South Da	akota Department of He	ealth				
STATEMENT OF DEFICIENCIES (X1) PROV		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		48222	8. WNG		07/2	0/2023
NAME OF P	ROVIDER OR SUPPLIER	STREETAL	DDRESS, CITY, STA	ATE, ZIP CODE		ļ
BETHAN	BETHANY MEADOWS  3008 E ASPEN BLVD BRANDON, SD 57005					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	85	(X5) COMPLETE DATE
S 000	Administrative Rules 44:70, Assisted Livin assisted living center 7/18/23 through 7/20	r compliance with the of South Dakota, Article g Centers, requirements for s, was conducted from //23. Bethany Meadows was nce with the following	S 000			
S 296	required subjects and be completed within healthcare employee following subjects:  (1) Fire preventishall conduct fire drill the facility is not oper monthly fire drills shattraining for all staff;  (2) Emergency preparedness;  (3) Infection conduction (4) Accident preprocedures;  (5) Resident right (6) Confidentiality (7) Incidents and	rograms must cover the nually. These programs must 30 days of hire for all as and must include the on and response. The facility is quarterly for each shift. If rating with three shifts, all be conducted to provide procedures and introl and prevention; vention and safety	S 296	S 296: On 8/7/23, Administrator or dewill collect and audit all personnel files employees B,C,D,E,F,G,H,I, for ongoing education programs and will training for those who have missing education on the following subjects lisunder the Personnel Training requirer IDT reviewed and revised policies and procedures relating to personnel training 8/3/23. No revisions were made.  A directed inservice will be held with a & dietary staff on 8/15/23 to provide e on policies & procedures relating to petraining. Employees who are not able directed in-service will be assigned to via our employee online training webs training will be completed by 9/1/2023. Starting 8/7/23, Administrator or designed in the standard of the stan	s, including provide ated nents.  I all nursing ducation ersonnel to join the watch it ite. All all place are QAPI	01 8/10/23 8/10/23
AROPATOPY	(8) Nutritional ristresidents; (9) Abuse, negler resident property and (10) Problem so techniques related to impairment or challer and retained in the factorial (11) Any additional residents.	lving and communication individuals with cognitive nging behaviors if admitted		Administrator or designee will present findings of the audit to the QAPI comritheir quarterly meeting for review and recommendation.		(X6) DATE

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PRINTED: 07/31/2023 FORM APPROVED South Dakota Department of Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 07/20/2023 48222 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3008 E ASPEN BLVD **BETHANY MEADOWS** BRANDON, SD 57005 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) 1D (FACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 296 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

STATE FORM RIJY11 If continuation sheet 2 of 5

above employees files to have shown the employees had completed the required training during their orientation or annually for the

-Emergency procedures and preparedness.

-Accident prevention and safety procedures.

-Fire prevention and response.

-Infection control and prevention.

following topics:

-Resident rights.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	A. BUILDING:		COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	TE, ZIP CODE		
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S 296	Continued From page	e 2	S 296			,
0 200	Continued From pag	6 2	0 200			
	-Confidentiality.					
		ses subject to mandatory				
		ility's reporting mechanism.				
i .						
1	-Nutritional risks and					
		misappropriation of resident				
	property and funds.		1			
	-Problem solving and	communication techniques	1			
	related to residents v	vith cognitive impairment or				
1	challenging behavior	- '				
ł		the resident care needs.	ļ			
1		the resident care needs.				
	-Food safety.		1			
	-Handwashing.		i			
	-Food handling/prepa	aration techniques.				·
Į.	-Food-borne illnesse:	S.	1			
	-Serving and distribu	tion procedures.				
1	-Leftover food handli					
ļ	-Time and temperatu	- ·	!			
1	preparation and serv			İ		
	-Nutrition and hydrati		-			
	-Sanitation requirements.					
Ì	Interview on 7/20/23	at 2:18 p.m. with human	1			
	resources director K	regarding employee training				
	revealed:					
ļ	*He had been the pe	rson responsible to ensure	İ			
1	employee files were		ŀ			
		of the required training.	ļ			
						:
		rocedure to ensure that all	i			
		nad been completed for each				
ĺ		e and annually for all other	-			
	employees.					
	*He was aware of the	e regulation, and that the				
		uld have been completed for				
		thirty days of their hire and	1			i
	annually.	and adjoor from the and				
l	ainidally.		1			
	1.4. 1. 7. 7.00	10.15				
	Interview on 7/20/23					
	administrator A revea					
	*She confirmed there	was no documentation the				
	above employees ha	d completed their mandatory				

