PRINTED: 05/28/2025 FORM APPROVED South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING 57020 05/21/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 VERMILLION ST** CENTERVILLE CARE AND REHAB CENTER, INC CENTERVILLE, SD 57014 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 Compliance Statement S 000 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 on 5/21/25. Centerville Care and Rehab Center. Inc. Administrator reviewed and revised was found not in compliance with the following kitchen cleanliness policy on 6/3/2025. requirements: S450 and S506. Kitchen Cleanliness checklists have been updated accordingly. Dietary S 450 S 450 44:70:06:01 Dietetic Services Manger or Designee responsible to 7/5/2025 perform cleanliness audits on plate The facility shall have an organized dietetic storage cabinet, beverage cart, kitchen service that meets the daily nutritional needs of floor, storage racks, inside of drawers residents and ensures that food is stored, and drawer handles, and refrigerator prepared, distributed, and served in a manner door daily for 7 days, weekly for 4 that is safe, wholesome, and sanitary in weeks, and monthly for 3 months. accordance with the provisions of § 44:70:02:06. This Administrative Rule of South Dakota is not Dietary Manager reeducated by Administrator on 6/3/2025 regarding met as evidenced by: Sanitation and Cleaning schedule Based on observation, interview, and policy review the provider failed to follow standard food policy. Cleaning schedules updated safety practices to ensure one of one kitchen had with previously listed cleaning tasks. been cleaned to maintain a sanitary environment to store, prepare, and serve food to: Administrator or Designee to present *The plate storage cabinet had been cleaned. findings at monthly QA committee for *The storage drawers for serving utensils had review until the QA committee advises been cleaned. to discontinue monitoring 1. Observation on 5/18/25 at 11:30 a.m. of the kitchen revealed: *The plate storage cabinet had dust on top of the cabinet where stored the plate covers were stored.

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

*The kitchen floor, under the stove, storage

food stains on the shelves.

*The shelves where the dishes had been stored had food debris and stains on the shelves. *The beverage serving cart with prepared residents' beverages on it had food debris and

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TITLE Administrator

(X6) DATE 06/05/2025

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	OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIEI IDENTIFICATION NUM		A AND DESCRIPTION OF THE PROPERTY OF THE PROPE	E CONSTRUCTION	(X3) DATE S COMPLE		
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S 450	Continued From page racks, and storage racks, and storage racked debris and dirt. *Drawers containing of stains and food debris. *The recessed cabine soiled with food debris. *The refrigerator door. 2. Interview on 5/18/2: technician F regarding beverage storage carthave been cleaned afforward and the second state of the cooks had specific regarding the cleaning cabinet revealed: *The cooks had specific regarding the cleaning skitchen. *She agreed the plate clean and was unsure cleaned. 4. Interview on 5/20/2/2 regarding the kitchen revealed: *There was a task to confide the cabinet doors by the cabinet	cks were soiled with formulation of and hair in them. It and drawer handles is. It was soiled with food is at 11:50 a.m. with diese the cleaning of the revealed the cart shotter every use. It at 1:00 p.m. with control of the plate storage for the plate storage is at 1:00 p.m. with control of the plate storage is cleaning scheduled tasks for the storage cabinet was of the last time it had become the cooks. It is a 1:150 a.m. with control of the plate storage cabinet was of the last time it had become the last time it had become the cooks. It is a 1:150 a.m. with control of the plate and only the cooks. It is a 1:150 a.m. with control of the cooks. It is a 1:150 a.m. with control of the cooks. It is a 1:150 a.m. with control of the cooks. It is a 1:150 a.m. with die and only the cooks. It is a 1:150 a.m. with die and only the cooks. It is a 1:150 a.m. with control of the cooks. It is a 1:150 a.m. with control of the cooks. It is a 1:150 a.m. with die and only the cooks. It is a 1:150 a.m. with die and only the cooks. It is a 1:150 a.m. with die and only the cooks. It is a 1:150 a.m. with die and only the cooks. It is a 1:150 a.m. with die and only the cooks. It is a 1:150 a.m. with die and only the cooks. It is a 1:150 a.m. with die and only the cooks.	d were debris. lietary buld wok H d tasks incians ne not d been witside ne s if s in a	S 450				
	*All staff who worked i	n the kitchen were						

