

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 71778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2024
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NAME OF PROVIDER OR SUPPLIER ANGELHAUS HURON	STREET ADDRESS, CITY, STATE, ZIP CODE 50 7TH ST SE HURON, SD 57350
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S 000	<p>Compliance Statement</p> <p>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 11/12/24 through 11/14/24. Angelhaus Huron was found not in compliance with the following requirements: S085, S202, S295, S296, S305, S331, S337, S450, S468, S478, S506, and S776.</p> <p>A complaint survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted from 11/12/24 through 11/14/24. Areas surveyed included abuse and neglect. Angelhaus Huron was found in compliance.</p>	S 000		
S 085	<p>44:07:02:03 Cleaning Methods And Facilities</p> <p>The facility shall have supplies, equipment, work areas, and complete written procedures for cleaning, sanitizing, or disinfecting all work areas, equipment, utensils, and medical devices used for residents' care. Common-use equipment shall be disinfected after each use.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, policy review, and manufacturer's recommendations review, the provider failed to ensure one of one whirlpool tub (second floor) had been cleaned and disinfected appropriately by one of one observed resident aide (RA) D. Findings include:</p> <p>1. Observation and interview on 11/13/24 at 9:45 a.m. in the second floor tub room with RA D</p>	S 085		

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

TITLE

(X6) DATE

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S 085	<p>Continued From page 1</p> <p>revealed:</p> <ul style="list-style-type: none"> *She confirmed she did all the residents' baths. *Most of the residents preferred to take a shower. *She began to demonstrate how she cleaned the tub. *Without wearing protective eye wear or protective clothing she: <ul style="list-style-type: none"> -Picked up a bottle labeled BNC-15 one step disinfectant. -Removed the cap from the bottle. -Began to splash large amounts of the disinfectant on the inside walls of the tub and on the floor of the tub. -Began to fill the tub with water. -Turned the tub water jets on. *There was a strong odor of the disinfectant. *She then: <ul style="list-style-type: none"> -Confirmed the tub water jets were to run for 15 to 20 minutes. -Noticed water was running out of the tub door onto the floor. -Left the room to get a mop. *At that time the surveyor turned the tub water faucet off. *She then: <ul style="list-style-type: none"> -Returned to the room with another staff member and they both mopped the excess water from the floor. -Confirmed after 15 to 20 minutes she would turn the tub water jets off. -Would spray clean water from the tub hose to rinse the solution from the tub. -Would then take a towel and wipe the tub down. *There was not a clock or a timer in the room to indicate when 15 to 20 minutes had passed. *There were no instructions on how to clean/disinfect the tub located in the whirlpool tub room. <p>Interview on 11/13/24 at 2:00 p.m. with registered</p>	S 085		

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S 085	<p>Continued From page 2</p> <p>nurse/chief operating officer (COO) A and quality assurance management team (QAMT) B, regarding the cleaning and disinfecting of the whirlpool tub revealed their expectations would have been for RA D to have followed their policy.</p> <p>Review of the provider's undated Cleaning Chemical policy revealed there were no instructions on how to clean/disinfect the whirlpool tub between each resident use.</p> <p>Review of the undated manufacturer's user maintenance and care instructions for the tub provided by the facility revealed there were no instructions on how to disinfect the whirlpool tub between each resident use.</p> <p>Review of the 3/15/16 Safety Data Sheet for BNC-15 Disinfectant provided by the facility revealed: *The disinfectant could cause severe skin burns and serious eye damage. **Prevention:" -"Wash hands and any exposed skin thoroughly after handling. -Do not breathe mist, vapors, or spray." -"Wear protective glasses. Wear eye/face/protection. Wear protective clothing."</p>	S 085		
S 202	<p>44:70:03:02 General Fire Safety</p> <p>At least two personnel must be on duty at all times, unless the department has approved a staffing exception requested by the facility. In a multilevel facility, at least one personnel must be on duty on each floor containing occupied beds.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by:</p>	S 202		

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S 202	<p>Continued From page 3</p> <p>Based on observation, interview, resident identification roster review, license review, and policy review, the provider failed to maintain staffing on each resident floor of the building at all times. Findings include:</p> <p>1. Review of the provider's 7/1/24 Assisted Living Center license revealed they had been approved for additional services for physically impaired residents.</p> <p>Review of the resident roster provided by the facility revealed 17 residents resided on the second floor and 12 residents resided on the third floor.</p> <p>Observation and interview on 11/12/24 at the following times revealed: *At 2:55 p.m. on the second floor, resident aide (RA) H was getting ready to get on the elevator. She: -Confirmed there would not be any staff on the floor when she went down to the dining room to assist with snacks for the residents. -Stated, "both floors were pretty independent." -Then got on the elevator and left the floor. *At 3:00 p.m.: -There was no other staff observed on the floor. -Resident 2 was sitting in a recliner in the day room listening to TV. -Interview at that time with resident 2 revealed he was blind and required assistance from the staff to move about the facility. *At 3:10 p.m. on the third floor revealed there was no staff. *At 3:15 p.m. on the second floor revealed there was no staff. *At 3:20 p.m. on the first floor: -There were no staff or residents in the dining room.</p>	S 202		

