north kitchenette where resident 28 dined revealed dietary manager (DM) C served the following: *The entree menu items included: pork chop in cream based gravy, mashed potatoes, creamed corn, and pork gravy for the potatoes. *The substitute menu items included: chicken strips and creamed carrots.	F 684	F 684 Staff educated on therapeutic diets at all-staff meeting by dieitian on 6/28/23 Ensured resident 28 and all other residents therapeutic diets are being followed Administrator, DON, and interdisciplinary team reviewed, revised and/or created policies and proceedures for therapeutic diets and will be covered at all-staff DM or designee will audit therapeutic diets are being followed weekly for four weeks and monthly for two additional months DM or designee will present findings at monthly QAPI meetings	7/16/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Samuel Van Voorst	Administrator	6/23/23

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 684	Continued From page 1 *All residents received whipped Jello for dessert and a beverage of their choice. *All residents were able to choose from all of the above items for their noon meal. Review of resident 28's blood glucose (BG) results from 1/9/23 through 5/30/23 revealed the following: *Average BG for 6:00 a.m. at January was 159, February was 153, March was 135, April was 189, and May was 193. *Average BG for 2:00 p.m. at January was 163, February was 123, March was 164, April was 247, and May was 353. *Average BG for 7:00 p.m. at January was 198, February was 189, March was 214, April was 312, and May was 366. Review of resident 28's medical record revealed: *She had been admitted on 1/5/23 *She had a diagnosis of type 2 diabetes mellitus without complications. *The physician admission orders related to her diabetes included: *Her BG was to have been checked three times a day at 6:00 a.m., 2:00 p.m., and 7:00 p.m. every Monday, Tuesday, and Thursday. Those BG results were to have been faxed to her physician every Friday. *Metformin 1000 milligram (mg) two times daily. Review of resident 28's physician's orders revealed the following changes to her diabetes medications included: *On 1/9/23 Ozempic 0.5 mg subcutaneous (SQ) one time a week for four weeks. -On 1/10/23 and 1/11/23 she received Ozempic. -On 1/12/23 she refused the Ozempic and then on 1/13/23 it was discontinued.	F 684		

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F 684	Continued From page 2	F 684		

-On 1/27/23 It was restarted at the same dose one time a day every 7 days on 1/27/23 and then discontinued due to the cost of the medication on 2/8/23.The Ozempic was restarted at the same dose one time a day every 7 days on 1/27/23 and discontinued due to the cost on 2/8/23.
*The Metformin was changed to 500 mg 1 tablet two times a day on 4/5/23.
*On 2/9/23 Glipizide 5 mg one tablet two times a day was started. Dosage changes included:
-On 4/24/23 Glipizide 10 mg one tablet daily every morning and 5 mg every evening. on 4/24/23.
-On 5/6/23 Glipizide 5 mg one tablet once daily.
-On 5/6/23 Jardiance 25 mg one tablet every day was ordered.
-On 5/27/23 Lantus insulin 10 units SQ every morning was added to her drug regimen due to her increased BG levels.

Review of resident 28's 4/14/23 care plan for her diabetes revealed interventions that included:
*BG checks as ordered. Report to medical doctor.
*Offer a diabetic diet.

Review of resident 28's 4/13/23 dietary quarterly assessment revealed her physician prescribed diet was a diabetic diet. Her BG levels and diabetic medications had not been reviewed by the RD.

Interview on 5/31/23 at 2:45 p.m. with DM C regarding the menus revealed all the residents received the same food choices for all the meals. Those choices included the regular daily menu and the substitution menu. When the menu with the therapeutic diet extensions were reviewed with her, she stated she was not aware residents on different physician-ordered diets should have received foods listed for those diets. She had

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F 684	Continued From page 3 served the regular diet to all the residents since she had started in November 2022. She had only received on-the-job training and had just completed the Serv-Safe course with the RD and was waiting to take the examination. Interview on 6/1/23 at 3:15 p.m. with registered dietitian E revealed she: *Was not aware DM C had not been providing the residents with their physician ordered therapeutic diets. *Had assumed DM C understood how residents on different therapeutic diets received alternatives in certain food groups. *Had not realized resident 28's BG levels and diabetic medication requirements had increased. *Agreed resident 28's increased BG levels could have been a direct result of not receiving the physician ordered diabetic diet. *She stated residents who were to have received therapeutic diets could have had negative outcomes to their health status. Interview on 6/1/23 at 4:00 p.m. with director of nursing B revealed she: *Was not aware resident 28's BG levels had been increasing. *Thought she had been receiving a diabetic diet as ordered. *Agreed since resident 28 had not received a diabetic diet her BG levels were elevated and her diabetic medication requirements had increased. Reviews of the provider's 2013 Diet Orders policy revealed: *"When there is a nutritional indication, the facility will provide a therapeutic diet that is individualized to meet the clinical needs and desires of the patient/resident to achieve outcomes/goals of	F 684		

