South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	15 16	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		59462	B. WNG		C 10/30/2024	
	ROVIDER OR SUPPLIER	NG 402 SO	ADDRESS, CITY, S OUTH PINE STRE D, SD 57045			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	D BE COMPLETE	
	Administrative Rule 44:70, Assisted Liv assisted living cent 10/28/24 through 1 Assisted Living was the following require A complaint survey Administrative Rule 44:70, Assisted Liv assisted living cent 10/28/24 through 1 was related to a res Menno-Olivet Assist compliance.  44:70:06:01 Dieteti The facility shall has service that meets residents and ensure prepared, distribute that is safe, wholes accordance with the This Administrative met as evidenced to Based on observatire review, the provider sanitary conditions kitchen where reside prepared. Findings  1. Observation on 1 kitchen revealed: *The walk-in cooler black substance on the said and the substance on the said and the said an	for compliance with the es of South Dakota, Article ing Centers, requirements for ers, was conducted on 0/30/24. Menno-Olivet is found not in compliance with ement S450.  for compliance with the es of South Dakota, Article ing Centers, requirements for ers, was conducted on 0/30/24. The area surveyed sident elopement. Ited Living was found in consider the daily nutritional needs of res that food is stored, ed, and served in a manner ome, and sanitary in eloprovisions of § 44:70:02:06.  Rule of South Dakota is not by: on, interview, and record in failed to maintain clean and in one of one observed lents' food was stored and include:	S 000	S 450 Action Items  1. The walk-in cooler metal wir shelving located in the kitchen immediately thoroughly cleane dietary staff to ensure the black substance noted to be on it was removed. The Administrator not the flooring company on 11/18, to discuss options regarding the in cooler flooring. Administrator flooring company agreed that a person visit to view the flooring concerns would be beneficial. It meeting is planned for "sometine early December" but a more specificated and time would be determed once it got closer. Another bus was considered to be contacted current flooring company was to assist in this area. On 11.18 the Dietary Manager, Administ Maintenance, and Dietician metalong-term solution could be to provide a clean area for the foot preparation countertop. After discussion, it was determined to the food preparation counter the kitchen was removed by maintance and the areas of convere resealed. Food and drink products were examined by the staff to determine if any items of outdated. All expired food and items discarded and replaced.  2. The Administrator, Dietary Mand Dietician reviewed and reviewed and replaced.  2. The Administrator, Dietary Mand Dietician reviewed and replaced.  2. The Administrator, Dietary Mand Dietician reviewed and replaced.  2. The Administrator, Dietary Mand Dietician reviewed and reviewed and replaced.  2. The Administrator, Dietary Mand Dietician reviewed and reviewed and replaced.  2. The Administrator, Dietary Mand Dietician reviewed and replaced.  2. The Administrator, Dietary Mand Dietician reviewed and reviewed and replaced.	was d by k is otified //2024 ie walk- r and an in- g A me oecific nined iness id if unable 2.2024, rator, et in- ne what o od that for ked area ertop in ncern e dietary were drink  //anager, vised for s.	

