STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435076	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethel Lutheran Home	1001 S EGAN AVE , MADISON, South Dakota, 57042

(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) COMPLETION DATE
F0000	INITIAL COMMENTS An onsite revisit survey was conducted on 8/21/25 for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities for all previous deficiencies cited on 7/17/25. Bethel Lutheran Home was found not in compliance with the following requirement: F812.	F0000		
F0812 SS = F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on review of the provider's accepted plan of correction (POC) with a completion date of 8/13/25 for the 7/17/25 recertification survey, observation, interview, and record review, the provider failed to ensure the POC was followed related to kitchen cleanliness and performance improvement audits.	F0812		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Interim Administrator	9-12-2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435076	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethel Lutheran Home	1001 S EGAN AVE , MADISON, South Dakota, 57042

(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) COMPLETION DATE
F0812 SS = F	Continued from page 1 Findings include: 1. Review of the provider's accepted POC with a completion date of 8/13/25 revealed: *"Dietary manager, Registered Dietitian or designee will complete food safety and sanitation audit once weekly for one month, then twice monthly for three months, then once monthly for six months." *"Two compartment sick and water tank area will be sealed with KILZ and relined with pebble board and sealed. Pebble board and KILZ [paint/primer product] have been ordered. This will be completed by Bethel maintenance." *"Kitchen staff was educated on [the] process of cleaning of [the dish machine] on August 7, 2025." *"Interior and exterior areas of cabinets and drawer areas will be completed with scheduled cleaning." *"Drywall behind [the] reach in cooler with be covered and sealed by Bethel Maintenance." 2. Review of the 7/17/25 CMS-2567 Statement of Deficiencies for F812 revealed that during the initial kitchen tour on 7/15/25 from 8:31 a.m. to 9:35 a.m., the cabinetry throughout the kitchen was found in poor condition. The cupboard space beneath the sink in the beverage area had visible signs of water damage. The boards were warped, had water stains on them, and there were black specks throughout the cabinet space that appeared to have been mold. The cabinet spaces under the three-compartment sink and two-compartment sink were in a similar condition with water damage and potential mold buildup. The cabinet that housed the small water heater had visible water damage. There was a buildup of brown residue, dust, and food crumbs on the inside of various cupboards and drawers throughout the kitchen. The wall behind the reach-in cooler had a hole in it, exposing the drywall. The dishwasher had a thick layer of wet soap scum and food particles caked to the upper inside of the dishwasher doors.	F0812	Kitchen food service observation (document name updated) audit has been completed on 8/25/2025 and 9/4/2025 using updated CMS-20055 (10/2022) (*see attached Section 1.) Dietary manager, registered dietitian or designee will complete Kitchen safety and sanitation audit form weekly for 1 month, then bi-monthly for 3 months, then ongoing to be completed by the 15th of every month thereafter. This was started on 8/25/2025. Audits will be reviewed with the QAPI committee members at monthly QAPI meetings on an ongoing basis. Two compartment sink has been cleaned and sanitized, sealed with KILZ and relined with pebble board. Completed on 9/9/2025. (See picture 1) Kitchen staff was provided additional education on the process of cleaning the dish machine. This was completed and signed off on 8/22/2025. (see attachment Section 2) Education with staff for kitchen safety and sanitation will be completed annually and as needed. Scheduled cleaning of interior and exterior areas of kitchen cabinets and drawers was implemented on 8/25/2025. (see attachment Section 3) (see picture 2). Cleaning is included in staffs' daily tasks. Dietary manager will monitor completion of tasks on an ongoing weekly basis. Drywall behind reach-in cooler/ refrigerator was covered and sealed and completed on 9/9/2025. (see picture 3)	9/12/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435076	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethel Lutheran Home	1001 S EGAN AVE , MADISON, South Dakota, 57042

