South Dakota Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ 06/04/2025 65982 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 720 PARKWAY **HUDSON CARE AND REHAB CENTER** HUDSON, SD 57034 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE **TAG** TAG **DEFICIENCY**) S 000 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 6/2/25 through 6/4/25. Hudson Care and Rehab Center was found not in compliance with the following regulations: S075, S169, S201, S202, S296, S305, and S450. 07/19/2025 S 075 Administrator and interdisciplinary S 075 44:70:02:01 Sanitation team will review and revise as necessary the policy and procedure for proper sanitation The facility shall be designed, constructed, practices. maintained, and operated to minimize the sources and transmission of infectious diseases Maintenance personnel or designee will to residents, personnel, visitors, and the address peeling paint in food pantry, clean linen room, & bathing/shower room on or before 07/19/2025.\*All boxes will be picked community at large. This requirement shall be accomplished by providing the physical up from the floor and discarded on or before resources, personnel, and technical expertise 07/19/2025.\*\* necessary to ensure good public health practices for institutional sanitation. Administrator or designee will provide education to all staff responsible for following proper sanitation practices on 07/11/2025 & This Administrative Rule of South Dakota is not 07/18/2025. met as evidenced by: Administrator or designee will perform audits Based on observation and interview, the facility on all sanitation practices to ensure the policy failed to ensure proper sanitation practices in six is being followed once a week for four weeks observed areas where food and resident use and once per month for two more months. items were stored. Findings include: Administrator or designee will present 1. Observation and interview on 6/3/2025 at 1:17 findings from these audits monthly for three p.m. with adiministrator A in the food pantry months at the interdisciplinary team meetings for review until the interdisciplinary team revealed approximately one-quarter of the room's advises to discontinue ceiling to have peeling paint. Administrator A monitoring. confirmed the finding and agreed it was a By removing the paint and repainting these areas. deficiency. \*\* containing straws, paper towel rolls, gloves, 2. Observation and interview on 6/3/2025 at 1:30 incontinence briefs, plastic cups, and toiletry items; including but not limited to, toilet paper, p.m. with maintenance supervisor C in the linen and trash items. maintenance room revealed: L5N311

Administrator

(x6) DATE

(x/25/2025)

If continuation sheet 1 of 19

7/2/2025 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM July Lewis

South Dakota Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: B. WING 06/04/2025 65982 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 720 PARKWAY **HUDSON CARE AND REHAB CENTER** HUDSON, SD 57034 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) \*\*\* and appropriate placement of boxes in storage S 075 S 075 Continued From page 1 areas \*\*\*\*The maintenance personnel or designee will \*One cardboard box containing flex wrapped address the stained grout joints by removing the straws. old grout and reapplying new grout in any area that -That box was placed at the end of the bench is discolored on or before 7/19/2025. where a bench grinder was located. \*\*\*\*\* The uncapped sewer drainpipe in the brief storage room has been capped off effective -The box had been opened and contained 22 7/2/2025. smaller boxes of flex wrapped straws. -Inside the box and on top of the boxes of straws was sawdust and at least one mouse dropping. -Maintenance supervisor C confirmed the finding and stated a mouse may have accessed the box when it was previously stored "outside." -He was not sure how long the straws had been there. -He agreed they were not stored in a sanitary manner. \*One unopened case of paper towel rolls was on the floor in the maintenance room. -Maintenance supervisor C confirmed the finding. -Housekeeping was responsible for the rolls of paper towels. -He agreed the towels should not have been stored on the floor. 3. Observation and interview on 6/3/2025 at 3:05 p.m. with administrator A in the clean linen room between rooms 203 and 205 revealed the room ceiling above the clean linen to have peeling paint. Administrator A confirmed the finding and agreed it was a deficiency. 4. Observation and interview on 6/3/2025 at 3:10 p.m. with administrator A in the soiled utility room revealed: \*A case of vinyl exam gloves was stored on the floor. \*Administrator A was aware the box of gloves should not have been stored on the floor. \*Administrator A stated the box of gloves had been there "since COVID."

