

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10731	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/06/2023
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NAME OF PROVIDER OR SUPPLIER JUDY'S ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1308 SUNDANCE CIRCLE BELLE FOURCHE, SD 57717
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(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
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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 7/5/23 through 7/6/23. Judy's Assisted Living Center was found not in compliance with the following requirements: S080, S173, S201, and S485.	S 000	s 80 Smokey is up to date on all vaccinations, including rabies. His record will be monitored by the manager annually and as needed and reported to the Admin. each on going year.	8-20-23
S 080	44:70.02 02 Pets No pet kept in or visiting a facility may negatively affect the well-being of any resident. This Administrative Rule of South Dakota is not met as evidenced by: Based on interview and vaccination record review, the provider failed to ensure one of one facility-owned cat had an up-to-date rabies vaccination. Findings include: 1. Interview on 7/5/23 at 1 00 p.m. with administrator A and manager B revealed Smokey: *Was a stray cat that they adopted 16 years ago. *Was an indoor and outdoor cat. *Has access to all resident rooms. *Was overdue on his rabies vaccine. *They agreed it put the residents at risk not having the cat up-to-date on his rabies vaccination. 2. Rabies Vaccination Certificate For Butte County, South Dakota revealed: *A local veterinary clinic vaccinated Smokey. *Smokey's rabies vaccination had expired on 6/20/19.	S 080		

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

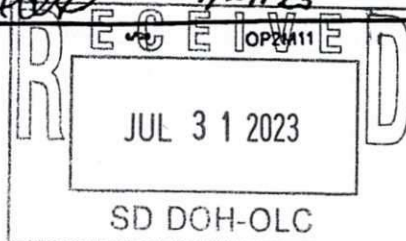
Judy R. [Signature] 7/27/23

TITLE

(X6) DATE

STATE FORM

If continuation sheet 1 of 5



South Dakota Department of Health

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S 173	Continued From page 1	S 173		
S 173	44:70:02.17(8-10) Occupant protection The facility shall take at least the following precautions: (8) Require that any clothes dryer must have a galvanized metal transition duct for exhaust or flexible transition duct listed and labeled in accordance with UL 2158A, (9) Ensure that the storage and transfilling of oxygen cylinders or containers must meet the requirements of the NFPA 99 Standard for Health Care Occupancies, 2012 Edition. A resident may store in the resident's room a maximum of three E-cylinders or 72 cubic feet or 2.040 cubic meters of oxygen on an as needed basis in addition to oxygen in use by the resident; and (10) If a facility admits or retains a resident not capable of self-preservation, the facility must meet NFPA 101 Life Safety Code, 2012 edition, health care occupancy standards in chapter 18 or 19 or equip the facility with complete automatic sprinkler protection. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to maintain proper ductwork installations (laundry dryer exhaust). Findings include: 1. Observation on 7/6/23 at 2 30 p.m. revealed the north laundry dryer had foil paper exhaust ductwork installed. The dryer exhaust ducting must be metal. Interview with the administrator on 7/6/23 at 3:30 p.m. confirmed that finding.	S 173	s 173 The dryer now has a galvanized metal transition duct for exhaust and in labeled. Duct will be monitored monthly for 6 months by the manager and reported to the Adim.	8-20-23
S 201	44 70 03 02 General fire safety Each facility must be constructed, arranged,	S 201		

Justa Rice 7/27/23

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S 201	<p>Continued From page 2</p> <p>equipped, maintained, and operated to avoid undue danger to the lives and safety of occupants from fire, smoke, fumes, or resulting panic during the period of time reasonably necessary for escape from the structure in case of fire or other emergency. The fire alarm system must be sounded each month.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: A. Based on observation and interview, the provider failed to maintain a hazardous room (east basement boiler room) as required. Findings include:</p> <p>1. Observation on 7/6/23 at 2:00 p.m. revealed the east basement was not equipped with automatic fire sprinklers and had a boiler room and staff quarters situated in it. The boiler (SD05811) had been inspected on 7/27/22 and was in service. The boiler room was considered to have been a hazardous room and was required to be one-hour fire-rated construction for that building type (non-sprinklered wood construction). The ceiling tiles of the boiler room were not installed to maintain a one-hour fire-rating (tiles were overlapping and not sealed with an approved fire-stop material). A fire-rating for the ceiling tile could not be determined (5/8-inch Type 'X' gypsum board would provide a one-hour fire rating). The twenty-minute fire-rated door was not self-closing and latching. The door was binding on the frame when manually pulled to the closed position and had a 1/2-inch gap between the leading edge of the door and the frame. The boiler room was not provided with fresh air combustion ventilation or room exhaust.</p> <p>B. Based on observation, document review, and interview, the provider failed to maintain the fire</p>	S 201	<p>s 201</p> <p>The facility is correctly constructed, arranged, equipped, maintained and operated to avoid undue fire danger. The fire rated construction tiles (gypsum) have been installed to provide a one hour fire rating. The 20 minute fire rated door is self closing and latching. The boiled room has air exhaust installed. This above will be monitored monthly by the manager and reported to the Administrator for 6 months.</p>	8-20-23

