

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>47462</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/19/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY - MILLER ALC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>421 E 4TH STREET MILLER, SD 57362</b>
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S 000	Compliance Statement  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. Good Samaritan Society - Miller ALC was found not in compliance with the following requirements: S105 and S296.	S 000	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. For the purposes of any allegation that the center is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the center's allegation of compliance in accordance with section 7305 of the State Operations Manual.	
S 106	44:70:02:06 Food Service  A facility of seventeen beds or more shall have a mechanical dishwasher. The facility shall have the space, equipment, supplies and mechanical systems for efficient, safe, and sanitary food preparation if any part of the food service is provided by the facility.  This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to ensure that staff were able to verify the chemical sanitation level required to sanitize the dishes used for preparation and serving residents' food. Failure of that increased the potential risk of foodborne illnesses for the entire resident population who received meals prepared in the kitchen and served to the residents. Findings include: 1. Observation on 9/18/24 at 10:05 a.m. of the kitchen revealed the sanitizing testing strips located by the three compartment sink had an expiration date of 3/15/21.  2. Interview on 9/18/24 at 10:06 a.m. with food service assistant (FSA) M revealed: *She used those same sanitizing testing strips located by the three-compartment sink to test the	S 106	1. Corrective action to residents affected:  On 9/18/24 - Placed new non expired strips in, for the 3 comp sink. - Removed all expired strips in the kitchen - Completed immediate education with Food Service Assistant (FSA) M. and Cook V.who were on duty. - On 9/19/24 EcoLab technician verified the Ultra San sanitizer was testing properly and educated dietary staff on proper use of test strips and WareWash machine usage.  2. Identify other potential Residents affected:  - All residents could have been affected.  3. Measures put into place or systemic changes made to ensure that will not recur:  - Implemented the use of a "Monitoring Use of Ecolab disinfectant Test Strips" form for staff to sign off on what the expiration date is of a cartridge when they replace it and the label in the cartridge holder on the wall. - All dietary staff were texted education and informed that prior to their next shift they would receive in person training on proper procedure for non-working dishwasher and education on non-expired test strips with return demonstration.	10/17/24

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

*Kimberly Sivertsen*

TITLE

Administrator

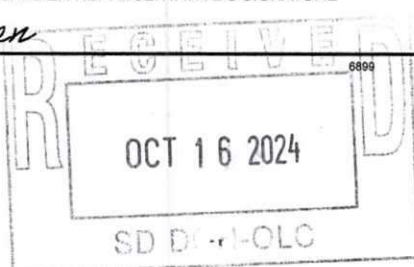
(X6) DATE

10/16/2024

STATE FORM

6KUY11

If continuation sheet 1 of 10



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S 106	<p>Continued From page 1</p> <p>red bucket of water and sanitizing solution to ensure the parts per million (PPM) was correct for effective sanitization. *That red bucket would be dumped out and new water and sanitizing solution would be put into it and tested. -That process was done in the morning, at noon, supper time, and whenever it was "terrible." *The sanitizing solution used was Oasis 146 Multi-Quat Sanitizer.</p> <p>3. Observation on 9/18/24 at 10:07 a.m. of the testing documentation of the red sanitizing bucket revealed it was completed at 10:00 a.m. that day.</p> <p>4. Observation and interview on 9/18/24 at 10:10 a.m. with cook L revealed: *She tested the sanitizing bucket at the 3-compartment sink and it tested at 10 ppm with the expired testing strips. -She confirmed the test strips were expired. -She emptied the bucket of sanitizing solution. -She then ran new water and sanitizer into the bucket, while priming the sanitizer to add more. -The bucket of sanitizing solution then tested and read at 400 ppm using the outdated testing strips.</p> <p>5. Interview and observation on 9/18/24 at 10:12 a.m. with Nutrition and Food Services Supervisor (NFSS) F regarding testing the sanitizing solutions revealed: *She stated the red bucket of sanitizing solution should test at 400 ppm. -That solution should be changed first thing in the morning, at 9:00 a.m., 1:00 p.m., 3:00 p.m., 4:30 p.m., 6:00 p.m., and as needed. -She confirmed the test strips used to test the red bucket of sanitizer were outdated. -She opened a drawer and pulled out a different box of test strips.</p>	S 106	<p>Continued From page 1</p> <p>- All staff were educated via PCC Communications with the following message. Kitchen staff must ensure all chemical test strips are NOT EXPIRED. This goes for the dishwasher and the 3 comp sink. See Business Office Manager (BOM)/Dietary Manager (DM) C. for education before start of your next shift. - By 10/11/24 will add to the TELS Service Provider a task for Director of Environmental Services to monitor weekly if a cartridge is near expiration and needs to be replaced. 4. How will the corrective action be monitored to ensure the deficient practice is being corrected and will not recur?  - Dietary manager or designee will complete audits on staff using the "Monitoring Use of Ecolab disinfectant Test Strips" form 1 time a week for 4 weeks, then 1 x monthly for 2 months with all audits taken to QAPI monthly until the facility demonstrates sustained compliance as determined by the committee.</p>	