South Dakota Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 06/04/2025 65982 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 720 PARKWAY **HUDSON CARE AND REHAB CENTER** HUDSON, SD 57034 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 075 S 075 Continued From page 2 5. Observation and interview on 6/3/2025 at 3:48 p.m. with maintenance supervisor C in the bathing/showering room revealed the room ceiling to have peeling paint and the shower to have stained grout joints which appear to contain mold/mildew. Maintenance supervisor C confirmed those findings. 6. Observation and interview on 6/3/2025 at 4:01 p.m. with administrator A and maintenance supervisor C in the brief storage room revealed: \*Multiple cases of adult incontinence briefs were stored on the floor. \*Multiple packages of adult incontinence briefs were stored on the floor. \*Maintenance supervisor C confirmed the brief storage room was previously a shower room. -The water service into the room had been capped off, but -he did not think the sewer drain piping had been capped, and -the drain was hidden under the cases of briefs. \*Administrator A agreed the cases and pacakages of adult incontinence briefs should not have been stored on the floor. \*Administrator A was not aware the sewer drain piping may had not been capped off. 7. Observation and interview on 6/3/2025 at 4:14 p.m. with maintenance supervisor C in the supply room by the nurse's station revealed several boxes on the floor that contained patient care supplies (plastic cups). Maintenance supervisor C confirmed those findings. 8. Observation and interview on 6/3/2025 at 4:18 p.m. with maintenance supervisor C in the clean linen room revealed one case of toilet paper on the floor along with various linens and trash items. Maintenance supervisor C confirmed those

South Dakota Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 06/04/2025 65982 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 720 PARKWAY **HUDSON CARE AND REHAB CENTER** HUDSON, SD 57034 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S 075 S 075 Continued From page 3 findings. 9. Interview with administrator A on 6/3/2025 at 4:30 p.m. revealed she was aware patient care items such as adult incontinence briefs, vinyl gloves, plastic cups, toilet paper, and paper towels should not have been stored on the floor. S 169 Administrator and interdisciplinary 07/19/2025 44:70:02:17(5) Occupant Protection S 169 team will review and revise as necessary the policy and procedure for audible alarms. The facility shall: Administrator or designee will ensure alarms (5) Install an electrically activated audible alarm, are on at all times for residents at risk for if required by other sections of this article, on any elopements. unattended exit door. Any other exterior door Administrator or designee will provide must be locked or alarmed. The alarm must be education to all staff responsible for following audible at a designated staff station and may not the proper procedure for activating/deactivating automatically silence if the door is closed; alarms on 07/11/2025 & 07/18/2025. Administrator or designee will perform audits on all door alarms to ensure the policy is being followed once a week for four weeks and once per month for two more months. This Administrative Rule of South Dakota is not met as evidenced by: Administrator or designee will present findings Based on observation, care record review, from these audits monthly for three months at interview, and license review, the provider failed the interdisciplinary team meetings for review to ensure the safety for three of three cognitively until the interdisciplinary team advises to impaired residents (1, 7, and 8) who were at risk discontinue monitoring. for elopement. Findings include: 1. Observation on 6/2/25 at 2:00 p.m. in the north hallway lounge/recreation room revealed: \*A door leading to an outside enclosed courtyard. \*Resident 1: -Walked into the room and out the door leading to the above area. -Returned through the same door and walked

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back into the north hallway.

South Dakota Department of Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 06/04/2025 B. WING 65982 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 720 PARKWAY **HUDSON CARE AND REHAB CENTER** HUDSON, SD 57034 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 169 S 169 Continued From page 4 Continued random observations of resident 1 throughout 6/2/25 and 6/3/25 while the surveyor was in the building revealed she would wander throughout the facility and at times sit down on the floor. She had also opened the east exit door once, causing the door alarm to sound. Review of resident 1's care record revealed: \*She had diagnoses of schizophrenia and \*The 3/8/25 Mini Mental State Examination (MMSE) score was twenty-one out of thirty which indicated she had mild cognitive impairment. \*The 5/13/25 physician's note stated "Problem list: Unspecified dementia with behavioral disturbance onset 5/12/25." \*On 10/12/23 at 4:00 p.m. she had eloped from the facility, went to the neighbor's house, and was redirected back into the facility. Interview on 6/2/25 at 3:40 p.m. with administrator A regarding resident 1 revealed: \*She had recently had a change in behaviors. \*She was being treated for a urinary tract infection (UTI). \*She would sit down on the floor whenever she wanted to, but was able to get back up. \*They were monitoring her condition to ensure she wasn't over an assisted living level of care. \*She was more confused. Interview on 6/3/25 at 3:00 p.m. with registered nurse B regarding resident 1 revealed: \*She agreed they had seen a change in resident 1's behaviors and cognition. \*They were monitoring her for a significant change in condition. \*Resident 1: -Had been started on an antibiotic for a UTI.

