

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 54366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2023
NAME OF PROVIDER OR SUPPLIER STONEBROOK SUITES		STREET ADDRESS, CITY, STATE, ZIP CODE 4501 E PAMPAS SIOUX FALLS, SD 57110		
(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 8/29/23 to 8/31/23. StoneyBrook Suites was found not in compliance with the following requirements: S105, S325, and S450.	S 000		
S 105	44:70:02:06 Food service Food service shall be provided by a licensed facility or food service establishment that is inspected by a local, state, or federal agency. The facility shall meet the safety and sanitation procedures for food service in §§44:02:07:01, 44:02:07:02, and 44:02:07:04 to 44:02:07:95, inclusive, in the Food Service Code. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to ensure water damage to the cabinet shelves under two of two sinks had been repaired in one of one kitchen. Water had penetrated the particle board of two of two cabinets and caused those boards to deteriorate and create a black mold-like residue. Findings include: 1. Observation and interview on 8/29/23 at 10:35 a.m. with dietary manager (DM) B in reference to both sinks in the kitchen revealed: *The cabinet shelf under the hand sink in the kitchen had a brown water stain on it. *The cabinet shelf under the kitchen sink had	S 105	1. The facility maintenance personnel will repair all cabinet storage to ensure the facility meets the safety and sanitation procedures for food service with cement board and a new base by October 5th, 2023. The Dietary Manager will be responsible to monitor and review the safety and sanitation of the cabinet storage as well as the cleaning schedule monthly. The Dietary Manager will document any concerns on the monthly safety checks and report the results to the Assistant Administrator to coordinate any concerns or repairs as needed. The Assistant Administrator will report any findings to the Administrator and Quality Assurance Committee (QA committee: General Manager, Administrator and Assistant Administrator) monthly and the QA Committee will review quarterly or until deemed no longer necessary.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Jody L. Elton, Administrator

TITLE

(X6) DATE
9/20/2023

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 54366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2023
NAME OF PROVIDER OR SUPPLIER STONEBROOK SUITES		STREET ADDRESS, CITY, STATE, ZIP CODE 4501 E PAMPAS SIOUX FALLS, SD 57110		
(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 105	Continued From page 1 brown water stains and a hole in the bottom of the cabinet. *Further observation revealed the boards were covered with a black mold-like residue. *The DM stated that the cupboards had been that way since she started working at the facility in 2019. *She stated that the management had known the cupboards needed to be repaired. Interview on 8/30/23 at 1:30 p.m. with administrator A regarding the above observation and interview revealed; that the cupboards had been repaired after the last licensure survey in 2019. Interview on 8/31/23 at 9:45 a.m. with floor supervisor C regarding the kitche cabinet shelves revealed: *Staff had known not to have placed any items in those cupboards. *The cupboards were supposed to have been repaired and she had no idea why they had not been repaired.	S 105		
S 325	44:70:04:09 Disease prevention Each facility shall provide an organized infection control program for preventing, investigating and controlling infection. The facility shall establish written policies regarding visitation in the various services and departments of the facility. Any visitor who has an infectious disease, who has recently recovered from such a disease, or who has recently had contact with such a disease shall be discouraged from entering the facility. This Administrative Rule of South Dakota is not met as evidenced by:	S 325		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 54366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STONEBROOK SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 4501 E PAMPAS SIOUX FALLS, SD 57110
--	---