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S 202	<p>Continued From page 4</p> <p>--Water could be heard running from inside of the locked kitchen door.</p> <p>--The surveyor knocked on the locked kitchen door but no staff answered.</p> <p>*At 3:25 p.m. in the main section of the first floor, interview with medication aide (MA) G confirmed:</p> <p>-There were no staff on the second floor or the third floor at that time.</p> <p>-The third floor person had left at 1:00 p.m.</p> <p>-RA H and the other MA went between the floors to assist the residents.</p> <p>-RA H was currently in the kitchen doing dietary duties.</p> <p>-Resident 2 required assistance from the staff with getting from the second floor to the first floor.</p> <p>Interview on 11/13/24 at 2:00 p.m. with chief operating officer (COO) A and quality assurance management team B regarding staffing on the second floor and on the third floor revealed there should always be a staff member on each floor where residents were at all times.</p> <p>A policy on staff coverage for resident floors was requested on 11/13/24 at 3:04 p.m. It was later confirmed by COO A they did not have a specific policy for that.</p>	S 202		
S 295	<p>44:70:04:04 Personnel Training</p> <p>The facility shall have a formal orientation program and an ongoing education program for all healthcare personnel. Ongoing education programs must cover the required subjects annually.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by:</p>	S 295		

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S 295	<p>Continued From page 5</p> <p>Based on employee file review and interview, the provider failed to ensure ongoing annual education was provided on required subjects for the following:</p> <ul style="list-style-type: none"> *One of five sampled employees (J) had completed none of the eleven personnel training topics. *One of five sampled employees (I) had completed only one of the eleven personnel training topics. *One of five sampled employees (E) had completed only three of the eleven personnel training topics. <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of employee J's personnel file revealed: <ul style="list-style-type: none"> *A hire date of 2/13/23. *He had been hired as a medication aide. *There was no documentation that he received annual training on: <ul style="list-style-type: none"> -Fire prevention and response. -Emergency procedures and preparedness. -Infection control and prevention. -Accident prevention and safety procedures. -Resident rights. -Confidentiality. -Incidents and diseases subject to mandatory reporting and the facility's reporting mechanism. -Nutrition risks and hydration. -Abuse, neglect, and misappropriation of resident property and funds. -Problem solving and communication techniques related to residents with cognitive impairment or challenging behaviors. -Education based on resident needs (oxygen, CPR). <p>*The education for the above topics had last been completed by employee J on 2/13/23, 8/17/23, and 10/11/23.</p>	S 295		

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S 295	<p>Continued From page 6</p> <p>2. Review of employee I's personnel file revealed: *A hire date of 4/13/23. *She had been hired as a housekeeper. *There was no documentation she had received annual training on: -Fire prevention and response. -Emergency procedures and preparedness. -Infection control and prevention. -Accident prevention and safety procedures. -Resident rights. -Confidentiality. -Incidents and diseases subject to mandatory reporting and the facility's reporting mechanism. -Nutrition risks and hydration. -Abuse, neglect, and misappropriation of resident property and funds. -Problem solving and communication techniques related to residents with cognitive impairment or challenging behaviors. *Education based on resident needs and CPR was completed by employee I on 6/8/24.</p> <p>3. Review of employee E's personnel file revealed: *A hire date of 6/14/23. *She had been hired as a resident aide and cook. *There was no documentation she received annual training on: -Fire prevention and response. -Emergency procedures and preparedness. -Infection control and prevention. -Resident rights. -Confidentiality. -Incidents and diseases subject to mandatory reporting and the facility's reporting mechanism. -Nutrition risks and hydration. -Education based on resident needs (CPR and oxygen). *The above trainings had been completed by</p>	S 295		

