STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41965	A. BUILDING: _____ B. WING _____	09/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEYBROOK SUITES	420 21ST STREET SW HURON, SD 57350

(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	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 9/6/23 through 9/7/23. StoneyBrook Suites was found not in compliance with the following requirements: S130, S200, S337, and S450.	S 000	1. QA committee will consist of Administrator, asst admin, VP Oerations. All staff will be counseled and inserviced on October 10, 2023 at staff meeting. All staff will be instructed on proper handwashing technique and proper use of hand sanitizer when handling soiled laundry. Random QA's will be completed by asst admin 3x weekly on staff doing laundry to ensure compliance. Asst admin will report findings weekly to administrator for 1 month and QA committee monthly. QA committee will review monthly until deemed no longer necessary.	10/10/23
S 130	44:70:02:09 Infection prevention and control The infection prevention and control program shall utilize the concept of standard precautions as the basis for infection prevention and control. Bloodborne pathogen control shall be maintained according to the requirements contained in 29 C.F.R. 1910.1030, July 1, 2006. The facility shall designate an employee to be responsible for the implementation of the infection prevention and control program including monitoring and reporting activities. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview the provider failed to ensure hand hygiene and glove use were performed by one of one sampled resident assistant (RA) D during laundry service for four of four sampled residents (#7 and 3 unknown residents). Findings include: 1. Observations on 9/7/23 at 8:25 a.m. through 11:12 a.m. with RA D providing laundry service to residents in their rooms revealed the following: *She had not performed hand hygiene prior to putting on gloves to handle resident 7's soiled laundry. *She had not changed gloves prior to putting resident 7's soiled laundry in the washing	S 130	Addendum: Administrator will do staff education at inservice. Staff that are unable to attend inservice will arrange time to come in and go over education with assistant admin. Education will include hand hygiene related to soided laundry, clean laundry and glove usage. Three staff members will be observed by assistant admin weekly for 1 month. ALaundry policy was reviewed and update on 10-4-23. SS 10-4-23	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sara Schweigert | TITLE: Administrator | (X6) DATE: 10-4-23

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S 130	Continued From page 1 machine and then handled another unknown residents' clean laundry. *She did not perform a glove change or hand hygiene prior to handling two other unknown resident's clean laundry. *There were hand sanitizer dispensers located in the laundry room. *She had not performed hand hygiene throughout the entire observed laundry service. Interview on 9/7/23 at 11:15 a.m. with RA D regarding the above observations revealed: *She was educated on how to complete the laundry service by a staff person who had been there longer but did not have any formal training on the appropriate infection control practices in laundry service. *She was not aware of any policy or procedures on how to handle resident's laundry. *She "sometimes sanitizes her hand between glove changes but not all the time". Interview on 9/7/23 at 2:08 p.m. with administrator A revealed, that she expected staff to sanitize their hands between each glove change and that a glove change should have occurred prior to touching another resident's clean laundry.	S 130		
S 200	44:70:03:01 General fire safety Each facility must meet applicable fire safety standards in NFPA 101 Life Safety Code, 2012 edition. An automatic sprinkler system is not required in existing facility unless significant renovations or remodeling occurs, provided that any existing automatic sprinkler system must remain in service. An attic heat detection system is not required in an existing facility unless	S 200		

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S 200	Continued From page 2 significant renovations or remodeling occurs. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to ensure the requirements of the 2012 NFPA Life Safety Code in reference to the 2011 NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems were met. Findings include: 1. Review of the provider's automatic sprinkler system inspection reports on 9/6/23 at 1:30 p.m. revealed a five-year obstruction inspection fire sprinkler report was not available. 2. Review of the provider's automatic sprinkler system inspection reports on 9/6/23 at 1:30 p.m. revealed the dry sprinkler system serving the attic area had not met system trip test time requirements during the last test. 3. Review of the provider's automatic sprinkler system inspection reports on 9/6/23 at 1:30 p.m. revealed the system quick response sprinkler heads required testing in 2019, but had not yet been tested. 4. Review of the provider's automatic sprinkler system inspection reports on 9/6/23 at 1:30 p.m. revealed the sprinkler system gauges were last changed in 2014. Gauges should have been calibrated or changed every five years. Interview with administrator A on 9/6/23 at 3:30 p.m. confirmed the above findings.	S 200	1. Maintenance scheduled building sprinkler to complete this on 10/20/23. Addendum: Five year obstruction inspection was completed on 9-26-23 SS 10-4-23 2. Buiding sprinkler completed this on 9/26/23. Addendum: Trip test was done on 9-26-23. SS 10-4-23 3. Maintenance scheduled buidling sprinkler to complete this on 10/20/23. Addendum: The sprinkler heads are out to be tested and results will be addressed by 10-20-23 SS 10-4-23 4. Maintenance scheduled building sprinkler to complete this on 10/20/23. Addendum: Gauges were replaced on 9-26-23. SS 10-4-23 Addendum: Maintenance supervisor was eductated on 9-26-23 by building sprinkler to ensure inspections are done to meet requirements. Assistant Admin will audit maintenance to ensure requirements will be met in the future. SS 10-4-23	10/20/23