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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATÉ SURVEY COMPLETED	
	48222 B. WING		07/20/2023				
	ROVIDER OR SUPPLIER	3008 E AS	DORESS, CITY, STA SPEN BLVD N, SD 57005	ATE, ZIP CODE			
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S 296	training within 30 day	e 3 s of their hire and annually. e requirement and her the regulation should have	S 296				
S 305	The facility shall have program for the prote personnel shall be exprofessional for freed communicable diseas others before assign days after employme of previous vaccinati.  This Administrative Finet as evidenced by Based on record revious provider failed to ensemployees (B, D, E, licensed health profe have been free from disease within fourte their employment. Findings include:  1. Review of person employees revealed *Employee B was hitemployee E was hitemployee F was hitemployee F was hitemployee F was hitemployee F was hitemployee F was hitemployee of the above evaluated by a licenter of the statemployee of the statemployee of the above evaluated by a licenter of the statemployee of the statemployee of the statemployee of the above evaluated by a licenter of the statemployee of the statemplo	mployee health program  all have an employee health be protection of the residents. All libe evaluated by a licensed health or freedom from reportable disease which poses a threat to assignment to duties or within 14 bloyment including an assessment coinations and tuberculin skin tests.  ative Rule of South Dakota is not ced by: ord review and interview, the to ensure four of ten sampled in D, E, and F) were evaluated by a hiprofessional and determined to be from reportable communicable of fourteen days after the start of tent. de:  Dersonnel records for the above wealed: was hired on 5/30/23. was hired on 5/16/23. was hired on 6/22/23. above employees had been a licensed health professional and behave been free from reportable		S 305: On 8/7/23, DON or designate collect and audit all employee filler including employees B,D,E,F, for evaluation by a licensed health professional for freedom from rep communicable disease or comple assessment of previous vaccination tuberculin skin test within 14 days employment.  IDT reviewed and revised policies procedures relating to employee 8/7/23. No revisions were made.  A directed inservice will be held with staff on 8/15/23 to provide educate policies and procedures relating the employee health. Employees whather to join the directed in-service assigned to watch it via our employent in the training website. All training completed by 9/1/2023.  Starting 8/7/23, DON or designed audit new employee files for comevaluation by a licensed health professional for freedom from reproduced the professional for freedom from reproduced the standard of previous vaccinations and tube skin test once a week for 3 montas long as the QAPI committee of the audit to the QAPI committee of	ortable ted ons and safter and health on or or or or or or or or or or or or or	9/3/2023 8/10/23 6/8/10/23	

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SUMMARY SILVEMENT OF DEFICIENCES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S 305  Continued From page 4  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.  Interview on 7/20/23 at 2:45 p.m. with administrator A revealed:	South Dakota Department of He STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
BETHANY MEADOWS  BRANDON, SD 57005  (X4) ID PREFIX TAG  CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S 305  Continued From page 4 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.  Interview on 7/20/23 at 2:45 p.m. with administrator A revealed:		48222		B, WING		07/20/2023	
S 305   Continued From page 4   S 305	NAME OF P	ROVIDER OR SUPPLIER			ZIP CODE		
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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.  Interview on 7/20/23 at 2:45 p.m. with administrator A revealed:	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	) BE	(X5) COMPLETE DATE
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.  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.	S 305	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 4  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.  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.  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		S 305			

South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_\_ B. WING 09/14/2023 48222 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3008 E ASPEN BLVD **BETHANY MEADOWS** BRANDON, SD 57005 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) {S 000} (\$ 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.

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

TITLE

(X6) DATE