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S 295	<p>Continued From page 7</p> <p>employee E on 8/18/23 and 10/11/23. *Education based on the following topics had been completed by employee E on 6/29/24: -Accident prevention and safety procedures. -Abuse, neglect, and misappropriation of resident property and funds. -Problem solving and communication techniques related to residents with cognitive impairment and challenging behaviors.</p> <p>4. Interview on 11/14/24 at 1:40 p.m. with chief operating officer A, quality assurance management team B, and registered nurse/director of nursing C regarding the required training with staff revealed: *Education had been completed annually. *They were not able to provide documentation that the above topics had been addressed for employees E, I, and J.</p>	S 295		
S 296	<p>44:70:04:04(1-11) Personnel Training</p> <p>These programs must be completed within thirty days of hire for all healthcare personnel and must include the following subjects:</p> <p>(1) Fire prevention and response; (2) Emergency procedures and preparedness, including responding to resident emergencies and information regarding advanced directives; (3) Infection control and prevention; (4) Accident prevention and safety procedures; (5) Resident rights; (6) Confidentiality of resident information; (7) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; (8) Nutritional risks and hydration needs of residents; (9) Abuse and neglect;</p>	S 296		

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S 296	<p>Continued From page 8</p> <p>(10) Problem solving and communication techniques related to individuals with cognitive impairment or challenging behaviors if admitted and retained in the facility; and</p> <p>(11) Any additional healthcare personnel education necessary based on the individualized resident care needs provided by the healthcare personnel to the residents who are accepted and retained in the facility.</p> <p>Any personnel whom the facility determines will have no contact with residents are exempt from the training required by subdivision (8).</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on employee file review and interview, the provider failed to ensure the required training was completed within 30 days of hire for: *One of five newly hired sampled employees (C) who had not completed any of the eleven personnel training topics. *One of five newly hired sample employees (H) who had only completed five of the eleven personnel training topics. Findings include:</p> <p>1. Review of employee C's personnel file revealed: *A hire date of 10/1/24. *She had been hired as registered nurse/director of nursing. *There was no documentation she had received training on: -Fire prevention and response.</p>	S 296		

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S 296	<p>Continued From page 9</p> <ul style="list-style-type: none"> -Emergency procedures and preparedness. -Infection control and prevention. -Accident prevention and safety procedures. -Resident rights. -Confidentiality. -Incidents and diseases subject to mandatory reporting and the facility's reporting mechanism. -Nutrition risks and hydration. -Abuse, neglect, and misappropriation of resident property and funds. -Problem solving and communication techniques related to residents with cognitive impairment or challenging behaviors. -Education based on the resident care needs (diabetes, oxygen, CPR). <p>2. Review of employee H's personnel file revealed: *A hire date of 3/26/24. *She had been hired as a resident aide (RA). *There was no documentation she had received training on: -Fire prevention and response -Emergency procedures and preparedness. -Resident rights. -Incidents and diseases subject to mandatory reporting and the facility's reporting mechanism. -Nutrition risks and hydration. -Problem solving and communication techniques related to residents with cognitive impairment or challenging behaviors. *The training topics of accident prevention and safety procedures and education based on resident needs had been completed between 6/18/24 and 6/20/24. -Those two training topics had not been completed within thirty days of hire.</p> <p>3. Interview on 11/12/24 at 2:55 p.m. with resident care coordinator K revealed that the employee</p>	S 296		

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S 296	<p>Continued From page 10</p> <p>files were likely not complete as there were multiple tasks left undone by the administrator in training that had left her employment in October 2024.</p> <p>Interview on 11/14/24 at 1:40 p.m. with chief operating officer (COO) A, quality assurance management team B, and registered nurse (RN)/director of nursing (DON) C regarding the required training with new staff revealed:</p> <ul style="list-style-type: none"> *RA H had her employee training file at home with her and another staff member was sent to retrieve it. -The documentation indicated that five of the eleven trainings had been completed. -Two of the five trainings had not been completed within thirty days of hire. *COO A thought her documentation had been placed in her old file by mistake. -RN/DON C had worked for this facility previously. -No further documentation had been provided by the conclusion of the survey regarding RN/DON C's training. *It was the expectation that the appropriate training was completed within 30 days of hire and on an annual basis. -COO A did not state who was responsible for ensuring the documentation was complete. 	S 296		
S 305	<p>44:70:04:05 Personnel Health Program</p> <p>The facility shall have a personnel health program for the protection of the residents. All personnel must be evaluated by a licensed health professional for a reportable communicable disease that poses a threat to others before assignment to duties or within fourteen days after employment including an assessment of previous vaccinations and tuberculin skin tests.</p>	S 305		