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F 684	Continued From page 4 care." *"A therapeutic diet is a diet intervention ordered by a health care practitioner as part of the treatment for a disease or clinical condition manifesting an altered nutritional status, to eliminate, decrease, or increase certain substances in the diet." Review of the provider's Philosophy and Standards of Clinical care for medical nutrition therapy revealed: *The RD would provide input to ensure compliance to standards in nutrition care and compliance with food production and service. *The RD along with the interdisciplinary team would monitor and evaluate the effectiveness of nutrition interventions and revise them as necessary.	F 684		
F 758 SS=E	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a	F 758	F 758 Reviewed with MD for anti-psych uasge on residents 4 & 8. DON or designee reviewed all residents for proper use of anti-pysch medications Administrator, DON and interdisciplinary team reviewed, revised or created policies and proceedures related to anti-pysch drugs Created a form of nonpharmacological interventions to anti-psych use DON or designee will audit proper interventions used before anti-psych use weekly for four weeks and monthly for two additional months DON or designee will audit new admissions with anti-psychs for proper use DON or designee will present findings at monthly QAPI meetings	7/16/23

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F 758	Continued From page 5 specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the provider failed to ensure non-pharmacological interventions had been attempted prior to the initiation of a psychoactive medication (a type of medication that affects the mind, emotions, and behavior). That failure affected two of six sampled residents (4 and 8) who were reviewed for psychoactive medication	F 758		

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F 758	Continued From page 6	F 758		

use.
Findings include:

1. Observation and interview on 5/30/23 at 3:30 with resident 4 revealed she was alert and interested in visiting about herself. She was very calm and stated she was happy. She talked about the recent fall she had and the bruises that were still healing. She voiced no concerns.

Review of resident 4's interdisciplinary team progress notes revealed from 3/25/23 through 5/4/23 revealed:
*She started to pick and scratch at the skin around her colostomy wafer on 3/25/23. On 4/2/23, 4/9/23, 4/15/23, 4/19/23, 4/22/23, 4/24/22, and 4/25/23 she had scratched and picked enough that the colostomy appliance had to be changed. During those days her skin had become increasingly red and irritated due to the stool on her skin and having to frequently change the appliance. Staff had attempted one-to-one education with her in an attempt to stop her from removing her colostomy appliance. On 4/25/23 at 9:00 a.m. staff observed she was picking at the colostomy bag. She was noted to have been teary-eyed and sniffling into a Kleenex. She told staff she was upset with her colostomy and not being able to take care of it herself. The resident stated area was feeling better than it was yesterday and she was trying not to touch it as much. There was no documentation of any interventions other than one-to-one re-education from staff on not removing her colostomy appliance.

Review of resident 4's Brief Interview for Mental Status (BIMS) revealed she had a score of 8. That indicated her cognitive status was

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F 758	Continued From page 7 moderately impaired. Review of a 4/25/23 communication with resident 4's physician revealed "MD [physician] called and alerted of resident constant picking of colostomy along with skin breaking down due to this. Noting of increased anxiety and sadness due to this. New orders: Xanax 0.25 mg [milligram] BID [two times a day]." Review of resident 4's May 2023 medication administration record revealed: *The diagnosis for the Xanax was dementia without behavioral, psychotic, and mood disturbances, also and anxiety. *On 5/6/23 the frequency of the medication was changed to once daily and the diagnosis had been changed to generalized anxiety disorder. *She also received Cymbalta 30 mg one time a day for nerve pain related to major depressive disorder." Review of a 5/4/23 skin/wound note for resident 4 revealed "Resident is calmer and is not picking at wafer after starting Xanax." Review of resident 4's 3/17/22 care plan for her risk of skin breakdown related to her colostomy indicated no new interventions had been initiated. 2. Observations of resident 8 at various times from 5/30/23 through 6/1/23 revealed: *At times sat on a chair close to the front commons area. *She would talk out loud at times when staff would walk by her. Staff had not engaged her in a conversation. *She would wander in the north hall towards the dining room and would ask when the next meal	F 758		

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F 758	Continued From page 8	F 758		

was.
*Her hair appeared uncombed and stringy.
*She had on the same shirt and pants for all three days of the survey.
*She had only watched, and not participated in, the activities held in common area.

Interview with resident 8 on 5/31/23 at 10:00 a.m. in her room revealed she:
*Was very happy when asked about the framed cross-stitched wall hangings. She was able to explain she had made those.
*Had plastic containers on her dresser that contained jewelry. She explained it was all costume jewelry and loved wearing jewelry in the past.
*Stated that she had no family and she wanted to go back to her home.
*Was easily redirected from wanting to go home with questions about the food and her room.