(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 325	<p>Continued From page 2</p> <p>Based on observation, interview, and policy review, the provider failed to ensure three of three observed staff (E, F, and C) had performed proper hand hygiene prior to or after assisting four randomly observed residents (1, 7, 8, and 9) with care in their rooms. Findings include:</p> <p>1. Observation and interview on 8/30/23 at 9:45 a.m. with unlicensed assistive personnel (UAP) E assisting resident 1 with urostomy (an opening for urine collection) catheter care revealed: *UAP E performed the following: -Entered the resident's room and put on gloves she had carried into the room without first sanitizing or washing her hands. -Announced she was there to sanitize her urostomy catheter bag. -Entered the bathroom, took the urostomy catheter bag that had been hanging from a grab bar next to her sink, and placed a pre-mixed solution of vinegar water into the tubing and urostomy bag. -Attached the urostomy bag by the catheter hook over the shower grab bar. The urostomy catheter tubing then fell onto the floor with the connection piece resting directly on the shower floor. -Left the shower area and went to put away the supplies she had used. *When UAP E was questioned about the connection end piece that rested on the shower floor, she took an alcohol wipe, wiped off the connection end piece, moved it off of the floor and then removed her gloves without sanitizing her hands. *She agreed the connection piece that rested on the shower floor could have been a source of contamination to resident 1. *She discarded her used gloves into the resident's bathroom garbage can. *UAP E then walked to the resident's kitchen area</p>	S 325	<p>1. All staff will be counseled and Inservice on September 20th, 2023 via an All Staff Inservice and education meeting. The staff will be instructed on the standard practice related to facility's Handwashing policy and procedures.</p> <p>Assistant Administrator will review Handwashing procedures for each employee through education, demonstration and checklist acknowledgement by October 14th, 2023.</p> <p>All resident care plans with Catheter and Urostomy will be reviewed by RN's by October 14th, 2023. All policies and procedures with Catheters or Urostomies were reviewed with staff at the All Staff Inservice and Education on September 20th, 2023. Staff education and demonstrations were provided as well as a staff acknowledgement of information.</p> <p>Random QA's of proper Handwashing Procedures will be completed by Administrative Assistant monthly to ensure that staff members are completing proper handwashing. Administrative Assistant will report any findings to the Administrator and QA committee. QA Committee will review quarterly or until deemed no longer necessary.</p>	

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 54366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2023
NAME OF PROVIDER OR SUPPLIER STONEBROOK SUITES		STREET ADDRESS, CITY, STATE, ZIP CODE 4501 E PAMPAS SIOUX FALLS, SD 57110		
(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 325	<p>Continued From page 3</p> <p>and:</p> <ul style="list-style-type: none"> -Turned on the water to the kitchen faucet, wet her hands, placed soap in her hands from the soap dispenser, rubbed her hands with the soap and water, and then rinsed her hands with water to remove the soap. -With the water still on, she took her wet left hand and touched the handle to the resident's cabinet above the refrigerator, opened the cabinet door, removed a paper towel from a stack of paper towels with her wet hand and closed the cabinet door. -She then dried her hands with that paper towel, used it to turn off the water faucet, discarded the paper towel into the bathroom garbage can. -She stated all of the residents had paper towels and a box of gloves stored in the cupboard above their refrigerators for staff to use. -She then exited the resident's room. <p>Interview on 8/30/23 at 9:55 a.m. with resident 1 regarding her urostomy catheter care revealed:</p> <ul style="list-style-type: none"> *She had surgery to have her bladder removed and a urostomy had been placed due to bladder cancer. *She had just returned to her home in the past week from another facility that had provided swing-bed services for her recovery from surgery. *She had usually taken care of her urostomy catheter bag and tubing needs herself. *Occasionally the UAPs assisted with sanitizing the urostomy bag and tubing. <p>2. Observation on 8/30/23 at 10:35 a.m. with UAP E administering a medication to resident 1 revealed:</p> <ul style="list-style-type: none"> *Resident 1 had requested medication for her upset stomach. *UAP E knocked on resident 1's door, was greeted by resident 1, and entered the residence. 	S 325		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 54366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2023	
NAME OF PROVIDER OR SUPPLIER STONEBROOK SUITES		STREET ADDRESS, CITY, STATE, ZIP CODE 4501 E PAMPAS SIOUX FALLS, SD 57110		
(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 325	<p>Continued From page 4</p> <p>-She announced she had a medication for the resident's upset stomach.</p> <p>-With bare hands she carried in the medication cup and handed it to the resident.</p> <p>*Resident 1 took the medication with some water and discarded the medication cup.</p> <p>*UAP E then asked if she could check her urostomy site.</p> <p>-Resident 1 lifted her blouse.</p> <p>-Without performing hand hygiene, UAP E put on clean gloves she had taken from the same cabinet.</p> <p>-She touched resident 1's skin, pulled up the dressing and then smoothed it down against her skin after she had inspected the urostomy site, removed her gloves and discarded them.</p> <p>*UAP E then performed the following:</p> <p>-Washed her hands in the resident's kitchen sink.</p> <p>-Rinsed the soap from her hands under the water.</p> <p>-With that water still running, took her wet left hand and touched the handle to the cabinet above the refrigerator, opened the cabinet, took out a paper towel and closed the cabinet door.</p> <p>-She then dried her hands with that paper towel, used it to turn off the water faucet, discarded the paper towel into the bathroom garbage can, and exited the residence.</p> <p>3. Observation on 8/30/23 at 11:00 a.m. with UAP F assisting resident 7 with medication administration revealed:</p> <p>*UAP F:</p> <p>-Entered the resident's room and announced she was there to administer an eye drop.</p> <p>-Placed a new pair of gloves on that she carried into the room without sanitizing her hands.</p> <p>-Administered the eye drop into resident 7's left eye as prescribed.</p> <p>-Set up the resident's nebulizer treatment for her</p>	S 325	<p>2. All staff will be counseled and Inservice on September 20th, 2023 via an All Staff Inservice and education meeting. The staff will be instructed on the standard practice related to facility's Handwashing policy and procedures.</p> <p>Assistant Administrator will review Handwashing procedures for each employee through education, demonstration and checklist acknowledgement by October 14th, 2023.</p> <p>All delivery Oral medication with safe handwashing policies and procedures were all reviewed with staff at the All Staff Inservice and Education on September 20th, 2023. Staff education and demonstrations were provided as well as a staff acknowledgement of information.</p> <p>Random QA's of proper Handwashing Procedures will be completed by Administrative Assistant monthly to ensure that staff members are completing proper handwashing. Administrative Assistant will report any findings to the Administrator and QA committee. QA Committee will review quarterly or until deemed no longer necessary.</p>	