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S 305	<p>Continued From page 11</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review and interview, the provider failed to ensure two of five sampled employees (C and H) health status for communicable diseases was evaluated by a licensed health professional within 14 days of hire. Findings include:</p> <ol style="list-style-type: none"> Review of employee C's personnel file revealed: *Her date of hire was 10/1/24. *The health evaluation had been completed on 10/1/24 by the employee but was not signed by a licensed health professional. Review of employee H's personnel file revealed: *Her date of hire was 3/26/24. *There was no health evaluation located in her personnel file. Interview on 11/12/24 at 2:55 p.m. with resident care coordinator K revealed that the employee files were likely not complete as there were multiple tasks left undone by the administrator in training that had left her employment in October 2024. <p>Interview on 11/14/24 at 1:40 p.m. with chief operating officer A, quality assurance management team B, and registered nurse/director of nursing C regarding the above health evaluations revealed: *They were aware health evaluation needed to be completed by a licensed health professional. *No explanation was provided regarding the evaluations not being completed.</p>	S 305		

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S 331	Continued From page 12	S 331		
S 331	<p>44:70:04:10(1) Tuberculin Screening... Requirements</p> <p>Tuberculin screening requirements for healthcare personnel and residents are as follows:</p> <p>(1) Each healthcare personnel or resident shall receive an initial individual TB risk assessment that is documented and the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within twenty-one days of employment or admission to a facility. Any two documented tuberculin skin tests completed within a twelve-month period prior to the date of admission or employment are considered two-step. A TB blood assay test completed within a twelve-month period prior to the date of admission or employment is an adequate baseline test. Skin testing or TB blood assay tests are not necessary if a new healthcare personnel or resident transfers from one licensed healthcare facility to another licensed healthcare facility within this state if the facility received documentation from the transferring healthcare facility, healthcare personnel, or resident, of the last skin or blood assay TB testing having been completed within the prior twelve months. Skin testing or TB blood assay tests are not necessary if documentation is provided by the transferring healthcare facility, healthcare personnel, or resident, of a previous positive reaction to either test. Any healthcare personnel or resident who has a newly recognized positive reaction to the skin or TB blood assay test must have a medical evaluation and a chest X-ray to determine the presence or absence of the active disease;</p>	S 331		

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S 331	<p>Continued From page 13</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on employee filed review and interview, the provider failed to ensure the two-step tuberculin (TB) screening was completed within twenty-one days of hire for two of five sampled newly hired employees (C and H). Findings include:</p> <ol style="list-style-type: none"> Review of employee C's personnel file revealed: *Her date of hire was 10/1/24. *The first step TB skin test was administered on 10/2/24. *The second step TB skin test was administered on 11/2/24. Review of employee H's personnel file revealed: *Her date of hire was 3/26/24. *The first step TB skin test was administered on 5/14/24. *The second step TB skin test was administered on 6/19/24. Interview on 11/14/24 at 1:40 p.m. with chief operating officer A, quality assurance management team B, and registered nurse/director of nursing C regarding the TB screenings revealed they had not been completed within a twenty-one day time frame from the employee's hire date. 	S 331		
S 337	<p>44:70:04:11 Care Policies</p> <p>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</p>	S 337		

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S 337	<p>Continued From page 14</p> <p>to meet the residents' needs.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by:</p> <p>A. Based on employee record review, South Dakota Board of Nursing (SD BON) verification website review, schedule review, interview, and job description review, the facility failed to ensure one of two sampled medication aide (MA) (G) had a certification that was not lapsed. Findings include:</p> <p>1. Review of MA G's employee record revealed: *Her hire date was 6/3/22. *A printed copy of the medication aide certification verification from the SD BON website showed an expiration date of 10/5/24.</p> <p>Review of the SD BON medication aide verification webpage revealed her certification status was listed as lapsed with an expiration date of 10/5/24.</p> <p>Review of the 10/27/24 through 11/9/24 employee schedule revealed she had worked nine shifts as a medication aide after her certification had expired.</p> <p>Interview on 11/14/24 at 1:40 p.m. with chief operating officer (COO) A and registered nurse (RN)/director of nursing (DON) C revealed: *They were unaware that medication aide certification for MA G had lapsed in October 2024. *It was confirmed she had been working as a medication aide under a lapsed certification. *They did not have a process in place for monitoring the expiration dates of certifications or licenses.</p>	S 337		

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S 337	<p>Continued From page 15</p> <p>*The facility did not have a policy related to the maintaining of certifications or licenses.</p> <p>Review of the provider's undated Medication Aide job description revealed: **"Responsibilities and Authorities....May assist with medication administration, or authorized medication management after becoming certified as an Unlicensed Medication Aide." *It did not address the need to keep the medication aide certification active.</p> <p>B. Based on observation, record review, and interview, the facility failed to ensure: *A physician's order was clarified for one of nine sampled residents (7) related to medications being sent with them during outings or leaves from the facility. *A process was in place for notification of the physician following repeated medication refusals for two of nine sampled residents (9 and 6). Findings include:</p> <p>1. Review of the resident 7's care record revealed: *She had been admitted on 6/4/24. *Her diagnoses included major depressive disorder, vertigo, deep vein thrombosis, generalized anxiety disorder, and adult failure to thrive. *She had a history of behavioral health hospitalizations and at least one suicide attempt by overdose. *Her admission orders revealed: -A 6/10/24 order from her primary care physician in [name of neighboring town] that indicated she was able to take medications with her when going on therapeutic outings. -A 6/10/24 order completed during her appointment on that date with the local nurse</p>	S 337		

