

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

PRINTED: 07/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435079	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2023
NAME OF PROVIDER OR SUPPLIER UNITED LIVING COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 405 FIRST AVE BROOKINGS, SD 57006	
(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	F 000		
F 804 SS=D	<p>A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 6/27/23 through 6/29/23. United Living Community was found not in compliance with the following requirements: F804 and F812.</p> <p>Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2)</p> <p>§483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to preserve the nutritive value of pureed foods by thinning the food items with plain water. Findings include:</p> <p>1. Observation and interview on 6/29/23 at 1:35 p.m. to 1:50 p.m. with cook F while he was preparing pureed foods in the kitchen revealed: *The menu for supper was changed to a cold meal. *He had prepared coleslaw, deli turkey sandwiches, and fruit. *To prepare the pureed foods, he added about 1/2 cup coleslaw and about 1/4 to 1/3 cup water to the blender. *He said the goal texture was about mashed potato consistency.</p>	F 804	<p>F 804 Action Items</p> <p>1. CMS Kitchen and Dining Observation - Critical Element Pathways will be completed monthly by the Dietary Manager, Dietary Assistant Manager or Administrator. Data will be collected and analyzed monthly via QAPI indefinitely.</p> <p>2. In-service training to be completed with all dietary staff no later than August 1, 2023. This training will include proper preparation of pureed foods to ensure nutritive value is maintained. Annual dietary in-service training will include general education on dysphagia level diets. In addition to the above in-service training, the Dietary Manager will complete weekly food prep audits to make sure cooks are using the pureed foods recipes correctly. This will be completed for 4 weeks and then monthly for 3 months. Results to be presented in the monthly QAPI meetings for 1 quarter. Quality food prep audits will continue to be completed by the Dietary Manager or Dietary Assistant Manager weekly, indefinitely.</p>	8.1.2023

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

TITLE

(X6) DATE

Elizabeth Mosena DeBerg

Administrator

July 21, 2023

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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NAME OF PROVIDER OR SUPPLIER UNITED LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 405 FIRST AVE BROOKINGS, SD 57006
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F 804	<p>Continued From page 1</p> <p>*After blending the coleslaw for about thirty seconds, he added more water. -The end result was a smooth blended coleslaw mixture. Water had separated from the mixture. *To puree the sandwich, he placed about six slices of deli turkey meat and about two cups of water in the blender. *He said they used to have a specific powder to make pureed bread, but he usually made mashed potatoes in place of the pureed bread. *He had been working at the facility for about three years. A former cook had trained him on how to prepare the pureed foods using water. *He had never been re-trained or re-educated on how to prepare pureed foods. *Their annual dietary training had not included topics on how to properly prepare pureed foods.</p> <p>Interview on 6/29/23 at 2:44 p.m. with certified dietary manager (CDM) C about preparing pureed foods revealed: *They used to have a poster in the dietary office in the kitchen about how to make mechanically altered foods, but she could not locate that poster. *New cooks were trained by staff who were ServSafe certified, herself, or their registered dietitian. *The cooks were responsible for preparing the pureed foods. *She said it was her understanding that it was acceptable to prepare pureed foods with plain water.</p> <p>Review of the provider's 2015 Diet and Nutrition Care Manual revealed: *The section for "Dysphagia Puree (Level 1) Diet" had not included guidelines on how to puree foods.</p>	F 804	<p>3. The Dietitian, Dietary Manager, and Chief of Human Resources will develop a new training checklist for all positions within dietary by Friday July 21, 2023. Preparing pureed foods will be included on the food service employee new hire orientation training checklist. All dietary employees will be competency based retrained on the updated checklists by August 1, 2023, and annually thereafter.</p> <p>4. All data will be collected, aggregated, and reviewed monthly at our QAPI meeting with a Performance Improvement Plan (PIP) completed as necessary based on findings.</p>	8.1.2023

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F 812 SS=E	<p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§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.</p> <p>§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, and policy review, the provider failed to maintain the following kitchen equipment in a clean and sanitary manner: -One of one grease trap drawer under the flattop grill. -One of one catch tray under the gas stove. -One of two ovens which was under the gas stove. -The floor in the walk-in freezer. -Four of four dishwashers. -The cupboard space under one of one sink in the Robin's View kitchenette. Findings include: 1. Observation on 6/28/23 from 2:50 p.m. to 3:21</p>	F 812	<p>1. Daily, weekly, and monthly cleaning checklists have been made to address the following, but not limited to grease trap drawer, catch tray, ovens, walk-in freezer floor, cupboard space under sinks, dishwasher grime/mineral and lime build-up. Completed by the Administrator and Dietary Manager by Friday July 21, 2023. All dietary employees will be trained on the above referenced checklists by August 1, 2023.</p> <p>2. The Department of Health kitchen/food service observation sheet will be completed weekly by the Administrator, Dietary Manager, or Assistant Dietary Manager weekly for 12 weeks and if in compliance QAPI will determine the frequency moving forward.</p>	8.1.2023