Review of resident 8's medical record revealed:
*She had been admitted on 3/13/23 from a hospital/swing bed stay since 2/15/23.
*Her BIMS upon admission was a 9 which indicated moderately impaired cognition.
*Previously she had lived in her own apartment but due to her dementia she had been unable to care for herself.
*Psychoactive medications prescribed on admission included the following:
-Mirtazapine 15 mg one tablet daily at bedtime for cachexia (severe weight loss and malnutrition).
-Risperidone 0.5 mg one tablet two times daily for dementia with anxiety.
-Lorazepam 0.5 mg one tablet every evening for anxiety.
-Melatonin 3 mg one tablet at bedtime as needed for insomnia.

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F 758	Continued From page 9 Review of resident 8's psychoactive medication changes from 3/13/23 through 5/31/23 included the following: *Risperidone 0.5 mg one tablet two times daily discontinued on 3/15/23. *Quetiapine 25 mg one tablet three times daily started on 3/15/23 and discontinued on 3/17/23. *Quetiapine 25 mg one tablet at 7:30 a.m. and 12:00 p.m. was started on 3/19/23 and discontinued on 5/5/23. *Quetiapine 50 mg one tablet at bedtime started on 3/17/23 and discontinued on 5/5/23. *Lorazepam 0.5 mg one tablet every evening for anxiety was increased to two times a day on 3/20/23. *Quetiapine 25 mg one tablet at bedtime was started on 5/6/23 and discontinued on 5/8/23. *Quetiapine 50 mg one tablet three times daily for Alzheimer's disease with late onset, anxiety, dementia with anxiety, indications for use: behaviors started on 5/9/23. *Zolpidem 5 mg one tablet at bedtime for insomnia due to medical condition started on 5/14/23. Review of resident 8's May 2023 medication administration record revealed: *As of 5/31/23 resident 8 received the following psychoactive medications of: -Mirtazapine 15 mg one tablet daily at bedtime for cachexia -Melatonin 3 mg one tablet at bedtime as needed for insomnia. -Zolpidem 5 mg one tablet at bedtime for insomnia due to medical condition. -Lorazepam 0.5 mg one tablet every evening for anxiety. -Quetiapine 50 mg one tablet three times daily for	F 758		

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F 758	Continued From page 10 Alzheimer's disease with late onset, anxiety, dementia with anxiety, indications for use: behaviors. Review of resident 8's behavior documentation revealed: *Consistent behavior of pacing and wandering in the north hall and lobby. *Anxiety with different activities and at various times of the day and night. Her anxiety was manifested by pacing, wandering, not able to stay in one place for very long, verbal expressions of anxiety. *Her behaviors decreased during April 2023. *She had increased verbal aggressive behaviors during the night on 5/6/23, 5/8/23, 5/9/23 X 4, 5/13/23 x 2, 5/14/23, 5/15/23, and 5/28/23. *Zolpidem 5 mg one tablet at bedtime was started on 5/14/23 for insomnia. *Her melatonin 3 mg one tablet as needed at bedtime had only been given one time on 5/4/23. It had been marked ineffective. *It had been effective for her eight out of ten times in March and nine out of nine times in April. Interview on 6/1/23 at 4:00 p.m. with director of nursing B revealed: *She agreed non-pharmacological interventions had not been attempted prior to the order for Xanax for resident 4. Resident 4 received the Xanax but had not displayed the behavior of picking at her colostomy since 5/4/23. *Resident 4 had experienced three falls after she had started the Xanax. One fall two days after and the other two falls approximately two weeks after she had started the Xanax. Those last two falls were attributed to a urinary tract infection she had developed. *Resident 8 had been admitted with several	F 758		

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F 758	Continued From page 11 medications already in place. She was not aware the psychoactive medications had been changed so frequently. *She agreed resident 8's weight, nutritional, and hydration status had improved significantly and was most likely not cachexic anymore. The mirtazapine had been ordered for cachexia. *The Ambien had been added because she had not been sleeping and had some increased behaviors at night. She was not aware the melatonin had not been attempted or what the root cause of the insomnia had been prior to the request for a sleeping medication. *The resident had not been evaluated by a psychiatrist or psychologist. *Counseling had not been sought. *There was not a behavior plan for the staff to have followed. *There was no specific psychoactive medication use policy other than the required dose reduction attempts. *She not sure if pharmacy reviewed the psychoactive medications more frequently until the required dose reduction was attempted. Review of the provider's 2007 Antipsychotic Gradual Dose Reduction (GDR) Attempts worksheet revealed a GDR would have been attempted within the first year, twice in two separate quarters, at least one month apart. After the first year would be attempted once per year.	F 758		
F 802 SS=F	Sufficient Dietary Support Personnel CFR(s): 483.60(a)(3)(b) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service,	F 802	F 802 Staff received therapeutic diet training at all staff on 6/28 Kitchen and kitchenettes cleaned and cleaning list created DM or designee will create competencies and complete on all existing staff. Going forward to be completed on new staff and yearly	7/16/23