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S 337	<p>Continued From page 16</p> <p>practitioner indicated she was not able to take medications with her on therapeutic outings and her family was to assume responsibility. *Medication Transfer Sheet/Release of Responsibility forms were signed by facility staff and resident 7 for medications provided directly to her for leaves of absence on the following dates: -7/3/24 through 7/9/24. -7/17/24 through 7/21/24. -7/31/24 through 8/6/24. -8/12/24 through 8/18/24. -8/28/24 through 9/4/24. *A portion of her medication regimen included: -Three psychotropics. -A blood thinner. *There was no further documentation clarifying the two different practitioner's orders to ensure the resident was safe to take her medications during outings or leaves from the facility.</p> <p>2. Observation on 11/13/24 at 7:59 a.m. of the medication pass with licensed practical nurse (LPN) K and resident 9 revealed: *He stated that he only wanted his eye drops and none of his oral medications. *LPN K asked why and he stated, "I don't need them." *He was administered Prednisolone 1% (a steroid used to treat inflammation) ophthalmic solution by one drop in the left eye. *The following medications were marked as refused: -Amlodipine (medication to lower blood pressure) 2.5 milligrams (mg). -Aspirin (blood thinner/stroke prevention) 81 mg. -Clearlax (saline laxative powder that dissolves with water) 17 grams. -Emergen-C (dietary supplement) packet. -Triamterene/hydrochlorothiazide (medication to lower blood pressure and decrease edema) 75/50</p>	S 337		

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S 337	<p>Continued From page 17</p> <p>mg.</p> <p>Review of resident 9's medication administration report (MAR) for October and November of 2024 revealed:</p> <ul style="list-style-type: none"> *He had refused his morning oral medications for the first 13 days in November. *He had refused his morning oral medications for 30 days in October. -One of the 31 days in October had been left blank. <p>Review of resident 9's care record revealed no documentation to support the physician had been notified of the ongoing medication refusals.</p> <p>3. Review of resident 6's care record and treatment administration record (TAR) for October and November of 2024 revealed:</p> <ul style="list-style-type: none"> *He had a diagnosis of chronic obstructive pulmonary disease. *He was prescribed Duoneb (used to open airways) by nebulizer every twelve hours. *Review of the November 2024 TAR revealed: <ul style="list-style-type: none"> --There had been twenty-seven opportunities for administration of this medication. --He had accepted the medication five times. --There was one occurrence left blank. --There were twenty-one documented medication refusals. *Review of the October 2024 TAR revealed: <ul style="list-style-type: none"> -There had been sixty-two opportunities for administration of this medication. --He had accepted the medication sixteen times. --There were five occurrences left blank. --There were forty-one medication refusals. *There was no documentation to support the physician had been notified of the ongoing medication refusals. 	S 337		

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S 337	Continued From page 18 4. Interview on 11/14/24 at 1:40 p.m. with COO A, quality assurance management team B, and RN/DON C revealed: *It was the expectation that the conflicting orders for resident 7 would have been clarified. -COO A was not aware that there had been admission orders from two different providers in the resident's chart. *It was the expectation that a resident's medical provider would be notified if there were consistent medication refusals. *RN/DON C verbalized she had not provided any notification to the physician for resident 6's refusal of his nebulizer medication since she began her employment in October. *COO A thought that resident 9's physician had been notified of the ongoing refusals of his oral medications. -No documentation or policy was provided to the survey team to support that statement before the end of the survey.	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, interview, and policy review, the provider failed to maintain a safe and sanitary food service environment related to: *Maintaining one of one kitchen and one of one dining room in a clean and sanitary manner. *Hand hygiene by two of two cooks (E and F) and	S 450		