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 54366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2023
NAME OF PROVIDER OR SUPPLIER STONEBROOK SUITES		STREET ADDRESS, CITY, STATE, ZIP CODE 4501 E PAMPAS SIOUX FALLS, SD 57110		
(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 325	Continued From page 5 to self-administer and handed it to her. -Removed her gloves and discarded them into the garbage can in the bathroom. -Turned on the water faucet in the resident's kitchen, wet her hands, placed soap in her hands from the soap dispenser, rubbed her hands with the soap and water, and then rinsed her hands with water to remove the soap. -With the water still running, took her wet left hand and touched the handle of the cabinet above the refrigerator, opened the cabinet, took out a paper towel and closed the cabinet door. -She then dried her hands with that paper towel, used it to turn off the water faucet, discarded the paper towel into the bathroom garbage can, and exited the residence. 4. Observation on 8/30/23 at 11:25 a.m. with UAP F assisting resident 7 after her nebulizer treatment revealed: *UAP F: -Entered the resident's room and put on a pair of gloves onto her unsanitized hands, took the nebulizer mouthpiece and tubing from the resident after she checked the medication had all been used. -Took the mouthpiece and tubing apart, put it into the kitchen sink that had been filled with soap and water. -She rinsed the mouthpiece and tubing and placed them onto a used paper towel next to the sink area to dry. -Washed her hands with soap and water, and with the water still on, took her wet hand, opened the cabinet above the refrigerator, took out a paper towel from a stack of paper towels stored in the cabinet with those wet hands, dried her hands, turned off the faucet with the same paper towel, and discarded the paper towel into the garbage can in the bathroom.	S 325	3. All staff will be counseled and Inservice on September 20th, 2023 via an All Staff Inservice and education meeting. The staff will be instructed on the standard practice related to facility's Handwashing policy and procedures. Assistant Administrator will review Handwashing procedures for each employee through education, demonstration and checklist acknowledgement by October 14th, 2023. All residents care plans with Eye Drop administration will be reviewed by RN's by October 14th, 2023. All safe handwashing policies and procedures were reviewed with staff at the All Staff Inservice and Education on September 20th, 2023. Staff education and demonstrations were provided as well as a staff acknowledgement of information. Random QA's of proper Handwashing Procedures will be completed by Administrative Assistant monthly to ensure that staff members are completing proper handwashing. Administrative Assistant will report any findings to the Administrator and QA committee. QA Committee will review quarterly or until deemed no longer necessary.	