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F 802	Continued From page 12 taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.60(a)(3) Support staff. The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. §483.60(b) A member of the Food and Nutrition Services staff must participate on the interdisciplinary team as required in § 483.21(b)(2)(ii). This REQUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to ensure: *The kitchen had been maintained in a clean and sanitary manner. *Two of two dietary staff (dietary manager (DM) C and dietary aide (DA) D had the appropriate training and knowledge on the correct testing of the sanitizer solution concentration in the mechanical dishwasher. *One of one DM (C) how to read and follow the menu to provide the physician ordered therapeutic diets to the residents. Findings include: 1. Observation at various times from 5/30/23 through 5/31/23 revealed the main kitchen, the north kitchenette, and east kitchenette had numerous areas including surfaces, appliances, refrigerators, and freezers that had not been maintained in a clean and sanitary manner. Refer to F812.	F 802	F802 DM or desingee will educate dietary staff on cleaning list. Administrator, DON and interdisciplinary team reviewed, revised or created policies and proceedured for therapeutic diets and kitchen sanitation Will continue active hiring efforts to ensure enough dietary personnel DM or designee will educate staff on policies and proceedures Administrator or designee will audit kitchen cleanliness weekly for four weeks and monthly for two additional months Administrator or designee will present findings at monthly QAPI meeting	

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	435038	A. BUILDING _____ B. WING _____	06/01/2023

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F 802	Continued From page 13 2. Observation and interview with DM C and DA D on 5/31/23 at 2:45 p.m. in the dish washing room revealed DA D was asked how she tested the chemical strength in the dishwasher. She placed the chlorine test strip into the outside reservoir of the dishwasher. DM C agreed with DA D that was how to have tested the chemical strength. 3. Observation on 5/31/23 at noon in the north kitchenette revealed dietary manager (DM) C served the following: *The entree menu items included: a pork chop in cream based gravy, mashed potatoes, creamed corn, and pork gravy for the mashed potatoes. *The substitute menu items included: chicken strips and creamed carrots. *All residents received whipped Jello for dessert and beverages of their choice. *Residents were able to choose from all of the above items for their noon meal. *All the residents had the same food choices available to them. Review of the provider's Spring/Summer Menu Week 1 for Wednesday revealed: *Residents on a regular/no added salt diet were to have received the following: a pork chop in cream based gravy, mashed potatoes, creamed corn, pork gravy for the mashed potatoes, and whipped Jello for dessert. *Residents that were on a diabetic features diet were to have received the following: broccoli instead of creamed corn and sugar free whipped Jello. *Residents on a renal diet were to have received white rice instead of potatoes. Interview on 5/31/23 at 2:45 p.m. with DM C regarding the menus revealed all the residents	F 802		

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F 802	Continued From page 14 received the same food choices for all the meals that were served. Those choices included the regular daily menu and the substitution menu. When the menu with the therapeutic diet extensions were reviewed with her, she stated she was not aware residents on different physician ordered diets should have received foods listed for those diets. She had served the regular diet to all the residents since she had started in November 2022. She could not remember any education on therapeutic diets when she had started in the dietary department. Interview on 5/31/23 at 4:30 p.m. with administrator A revealed he was aware the dietary department had been struggling. He had wanted DM C to have been mentored by other dietary managers from sister providers, but due to her having to work as a cook that education had not been possible.	F 802		
F 803 SS=F	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident	F 803	F 803 Staff to recieve training on therapeutic diets at all staff meeting on 6/28 by the dietitian Ensured all resident's diets are being followed Dietitian will monitor meals at least monthly Adminsitrator, DON and interdisciplinary team reviewed, revised or created policies and proceedures for therapeutic diets DM or designee will audit therapuetic diets weekly for four weeks and monthly for two additional months DM or designee will present findings at monthly QAPI meetings	7/16/23

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F 803	Continued From page 15 groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to provide physician ordered therapeutic diets for seven of seven sampled residents (2, 14, 18, 20, 27, 28, and 37) on a diabetic diet and two of two sampled residents (5 and 241) on a renal diet. One of seven residents (28) on a diabetic diet had increased blood sugar levels and insulin requirements since admission. Findings include: 1. Observation on 5/31/23 at noon in the north kitchenette revealed dietary manager (DM) C served the following: *The entree menu items included: a pork chop in cream based gravy, mashed potatoes, creamed corn, and pork gravy for the mashed potatoes. *The substitute menu items included: chicken strips and creamed carrots. *All residents received whipped Jello for dessert and beverages of their choice. *Residents were able to choose from all of the above items for their noon meal. *All the residents had the same food choices available to them. Review of resident 28's medical record revealed	F 803		

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F 803	Continued From page 16	F 803		

upon her admission on 1/5/23 her physician had ordered a diabetic diet. She had not been receiving that diet since her admission and her blood glucose levels and diabetic medication requirements had increased. Refer to F684.