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S 450	<p>Continued From page 19</p> <p>one of one staff (B) during two of two observed meal service preparations. *Preparation and serving of food to residents by two of two cooks (E and F) during two of two observed meal service times. Findings include:</p> <p>1. Observation on 11/12/24 at the following times in the kitchen and the dining room area with cook E revealed: *At 4:00 p.m. in the kitchen cook E confirmed the food temperature logs for each meal from the past week revealed they were not consistently checking and/or documenting food temperatures to ensure appropriate food temperatures was occurring. -There were boxes with food service supplies in them stored on the floor. *At 4:55 p.m. in the dining room six tables had dried food noted on them. -Interview at that time with cook E confirmed they had pudding for an afternoon snack that day. *At 5:00 p.m. in the kitchen with cook E revealed she: -Had on gloves. -Took a large stack of cheese from a plastic container, placed plastic wrap around the stack of cheese, and then placed the cheese into a glass bowl. *At 5:25 p.m. with those same gloved hands cook E: -Went to the walk-in cooler and brought the salads and drinks over to the serving counter. -Removed the lids from the beverage containers. *At 5:32 p.m. cook E put a new pair of gloves over the pair of gloves she had been wearing. *At 5:36 p.m. with those same gloved hands: -She opened the sliding window leading from the kitchen into the dining room. --On the counter beside her were hoagie buns,</p>	S 450		

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S 450	<p>Continued From page 20</p> <p>individual slices of cheese, two large packages of deli meat, lettuce, pickles, and tomatoes.</p> <p>-As each resident walked up to the serving window she asked them what they wanted on their sandwich.</p> <p>-With those same gloved hands:</p> <p>--She:</p> <p>---Would pick up each item the resident wanted and made a sandwich.</p> <p>---Would touch the serving spoon and scoop macaroni salad and/or fruit cocktail onto their plates.</p> <p>-Several times throughout the plating of the food she would remove one glove from a hand, discard it, and then place a new glove over her already gloved hand.</p> <p>-At one time she had removed both sets of gloves and discarded them. Without performing hand hygiene she double-gloved again.</p> <p>-Interview at that time with cook E revealed she had double gloved "in case one glove had gotten slimy" then she would get a "fresh glove."</p> <p>*At 5:42 p.m. quality assurance management team (QAMT) B came into the kitchen.</p> <p>-He washed his hands and put on gloves.</p> <p>-He washed out a resident's personal coffee mug.</p> <p>-He removed his gloves and put on new gloves without performing hand hygiene first.</p> <p>*Observation and interview at 6:00 p.m. with QAMT B revealed he agreed the:</p> <p>-Boxes should not have been stored on the floor.</p> <p>-Food temperatures had not been consistently documented and should have been.</p> <p>2. Observation and interview on 11/13/24 at the following times in the kitchen with cook F regarding food temperatures revealed:</p> <p>*At 11:20 a.m. she:</p> <p>-Took a thermometer and stuck it through the foil and saran wrap to check the temperature of the</p>	S 450		

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S 450	<p>Continued From page 21</p> <p>meat, the potatoes, and the corn in the pans. -Opened up a one-gallon can of peaches, poured them into a bowl, checked the temperature of the peaches, and then wiped the thermometer on her apron. *At 11:35 a.m. she went to the macaroni salad she had been preparing, and with those same gloved hands, placed them into the salad mixture and began to mix it up.</p> <p>3. Interview on 11/13/24 at 2:00 p.m. with chief operating officer A and QAMT B regarding the above observations revealed: *Their expectations would have been for the cooks to use good hand hygiene before, during, and after preparing and serving the food. *The dining room table should have been cleaned/disinfected after snack time.</p> <p>4. Review of the provider's undated Food Services policy revealed: **"The tables shall be properly cleaned and sanitized after each meal." **"Protecting food from contamination during handling, storage, and serving: -The temperatures of potentially hazardous foods shall be evaluated by accurate metal-stem thermometers or thermocouples." **"Protection of foods from contamination by workers: -To minimize hands touching foods, use proper utensils (tongs, spoons, plastic gloves, etc.)." **"Handwashing: -After coughing, sneezing, eating, or otherwise contaminating their hands, food workers should wash their hands thoroughly." **"Food Storage: -Food items shall be stored on shelves, with heavier and bulkier items generally stored on lower shelves.</p>	S 450		

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S 450	Continued From page 22 -All foods will be stored off of the floor." *There was no procedure on how to wash hands or change of gloves.	S 450		
S 468	44:70:06:06 Therapeutic Diets A facility that admits or retains any resident requiring a therapeutic diet, excluding low sodium diets, shall employ or contract with a dietitian. The dietitian shall approve written menus and diet extensions, assess the resident's nutritional status and dietary needs, plan individual diets, and provide guidance to dietary personnel in areas of preparation, service, and monitoring the resident's acceptance of the diet. The frequency of dietitian consultations must be at least quarterly or sooner as determined by the resident's dietary need. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, license review, and document review, the provider failed to ensure menus had included extensions and portion sizes. Findings include: 1. Review of the facility's 7/1/24 assisted living license revealed they were licensed for therapeutic diets. Review of the 11/10/24 through 11/16/24 menu revealed there were not any extensions for therapeutic diets or portion sizes listed on the menu. Review of the 29 residents' diet lists revealed: *Resident 2 was: -On a no added salt diet.	S 468		