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 54366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/31/2023
NAME OF PROVIDER OR SUPPLIER STONEBROOK SUITES		STREET ADDRESS, CITY, STATE, ZIP CODE 4501 E PAMPAS SIOUX FALLS, SD 57110		
(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 325	<p>Continued From page 6</p> <p>-Exited the resident's room.</p> <p>5. Observation on 8/30/23 at 11:45 a.m. with UAP F assisting resident 8 self-administering her insulin revealed: *UAP F: -Entered the resident's room her insulin supplies and placed them onto a nearby shelf without placing a barrier. -With her unsanitized hands she placed a pair of gloves on her hands, then handed resident 8 an alcohol wipe and her insulin pen after resident 8 checked her blood sugar with her Dexcom monitor. *Resident 8 self-administered her medication and handed the insulin pen to UAP F. *UAP F then removed her gloves and discarded them into the bathroom garbage can. -She walked to the resident's kitchen sink, turned on the water faucet, washed her hands with soap and water, and rinsed her hands. -With the water still on, took her wet left hand, opened the cabinet door, got a paper towel from a stack of paper towels in the cabinet, and dried her hands. -With the same paper towel, used it to turn off the water, and then discarded the paper towel. -She then exited the resident's room.</p> <p>6. Observation and interview on 8/31/23 at 8:50 a.m. with floor supervisor C administering eye drops to resident 9 revealed she: *Entered the resident's room and put on a pair of gloves on her hands without first performing hand hygiene.. *Administered the eye drops. *Removed those gloves and discarded them into the garbage can in the bathroom. *Washed her hands with soap and water in the resident's kitchen sink, and then rinsed her</p>	S 325	<p>4. All staff will be counseled and Inservice on September 20th, 2023 via an All Staff Inservice and education meeting. The staff will be instructed on the standard practice related to facility's Handwashing policy and procedures.</p> <p>Assistant Administrator will review Handwashing procedures for each employee through education, demonstration and checklist acknowledgement by October 14th, 2023.</p> <p>All resident care plans with Nebulizer administration will be reviewed by RN's by October 14th, 2023. The safe handwashing policies and procedures were reviewed with staff at the All Staff Inservice and Education on September 20th, 2023. Staff education and demonstrations were provided as well as a staff acknowledgement of information.</p> <p>Random QA's of proper Handwashing Procedures will be completed by Administrative Assistant monthly to ensure that staff members are completing proper handwashing. Administrative Assistant will report any findings to the Administrator and QA committee. QA Committee will review quarterly or until deemed no longer necessary.</p>	

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 54366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2023
NAME OF PROVIDER OR SUPPLIER STONEBROOK SUITES		STREET ADDRESS, CITY, STATE, ZIP CODE 4501 E PAMPAS SIOUX FALLS, SD 57110		
(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 325	Continued From page 7 hands. *With the water still on, opened the cabinet above the refrigerator with her wet hand, took a paper towel from a stack of paper towels in the cabinet, dried her hands, and with the same paper towel turned the water faucet off. *She exited his resident's room. *Floor supervisor C: -Reported resident 9 had valued his privacy and the staff did not want to be in his room for any length of time. -Had planned to exit his room and wash her hands more thoroughly at another location in the building. -Confirmed her wet hands had touched the cabinet handle and the stack of paper towels which could have been a source of cross-contamination. -Had been in charge of training new staff at times. -Would expect the staff to follow their procedure and have clean paper towels and soap nearby before washing. -Agreed she had not followed their procedure for hand washing. 7. Interview on 8/31/23 at 9:20 a.m. with administrator A regarding the infection control and hand hygiene observations above revealed: *She agreed there had been missed opportunities for hand hygiene in the above observations. *She would expect the staff to follow their procedure for hand washing and glove use to avoid infection control concerns. *Staff should be washing their hands prior to and after direct contact with residents. *Wet hands could potentially contaminate a stack of paper towels. *Paper towel supplies should remain dry. *Supplies for handwashing should be ready next to the sink before they begin the process of	S 325	5. All staff will be counseled and Inserviced on September 20th, 2023 via an All Staff Inservice and education meeting. The staff will be instructed on the standard practice related to facility's Handwashing policy and procedures. Assistant Administrator will review Handwashing procedures for each employee through education, demonstration and checklist acknowledgement by October 14th, 2023. All resident Self administration of insulin care plans will be reviewed by RN's by October 14th, 2023. Employee safe handwashing policies and procedures were reviewed with staff at the All Staff Inservice and Education on September 20th, 2023. Staff education and demonstrations were provided as well as a staff acknowledgement of information. Random QA's of proper Handwashing Procedures will be completed by Administrative Assistant monthly to ensure that staff members are completing proper handwashing. Administrative Assistant will report any findings to the Administrator and QA committee. QA Committee will review quarterly or until deemed no longer necessary.	