Review of the provider's Spring/Summer Menu Week 1 for Wednesday revealed:
*Residents on a regular/no added salt diet were to have received: pork chop in cream based gravy, mashed potatoes, creamed corn, pork gravy for the potatoes, and whipped Jello.
*Residents on a diabetic features diet were to have received: broccoli instead of creamed corn and sugar free whipped Jello.
*Residents on a renal diet were to have received white rice instead of potatoes.

Interview on 5/31/23 at 2:45 p.m. with DM C regarding the menus revealed all the residents received the same food choices for all the meals. Those choices included the regular daily menu and the substitution menu. When the menu with the therapeutic diet extensions were reviewed with her, she stated she was not aware residents on different physician ordered diets should have received foods listed for those diets. She had served the regular diet to all the residents since she had started in November 2022. She could not remember any education on therapeutic diets when she had started in the dietary department.

Interview on 6/1/23 at 3:15 p.m. with registered dietitian E revealed she was not aware DM C had not been providing the residents with physician ordered therapeutic diets. She had assumed DM C understood how residents on different therapeutic diets received alternates in certain food groups. She did not remember that she had

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F 803	Continued From page 17 provided any education on the menus.	F 803		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to ensure the following: *Three of three hand washing sinks had been maintained as dedicated handwashing sinks. *All of the three tier serving/transport carts were free from dried food and liquid build-up. *One of one oscillating pedestal fan placed through an empty spot meant for a garbage disposal to the right of the three compartment sink. *Food items were properly labeled and expired foods were discarded in:	F 812	F 812 All items cleaned by staff by 7/16/23 Rest of kitchen and kitchenettes inspected for cleanliness by DM and Administrator DM, RD and administator created a cleaning list for the kitchen and kitchenettes DM or designee will be responsible for ensuring kitchen cleanliness going forward Administrator or designee will audit kitchen cleanliness weekly for four weeks and monthly for two additional months Administrator or designee will present findings at monthly QAPI meetings	7/16/23

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F 812	Continued From page 18 -Two of two commercial refrigerators in the kitchen. -Two of two food service kitchenette freezer/refrigerator units used for both the provider and resident food items. *One of one walk-in refrigerator and one of one walk-in freezer had been maintained in a sanitary manner. *Food preparation equipment had been maintained in a clean and sanitary manner that was free from burnt food particles and grease buildup in the following: -Two of two conventional ovens. -Two of two convection ovens. *Paint peeling above one of one range and flat grill had been reported to maintenance. *Unpasteurized eggs had been fully cooked for one of one observed resident (12). *One of one chest type freezer used for ice cream was free from ice build-up. *Two of two entrance door surfaces into and out of the kitchen had been kept free from a build-up of grime. *Three of three covered bulk container covers had not had food and dust particles on them. *The covered bulk sugar container had not contained unknown brown food particles. *The underside of the commercial mixer was kept clean and covered after each use to prevent contamination. *One of one mechanical dishwasher and the faucets for the two and three compartment sinks were descaled to prevent mineral buildup. *Two of two dietary staff (C and D) were aware of how to test chemical sanitizer strength for the dishwasher. *Three of three 33-gallon garbage containers had covers on them to prevent pest infestation. *A food spill was cleaned up in a manner that	F 812		

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F 812	Continued From page 19 prevented cross contamination during one of one meal observation. *Coffee dispensers, microwaves, and toasters in two of two kitchenettes had been maintained in a sanitary manner. *The light covers in one of two kitchenettes (north) had no dead bugs in them. Findings include: 1. Observation during the initial kitchen tour on 5/30/23 from 2:25 p.m. through 3:15 p.m. revealed: *Three hand washing sinks, two in the kitchen and one in dishwashing room had either dark brown spots that rinsed off with water or had a gray scaly build-up in the bowl, that indicated it had not been deep cleaned for an indeterminate amount of time. *The faucets for the two and three compartment sinks had hard water mineral build-up. *The three-tier serving/transport carts had varying amounts of dry and wet food particles on all three tiers. During the kitchen observations the carts appeared not wiped down after use. The carts were used to transport food/beverages and clean dishes to the kitchenettes. Dirty dishes and leftover food were transported back to the kitchen on those carts. *An oscillating pedestal fan stand was placed through an unused garbage disposal opening to the right of the three-compartment sink. The fan was placed on top of a plastic bucket. *Handles and front panel of the north refrigerator had dried food particles and greasy film build-up. Inside the refrigerator had food particle build-up and crumbs on the bottom of the shelves. There were opened, undated boxes of sausage patties and sausage links. There was a opened, undated large bag of mozzarella cheese. Three opened	F 812		