South Dakota Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 06/04/2025 B. WING 65982 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 720 PARKWAY HUDSON CARE AND REHAB CENTER HUDSON, SD 57034 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 169 S 169 Continued From page 5 -Continued to sit down on the floor in random areas and wander throughout the facility. Interview and care record review on 6/4/25 at 12:10 p.m. with administrator A regarding the north hallway lounge/recreation room and residents who were cognitively impaired revealed: \*One person from Home and Community Based Services (HCBS) which was part of the Department of Human Services (DHS) told them residents were required to know the code to get out of the exit doors. \*That was their home and that was their right to come and go as they wanted. \*There were three residents who were cognitively impaired. -Resident 1. -Resident 7 who scored twenty-three out of twenty-seven on an undated MMSE. -Resident 8 who scored twenty-one out of twenty-nine on the 9/3/24 MMSE. --A score of eighteen to twenty-three on a MMSE indicated mild cognitive impairment. 2. License review, observation, and interview on 6/3/25 at 3:31 p.m. with administrator A regarding unit room/patient lounge exit door security revealed: \*The facility is licensed to care for cognitively impaired individuals which would require all unattended exterior doors to be equipped with an electrically activated audible alarm. \*The exterior door to the secure courtyard was equipped with an electrically activated audible alarm. -The door alarm notification of the door opening was deliberately disabled (unplugged) thereby compromising the staff's ability to monitor traffic

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through that exit door.

South Dakota Department of Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 06/04/2025 65982 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 720 PARKWAY HUDSON CARE AND REHAB CENTER HUDSON, SD 57034 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 169 S 169 Continued From page 6 \*Administrator A confirmed the finding. \*They had unplugged the alarm because that door was used by the smoking residents frequently, which caused nuisance alarms. \*That door was locked from the outside during the night after 10:30 p.m. \*Administrator A had stated that a resident had gone out the door after it had been locked and was locked in the courtyard without staff's knowledge. That resident had to knock on the door to gain the staff's attention to let the resident back inside. Following that incident, the provider installed a doorbell in the courtyard so residents could get staff's attention more easily. Maintenance personnel or designee will ensure S 201 07/19/2025 S 201 44:70:03:02 General Fire Safety proper working of all doors and gates, adequate clearance of sprinkler heads, and flammable Each facility must be constructed, arranged, cleaners will be moved on or before 07/19/2025 equipped, maintained, and operated to avoid undue danger to the lives and safety of occupants Kitchen hood extinguishing system was from fire, smoke, fumes, or resulting panic during scheduled and completed on 6/12/2025. A schedule for emptying out the cigarette butts the period of time reasonably necessary for frequently was created on 6/25/2025. escape from the structure in case of fire or other Maintenance personnel or designee will emergency. The facility shall conduct fire drills address gate in the courtyard to ensure it is quarterly for each shift. If the facility is not easily open and closeable on or before operating with three shifts, the facility must 7/19/2025. conduct monthly drills to provide training for all personnel. Administrator or designee will provide education to all staff responsible for following the above procedures\*on 07/11/2025 & This Administrative Rule of South Dakota is not 07/18/2025. met as evidenced by: Based on observation and interview, the facility Administrator or designee will perform audits on failed to ensure general fire safety requirements all doors, alarms, sprinkler heads, storage of related to door/gate conditions/functionality, cleaners, and cigarette butts, once a week for storage, fire extinguishing systems, and cigarette four weeks and once per month for two more waste disposal. months. Findings include: \* and importance of not propping doors open \*\* Maintenance personnel or designee will empty 1. Observation and interview on 6/3/2025 at 1:20 the cigarette butt container monthly or as needed.