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FORM APPROVED South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 57020 05/21/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 500 VERMILLION ST CENTERVILLE CARE AND REHAB CENTER. INC. CENTERVILLE, SD 57014 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 450 S 450 Continued From page 2 responsible for cleaning the kitchen if they had noticed something unclean. *She agreed there was no scheduled kitchen cleaning task for the inside of the drawers and cabinets. *She agreed the cabinet, drawer, and refrigerator handles were unclean. *DM B agreed that if the floors had been observed as dirty, then the cleaning had not been completed. Review of the provider's May 2022 Sanitation and Cleaning schedule policy revealed: *"It will be the responsibility of the dietary manager (DM) to provide daily, weekly, monthly, and as necessary cleaning schedules in the dietary areas." *"Each dietary staff person will be responsible for knowing his or her assigned duty and carrying it our during the designated work schedule." *"The DM is responsible for monitoring staff to ensure that cleaning duties are completed satisfactorily and within proper time frames." S 506 S 506 44:70:06:17 Required Dietary Inservice Training Reviewed the requirements of; food 7/5/2025 safety, handwashing, food handling The person in charge of dietary services or the and preparation techniques, food dietitian shall provide ongoing inservice training borne illnesses, serving and for all healthcare personnel providing dietary and distribution processes, leftover food food-handling services. Training must be handling, time and temperature completed within thirty days of hire and annually controls for food preparation and for any dietary or food-handling personnel and service, nutrition and hydration and must include the following subjects: sanitation requirements. The Administrator or Designee will (1) Food safety; monitor the completion of all new (2) Handwashing; hires to ensure the completion of (3) Food handling and preparation techniques;

(4) Food-borne illnesses;

(5) Serving and distribution procedures;

dietary training is completed within 30

days as well as annually for all staff.

FORM APPROVED South Dakota Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B WING 57020 05/21/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 500 VERMILLION ST CENTERVILLE CARE AND REHAB CENTER, INC CENTERVILLE, SD 57014 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 506 S 506 Continued From page 3 Administrator or designee will audit for (6) Leftover food handling policies; four weeks and monthly for six (7) Time and temperature controls for food months. Staff members C. D. E. F and preparation and service; G will be included individually on the (8) Nutrition and hydration; and audit. Administrator or designee will (9) Sanitation requirements. present findings from these audits at the monthly QA committee for review until the QA committee advises to discontinue monitoring. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, and job Dietary Manger reeducated by description review, the provider failed to ensure Administrator regarding annual training five dietary staff (C, D, E, F, and G) had received requirements. Dietary staff training to be the required dietary training for food safety and held on 6/11/2025 for all kitchen staff. sanitation. Findings include: Dietary Inservice scheduled for 10/20/2025 for all employees. 1. Review of cook C's employee training record revealed: *She was hired on 2/12/25. New hire required training will be *She had not completed her food safety, food documented in the employee's file. handling and preparation, food serving and Annual required education will be distribution, leftover, food time and temperature, recorded in an education binder. resident nutrition and hydration, and sanitation training. 2. Review of cook D's employee training record revealed: *She was hired on 2/28/24. *She had not completed her annual food safety, food handling and preparation, food serving and distribution, food time and temperature, and resident nutrition and hydration. 3. Review of dietary technician E's employee dietary training record revealed:

*She was hired on 9/3/03.

*She had not completed her annual food safety. food handling and preparation, food serving and distribution, food time and temperature, and

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STATEMENT OF DEFICIENCIES (X: AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	0.0	CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
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S 506	sanitation. 4. Review of dietary to dietary training record *She was hired on 10. *She had not complet food handling and predistribution, food time nutrition and hydration 5. Review of cook G's record revealed: *She was hired on 2/1 *She had not complet food handling and pretemperature. Interview on 5/21/25 a manager B regarding revealed she had not training topics that we Interview on 5/21/25 a administrator A regard training revealed she training was required. staff had not complete Review of the provide description revealed: *"Assures that the die compliance with all staregulations."	echnician F's employee I revealed: /3/24. ed her annual food safety, paration, food serving and and temperature, resident in, and sanitation. employee dietary training 19/21. ed her annual food safety, paration, and food time and et 1:30 p.m. with dietary dietary staff training been aware of all the ere required. et 2:30 p.m. with ding dietary staff annual had been aware that annual She had been unaware that ed the required training. er's Dietary Manager job tary department is in ate, federal and local and for the dietary personnel	S 506	DEFICIENCY)					