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F 812	Continued From page 20 bottles of soda were on the shelf and were labeled. *The handles and front panel of the north freezer had dried food particles and greasy film build-up. Inside had food particle build-up and crumbs on the bottom of the shelves. 2. Observation on 5/31/23 at 8:28 a.m. revealed resident 12 was eating breakfast in her room. Her eggs were undercooked with a liquid yolk. 3a. Observation on 5/31/23 from 11:45 a.m. through 12:30 p.m. during the noon meal service in the north kitchenette revealed: *While dishing a plate of food from the steam table, dietary manager (DM) C dropped it on the sneeze guard and food slid down the front of steam table to the floor. When staff proceeded to clean up the spill, the floor was cleaned first, and then the cloth was rinsed and used to clean the food spill on the steam table and sneeze guard. No sanitizing solution was used on the clean cloth prior to wiping steam table. *Microwave, toaster, and the coffee maker in kitchenette had large amounts of food particles, dried coffee, and crumbs present. *The refrigerator had a container that was labeled orange juice but had a purple liquid in it. Handles and front panel of the refrigerator had dried food particles and greasy film build-up. There was an undated half loaf of bread inside. There was a moderate amount of dried spilled liquids inside. The pull-out freezer below had frozen liquid at the bottom. There was a quart size container of ice cream dated 1/8/23 labeled with a resident's name. Ice cream showed signs of freezer burn covered with ice crystals. *Two of two fluorescent light covers had a moderate number of dead bugs.	F 812		

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F 812	Continued From page 21 b. Observation of east kitchenette on 5/31/23 from 12:30 p.m. through 12:45 p.m. revealed: *Microwave, toaster and coffee maker in kitchenette had large amounts of food particles, dried coffee, and crumbs present. *Refrigerator was labeled for both provider and resident use. The facility staff were responsible for monitoring all food expiration dates. The refrigerator contained several small baggies of what appeared to have been white chunks of cheese with a label dated 5/9. A sign was posted on the outside of the refrigerator that stated all food items would have been removed seven days past the labeled date. 4. Observation of the kitchen on 5/31/23 from 2:45 p.m. through 3:30 p.m. revealed: *Mold/mildew was found on the rubber door seals of the walk-in freezer/refrigerator. The outer doors of both the walk-in fridge and freezer had film with grime and fingerprints. The walk-in refrigerator had a big tub under the condenser unit collecting water and was over half full. *The conventional ovens had large amounts of food particles and grease build-up accumulated on the burners and inside the ovens. The grill had several areas of grease and grime build-up along with burnt food particles. There were two moderate sized areas of paint peeling and bubbled on a soffit above the stove and flat grill. *The two convection ovens glass doors were covered in grease splatter and were brown. The bottom of the ovens had large amounts of burned food particles. *The chest type freezer for ice cream had a large amount of ice build-up. *The wood doors going into and out of the kitchen had a build-up of grime which could have been	F 812		

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F 812	Continued From page 22 scraped off with a fingernail. *The covers of the bulk containers for sugar, flour, and potato pearls had a large amount of build-up of unknown substances. *The covered bulk sugar container had a small amount of unknown brown particles inside. *The underside of the commercial mixer had a large amount of dried batter particles, and was uncovered. *The dishwasher had a visible large build-up of hard water mineral deposits on the seams of the unit. The top of the unit was dusty/dirty/grimy. *The faucets for the two and three compartment sinks had visible large build-up of hard water mineral deposits. The sink themselves had a large amount of mineral scale build-up inside. *The three 33-gallon garbage containers had no covers on them. *The refrigerator by the juice maker contained Mighty Shakes and Magic Cups thawing that were not dated. *Dietary aide (DA) D was asked how she tested the chemical strength in the dishwasher. She placed the chlorine test strip into the outside reservoir. DM C agreed with DA D this was how to test the chemical strength. Interview on 5/31/23 at 3:30 p.m. with DM C revealed: *She had enrolled in the AA Food Service Management on-line course about three weeks prior. She had completed the Serv-Safe curriculum. Registered Dietician (RD) E would be proctoring her test this week. *The kitchen staff poured coffee and juice in the handwashing sinks, she had asked them to stop but they continued. She was not sure how to remove the mineral deposits in the sinks. She had not attempted to clean them to remove those	F 812		