South Dakota Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: 06/04/2025 65982 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 720 PARKWAY HUDSON CARE AND REHAB CENTER HUDSON, SD 57034 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 201 Administrator or designee will present S 201 Continued From page 7 findings from these audits monthly for three p.m. with maintenance supervisor C of a door months at the interdisciplinary team between the kitchen and the staff (rear) exit meetings for review until the corridor revealed the door was wedged open with interdisciplinary team advises to discontinue monitoring. a screwdriver. Maintenance supervisor C confirmed the finding, acknowledged that was its normal state, and agreed that it was a deficiency. 2. Observation, testing, and interview on 6/3/2025 at 1:26 p.m. with maintenance supervisor C of a door between the employee lounge and the staff (rear) exit corridor revealed the door was open, had no closer, and, when tested, did not close into the door frame. Maintenance supervisor C confirmed the findings and acknowledged that was its normal state, but was unaware that it was a deficiency. 3. Observation and interview on 6/3/2025 at 1:33 p.m. with maintenance supervisor C of the maintenance room revealed: \*Each of the two sprinkler heads within the room had clutter stored on top of the storage shelving below the sprinkler heads that was within 6 inches of each head. - The storage shelves contained a variety of flammable cleaners, including alcohol-based hand cleaner, and compressed gas spray can cleaners. Approximately seven feet across the room from the cleaners was a bench grinder which would be capable of propelling ignition sparks toward/on those flammable cleaner containers. Maintenance supervisor C confirmed the findings and agreed that they were deficiencies. Review of the fire extinguisher testing records and interview on 6/3/2025 at 1:33 p.m. with maintenance supervisor C revealed that the

kitchen stove hood fire extinguishment system

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South Dakota Department of Health			(X2) MULTIPLE (	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A, BUILDING:		00	
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NAME OF PF	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	E, ZIP CODE	
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S 201	Continued From pag	e 8	S 201		
	was due for inspection in January 2025, but there was no record of the inspection. Maintenance supervisor C confirmed the finding.				
	at 2:24 p.m. with ma northern exit double the east leaf of the coperational. Mainter	ng, and interview on 6/3/2025 intenance supervisor C of the door assembly revealed only double door assembly was nance supervisor C confirmed nowledged that was its normal			
	p.m. with maintenar door directly from the door would not open force. Maintenance	interview on 6/3/2025 at 2:27 nce supervisor C of an exit he boiler room revealed the n without applying significant supervisor C confirmed the ged that was its normal state, was a deficiency.			
	p.m. with administrate between rooms 200 of clutter within 18	interview on 6/3/2025 at 3:05 ator A of the clean linen room 3 & 205 revealed the presence inches of the sprinkler head.  Infirmed the finding and agreed ency.			
	p.m. with administr the patient smoking full, cigarette butts can neck, and that still smoldering. Ad procedure for disp	Interview on 6/3/2025 at 3:26 rator A of a cigarette butt can ing area revealed the can was had accumulated within the several cigarette butts were dministrator A indicated the osal of the can's contents was city into the trash dumpster as			
	n m with administ	d interview on 6/3/2025 at 3:28 rator A of the wooden gate ecure court yard revealed:			

South Dakota Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ 06/04/2025 B. WING 65982 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 720 PARKWAY **HUDSON CARE AND REHAB CENTER** HUDSON, SD 57034 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 201 S 201 Continued From page 9 \*The fencing gate which controlled access to and from the secured facility courtyard/smoking area (as well as the fire exit to the public way) was in disrepair. It did not swing easily which required the staff to partially lift the very heavy wooden gate which compromised their ability to open and close the gate as needed. \*Administrator A agreed that not all of the staff would be capable of opening the gate in the state it was in. 10. Observation and interview on 6/3/2025 at 3:31 p.m. with administrator A of the unit room/patient lounge revealed the presence of clutter within 18 inches of the sprinkler head in the game closet. Administrator A confirmed the finding and agreed that it was a deficiency. 07/19/2025 S 202 Administrator and interdisciplinary S 202 44:70:03:02 General Fire Safety team will review and revise as necessary the policy and procedure for staff scheduling. At least two personnel must be on duty at all times, unless the department has approved a Administrator or designee will ensure two staff staffing exception requested by the facility. In a members are on at all times. multilevel facility, at least one personnel must be Administrator or designee will provide on duty on each floor containing occupied beds. education to all staff responsible for following the proper procedure for staff scheduling on This Administrative Rule of South Dakota is not 07/11/2025 & 07/18/2025. met as evidenced by: Based on facility license review, nursing schedule Administrator or designee will perform audits review, interview, and policy review, the facility on the staff schedule to ensure the policy is being followed once a month for three months. failed to ensure there were two staff on duty at all times. Administrator or designee will present findings Findings include: from these audits monthly for three months at the interdisciplinary team meetings for review 1. Review of the provider's current assisted living until the interdisciplinary team advises to license and interview on 6/2/25 at 9:00 a.m. with discontinue monitoring. administrator A confirmed: \*The facility was licensed for twenty-nine residents.