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S 468	<p>Continued From page 23</p> <p>-To receive 3000 mg (milligram) of Na (sodium) and had a 1500 milliliter fluid restriction, and should have gotten large protein portions each day.</p> <p>*Resident 8 was on a no added salt diet.</p> <p>*Resident 10 was on a diabetic and mechanical soft diet.</p> <p>*The remainder of the residents were on a regular diet.</p> <p>Interview on 11/12/24 at 4:20 p.m. with cook E regarding the menu revealed they did not have extensions or portion sizes on their menus.</p> <p>Interview on 11/13/24 at 2:00 p.m. with chief operating officer A and quality assurance management team/dietary specialist B regarding the menus confirmed there were not extensions or portion sizes included with the menus.</p> <p>Review of the 8/30/23 nutritional adequacy section of the assisted living rules, https://sdlegislature.gov/Rules/Administrative/44:70:06:03, revealed the menu must be based on the Dietary Guidelines for Americans 2020-2025. The menu did not have portion sizes identified to ensure the dietary guidelines were being followed.</p>	S 468		
S 478	<p>44:70:06:09 Written Menus</p> <p>A dietician shall annually approve, sign, and date each planned menu for all facilities except a facility without therapeutic diet services.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by:</p>	S 478		

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S 478	<p>Continued From page 24</p> <p>Based on record review, interview, license review, document review, and policy review, the provider failed to ensure:</p> <ul style="list-style-type: none"> *The registered dietitian (RD) approved, signed, and dated the planned menus for 29 of 29 residents. *A substitution menu was available for residents to choose what they wanted at mealtime. <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's 7/1/24 assisted living license revealed they were licensed to provide therapeutic diets. <p>Review of the 11/10/24 through 11/16/24 menu revealed:</p> <ul style="list-style-type: none"> *The menu had been last signed by the RD on 8/31/23. *There were not any substitutions listed for therapeutic diets or portion sizes on the menu. *The Sunday (11/10/24) and the Saturday (11/16/24) noon meal menu had been listed as "Chef's Choice" with no explanation of what the meal included. <p>Review of the 29 residents' diet lists revealed:</p> <ul style="list-style-type: none"> *Resident 2: <ul style="list-style-type: none"> -Was on a no added salt diet. -He was to receive 3000 mg (milligram) of Na (sodium) and had a 1500 milliliter fluid restriction, and should have gotten large protein portions each day. *Resident 8 was on a no added salt diet. *Resident 10 was on a diabetic and mechanical soft diet. *The remainder of the residents were on a regular diet. <p>Interview on 11/12/24 at 4:20 p.m. with cook E regarding the menu revealed:</p>	S 478		

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S 478	<p>Continued From page 25</p> <p>*They did not have a substitution menu. *The cook made the decision on what to serve to the residents on the weekends that was why it was listed as "Chef's Choice." -It was usually leftovers from the refrigerator. *Resident 1 received what everyone else had gotten even though he was on dialysis.</p> <p>Interview and review of the menu offered on weekends and confirmed by cook F on 11/13/24 at 11:30 a.m. revealed: *The menu listed for Saturday and Sunday's noon meal was titled "Chef's Choice." *Whoever was the cook on the weekends would decide what the noon meal would be those days. *The food served at the weekend meal would be leftovers or whatever was available. *She had worked some weekends.</p> <p>Interview on 11/13/24 at 2:00 p.m. with chief operating officer A and quality assurance management team/dietary specialist B regarding the menus revealed: *They confirmed the menus had been reviewed by the RD on 8/31/23. *The menus should have been reviewed annually. *The menus had not listed the therapeutic diet extensions or portion sizes. *The cook made the decision on what to serve to the residents for the noon meal on weekends. *The weekend cook tried to use up the leftovers from the refrigerator on the weekends. *They felt the residents did have food choices. *Residents wanted cereal as a backup if they did not want the meal that was served, but they were encouraged to make better choices.</p> <p>Review of the 8/30/23 nutritional adequacy section of the assisted living rules, https://sdlegislature.gov/Rules/Administrative/44:</p>	S 478		