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F 812	Continued From page 23 mineral deposits. *The serving/transport carts were to have been cleaned after each use if spills occurred and a daily basis. She stated that was not being completed. *The oscillating fan by the three-compartment sink had been there prior to her starting. It was not used but she had not removed it. *The dating and labeling of food should have been put on all food items that had been newly opened or any left-overs. The process was the same for all the refrigerators and freezers. -She confirmed there were no open dates on the sausage patties and links or the cheese. -She agreed the provider/resident use refrigerator in the east kitchenette had not been monitored for labeling and outdates. -She was unaware that Mighty Shakes were only good for 14 days and the Magic Cups were only good for 5 days after thawing. -She confirmed the unclean condition of the refrigerators, freezers, and including the walk-ins interiors, exteriors, and the door seals. -Stated the evening cook would not shut the walk-in refrigerator fully the condenser would run continuously and produced an abundance of water. She had placed a large tub to collect the water under the condenser unit. She confirmed the tub was not on any type of emptying or cleaning schedule. *She was aware that the burners, grill, and both ovens were in need of a significant deep cleaning. *She was not aware of the peeling and bubbling paint areas on the soffit above the conventional stove. *She only ordered pasteurized eggs and was not aware she had two cases of unpasteurized eggs in the walk-in cooler. She would have only fully	F 812		

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F 812	Continued From page 24	F 812		

cooked eggs if she had known they were unpasteurized. She confirmed those were the eggs she had used for resident 12's breakfast.
*She was not sure the last time the ice-cream freezer had been defrosted and cleaned.
*She agreed both sides of the doors into the kitchen had a heavy build-up of grime. They were not included in any cleaning schedule.
*She confirmed the state of the bulk flour, sugar, and potato pearl containers. The build-up of dried batter on the commercial mixer. She was not aware that it should have been kept covered when not in use.
*Was not aware of how to remove the mineral deposits on the mechanical dishwasher and sink faucets.
*She agreed with DA D on how she tested the chemical strength in the dishwasher. She was not aware of the correct procedure for testing the chlorine for the rinse cycle of the dishwasher.
*She was not aware the large garbage cans should have been covered when not in use.
*She agreed the kitchenettes were not on a cleaning schedule.
*RD E had assisted her with making shift check lists for staff to complete prior to the end of their shifts. Staff initialed the tasks they had completed.
*She tried to ensure the dietary aides completed all the cleaning duties required but she had been working as a cook or dietary aide most of the time it was difficult to keep up with those tasks.

Interview on 5/31/23 at 4:30 p.m. administrator A revealed DM C was new to the position and had been working as a cook most of the time. That had not left her very much time to keep up with the other duties the position required. He agreed she would require more support to succeed in the

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TEKAKWITHA LIVING CENTER	6 E CHESTNUT SISSETON, SD 57262

(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) COMPLETION DATE
F 812	Continued From page 25	F 812		

position. He had wanted other dietary managers to work with her, but due to staffing it had not occurred.

Interview on 6/1/23 at 2:45 p.m. with RD E revealed she had assisted DM C with some cleaning schedules that had started in May. She would be proctoring her Serv-safe test next week. She was aware the kitchen required a deep cleaning. She had conducted a general food service checklist for March, April, and May 2023. Prior to that she had been on leave from the facility. A interim RD had completed those checklists for December 2022 and January 2023. She also worked as the full-time RD at the hospital.

Review of the provider's May 2023 End of AM Shift Check List revealed the following were to have been completed: sanitize the counters, clean the cooks sink, sanitize the refrigerator and freezer handles, sweep and mop the floor, clean the dish room sink and take out the garbage.

Review of the provider's May 2023 End of PM Shift Check List revealed the following were to have been completed: sanitize counters, clean the cooks sink, sanitize the refrigerator and freezer handles, clean the can opener, sweep and mop the floor, lock all the refrigerators, freezers, and storage room, clean the dish room sink, clean and shut down the dishwasher, and take out the garbage.

Review of the provider's 2013 Food Service policy and procedure manual revealed:
*The manual they used was written by Becky Dorner and Associates.
*"All refrigerator units are kept clean and in good

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F 812	Continued From page 26	F 812		

working condition at all times."
*All foods should be labeled and dated.
*"All freezer units are kept clean and in good working condition at all times."
*"The kitchen is kept neat and orderly."
*"No raw eggs are to be served. They must be cooked."
*"All food service equipment should be cleaned, sanitized, dried, and reassembled after each use."
*"The food manager is responsible for providing safe foods to all individuals."
*"All personnel follow proper cleaning and sanitizing instructions for all kitchen equipment. Cleaning schedules are posted and followed."
*"Cleaning and sanitation tasks for the kitchen will be recorded."
*"Frequency of cleaning for each task will be defined."
*"Employees will be trained on the cleaning schedule and how to perform duties."
*The food service staff would maintain the cleanliness and sanitation of the dining areas with a comprehensive cleaning schedule.
*Food carts would have been cleaned and sanitized after each use.
*The mechanical dishwasher would have been maintained to ensure proper functioning by:
-Regularly cleaning and de-liming.
-Thoroughly cleaning the dishwasher at least once per week.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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E 000	Initial Comments A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted from 5/30/23 through 6/1/23. Tekakwitha Living Center was found in compliance.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Samuel Van Voorst | Administrator | 6/26/23