Judy A. Rodin 7/27/23

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S 201	<p>Continued From page 3</p> <p>sprinkler system as required (quarterly flow tests and sprinkler ages). Findings include:</p> <p>1. Observation on 7/6/23 at 2:45 p.m. revealed no vendor service tags indicating required quarterly flow tests for the automatic fire sprinkler system.</p> <p>2. Document review on 7/6/23 at 3.00 p.m. of the annual inspection report dated 6/21/23 did not indicate any quarterly flow test dates for the automatic fire sprinkler system. The age of the quick-response sprinklers in the building was not verified to see if sample testing was needed.</p> <p>Interview with the administrator on 7/6/23 at 3:30 p.m. confirmed those findings.</p>	S 201	<p>s 201</p> <p>Quarterly flow tests are done on the sprinkler system. Auto sprinkler flow tests reports will be monitored by the manager monthly and reported to the Administrator for 6 months.</p>	8-20-23
S 485	<p>44:70:06 11 ServSafe and nutritional needs</p> <p>The dietary manager, if employed, and at least one cook shall successfully complete and possess a current certificate from a ServSafe Food Protection Program offered by various retailers or the Certified Food Protection Professional's Sanitation Course offered by the Dietary Managers Association, or successfully completed equivalent training as determined by the department.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on interview and policy review, the provider failed to ensure a staff member had completed and possessed a current ServSafe Food Protection Program certificate. Findings include:</p> <p>1. Interview on 7/5/23 at 12:30 p.m. with</p>	S 485	<p>s 485</p> <p>The dietary manager has enrolled/completed the current serve safe food protection program. Serve safe certification will be monitored monthly by the manager and reported to the administrator for 6 months.</p> <p><i>Judith R. Reids 7/27/23</i></p>	8-20-23

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S 485	Continued From page 4 administrator A revealed: *The last employee that was ServSafe certified left the facility in 2020. *Last spring they had an employee assigned to take the ServSafe class but that staff member had left the facility before completion. 2. On 7/25/23 at 1:00 requested ServSafe certificate from administrator A and was unable to provide it. 3. Review of the undated Dietetic Service And Dietary Service's Director/Person In Charge policy revealed: *Method for Achievement: -*1. The dietary manager or person in charge and one cook will complete and possess a current ServSafe Certification.*	S 485		
			<i>QuB Rlin 7/27/23</i>	

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{S 000}	Compliance Statement A revisit survey was conducted on 8/24/23 and on 8/30/23 for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for all previous deficiencies cited on 7/6/23. Judy's Assisted Living Center was found not in compliance with the following requirement: S485.	{S 000}		
{S 485}	44:70:06:11 ServSafe and nutritional needs The dietary manager, if employed, and at least one cook shall successfully complete and possess a current certificate from a ServSafe Food Protection Program offered by various retailers or the Certified Food Protection Professional's Sanitation Course offered by the Dietary Managers Association, or successfully completed equivalent training as determined by the department. This Administrative Rule of South Dakota is not met as evidenced by: Based on phone calls, emails, and the plan of correction (PoC) review, the provider failed to ensure they had implemented their PoC and had a staff member complete and possess a current Servsafe Food Protection Program certificate. Findings include: 1. Review of the provider's 7/6/23 licensure survey PoC with a completion date of 8/20/23 revealed the dietary manager would enroll/complete a ServSafe Food Protection Program certificate. Phone calls on 8/17/23 times three and on 8/28/23 times two to inform administrator A of the ServSafe certificate needed to be sent for PoC	{S 485}	Tyghe Neilson attended and passed the Serve Safe training on September 12, 2023. Serve safe training will be monitored by the manager and reported to the administrator monthly for one year and as needed.	9-18-23

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

TITLE

(X6) DATE

STATE FORM

Judy Riedel

6800

OP2M12

9/21/23

If continuation sheet 1 of 2

South Dakota Department of Health

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{S 485}	<p>Continued From page 1</p> <p>compliance. She verbalized understanding of the documents needed.</p> <p>Emails were sent to manager B on 8/21/23 at 9:06 a.m., on 8/24/23 at 12:08 p.m., and on 8/29/23 at 12:09 p.m., and no response was returned.</p> <p>Telephone interview on 8/30/23 at 2:52 p.m. with administrator A revealed she: *Had registered for the ServSafe class to attend in person. *Agreed this should have been completed by the last completion date on the PoC.</p> <p>Review of the 8/30/23 at 2:55 p.m. email receipt received from administrator A regarding the ServSafe class revealed: *The ServSafe class had been registered and paid for on 8/30/23 at 11:09 a.m. *A statement from administrator A in the email indicated "We are registered for the September 12, in person class. This was the soonest available date in Rapid City." *The registration for the ServSafe class was after the 8/20/23 PoC correction date.</p>	{S 485}		

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{S 000}	<p>Compliance Statement</p> <p>A second 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 10/2/23 for deficiencies cited on 8/30/23. All deficiencies have been corrected and no new noncompliance was found. Judy's Assisted Living Center is in compliance with all regulations surveyed.</p>	{S 000}		
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