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F 812	<p>Continued From page 3</p> <p>p.m. in the main kitchen revealed:</p> <p>*There was mineral and grime buildup on the dishwasher in the following areas:</p> <ul style="list-style-type: none"> -On the outside doors of the dishwasher, and on top of the dishwasher. -The door seams. -The inside surfaces of the doors. <p>*The floor in the freezer was littered with dirt, food crumbs, food wrappers and containers, and black skid marks.</p> <p>*The grease trap drawer under the flattop grill was filled with a thick layer of black burnt-on food and grease, food particles, and burnt noodles.</p> <ul style="list-style-type: none"> -The drawer was difficult to open because of the amount of grease buildup. <p>*The catch tray that slides out from under the gas stovetop was covered with burnt food bits, rust, and dried noodles.</p> <p>*The oven located under the gas stovetop was rusty, had unknown white dried stains, and burnt food crumbs all over it.</p> <p>Interview on 6/28/23 at 3:21 p.m. with cook E about the normal cleaning practices revealed:</p> <p>*The maintenance department was responsible for deliming the dishwasher.</p> <p>*Most of the deep cleaning tasks were performed on the weekends.</p> <p>*There was no set checklist or cleaning schedule for dietary staff to follow.</p> <ul style="list-style-type: none"> -The dietary manager would inform the cooks what areas and equipment needed cleaning on a particular weekend. <p>*The floors in the kitchen were swept and mopped at least daily.</p> <p>*She was not aware the last time the following items were cleaned:</p> <ul style="list-style-type: none"> -The freezer floor. -The grease trap drawer and catch tray. 	F 812	<p>3. Kitchen sanitation checklists will be completed weekly by the Administrator, Dietary Manager or Assistant Dietary Manager for 12 weeks. If in compliance will continue to be completed weekly by the Dietary Manager or Assistant Dietary Manager and move to monthly by the Administrator.</p> <p>4. The facilities team will clean all dishwashers using chemicals for lime build-up every 1500 hours of use. This is based on the Delimer Instructions for our LXi series dishwashers. The Director of Facilities will monitor for when it is time to delime.</p> <p>5. All ovens have been cleaned by the Facilities Team.</p> <p>6. Robinsview – cupboard under the sink has been cleaned and cleared of all materials.</p> <p>7. All data will be collected, aggregated, and reviewed monthly at our QAPI meeting and action PIP completed as necessary based on findings.</p>	8.1.2023

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F 812	<p>Continued From page 4</p> <p>-The oven that was under the gas stovetop. --Staff had not used that oven to prepare food.</p> <p>2. Observation on 6/28/23 at 4:02 p.m. in the Robin's View kitchenette revealed: *The cupboard under the sink was unlocked and anyone could have accessed it. *The dishwasher chemicals were stored under the sink. *There was a strong musty smell coming from under the sink. *There was moisture buildup, standing water, and what looked like black fuzzy mold spots all over the cupboard. *There was a white box affixed to the back of the cupboard that was warped from moisture. *There were several moist blue towels sitting in a pile under the sink. *The dishwasher door hinges were covered in mineral and grime buildup. -The door seams were covered in white mineral and grime buildup, and an unknown black substance. *There was a thin layer of white mineral and grime buildup inside the dishwasher, under the heating elements.</p> <p>Interview on 6/28/23 at 4:42 p.m. with dietary aide G and at 5:05 p.m. with dietary aide H about the dietary department cleaning duties revealed: *The dietary aides were responsible for cleaning the kitchenettes after each meal. *Cleaning duties included sweeping, mopping, cleaning countertops and tables, and washing resident dishes in the dishwasher. *The maintenance department was responsible for cleaning the dishwasher.</p> <p>3. Interview on 6/29/23 at 11:40 a.m. with certified</p>	F 812		