South Dak	ota Department of He	ealth	(VOLUME TIPLE	CONSTRUCTION	(X3) DATE SURVEY
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NAME OF PE	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STA	TE, ZIP CODE	
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			S 202		
S 202	Continued From pag				
	*There were current	ly twenty-one residents who			
	resided in the facility				
		0005 thursuah May 2025			
	Review of the March	n 2025 through May 2025			
	nursing schedule re	yealed III.			
	*March 2025:	one shifts had only one staff			
2	member on duty for	the overnight shift (midnight	1		
	through 6:00 a.m.).			7	
	*April 2025:				
	-Twenty-one out of	-Twenty-one out of thirty shifts had only one staff			
	member on duty for the overnight shift.  *May 2025: -Twenty out of thirty-one shifts had only one staff member on duty for the overnight shift.				
	member on duty for	r the overnight sinic			
	Interview on 6/3/25	at 2:20 p.m. with			
	administrator A req	arding the above nursing		,	1
	schedule revealed:				
	*They had only one	e staff member on duty at			
	times.	and thou			
	*She had been told	d by upper management they			
	1	aff members on duty at all			
	times.	1, 7, and 8) who were			
	cognitively impaire	ed currently resided there.			
	Review of the prov	vider's undated Scheduling			
	policy and procedu	ure revealed:			
	*"Purnose:				
	-To ensure consist	tent, safe, and high-quality care			
	for all residents by	maintaining appropriate and staff coverage 24/7 through			
	compliant nursing	icient scheduling practices."			
	*"3. Staffing Requ	irements:			
	The facility must	maintain minimum staffing			
	levels in accordar	nce with state and federal			
	regulations				
	-A licensed nurse	(RN or LPN) must be available			
	at all times.				

South Dakota Department of Health  STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SUR		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A, BUILDING:		OOM LET			
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S 202	Continued From pag -Resident assistants aides shall be sched and census to meet *"4. The nursing sch two-shift system: -Day Shift: 6:00 AM -Night Shift: 6:00 PM  These programs mudays of hire for all h include the following (1) Fire prevention (2) Emergency pro- including respondin and information reg (3) Infection contro (4) Accident prever (5) Resident rights (6) Confidentiality (7) Incidents and of	e 11  , med aides, and/or dietary uled based on resident acuity care needs." edule shall operate on a  - 6:00 PM. M - 6:00 AM."  ersonnel Training ust be completed within thirty ealthcare personnel and must g subjects: and response; cedures and preparedness, g to resident emergencies arding advanced directives; I and prevention; intion and safety procedures; into resident information; liseases subject to mandatory	\$ 202 \$ 296	Administrator and interdisciplinary team will review and revise as neces the policy and procedure for personn training.  Unable to timely complete the trainin requirements within 30 days of hire femployees D, E, and F. Administrato designee will complete all necessary paperwork by 7/19/2025.  Administrator or designee will provideducation to all staff responsible for following the proper procedure for p training on 07/11/2025 & 07/18/2025.  Administrator or designee will perform all new hire training to ensure the	essary nel or or or y de ersonnel 5. rm audits e	07/19/2025	
	reporting and the fa (8) Nutritional risks residents; (9) Abuse and neg (10) Problem solvi techniques related impairment or chal and retained in the (11) Any additional education necessaresident care need personnel to the re- retained in the faciliary personnel who	acility's reporting mechanisms; and hydration needs of glect; ang and communication to individuals with cognitive lenging behaviors if admitted facility; and al healthcare personnel ary based on the individualized is provided by the healthcare esidents who are accepted and		on all new hire training to ensure the appropriate paperwork is being comonce a month for three months.  Administrator or designee will prese findings from these audits monthly form the months at the interdisciplinary team meetings for review until the interdisteam advises to discontinue monitor.	e npleted ent for three sciplinary		