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 54366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2023
NAME OF PROVIDER OR SUPPLIER STONEBROOK SUITES		STREET ADDRESS, CITY, STATE, ZIP CODE 4501 E PAMPAS SIOUX FALLS, SD 57110		
(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 325	Continued From page 8 washing their hands. Review of the provider's undated Proper Hand Washing Checklist procedure revealed: *"Gather soap and clean paper towels before you wet your hands." *"Use a fresh paper towel to turn off the faucet." Review of the provider's undated Infection Control and Hand Washing procedure revealed: *3. "Washing hands is the main control in battling infection." *4. "Wash hands before and after direct contact with residents."	S 325	6. All staff will be counseled and Inservice on September 20th, 2023 via an All Staff Inservice and education meeting. The staff will be instructed on the standard practice related to facility's Handwashing policy and procedures. Assistant Administrator will review Handwashing procedures for each employee through education, demonstration and checklist acknowledgement by October 14th, 2023. All resident care plans with Eye Drop administration will be reviewed by RN's by October 14th, 2023. Employee handwashing policies and procedures were reviewed with staff at the All Staff Inservice and Education on September 20th, 2023. Staff education and demonstrations were provided as well as a staff acknowledgement of information. Random QA's of proper Handwashing Procedures will be completed by Administrative Assistant monthly to ensure that staff members are completing proper handwashing. Administrative Assistant will report any findings to the Administrator and QA committee. QA Committee will review quarterly or until deemed no longer necessary.	
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 testing temperatures of the food prior to distribution had been properly sanitized between each use by one of one observed staff members (dietary manager (DM) B). Findings include: 1. Observation and interview on 8/29/23 from 11:00 a.m. through 11:25 a.m. with DM B during the noon meal revealed:	S 450		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 54366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2023
NAME OF PROVIDER OR SUPPLIER STONEBROOK SUITES		STREET ADDRESS, CITY, STATE, ZIP CODE 4501 E PAMPAS SIOUX FALLS, SD 57110		
(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 450	<p>Continued From page 9</p> <p>*She used her gloved hand to touch multiple surfaces in the kitchen.</p> <p>*She used her potentially contaminated gloved hand to wipe the roast beef from the thermometer and placed the probe directly on the counter.</p> <p>*She re-used that same thermometer without sanitizing it and placed the probe into the container of cooked roast beef.</p> <p>*She used a kitchen towel to wipe the food off the probe of the thermometer and then placed it back on the counter.</p> <p>*She then re-used that same thermometer without sanitizing the probe to take the temperature of roast beef that was on the stove.</p> <p>*She state there was no policy on taking temperatures of food.</p> <p>*She would normally sanitize the thermometer prior to use and after she was done temping all the food that was to have been served to the residents.</p> <p>*She stated that she had not realized she had not sanitized the thermometer in between placing it into each food item.</p> <p>Interview 8/31/23 at 8:45 a.m. with floor supervisor (FS) C revealed she:</p> <p>*Would work in the kitchen for DM B when she was out of the facility.</p> <p>*Stated that the thermometer should have been sanitized between taking the temperature of each food item to ensure there was no cross-contamination.</p> <p>*Stated that DM B provided all the kitchen training for the staff.</p> <p>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</p>	S 450	<p>1. All staff will be counseled and inserviced on September 20th, 2023 via an All Staff Inservice and education. The staff will be instructed on the standard practice relating to proper temperature probing on all food related items prior to dietary service in the kitchen to ensure prevention of cross-contamination and safety of food handling.</p> <p>Random QA's of proper Temperature Probing will be completed by Dietary Manager monthly to ensure that staff members are completing safe temperature probe procedures to ensure safe food handling and procedures during regular meal service. Administrative Assistant will report any findings to the Administrator and QA committee. QA Committee will review quarterly or until deemed no longer necessary.</p>	

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 54366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2023
NAME OF PROVIDER OR SUPPLIER STONEBROOK SUITES		STREET ADDRESS, CITY, STATE, ZIP CODE 4501 E PAMPAS SIOUX FALLS, SD 57110		
(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 450	Continued From page 10 have been sanitized with an alcohol pad between each food item to ensure no cross-contamination occurred.	S 450		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 54366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/02/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STONEBROOK SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 4501 E PAMPAS SIOUX FALLS, SD 57110
--	---

(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 Statement</p> <p>A revisit survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted on 11/2/23 for deficiencies cited on 8/31/23. All deficiencies have been corrected, and no new noncompliance was found. Stoneybrook Suites is in compliance with all regulations surveyed.</p>	{S 000}		
---------	---	---------	--	--

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