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

South Dakota Department of Health

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	10685	A. BUILDING: _____ B. WING _____	06/01/2023

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TEKAKWITHA LIVING CENTER	6 E CHESTNUT SISSETON, SD 57262

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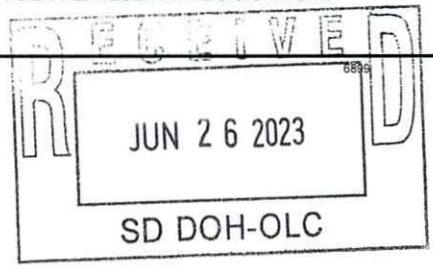
S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 5/30/23 through 6/1/23. Tekakwitha Living Center was found not in compliance with the following requirements: S210 and S301.	S 000		
S 210	44:73:04:06 Employee Health Program The facility shall have an employee health program for the protection of the residents. All personnel shall be evaluated by a licensed health professional for freedom from reportable communicable disease which poses a threat to others before assignment to duties or within 14 days after employment including an assessment of previous vaccinations and tuberculin skin tests. The facility may not allow anyone with a communicable disease, during the period of communicability, to work in a capacity that would allow spread of the disease. Any personnel absent from duty because of a reportable communicable disease which may endanger the health of residents and fellow employees may not return to duty until they are determined by a physician or physician's designee, physician assistant, nurse practitioner, or clinical nurse specialist to no longer have the disease in a communicable stage. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to ensure two of four recently hired sampled employees (H and J) had a health evaluation by a licensed health professional completed within fourteen days of hire. Findings include:	S 210	S 210 Health asessment completed for employees H and J Administrator, DON and Interdiscplinary team reviewed, revised or created necessary policies and proceedures for the hiring process Administrator or desingee will audit new hires for completed health assessments weekly for four weeks and monthly for two additional months Administrator or designee will present findings at monthly QAPI meeting	7/16/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Samuel Van Voorst | Administrator | 6/23/23



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S 210	Continued From page 1 1. Review of employee's personnel records revealed: *The following employees were hired on the following dates: *Employee H: 2/13/23. *Employee J: 12/28/22. *The above employees' files had no evidence of health evaluations by a healthcare professional to determine whether they were free of communicable diseases. Interview on 6/1/23 at 5:30 p.m. with health information manager K confirmed the above findings. She stated there was no policy or procedure.	S 210		
S 301	44:73:07:16 Required Dietary Inservice Training The dietary manager or the dietitian shall provide ongoing inservice training for all dietary and food-handling employees. Topics shall include: food safety, handwashing, food handling and preparation techniques, food-borne illnesses, serving and distribution procedures, leftover food handling policies, time and temperature controls for food preparation and service, nutrition and hydration, and sanitation requirements. This Administrative Rule of South Dakota is not met as evidenced by: Based on interview, record review, and policy review, the provider failed to ensure required dietary training for food safety, handwashing, food handling/preparation, food-borne illnesses, serving and distribution procedures, leftovers, time and temperature controls for food preparation and service, nutrition and hydration, and sanitation had been completed for five of	S 301	S 301 All dietary staff to recieve required training provided by the dietitian by 6/30/23 Dm or designee will audit employee education records to ensure dietary staff recieve required training monthly for three months DM or designee will present findings at monthly QAPI meetings	7/16/23

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S 301	Continued From page 2 seven sampled dietary staff members (D, F, G, H, and I). Findings include: 1. Interview and review of dietary training for staff D, F, G, H, and I revealed there was no documentation to support they had received any of the required dietary and food-handling training topics. Interview on 6/1/23 at 3:00 p.m. with registered dietitian E regarding annual dietary training revealed she had presented an in-service on food safety on 9/30/22. Only two dietary staff had attended that training. She was aware the training was to have occurred upon hire and annually. She thought the other dietary employees had reviewed the presentation slides but there was not sure. Review of the provider's 2013 Inservice Training policy revealed: *Inservice training would be offered on a regular basis to update employees' knowledge. *Inservicing would cover a range of topics and included the following: -Cleaning instructions. -Sanitation and infection control. -"Food safety (including food temperature records from the tray line, refrigerator/freezer temperature records, dishwasher records and infection control procedures especially related to potential food borne illness outbreaks.)"	S 301		