

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

PRINTED: 02/01/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/29/2022
NAME OF PROVIDER OR SUPPLIER KADOKA NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 605 MAPLE ST W KADOKA, SD 57543	
(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 12/27/22 through 12/29/22. Kadoka Nursing Home was found not in compliance with the following requirement: F812.	F 000		
F 812 SS=D	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, and policy review, the provider failed to ensure appropriate hand hygiene and glove use to prevent cross-contamination in the handling of ready to eat foods during one of one meal service with one of one cook (E). Findings include:	F 812	The dietary manager or designee will review and revise the policy and procedure for Hand Hygiene and Glove use in the Kitchen. The COO/Dietary Manager will conduct a mandatory in-service on "Hand Hygiene and Glove use in the Kitchen". Cook E attended the ServeSafe course, tested and passed the exam on 1/10/2023. The COO/Dietary Manager will monitor hand hygiene and glove use in the kitchen 3 random times weekly for 4 weeks, then weekly for three months and report findings to the quality assurance process improvement team monthly for 4 months for further recommendation.	1/26/2023

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

TITLE

(X6) DATE



CEO

2-2-2023

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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F 812	Continued From page 1 1. Observation and interview on 12/27/22 from 4:33 p.m. through 5:20 p.m. of the supper meal revealed: *Beginning at 4:33 p.m. with gloves on completed the following food preparation tasks, he: -Used gloved hands obtained a knife from drawer and started cutting a grilled cheese sandwich. -Placed the grilled cheese sandwich on plate and with same gloved hands adding crackers and cookies to plate. -Used utensils to serve soup and dish up cauliflower out of a pan and placed on same plate. -Handed the plate to his co-worker. -Looked out to the dining room to see who to serve next as he leaned on countertops and top of the microwave with gloved hands. -Touched drawers to get utensils out, used a pen to write on a sticky note and touched his mask. -Continued to touch the grilled cheese sandwiches, cookies and crackers with the same gloved hands along with utensils for soup and cauliflower to serve the residents. -Served 5 more plates then got tongs out for the grilled cheese sandwiches. -Opened the microwave and placed two small containers of pureed cauliflower in it with same gloved hands. -Touched the controls on the microwave to heat the containers. -Removed the containers and placed them on the plate. -Grabbed another bowl to heat the pureed soup in. -Touched the microwave controls to heat the soup. -Removed soup from the microwave. -Grabbed a bowl and used a utensil to fill it with	F 812			

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F 812	<p>Continued From page 2</p> <p>soup. -Placed It on a plate and handed it to a co-worker. -Leaned on countertops and top of the microwave to look out into the dining area. -Continued to use the same gloves to serve cookies, crackers and plates until all residents were served. -Removed the gloves he had used from start of serving the meal, touching objects, removed the gloves without washing his hands.</p> <p>Interview with Cook E on 12/27/22 at 5:20 p.m. revealed: *He was hired in March of 2022. *His dietary trainings were completed upon hire. *He agreed, by nodding his head and verbalizing he should not have touched contaminated surfaces and then continue to serve food without sanitizing and changing his gloves.</p> <p>Review of Cook E's training records revealed he: *Completed "Competencies for Food and Nutrition Services Employees" on 9/8/22. *Completed "Hand Washing Competency" on 10/18/22. *Was working towards getting Servsafe certified.</p> <p>Interview on 12/29/22 at 4:06 p.m. with Chief Operations Officer (COO) A revealed: *The Dietary Manager (DM) was on vacation. *Trainings for dietary staff included Relias and Association of Nutrition & Foodservice Professionals (ANFP) upon hire and annually. *Monitoring of staff included the DM and COO overseeing. *Discussion in Quality Assurance Performance Improvement (QAPI) from DM and any individual training that was needed. *COO A agreed Cook E should not have</p>	F 812			

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F 812	Continued From page 3 continued to use soiled gloves to serve food to the residents. Review of the Facility's undated Hand Hygiene and Glove use in the Kitchen policy revealed: **Objective: To ensure that all residents, residents' family or friends, and staff are receiving ready to eat food under sanitary conditions. To reduce as possible transmission of harmful bacteria to any resident, residents family or friends, or staff that may eat in the facility." **Procedure:" -"Policy for Glove use: --1. Wash hands properly before and after wearing or changing to a new pair of gloves" --"b. If gloves become contaminated or visbly soiled dispose of properly and re glove following the proper steps of hand washing" --"4. When wearing gloves work from clean surfaces to dirty surfaces"	F 812			

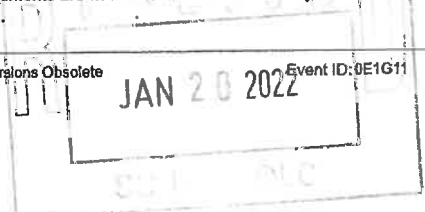
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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E 000	Initial Comments A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care Facilities, was conducted from 12/27/22 through 12/29/22. Kadoka Nursing Home was found in compliance.	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE CEO (X6) DATE 1-20-2023

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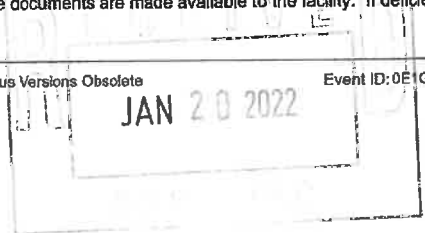
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NAME OF PROVIDER OR SUPPLIER KADOKA NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 605 MAPLE ST W KADOKA, SD 57543		
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K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 1/6/23. Kadoka Nursing Home was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000			

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

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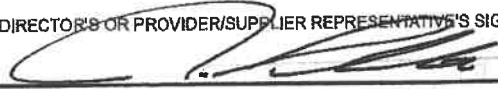
South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10637	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2023
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NAME OF PROVIDER OR SUPPLIER KADOKA NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 605 MAPLE ST W POST OFFICE BOX 310 KADOKA, SD 57543
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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 12/27/22 through 12/29/22 and on 1/6/23. Kadoka Nursing Home was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 12/27/22 through 12/29/22. Kadoka Nursing Home was found in compliance.	S 000		

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



TITLE

CEO

(X6) DATE

1-20-2023

STATE FORM

M6QN11

If continuation sheet 1 of 1

