

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 59168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME ALC	STREET ADDRESS, CITY, STATE, ZIP CODE 801 SOUTH MAIN ST POST OFFICE BOX 195 ROSLYN, SD 57261
--	--

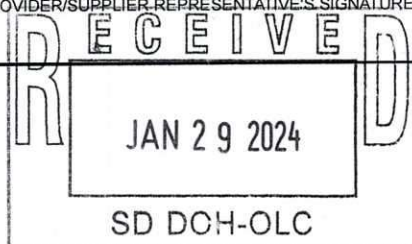
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

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 1/2/24 through 1/4/24. Strand-Kjorsvig Community Rest Home ALC was found not in compliance with the following requirements: S296 and S506.	S 000		
S 296	44:70:04:04(1-11) Personnel Training These programs must be completed within thirty days of hire for all healthcare personnel and must include the following subjects: (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; (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 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. Any personnel whom the facility determines will	S 296	Employee H, I J, K, L completed required trainings by 2/18/24. Administrator, DON, and interdisciplinary team will review and revise policies and procedures as necessary. Business office manager or designee will audit employees for completion of required trainings monthly for 3 months. Findings of audits will be presented at monthly QAPI meetings.	2/18/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Samuel Van Voorst

TITLE
Administrator

(X6) DATE
1/25/2024



South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 59168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2024
NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME ALC		STREET ADDRESS, CITY, STATE, ZIP CODE 801 SOUTH MAIN ST POST OFFICE BOX 195 ROSLYN, SD 57261		
(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 have no contact with residents are exempt from the training required by subdivision (8). This Administrative Rule of South Dakota is not met as evidenced by: Based on review of employee personnel records, training transcript review, and interview, the provider failed to ensure training was completed for the following: *Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms for five of five sampled employees (H, I, J, K, and L). *Fire prevention and response, emergency procedures and preparedness, including responding to resident emergencies and information regarding advanced directives, and nutritional risks and hydration needs of residents for four of five sampled employees (H, J, K, and L). *Accident prevention and safety procedures and resident rights for three of five sampled employees (J, K, and L). *Infection control and prevention for two of five sampled employees (J and K). Findings include: 1. Review of employee personnel records revealed: *Employee H was hired on 4/19/23. *Employee I was hired on 7/29/23. *Employee J was hired on 11/15/22. *Employee K was hired on 10/5/23. *Employee L was hired on 10/17/23 Interview and review of employee training records and online training transcripts with business office	S 296		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 59168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2024	
NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME ALC		STREET ADDRESS, CITY, STATE, ZIP CODE 801 SOUTH MAIN ST POST OFFICE BOX 195 ROSLYN, SD 57261		
(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> <p>manager (BOM) D on 1/3/24 at 4:42 p.m. and on 1/4/24 at 11:37 a.m. revealed:</p> <p>*The provider used both online training programs and in-person training for employees.</p> <p>*She was responsible to assign each employee's online training.</p> <p>*She confirmed employees H, I, J, K, and L had not completed training for the above required topics.</p> <p>*She was responsible to ensure each employee's training was completed as required.</p> <p>Interview on 1/4/23 at 4:10 p.m. with DON B and BOM D revealed:</p> <p>*They confirmed there was no documentation to support employees H, I, J, K, and L had received any of the required training topics noted above.</p> <p>*They agreed they had no organized orientation and training programs for the employees.</p> <p>Review of the provider's June 2001 policy "163P. In-services" revealed:</p> <p>**"All employees will participate in scheduled In-service training or workshops."</p> <p>**"[Name of provider] will provide on-going in-service training plans and will work closely with employees wishing to continue education in the long term health care field."</p>	S 296	<p>All dietary staff will complete required training by 2/18/24.</p>	2/18/2024
S 506	<p>44:70:06:17 Required Dietary Inservice Training</p> <p>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:</p>	S 506	<p>Administrator, dietary manager, and interdisciplinary team will review and revise policies and procedures as necessary.</p> <p>Dietary staff will be audited for completion of required training monthly for 3 months.</p> <p>Findings of audits will be presented at monthly QAPI meetings.</p>	

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 59168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME ALC	STREET ADDRESS, CITY, STATE, ZIP CODE 801 SOUTH MAIN ST POST OFFICE BOX 195 ROSLYN, SD 57261
--	--

