

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 48222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/20/2023
--	---	--	--

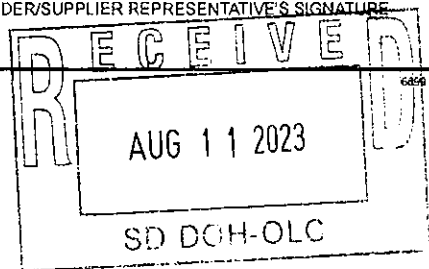
NAME OF PROVIDER OR SUPPLIER BETHANY MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 3008 E ASPEN BLVD BRANDON, SD 57005
---	---

(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 7/18/23 through 7/20/23. Bethany Meadows was found not in compliance with the following requirements: S296 and S305.	S 000		
S 296	44:70:04:04 Personnel training Ongoing education programs must cover the required subjects annually. These programs must be completed within 30 days of hire for all healthcare employees and must include the following subjects: (1) Fire prevention and response. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, monthly fire drills shall be conducted to provide training for all staff; (2) Emergency procedures and preparedness; (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, neglect, and misappropriation of resident property and funds; (10) Problem solving and communication techniques related to individuals with cognitive impairment or challenging behaviors if admitted and retained in the facility, and; (11) Any additional healthcare employee	S 296	S 296: On 8/7/23, Administrator or designee will collect and audit all personnel files, including employees B,C,D,E,F,G,H,I, for ongoing education programs and will provide training for those who have missing education on the following subjects listed under the Personnel Training requirements. IDT reviewed and revised policies and procedures relating to personnel training on 8/3/23. No revisions were made. A directed inservice will be held with all nursing & dietary staff on 8/15/23 to provide education on policies & procedures relating to personnel training. Employees who are not able to join the directed in-service will be assigned to watch it via our employee online training website. All training will be completed by 9/1/2023. Starting 8/7/23, Administrator or designee will audit new employee files for personnel training completion with signed documentation once a week for 3 months or for as long as the QAPI committee deems necessary. Administrator or designee will present the findings of the audit to the QAPI committee at their quarterly meeting for review and recommendation.	9/3/2023 CL 8/10/23 CL 8/10/23 CL 8/10/23

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

[Handwritten Signature]

STATE FORM



TITLE

Administrator

(X5) DATE

8.8.23

RIJY11

If continuation sheet 1 of 5

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 48222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2023
NAME OF PROVIDER OR SUPPLIER BETHANY MEADOWS		STREET ADDRESS, CITY, STATE, ZIP CODE 3008 E ASPEN BLVD BRANDON, SD 57005		
(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 296	Continued From page 1 education necessary based on the individualized resident care needs provided by the healthcare employees to the residents who are accepted and retained in the facility. This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review and interview, the provider failed to ensure all required training topics had been completed for: *Seven of ten sampled employees (B, C, D, E, F, G, and I) within 30 days of their hire date. *Two of ten sampled employees (H, and J) annually. Findings include: 1. Review of employee B, C, D, E, F, G, H, I, and J's personnel files revealed: *Nurse aide B was hired on 5/30/23. *Director of nursing C was hired on 10/24/22. *Nurse aide D was hired on 5/16/23. *Unlicensed medication aide E was hired on 3/16/23. *Licensed practical nurse F was hired on 6/22/23. *Dietary aide G was hired on 2/1/23. *Dietary aide H was hired on 2/14/22. *Cook I was hired on 5/28/23. *Cook J was hired on 9/20/21. There was no documentation in each of the above employees files to have shown the employees had completed the required training during their orientation or annually for the following topics: -Fire prevention and response. -Emergency procedures and preparedness. -Infection control and prevention. -Accident prevention and safety procedures. -Resident rights.	S 296		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 48222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER BETHANY MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 3008 E ASPEN BLVD BRANDON, SD 57005
---	---