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NEGGENIONI ON			DEFICIENCY)		
		2 206			
Continued From pag	e 12	3 290			
the training required	by subdivision (8).				
uis traiting roquitou					
This Administrative F	Rule of South Dakota is not				
met as evidenced by	<i>y</i> :				
Based on employee	personnel file review,				
interview, and new h	nire orientation checklist				
review, the provider	failed to ensure the required				
training was comple	ted within 30 days of hire for				
three of five newly h	ired sampled employees (D,				
E, and F) for any of	the eleven personnel training				
topics.					
Findings include:					
	1.61				
	yee D's personnel file				
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*A hire date of 1/13	/25.				
*He had been hired	as a registered flurse.				
*There was no doct	the training within 30 days of				
	the training within 50 days of				
	d response				
-Fire prevention and	dures and preparedness		,		
-Emergency proced	nd prevention				
-Injection control at	on and safety procedures.				
	in and outery procedures.				
Incidente and disa	ases subject to mandatory				
reporting and the fa	acility's reporting mechanism.				
-Nutrition risks and	hydration.				
-Ahuse neglect ar	nd misappropriation of resident				
property and funds	i.				
-Problem solving a	nd communication techniques			*	
related to residents	s with cognitive impairment or				
challenging behavi	ors.				
-Education based	on the residents' care needs				
	CONTIDER OR SUPPLIER CARE AND REHAB CEN  SUMMARY ST (EACH DEFICIENCE REGULATORY OR  Continued From pag the training required  This Administrative for met as evidenced by Based on employee interview, and new for review, the provider training was complet three of five newly for the five newly for any of topics.  Findings include:  1. Review of employ revealed:  *A hire date of 1/13. *He had been hired *There was no dock completed required hire on: -Fire prevention and Emergency procedured in the consumption of the consumpt	ROVIDER OR SUPPLIER  CARE AND REHAB CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 12  the training required by subdivision (8).  This Administrative Rule of South Dakota is not met as evidenced by: Based on employee personnel file review, interview, and new hire orientation checklist review, the provider failed to ensure the required training was completed within 30 days of hire for three of five newly hired sampled employees (D, E, and F) for any of the eleven personnel training topics.  Findings include:  1. Review of employee D's personnel file revealed:  *A hire date of 1/13/25.  *He had been hired as a registered nurse.  *There was no documentation that he had completed required the training within 30 days of hire on:  -Fire prevention and response.  -Emergency procedures and preparedness.  -Infection control and prevention.  -Accident prevention and safety procedures.  -Resident rights.	CONTIDER OR SUPPLIER  CARE AND REHAB CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  This Administrative Rule of South Dakota is not met as evidenced by: Based on employee personnel file review, interview, and new hire orientation checklist review, the provider failed to ensure the required training was completed within 30 days of hire for three of five newly hired sampled employees (D, E, and F) for any of the eleven personnel training topics.  1. Review of employee D's personnel file review, interview, and new hire orientation that he had completed required that he had completed within 30 days of hire for three of five newly hired sampled employees (D, E, and F) for any of the eleven personnel training topics.  1. Review of employee D's personnel file revealed:  2. There was no documentation that he had completed required the training within 30 days of hire on:  3. First personnel file revealed:  4. A hirc date of 1/13/25.  4. He had been hirc date of 1/13/25.  4. He had been hirc date of 1/13/25.  4. He had been	(X1) PROVIDER PRICEATION NUMBER:   (X2) MICHIPLE CORRISOLTION   (X2) MICHIPLE CORRISOLTION   (X2) MICHIPLE CORRISOLTION   (X3) MICHIPLE CORRISOLTION   (X4) MIC	

South Dakota Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 06/04/2025 65982 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 720 PARKWAY **HUDSON CARE AND REHAB CENTER** HUDSON, SD 57034 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **TAG** DEFICIENCY) S 296 S 296 Continued From page 13 (oxygen and hospice). 2. Review of employee E's personnel file revealed: \*A hire date of 10/2/24. \*She had been hired as a certified medication aide (CMA). \*There was no documentation that she had completed the required training within 30 days of hire on: -Fire prevention and response. -Emergency procedures and preparedness. -Infection control and prevention. -Accident prevention and safety procedures. -Resident rights. -Confidentiality. -Incidents and diseases subject to mandatory reporting and the facility's reporting mechanism. -Nutrition risks and hydration. -Abuse, neglect, and misappropriation of resident property and funds. -Problem solving and communication techniques related to residents with cognitive impairment or challenging behaviors. -Education based on the residents' care needs (oxygen and hospice). 3. Review of employee F's personnel file revealed: \*A hire date of 10/2/24. \*She had been hired as a CMA and cook. \*There was no documentation that she had completed the required training within 30 days of hire on: -Fire prevention and response. -Emergency procedures and preparedness. -Infection control and prevention. -Accident prevention and safety procedures. -Resident rights. -Confidentiality.