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S 337	Continued From page 3	S 337	1-5. All medication aides will be counseled and inserviced via all staff meeting inservice. Staff will be instructed on self-administration of insulin to include allowing resident to prime pen and set of dose of insulin prior to self-administration. Random QA's will be completed on med aides by administrator 3x weekly observing staff monitor ing resident self administering insulin. Administrator will report any findings to VP Operations weekly for 1 month and QA committee monthly or until deemed no longer necessary.	10/10/23
S 337	44:70:04:11 Care policies Each facility shall establish and maintain policies, procedures, and practices that follow accepted standards of professional practice to govern care, and related medical or other services necessary to meet the residents' needs. 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 their policy for insulin administration had been followed by one of two unlicensed medication aides (UMA) (C) for two of two sampled residents (1 and 4) who had not allowed the residents to prime their own insulin pen devices and set the dose of insulin for self-administration. Findings include: 1. Observation and interview on 9/6/23 at 11:05 a.m. with UMA C regarding resident 1's insulin administration revealed: *Resident 1 had a physician's order for Novolin R insulin 3 units daily. *UMA C primed the insulin pen with two units of insulin. -She dispensed the two units of insulin into the resident's sink. -She then set the insulin pen to three units and handed it to resident 1. *Resident 1 used an alcohol pad to sanitize her abdomen. -She injected the insulin pen into her abdomen and held it in for five seconds. -She handed the insulin pen back to UMA C. *UMA C stated that was her normal practice for resident insulin administration. 2. Observation and interview on 9/6/23 at 11:14	S 337	Addendum: Administrator will inservice all staff on 10-10-23. Education will include policy for insulin administration. Staff that are unable to attend inservice will set up alternate time to receive education. Three med aide audits will be done weekly x1 month. Then one med aide weekly x1 month, then one quarterly until no longer necessary. Education will be documented in the Yearly Staff Inservice book. SS 10-4-23	

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S 337	Continued From page 4 a.m. with UMA C regarding resident 4's insulin administration revealed: *Resident 4 had a physician's order for Humalog Kwik injection twice a day sliding scale. *UMA C primed the insulin pen with two units of insulin. -She dispensed the two units of insulin into the resident's sink. -She then set the insulin pen to six units and handed it to resident 4. *Resident 4 used an alcohol pad to sanitize his abdomen. -He injected the insulin pen into his abdomen and held it in for five seconds. -He handed the insulin pen back to UMA C. *UMA C reviewed resident 4's electronic medical record. -She read an instruction that stated, "Caregiver may not fill set the dose on the insulin pen and may not administer insulin." -She stated she was unaware of that practice for insulin injections. 3. Record review and interview on 9/6/23 at 4:50 p.m. with UMA C revealed: *Residents 1 and 4 had self-administration orders for their insulin. *She received clarification from the administrator on the insulin administration after the surveyor questioned her. *She agreed residents should have been able to administer their own insulin, which included them priming the insulin pen and setting the insulin dose prior to giving themself the injection. 4. Interview on 9/7/23 at 1:15 p.m. with administrator A regarding residents' self-administration of insulin revealed: *She had re-educated UMA C on resident self-administration of insulin after the surveyor	S 337		

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S 337	Continued From page 5 questioned the process. *Residents needed to manage their own blood sugar levels and insulin administration. *Staff should have only supervised residents with their self-administration of insulin. *Her expectation was for staff to follow the policy for insulin administration. 5. Review of the provider's undated policy for insulin administration revealed: *"Caregivers may not fill syringe and may not administer insulin. *All residents that live at [provider's name] must be able to administer their own insulin... *10. If using an insulin pen- the resident must prime the needle by turning the dial to two units and pushing the button. You should see a drop of insulin on the needle. *11. Tell the resident the ordered dose and have them dial it up. Make sure you are checking the pen to ensure they have dialed the correct dose before administering."	S 337		
S 450	44:70:06:01 Dietetic services The facility shall have an organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored, prepared, distributed, and served in a manner that is safe, wholesome, and sanitary in accordance with the provisions of §44:70:02:06. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to ensure a food thermometer used for	S 450		

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S 450	Continued From page 6 testing temperatures of the food prior to distribution had been properly sanitized between each use by one of one dietary manager (DM) B. Findings include: 1. Observation and interview on 9/6/23 from 11:45 a.m. through 12:00 p.m. with DM B during the noon meal service revealed: *She pulled a thermometer out of a cup that was half full of a salt-like substance. *She did not sanitize the thermometer probe prior to placing the probe in roast beef. *She did not sanitize three other thermometer probes and placed each probe into the containers of mashed potatoes, gravy, and peas respectively. *She stated there was no policy on taking the temperatures of food. *She would normally sanitize the thermometer prior to its use and after she completed temping all the food that was to have been served to the residents. *She stated that she had not realized she had not sanitized the thermometer in between placing it into each food item. Interview on 8/31/23 at 8:45 a.m. with floor supervisor C revealed she: *Would work in the kitchen for DM B when she was out of the facility. *Stated that the thermometer should have been sanitized between taking the temperatures of each of the food items to ensure there had been no cross-contamination. Interview on 8/31/23 at 9:45 a.m. with administrator A revealed she expected staff to sanitize the thermometer between each food item when checking the temperatures during meal preparation and service. The thermometer should	S 450	1.All staff will be counseled and inserviced on on 10/10/23 via all staff in-service. Staff will be instructed on how to properly sanitize food thermometer between each use when testing food temperatures to ensure no cross contamination. Random QA's will be completed by asst admin 3x weekly on ensuring proper sanitizing of the food thermometer between each use. Asst admin will report any findings to the administrator weekly for 1 month and review quarterly until no longer necessary. Addendum: Staff education will be done by administrator. Staff who are unable to attend inservice will arrange alternate time to receive education. Three staff members will be observed by assistant admin weekly. Then one weekly x 1 month. Then quarterly until no longer necessary. SS 10-4-23	10/10/23

South Dakota Department of Health

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S 450	Continued From page 7 have been sanitized with an alcohol pad between each food item to ensure no cross-contamination had occurred.	S 450		

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S 000	Compliance Statement A revisit survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers was conducted on 10/26/23 for deficiencies cited on 9/7/23. All deficiencies have been corrected, and no new noncompliance was found. Stoneybrook Suites is in compliance with all regulations surveyed.	S 000		

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