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F 812	<p>Continued From page 5</p> <p>dietary manager (CDM) C about her expectations for kitchen cleanliness revealed:</p> <ul style="list-style-type: none"> *The maintenance department was in charge of delimiting all the dishwashers once a week. *Her staff were responsible for cleaning the dishwasher at the end of each day by draining the dishwasher and using a brush to clean the grates and food catchers. *She would verbally assign deep cleaning tasks for the cooks to perform on the weekends. *There were no cleaning schedules or task lists for staff to follow. *She was aware that the cupboard under the sink in the Robin's View kitchenette had moisture issues. -The dishwasher chemical hookups would sometimes overflow and liquid would sit under the sink for extended periods of time. -The dietary staff would wipe up the spills "every so often." <p>Interview on 6/29/23 at 1:46 p.m. with cook F about the cleanliness of the walk-in freezer revealed:</p> <ul style="list-style-type: none"> *He agreed the floor in the walk-in freezer was dirty. *He indicated it had been several months since it was last cleaned. -They had a special chemical for mopping the freezer floor. <p>4. Interview on 6/29/23 at 2:30 p.m. with director of environmental services D about the dishwashers revealed:</p> <ul style="list-style-type: none"> *He scheduled his staff to clean and delimit the dishwashers once per month. *The smaller dishwashers in each of the kitchenettes had a feature that would indicate when it was time to delimit the machines. 	F 812		
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F 812	<p>Continued From page 6</p> <p>-He stated that the smaller dishwashers were to have been delimed every 1,500 running hours according to the manufacturer's guidelines.</p> <p>-There was an indicator part inside of the dishwasher that was brittle and easily broken if the smaller dishwashers were delimed more often than monthly.</p> <p>Interview on 6/29/23 at 2:59 p.m. with CDM C revealed they had not cleaned the walk-in freezer floor since last winter.</p> <p>5. Review of the provider's 2021 "Food Receiving and Storage" policy revealed: *The policy statement read, "Food shall be received and stored in a manner that complies with safe food handling practices." *Under the "Policy Interpretation and Implementation" section: -"1. Food services, or other designated staff, will maintain clean food storage areas at all times."</p> <p>Review of the provider's 2021 "Sanitization" policy revealed: *The policy statement read, "The food services area shall be maintained in a clean and sanitary manner." *Under the "Policy Interpretation and Implementation" section: -"1. All kitchens, kitchen areas and dining areas shall be kept clean, free from litter and rubbish..." -"2. All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks and chipped areas that may affect their use or proper cleaning. Seals, hinges and fasteners will be kept in good repair." -"16. Kitchen and dining room surfaces not in contact with food shall be cleaned on a regular</p>	F 812		

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F 812	<p>Continued From page 7</p> <p>schedule and frequently enough to prevent accumulation of grime." -"17. The food services manager will be responsible for scheduling staff for regular cleaning of kitchen dining areas. Food service staff will be trained to maintain cleanliness throughout their work areas during all tasks, and to clean after each task before proceeding to the next assignment."</p> <p>Review of the provider's electronic maintenance task history revealed the dishwashers had been delimed on a monthly basis from 1/1/22 to 6/29/23.</p> <p>Review of the manufacturer's instruction booklet for the smaller dishwashers located in the kitchenettes revealed: *Under the "CLEANING" section on page 17: -"3. ...When cleaning the inside of the door, be sure to wipe the lip at the bottom of the door." *Under the "DELIMING" section on page 19: -"DELIME THE DISHWASHER ON A REGULAR BASIS AS REQUIRED. The regularity will depend on mineral content of the supply water." -"Deliming should be done when you can see clear signs of lime deposits (a white, chalky substance) on the inside walls and on the wash arms." *There were no recommendations for frequency of deliming.</p> <p>Review of the manufacturer's instruction booklet for the main dishwasher in the kitchen revealed: *Under the "DELIME INSTRUCTIONS" on page 27: -"...Delime is also necessary if deposits are visible inside or outside of the machine." *There were no recommendations for frequency</p>	F 812		

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E 000	<p>Initial Comments</p> <p>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 6/27/23 through 6/29/23. United Living Community was found in compliance.</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Elizabeth Mosena DeBerg

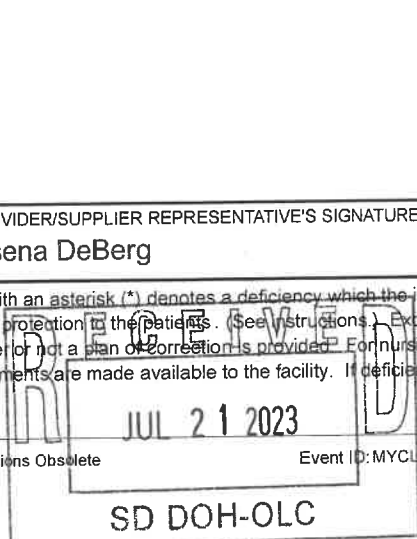
TITLE

Administrator

(X6) DATE

July 21, 2023

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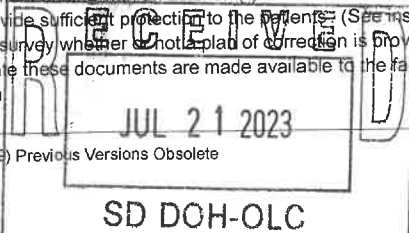
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K 000	<p>INITIAL COMMENTS</p> <p>A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 6/27/23. United Living Community was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Elizabeth Mosena DeBerg	TITLE Administrator	(X6) DATE
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South Dakota Department of Health

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NAME OF PROVIDER OR SUPPLIER UNITED LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 405 1ST AVE BROOKINGS, SD 57006
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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) COMPLETE DATE
S 000	<p>Compliance/Noncompliance Statement</p> <p>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 6/27/23 through 6/29/23. United Living Center was found in compliance.</p>	S 000		

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

Elizabeth Mosena DeBerg

TITLE

Administrator

(X6) DATE

STATE FORM

6859

CER211

If continuation sheet 1 of 1