South Dakota Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ 06/04/2025 65982 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 720 PARKWAY **HUDSON CARE AND REHAB CENTER** HUDSON, SD 57034 PROVIDER'S PLAN OF CORRECTION COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) S 296 Continued From page 14 S 296 -Incidents and diseases subject to mandatory reporting and the facility's reporting mechanism. -Nutrition risks and hydration. -Abuse, neglect, and misappropriation of resident property and funds. -Problem solving and communication techniques related to residents with cognitive impairment or challenging behaviors. -Education based on the residents' care needs (oxygen and hospice). 4. Interview on 6/4/25 at 10:30 a.m. with administrator A regarding employee training revealed: \*Employees D, E, and F: -Had been given the new employee packet with training information upon date of hire. -Had not returned the signed form indicating they had read the information. -Should have returned the signed form indicating they had read the information. \*The facility did not go over the information in the packet with the new hires, they assumed the new hires had read the information. \*She was responsible for ensuring the new employee training was completed. 5. Review of the provider's reviewed and revised 4/3/25 Staff Education and Competency policy and procedure revealed: \*"Will provide, at a minimum, eleven topics for ongoing educational programs. Every staff member is required to attend to be re-educated. If a staff member is unable to make it to the meeting, handouts and/or competency checks will be required. These topics include the following subjects: -(1) Fire prevention and response; -(2) Emergency procedures and preparedness; -(3) Infection control and prevention;

South Dakota Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 06/04/2025 65982 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 720 PARKWAY HUDSON CARE AND REHAB CENTER HUDSON, SD 57034 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 296 Continued From page 15 S 296 -(4) Accident prevention and safety procedures; -(5) Proper use of restraints; -(6) Patient and resident rights: -(7) Confidentiality of patient or resident information; -(8) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanism; -(9) Care of patients or residents with unique needs; Medication Administration; Residents Dependent on Supplemental Oxygen; AND -(10) Dining assistance, nutritional risks, and hydration needs of residents. -(11) Oxygen and Medication administration." 07/19/2025 Administrator and interdisciplinary S 305 S 305 44:70:04:05 Personnel Health Program team will review and revise as necessary the policy and procedure for new hire The facility shall have a personnel health program personnel paperwork. for the protection of the residents. All personnel Unable to timely complete the health status must be evaluated by a licensed health for communicable diseases for employee F. professional for a reportable communicable Administrator or designee will complete all disease that poses a threat to others before necessary paperwork by 7/19/2025. assignment to duties or within fourteen days after employment including an assessment of previous Administrator or designee will provide vaccinations and tuberculin skin tests. education to all staff responsible for following the proper procedure for new hire This Administrative Rule of South Dakota is not personnel paperwork on 07/11/2025 & met as evidenced by: 07/18/2025. Based on employee personnel file review, Administrator or designee will perform interview, and policy review, the provider failed to audits on all new hire paperwork to ensure ensure one of five sampled employees (F) the appropriate paperwork is being health status for communicable diseases was completed once a month for three months. evaluated by a licensed health professional within Administrator or designee will present 14 days of hire. findings from these audits monthly for three Findings include: months at the interdisciplinary team meetings for review until the interdisciplinary 1. Review of employee F's personnel file team advises to discontinue monitoring. revealed: \*Her date of hire was 10/2/24. \*There was no health evaluation in her personnel