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S 106	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-She confirmed those expired on May 15, 2024.</li> <li>-There were no other test strips available for use.</li> <li>*She stated the dishwasher temperature for washing and rinsing of dishes should be at 120 degrees Fahrenheit.</li> <li>-It tested at 120 degrees.</li> <li>-The disinfectant should be at 50 ppm.</li> <li>-She then tested the dishwasher sanitizer and it tested at 10 ppm.</li> <li>-She confirmed that was not a sufficient sanitizing solution to prevent food-borne illness.</li> <li>-The chemical used for sanitation in the dishwasher was Ulta San.</li> <li>*The dishwasher had been leaking water when used and repairs were completed on 9/17/24.</li> </ul> <p>6. Observation on 9/18/24 at 12:05 p.m. revealed the noon meal was served with Styrofoam plates, the drinks and desserts were served in multi-use dishware.</p> <p>7. Interview and observation on 9/18/24 at 1:35 p.m. with ancillary services supervisor E revealed:</p> <ul style="list-style-type: none"> <li>*He was attempting to repair the dishwasher.</li> <li>*There was a rack of trays on the clean side of the dishwasher that appeared to have been run through the dishwasher.</li> <li>*There was a rack of used pitchers on the dirty side of the dishwasher.</li> <li>*Numerous dirty cups and bowls from the noon meal were sitting on the counter.</li> </ul> <p>8. Interview and observation on 9/18/24 at 1:45 p.m. with cook L revealed:</p> <ul style="list-style-type: none"> <li>*The dishwasher was being tested for correct sanitizing chemical amount after each dishwashing cycle.</li> <li>-The sanitizer was correct for two cycles of dishwashing.</li> <li>*She then tested the dishwasher sanitizer and it</li> </ul>	S 106		

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S 106	<p>Continued From page 3</p> <p>tested at 0 ppm. *She stated it was not working and they would have to rewash or hand wash the dishes.</p> <p>9. Interview on 9/18/24 at 1:51 p.m. with NFSS F revealed testing of the dishwasher had been done "all day and has not changed" (the chemical sanitizing remained at 0 ppm).</p> <p>10. Observation on 9/18/24 at 1:52 p.m. of cook L revealed she filled the third compartment of the three compartment sink with water and sanitizer.</p> <p>Interview on 9/18/24 at 2:00 p.m. with cook L revealed: *The dishwasher sanitizer normally needed to be changed "about every three weeks". -She was usually the person to change it. *She had recently been on vacation and was not sure the last time it was changed.</p> <p>11. Interview on 9/18/24 at 2:50 p.m. with NFSS F revealed: *Anyone was able to change the sanitizer bucket. *She had placed an order for more sanitizer and it would be delivered on 9/20/24. *She had changed the test strips by the three compartment sink. -She was not aware they had an expiration date. -She stated she thought if the test strips expired, they should have turned a different color.</p> <p>12. Review of the provider's June 2024, July 2024, and August 2024 monthly cleaning log revealed:-*There was an area labeled "Chemical Dispensers". *That area was left blank.</p> <p>Review of the provider's documented Ultra San five-gallon bucket supply revealed:</p>	S 106		