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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 478	Continued From page 26 70:06:03, revealed the menu must be based on the Dietary Guidelines for Americans 2020-2025. The menu did not have portion sizes identified to ensure the dietary guidelines were being followed. Review of the provider's undated Menu and Food Preparation policy revealed: *"The facility shall provide palatable, attractively served, and nourishing meals that meet the current recommended dietary allowance adjusted for age, sex, and activities of the residents, unless medically contradicted. *Individual and ethnic preferences should be accommodated to the extent that is reasonably possible. *Menus will: -Be approved by a Registered Dietician at least annually. *List all food and snacks served that contribute to nutritional requirements."	S 478		
S 506	44:70:06:17 Required Dietary Inservice Training The person in charge of dietary services or the dietitian shall provide ongoing inservice training for all healthcare personnel providing dietary and food-handling services. Training must be completed within thirty days of hire and annually for any dietary or food-handling personnel and must include the following subjects: (1) Food safety; (2) Handwashing; (3) Food handling and preparation techniques; (4) Food-borne illnesses; (5) Serving and distribution procedures; (6) Leftover food handling policies; (7) Time and temperature controls for food	S 506		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 71778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2024
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S 506	<p>Continued From page 27</p> <p>preparation and service; (8) Nutrition and hydration; and (9) Sanitation requirements.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on employee file review and interview, the provider failed to ensure annual dietary training was completed for one of one sampled dietary employees (E). Findings include:</p> <p>1. Review of employee E's personnel file revealed: *Her hire date was 6/14/23. *She was hired as a resident aide and cook. *There was no documentation in her personnel file that she had completed the following required annual dietary trainings: -Food Safety. -Handwashing. -Food handling/preparation techniques. -Serving and distribution procedures. -Leftover food handling policies. -Time and temperature controls for food preparation and service. -Nutrition and hydration. -Sanitation requirements.</p> <p>Interview on 11/12/24 during the entrance conference with chief operating officer (COO) A and quality assurance management team (QAMT) B, and registered nurse (RN)/director of nursing (DON) C revealed: *There was no dietary manager employed at the current time. *QAMT B was consulting with the employees to</p>	S 506		

South Dakota Department of Health

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S 506	Continued From page 28 ensure the residents' dietary needs were being met. Interview on 11/12/24 at 2:55 p.m. with resident care coordinator K revealed that the employee files were likely not complete as there were multiple tasks left undone by the administrator in training that had left her employment in October 2024. Interview on 11/14/24 at 1:40 p.m. with COO A, QAMT B, and RN/DON C regarding the required training with new staff revealed: *Education had been completed annually. *There was no documentation to support the above topics having been addressed with employee E.	S 506		
S 776	44:70:09:02(1) Facility To inform Resident Of Rights The information must contain: (1) The resident's right to exercise the resident's rights as a resident of the facility and as a citizen of the United States; This Administrative Rule of South Dakota is not met as evidenced by: Based on interview, document review, and Resident Bill of Rights review, the provider failed to ensure residents had additional choices of food at mealtime. Findings include: 1. Confidential resident interviews on 11/12/24 and on 11/13/24 at different times revealed:	S 776		

South Dakota Department of Health

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S 776	<p>Continued From page 29</p> <p>*The residents had not been given a choice of what they wanted to eat at mealtime. *They were all served the same thing. *They had one choice. *On weekends the facility would send out for sandwiches or else they were served a lot of leftovers. *They thought the facility had been trying to change the menu, but they had been served a lot of noodles. *"They used to serve peanut butter and jam bread but not anymore."</p> <p>Review of the 11/10/24 through 11/16/24 menu revealed: *There was only one choice listed for each meal time. *On Saturday and Sunday the noon meal had been listed as "Chef's Choice."</p> <p>Interview on 11/12/24 at 4:20 p.m. with cook E regarding the menu and resident food choices revealed: *They did not have additional choices listed on the menu or a list of other available food options. *The cook made the decision on what to serve to the residents on the weekends. -It was usually leftovers from the refrigerator. *The residents all received the same meal.</p> <p>Interview on 11/13/24 at 2:00 p.m. with chief operating officer A and quality assurance management team/dietary specialist B regarding the menus and resident food choices revealed: *The cook made the decision on what to serve to the residents for the noon meal on the weekends. *The weekend cook tried to use up the leftovers from the refrigerator on the weekends. *Residents wanted cereal as a backup, but were encouraged to make better choices.</p>	S 776		

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S 776	<p>Continued From page 30</p> <p>*They felt the residents had a choice in what food they wanted to eat.</p> <p>Review of the provider's undated Admission Agreement Residency & Service provided to the resident/resident representative upon admission had the residents/resident representative acknowledge they had received a copy of the Resident's Bill of Rights.</p> <p>*The Assisted Living Community Resident Rights booklet revealed:</p> <ul style="list-style-type: none"> - "You have the right to be fully informed in advance about care and treatment and of any changes that may affect your well-being. - You have the right to participate in planning care and treatment, or be notified of changes in care and treatment." - "The ALC (assisted living center) must provide care and an environment that contributes to your quality of living." 	S 776		