(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 296	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Confidentiality. -Incidents and diseases subject to mandatory reporting and the facility's reporting mechanism. -Nutritional 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. -Food safety. -Handwashing. -Food handling/preparation techniques. -Food-borne illnesses. -Serving and distribution procedures. -Leftover food handling policies. -Time and temperature controls for food preparation and service. -Nutrition and hydration. -Sanitation requirements. <p>Interview on 7/20/23 at 2:18 p.m. with human resources director K regarding employee training revealed:</p> <ul style="list-style-type: none"> *He had been the person responsible to ensure employee files were completed with documentation of all of the required training. *It was their facility procedure to ensure that all required orientation had been completed for each newly hired employee and annually for all other employees. *He was aware of the regulation, and that the required training should have been completed for all employees within thirty days of their hire and annually. <p>Interview on 7/20/23 at 2:45 p.m. with administrator A revealed:</p> <ul style="list-style-type: none"> *She confirmed there was no documentation the above employees had completed their mandatory 	S 296		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 48222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BETHANY MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 3008 E ASPEN BLVD BRANDON, SD 57006
--	---

(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 296	Continued From page 3 training within 30 days of their hire and annually. *She was aware of the requirement and her expectation was that the regulation should have been followed.	S 296		
S 305	44:70:04:05 Employee health program The facility shall have an employee health program for the protection of the residents. All personnel shall be evaluated by a licensed health professional for freedom from reportable communicable disease which poses a threat to others before assignment to duties or within 14 days after employment including an assessment of previous vaccinations and tuberculin skin tests. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to ensure four of ten sampled employees (B, D, E, and F) were evaluated by a licensed health professional and determined to have been free from reportable communicable disease within fourteen days after the start of their employment. Findings include: 1. Review of personnel records for the above employees revealed: *Employee B was hired on 5/30/23. *Employee D was hired on 5/16/23. *Employee E was hired on 3/16/23. *Employee F was hired on 6/22/23. *None of the above employees had been evaluated by a licensed health professional and determined to have been free from reportable communicable diseases within fourteen days after the start of their employment.	S 305	S 305: On 8/7/23, DON or designee will collect and audit all employee files, including employees B,D,E,F, for evaluation by a licensed health professional for freedom from reportable communicable disease or completed assessment of previous vaccinations and tuberculin skin test within 14 days after employment. IDT reviewed and revised policies and procedures relating to employee health on 8/7/23. No revisions were made. A directed inservice will be held with all staff on 8/15/23 to provide education on policies and procedures relating to employee health. Employees who are not able to join the directed in-service will be assigned to watch it via our employee online training website. All training will be completed by 9/1/2023. Starting 8/7/23, DON or designee will audit new employee files for completed evaluation by a licensed health professional for freedom from reportable communicable disease with signed documentation or a completed assessment of previous vaccinations and tuberculin skin test once a week for 3 months or for as long as the QAPI committee deems necessary. DON or desginee will present the findings of the audit to the QAPI committee at their quarterly meeting for review and recommendation.	9/3/2023 <i>CL 8/10/23</i> <i>CL 8/10/23</i> <i>CL 8/10/23</i>

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 48222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2023	
NAME OF PROVIDER OR SUPPLIER BETHANY MEADOWS		STREET ADDRESS, CITY, STATE, ZIP CODE 3008 E ASPEN BLVD BRANDON, SD 57005		
(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 305	<p>Continued From page 4</p> <p>Interview on 7/20/23 at 2:18 p.m. with human resource director K revealed: *He had been the person responsible to ensure the employee files were complete and had all the necessary documentation included. *He confirmed the above employees had not had the documentation to prove they had been evaluated by a licensed health professional and were free from communicable disease prior to starting their employment at the facility. *He was aware of the regulation and agreed it had not been followed.</p> <p>Interview on 7/20/23 at 2:45 p.m. with administrator A revealed: *She confirmed there was no documentation the above employees had been evaluated by a licensed health professional and determined to have been free from reportable communicable diseases within fourteen days after the start of their employment.</p> <p>A request was made to human resource director K for the provider's policy for evaluation of all employees for communicable disease prior to the start of their employment but had not been provided prior to the survey exit.</p>	S 305		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 48222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BETHANY MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 3008 E ASPEN BLVD BRANDON, SD 57005
--	---

(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 revisit survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers was conducted on 9/14/23 for deficiencies cited on 7/20/23. All deficiencies have been corrected, and no new noncompliance was found. Bethany Meadows is in compliance with all regulations surveyed.

{S 000}

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

TITLE

(X6) DATE