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S 106	<p>Continued From page 4</p> <p>*On 9/7/23 the local school district had donated five buckets to the nursing home. *One bucket of Ultra San was delivered from the provider's chemical supplier on 11/24/23, 1/11/24, 4/25/24, and on 6/20/24. *The Safety Data Sheet for Ultra San revealed the ingredients were sodium hypochlorite and chlorine.</p> <p>Review of the provider's 1/10/24 Consultant Dietitian's Report revealed: *On the Sanitation and Safety area there was a hand written note that indicated, "Reviewed audit (business office manager/dietary manager) Conducted. See her report. Many issues identified that need correction." *Attached to that report was a document that included: -Sanitizing strips were expired and given to NFSS F. -The "Summarize potential cause." And "Summarize action taken" areas were left blank.</p> <p>Review of the provider's dishwasher operation manual revealed: *A handwritten note that indicated the dishwasher was installed on 11/30/12. **"Sanitizer in original concentration is caustic and may cause damage to wash tank and or sump without dilution." *The manual did not indicate the appropriate concentration to be used.</p> <p>Review of the contractor's service record on 9/17/24 revealed the dishwasher sanitizing solution was to be between 50-100 ppm, it was at 75 ppm.</p> <p>Review of the Oasis 146 Multi-Quat Sanitizer guidelines revealed:</p>	S 106		

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S 106	<p>Continued From page 5</p> <p>*The "solution's broad efficacy range of 150-400 ppm stays within proper longer." *It was EPA-registered (Environmental Protection Agency) for third sink sanitizing and on hard non-porous food-contact surfaces and ware. *It prevented cross-contamination of food contact surfaces.</p> <p>Review of the provider's Supervisor, Nutrition and Food Services job description revealed: **Assists in the training of new staff members and the development of existing staff members." **Ensure department meets all regulatory requirements." **Advises on the... and sanitation of food."</p> <p>Review of the provider's Manager, Nutrition and Food Services job description revealed: **Assists in the training of new staff members and the development of existing staff members. *Trains others on main considerations and issues related to laws and regulations in the implementation of healthcare and nutritional practices."</p> <p>Review of the provider's 6/25/24 General Sanitation - Food and Nutrition policy revealed: **Appropriate sanitizers and test strips can be ordered through (provider's supplier name)." **Director of food and nutrition services (DFN) or senior living dining director maintains a supply of appropriate test strips and thermometers to monitor sanitizing products in use." **Cleaning and sanitizing equipment surfaces is a two-step process. Surfaces are cleaned and rinsed before being sanitized. All food contact surfaces will be washed, rinsed and sanitized:"</p> <p>Review of the provider's 5/20/24 Sanitizing Food Contact Services - Food and Nutrition Services</p>	S 106		

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S 106	<p>Continued From page 6</p> <p>policy revealed:</p> <p>**Food-contact surfaces - The surface of equipment, worktables, dining tables dishware or utensils were food normally comes into contact, or from which food may drain, drip, or splash onto food or a surface that may come in contact with food."</p> <p>**Employees are trained during orientation on proper handling of all cleaning, disinfecting and sanitizing agents in use as well as the difference between disinfecting and sanitizing."</p> <p>**Monitor to ensure all products are correctly labeled and dated when opened."</p> <p>**Sanitizing solution: Mix sanitizing chemicals I the recommended concentration levels for proper concentrations measure in parts per million (ppm). High concentrations can be unsafe and may leave an odor or bad taste on the objects and corrode metals."</p> <p>**Check solution concentrations frequently with an appropriate test kit since they may become depleted when they kill microorganisms and bind with food."</p> <p>**Change the sanitizing solution when it becomes depleted or when the water is visibly dirty.</p> <p>Review of the provider's 3/25/24 Warewashing-Mechanical and Manual policy revealed:</p> <p>**To promote good practice during ware washing regarding prevention of foodborne illness.</p> <p>**Food and nutrition employees ensure that food preparation equipment, dishes and utensils are effectively cleaned, sanitized to destroy potential disease carrying organisms and stored in a protective manner."</p> <p>**Temperature information found below refers to temperatures listed in the FDA (Food and Drug Administration) Food Code and can be used for additional guidance as needed."</p>	S 106		