(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 506	<p>Continued From page 3</p> <p>(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 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 record review, interview, policy review, and job description review, the provider failed to ensure required dietary training for food safety, handwashing, food handling and preparation techniques, food-borne illnesses, serving and distribution procedures, leftovers food handling policies, time and temperature controls for food preparation and service, nutrition and hydration, and sanitation requirements had been completed for five of five sampled dietary staff members (K, M, N, O, and P). Findings include:</p> <p>1. Review of dietary employee personnel records revealed: *Cook K was hired on 10/5/23. *Cook M was hired on 8/21/23. *Waitress N was hired on 2/10/23. *Waitress O was hired on 8/28/23. *Waitress P was hired on 9/6/23.</p> <p>Interview and review of dietary training records and online training transcripts with business office manager (BOM) D on 1/3/24 at 4:42 p.m. and on 1/4/24 at 11:37 a.m. revealed:</p>	S 506		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 59168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2024	
NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME ALC		STREET ADDRESS, CITY, STATE, ZIP CODE 801 SOUTH MAIN ST POST OFFICE BOX 195 ROSLYN, SD 57261		
(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 506	<p>Continued From page 4</p> <p>*They used both online training programs and in-person training.</p> <p>*She stated she assigned the online dietary training programs to each dietary employee.</p> <p>*She had reviewed the list of assigned online dietary trainings and stated none of the assigned trainings had been started.</p> <p>*She provided staff reminders to complete the dietary training that was assigned.</p> <p>Review of the 1/3/24 "Course Completion History" online training records revealed:</p> <p>*Cook K and M, Waitress N, O, and P had been assigned the required dietary inservice online trainings.</p> <p>-The "Due Date" for these trainings was thirty days after the dietary employee's hire date.</p> <p>-The status for each of these trainings was "Not Started".</p> <p>Interview on 1/3/24 at 4:58 p.m. with dietary manager E regarding dietary training revealed:</p> <p>*He works with new dietary employees for the first three to seven days after the start of their employment:</p> <p>-Together they go through the various dietary tasks.</p> <p>-The employees would following the dietary manager or another cook.</p> <p>*He stated he trains new dietary staff on the nine required topics but he had not documented any of that training.</p> <p>*He stated BOM D assigned the online dietary training to dietary staff.</p> <p>*He stated he had not been tracking the completion of the required dietary trainings for any of his staff.</p> <p>*He was not aware that the dietary staff had not completed the required dietary training by the assigned due date.</p>	S 506		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 59168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME ALC	STREET ADDRESS, CITY, STATE, ZIP CODE 801 SOUTH MAIN ST POST OFFICE BOX 195 ROSLYN, SD 57261
--	--

(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 506	<p>Continued From page 5</p> <p>Interview on 1/4/24 at 12:57 p.m. with dietary manager E revealed: *The 2017 policy on "Training/Orientation" was the current policy. *He agreed with the above findings that dietary staff had not completed their assigned training.</p> <p>Review of the provider's 2017 "Training/Orientation" policy revealed: *The policy was from the Becky Dorner & Associates, Inc. 2017 "Policy & Procedure Manual" **Policy: Food and nutrition services staff will be adequately trained to perform assigned duties and are required to participate in regularly scheduled inservice training sessions ... The director of food and nutrition services will be responsible for department orientation and training of new staff." **Procedure: Staff will be trained on the following:" --"Overview of Food Service." --"Meal services/tray line training." --"Sanitation." --"Personal hygiene." --"Safety." --"Food Preparation and Food Safety." --"Food safety/preventing foodborne illness." --"Temperature protection (internal cooking temperatures, holding, storage, reheating and cooling temperatures)." --"Proper storage of left-over food." --"Nutrition." **"(See Sample Training/Orientation Form later in this chapter of the manual for recording each new employee's training.)" *The training topics listed above covered the nine required training topics.</p>	S 506		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 59168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME ALC	STREET ADDRESS, CITY, STATE, ZIP CODE 801 SOUTH MAIN ST POST OFFICE BOX 195 ROSLYN, SD 57261
--	--

(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 506	<p>Continued From page 6</p> <p>Review of the provider's undated Dietary Services Manager job description revealed: **"The primary purpose of your job position is to assist the Dietitian in planning, organizing, developing and directing the overall operation of the Dietary Department in accordance with current federal, state, and local standards, guidelines and regulations governing our facility ..."</p> <p>**"Staff Development". -"Assist in the development of and participate in the planning, conducting, and scheduling of timely in-service training classes that provide instructions on 'how to do the job,' and that ensure a well-educated dietary services department." -"Encourage the dietary staff to attend and participate in training programs." **"Personnel Functions". -"Counsel/discipline dietary personnel as requested or as necessary." **"Specific Requirements". -"Must be knowledgeable of dietary practices and procedures as well as the laws, regulations and guidelines governing dietary functions in the long-term care facility."</p>	S 506		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 59168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/23/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 801 SOUTH MAIN ST POST OFFICE BOX 195 ROSLYN, SD 57261
--	--

(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}	<p>Compliance Statement</p> <p>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 2/23/24 for deficiencies cited on 1/4/24. All deficiencies have been corrected, and no new noncompliance was found. Strand-Kjorsvig Community Rest Home ALC is in compliance with all regulations surveyed.</p>	{S 000}		
---------	---	---------	--	--

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

TITLE

(X6) DATE