(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) COMPLETION DATE
F0812 SS = F	Continued from page 2 3. Observations throughout the onsite revisit survey on 8/21/25 revealed the kitchen remained in the same state as described above. 4. Observation and interview on 8/21/25 at 10:46 a.m. with dietary aide II in the dish room revealed that there was still a buildup of wet soap scum and food particles on the upper inside wall of the dishwasher doors. Dietary aide II confirmed that he saw the buildup. He said that he had been lifting the dishwasher doors and cleaning the upper inside wall, but he could not reach all of the buildup once the dishwasher doors were lifted open all the way. 5. Observation and interview on 8/21/25 at 10:50 a.m. with cook HH and dietary aide R in the kitchen revealed the same cabinets, drawers, and cupboards were in the same condition as observed during the recertification survey from 7/15/25 to 7/17/25. Cook HH said that he had taken the items out of some of the drawers and cabinets and had cleaned inside, but he had not gotten to them all. The cabinet space under the two-compartment sink appeared to have had a leak in the sealant, as there was water dripping down the side wall of the cabinet, and had a collection of wet, brown, and black sludge at the bottom of the cabinet. Cook HH confirmed that observation and did not provide any comments about it. Dietary aide R said that the maintenance department came into the kitchen with the floor scrubber machine once per day to clean the kitchen floors. 6. Observation and interview on 8/21/25 at 2:30 p.m. with environmental services director G in the kitchen revealed that the cabinet space under the two-compartment sink remained in the same condition as stated above. He was not aware of the leaky sink. When asked what he thought of the situation, he said that it was not good. He stated his initial plan to fix the issue was to paint KILZ primer (a primer paint that prevents mold and mildew growth on the primer surface) over the damaged cabinet and install an embossed fiberglass panel over it. With the extent of the water damage, potential mold and mildew, and deteriorating wood particle board, he said he might have to rethink his plan to fix the issue. 7. Review of the provider's food safety and sanitation	F0812	The cupboard space beneath the prep sink area and repair to the faucet area completed by 9/9/2025. Area has been cleaned and sanitized and sealed with KILZ and relined with pebble board. (see picture 4) The cabinet spaces under the three-compartment sink and two compartment sinks were repaired and sealed with KILZ and relined with pebble board and counters were sealed by 9/9/2025. (see picture 1). Dishwasher was cleaned with steel wool. A step stool was purchased to better accommodate cleaning the inside door of the dish machine (see picture 5). Scheduled cleaning of dish machine was implemented 8/25/2025 and is included in staffs' daily tasks. Dietary manager or designee will be auditing tasks weekly on an ongoing basis Observations noted. Observations noted. Kitchen cabinets, drawers and cupboards have been completed as noted in previous statement on page 2 of 4. (see picture 2) Cabinet space under the two-compartment sink was repaired and painted with KILZ primer and relined with pebble board by 9/9/2025 (see picture 1 and picture 4.) See corrective action on page 2 of 4.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435076	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethel Lutheran Home	1001 S EGAN AVE , MADISON, South Dakota, 57042

(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) COMPLETION DATE
F0812 SS = F	Continued from page 3 audits, as described in their POC, revealed that blank copies of the audits were provided for review. No completed audits were provided for review. Interview on 8/21/25 at 3:10 p.m. with dietary manager D confirmed that they had not started the auditing process that was stated in their POC. She and registered dietitian EE had developed some of the audits that morning. She confirmed their plan to address the cabinetry was to clean inside the cabinets, paint KILZ primer paint over the damaged areas, and install the paneling over it. She was not aware that the two-compartment sink was leaking. She said that the maintenance department was going to fix the hole in the wall next week. She said that cook JJ was scheduled to clean inside the drawers and cabinets that day. They planned to clean them section by section as she said they could not complete it all in one day. Interview on 8/21/25 at 3:15 p.m. with interim administrator A revealed that he expected the auditing systems to have already started. He was unaware that the food safety and sanitation audits had not been started. He confirmed the potential mold growth and water damage inside the cabinetry was not acceptable.	F0812	Safety and sanitation audits completed on 8/25/2025 and 9/4/2025. (see attached Section 1) and ongoing as stated on page 2 of 4. Administrator will review audits weekly for four weeks and then transition to monthly at QAPI. Audits will be reviewed by QAPI committee members at monthly QAPI meetings on an ongoing basis. Attached is the Kitchen Safety & Sanitation Procedure that will be followed to ensure kitchen safety and sanitation.	