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S 106	Continued From page 7  -"Low Temp [temperature] - 120 degrees Fahrenheit + [plus] 50 parts per million (ppm) of sodium hypochlorite (or according to manufacturer's guidelines)." "If temperature/chemicals are outside acceptable parameters, employees notify the DFN,... before proceeding with ware washing.", **"Manual Ware Washing" **"Sanitize" -"c. Chemical Treatment --1) The third compartment of the three compartment sink will be filled with hot water (75 degrees Fahrenheit or per manufacturer's instructions.) Sanitizing solution will be measured and dispensed according to manufacturer's instructions. --2) A high concentration of sanitation solution may be potentially hazardous and can contaminate food. --3) Use proper test strips to ensure accurate results for the chemical use." -"7. Temperature and chemical concentration --a. Proper test strips and thermometers are available."	S 106		
S 296	44:70:04:04(1-11) Personnel Training  These programs must be completed within thirty days of hire for all healthcare personnel and must include the following subjects:  (1) Fire prevention and response; (2) Emergency procedures and preparedness, including responding to resident emergencies and information regarding advanced directives; (3) Infection control and prevention; (4) Accident prevention and safety procedures; (5) Resident rights; (6) Confidentiality of resident information;	S 296	1. Corrective action to residents affected - Employee L completed education and is in proper compliance as of 10/11/2024  2. Identify other potential Residents affected: - All residents had the potential to be affected by the deficient practice  3. Measures to put into place or systemic changes made to ensure that will not recur: - All reports for required education were checked to ensure any possible staff were due for education. - Clinical Learning and Development Specialist will run monthly reports to monitor annual training completion.	10/17/24



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S 296	<p>Continued From page 8</p> <p>(7) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; (8) Nutritional risks and hydration needs of residents; (9) Abuse and neglect; (10) Problem solving and communication techniques related to individuals with cognitive impairment or challenging behaviors if admitted and retained in the facility; and (11) Any additional healthcare personnel education necessary based on the individualized resident care needs provided by the healthcare personnel to the residents who are accepted and retained in the facility.</p> <p>Any personnel whom the facility determines will have no contact with residents are exempt from the training required by subdivision (8).</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, and policy review, the provider failed to ensure training was completed for fire prevention/response, emergency procedures/preparedness, infection control &amp; prevention, accident prevention and safety procedures, confidentiality of resident information, and abuse, neglect, misappropriation, and mistreatment, for one of six sampled employees (L). Findings include:</p> <p>1. Review of employee personnel records revealed: *Employee L was hired on 2/10/23. *There was no documentation she completed the</p>	S 296	<p>Continued From page 8</p> <p>4. Monitor process for the system change including frequency and person responsible: Business office manager or designee will complete audits on necessary orientation and annual Training/Education for three months with all audits taken to QAPI monthly until the facility demonstrates sustained compliance as determined by the committee.</p>	

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S 296	<p>Continued From page 9</p> <p>following education within the last year:</p> <ul style="list-style-type: none"> <li>-Fire prevention/response.</li> <li>-Emergency procedures/preparedness.</li> <li>-Infection control &amp; prevention.</li> <li>-accident prevention and safety procedures.</li> <li>-confidentiality of resident information.</li> <li>-abuse, neglect, misappropriation, and mistreatment.</li> </ul> <p>2. Interview and review of employee training records on 9/19/24 with business office manager/dietary manager C revealed:</p> <ul style="list-style-type: none"> <li>*They use an on-line training program and in-person training.</li> <li>*All staff are required to complete training annually.</li> <li>*She confirmed there was no documentation to support employee L had completed her annual training.</li> </ul> <p>3. Review of the provider's revised 9/17/24 Competency and Mandatory Education Requirements Policy revealed:</p> <ul style="list-style-type: none"> <li>**Mandatory Education:</li> <li>-Education that is required for specific roles, departments, or for all employees. Mandatory education and other ongoing education maintains and improves competency.</li> <li>-Competency Achievement and mandatory education requirements are required to be documented and are reviewed as part of the performance appraisal process."</li> </ul>	S 296		