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

TITLE

(X6) DATE

Michelle Kettwig STATE FORM

Administrator

RW0N11

11/21/2024

South Dakota Department of Health

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY					
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	A. BUILDING:	COMPLETED					
59462	B. WING	C 10/30/2024					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MENNO-OLIVET ASSISTED LIVING 402 SOUTH PINE STREET							
MENNO, SD 57045							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE COMPLETE THE APPROPRIATE DATE					
that contained rust and had a black substance on the caulking where the floor met the wall.  *The caulked area on the food preparation counter where the countertop met the backsplash:  -Had black and brown unidentified particles pressed into the caulking.  -Was sticky when touched.  *Area of the food preparation countertop were cracked and not sealed.  *In the refrigerator there were:  -A container of thickened orange juice had an expiration date of 7/6/24.  -A container of tomato juice had an expiration date of 8/8/24.  *Two containers of half and half had an expiration date of 10/13/24.  *More than 12 containers of yogurt had a use by date of 10/20/24.  2. Interview on 10/29/24 at 2:30 p.m.with dietary manager C revealed:  * The caulking on the food preparation counter had been recently replaced by the maintenance department.  *She had asked for a new countertop and was told it would be too expensive.  *She was not aware of the area of the countertop that was not sealed.  *She stated that there was a cleaning schedule for the kitchen and walk-in cooler.  -The responsibility for cleaning would alternate between the morning and evening cooks.  *It was her expectation that the wire shelves would be properly cleaned and signed off as completed each week.  3. Interview on 10/30/24 at 10:05 a.m. with administrator A revealed:  *During a walk-though of the kitchen, she	cooler was modified to weekly by dietary staff day and same shift of ensure consistency in responsibilities. Check dates weekly by dietar week on the same day shift was added to the schedule to ensure the and drink items are wi designated date to be safe for consumption. or drink items are to be immediately. Inspectic caulked areas on the be done weekly by the Manager, or designee cleanliness of areas. It to be concerning of un Dietary Mananger, or notify Maintenance im area addressed and to The new hire orientative be updated by the Die include the cleaning scresponsibilities and ex Dietary Manager, or dwill be responsible for one-on-one training.  3. The updated cleaning dietary staff will be turn Dietary Manager daily Administrator will fill in cleaning schedules if the is absent. The Dietary lead the dietary in-sent 11/21/2024 to review the made to the updated of schedules. A second is meeting for dietary staff or 11.25.2024 and is the Dietary Manager and the dietary staff or dietary staff or 11.25.2024 and is the Dietary Manager and the dietary staff or 11.25.2024 and is the Dietary Manager and the dietary staff or 11.25.2024 and is the Dietary Manager and th	be cleaned f on the same every week to cleaning king expiration ry staff every y and same cleaning at all food items thin the considered Any expired food e discarded on of the countertop will e Dietary to ensure f areas are noted ncleanliness, designee, will mediately to have be maintained. on checklist will etary Manager to chedule expectations. The esignee, providing this  and schedules for ned in to the for review. The for reviewing Dietary Manager Manager is to vice on the changes cleaning n-service off is scheduled to be led by the the Dietician					

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: C B. WING 59462 10/30/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **402 SOUTH PINE STREET** MENNO-OLIVET ASSISTED LIVING MENNO, SD 57045 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 450 Continued From page 2 S 450 designee will complete audits for ensuring that specific items on the reported she had not been made aware of the cleaning schedule are being completed condition of the countertop caulking. which incluedes the cleaning of the wire \*She agreed that the caulking was not a shelving in the walk-in cooler and for cleanable surface. checking of the expired food and drinks \*She said this issue would be addressed. Audits are to be done weekly for eight \*She reported they were working with a flooring weeks, twice a month for four months. company on other projects and to see what could monthly for three months. All data will be done to fix the rusted floor in the walk-in be reported to QAPI by the Dietary cooler. Manager, or designee. It will be at the discretion of the QAPI committee if the 4. Review of the provider's weekly cleaning audits are to continue or if there has been correction of the deficient schedules revealed: practice. \*The task "Wipe shelves down in walk-in cooler" areas for week one and week two were signed off The Administrator and Dietary Manager will do a weekly review of the audits for the month of October, weeks three and four to ensure that cleaning expectations were not signed off as completed. are sustained and any expired food \*For the month of September, week one and or drink items have been discarded. week 5 were signed off as completed, weeks two. This weekly review will also include three, and four were not signed off as completed. the monitoring of the caulked countertops to ensure they are being 5. Review of the provider's November, 2022 maintained and clean. This review will Sanitization policy revealed: be reported to QAPI by the \*Policy Interpretation and Implementation, Administrator. number two, "All utensils, counters, shelves and 4. The Administrator reviewed with equipment are kept clean, maintained in good the Dietary Manager that our facility's repair and are free from breaks, corrosions, open process for facility improvement seams, cracks and chipped areas that may affect requests must be discussed directly their use or proper cleaning." with the Administrator and/or Board of Directors. 6. Review of the provider's November 2022 Food Receiving and Storage policy revealed: \*Refrigerated/Frozen Storage, number seven, "Refrigerated foods are labeled, dated and monitored so they are used by their "use-by" date, frozen, or discarded."