S 450 44:70:06:01 Dietetic Services S 450 44:70:06:01 Dietetic Services S 450 450 S	STATEMENT OF DEFICIENCIES (XI)				(X3) DATE SUR COMPLET		
NAME OF PROVIDER OR SUPPLIER  HUDSON CARE AND REHAB CENTER  REGULATORY OR LSC IDENTIFYING INFORMATION)  S 305  Continued From page 16 file.  Interview on 6/4/25 at 10:30 a.m. with administrator A regarding the health evaluation for employee F's health evaluation had not been completed should have been.  Review of the provider's undated Communicable Disease Reporting policy and procedure revealed:  ""Pulpoys: to reduce the transmission of communicable department requirements for reporting communicable diseases."  S 450  44:70:06:01 Dietetic Services  STREET ADDRESS, CITY, STATE, ZIP CODE  720 PARKWAY  HUDSON, SD 57034  B PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED to THE APPROPRIATE DATE  PROPERTY  TAG  S 305  S 305  S 305  Administrator and interdisciplinary team will review and revise as necessary the policy and procedure for kitchen cleaning and sanitation.		65982 B. WING		06/04/2025			
(X4) ID PREFIX TAG    SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG			STREET ADI	WAY	E, ZIP CODE		
file.  Interview on 6/4/25 at 10:30 a.m. with administrator A regarding the health evaluation for employee F revealed she confirmed employee F's health evaluation had not been completed should have been.  Review of the provider's undated Communicable Disease Reporting policy and procedure revealed:  "Purpose: to reduce the transmission of communicable diseases."  "Policy: Comply with state and local health department requirements for reporting communicable diseases."  S 450  44:70:06:01 Dietetic Services  S 450  Administrator and interdisciplinary team will review and revise as necessary the policy and procedure for kitchen cleaning and sanitation.	(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION  (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE				COMPLETE	
The facility shall have an organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored, prepared, distributed, and served in a manner that is safe, wholesome, and sanitary in accordance with the provisions of § 44:70:02:06.  This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to maintain a safe and sanitary food service environment in one of one lounge/recreation room and one of one kitchen. Findings include:  1. Observation on 6/2/25 at 2:00 p.m. in the north hallway lounge/recreation room revealed:  A counter with a sink. On top of the counter was a microwave. Inside of the microwave was old, dried on food debris.		file.  Interview on 6/4/25 a administrator A regare employee F revealed F's health evaluation should have been.  Review of the provided Disease Reporting prevealed:  *"Purpose: to reduce communicable disease a "Policy: Comply with department requirent communicable disease a "Policy: Comply with department requirent communicable disease a service that meets the tresidents and ensure prepared, distribute that is safe, wholes accordance with the safe, wholes accordance with the safe on observation review, the provider sanitary food service lounge/recreation refindings include:  1. Observation on the lalway lounge/recreation on the la	at 10:30 a.m. with reding the health evaluation for dishe confirmed employee had not been completed.  Iter's undated Communicable tolicy and procedure the transmission of ases."  In state and local health ments for reporting ases."  It Services  It e an organized dietetic he daily nutritional needs of est that food is stored, did, and served in a manner ome, and sanitary in exprovisions of § 44:70:02:06.  Iter of South Dakota is not by:  Iter on, interview, and policy failed to maintain a safe and the environment in one of one one and one of one kitchen.  Iter of the microwave was old,		team will review and revise as necess the policy and procedure for kitchen sanitation.  The kitchen and lounge area will be including, but not limited to, food detand soiled drawers and floors, discoland ice, leftover residue, dust, spillar crumbs on or by 6/27/2025.  Administrator or designee will create cleaning checklist to be completed by 7/19/2025.  Administrator or designee will provide to all staff responsible for cleaning and the kitchen and lounge area on 0.07/18/2025.  Administrator or designee will perform kitchen and lounge cleanliness once four weeks and once a month for two	cleaning and cleaned bris, sticky lored walls ge, and e a kitchen by staff by de education and sanitation 7/11/2025 & rm audits on e a week for	ח

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South Dakota Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: 06/04/2025 B. WING 65982 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 720 PARKWAY **HUDSON CARE AND REHAB CENTER** HUDSON, SD 57034 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Administrator or designee will present S 450 S 450 Continued From page 17 findings from these audits monthly for three months at the interdisciplinary team \*The walls surrounding the counter were meetings for review until the discolored and dirty. interdisciplinary team advises to \*The outsides and the insides of the cupboard discontinue monitoring. drawers were sticky and soiled. \*There was a refrigerator/freezer next to the cupboard. -The refrigerator section had a padlock on the side of it. -The freezer had old, discolored ice on the bottom shelf. The top rack was visibly dirty. \*The floor was dirty and sticky. 2. Observation on 6/2/25 at 2:40 p.m. in the kitchen revealed: \*The door leading into the kitchen from the employee hallway was propped open with a screwdriver. \*The dry storage room had paint peeling from the ceiling. \*The hand washing station next to the three compartment sink had a dried substance on the soap dispenser. \*The towel holder next to the hand sink was visibly dirty. \*The ceiling vents were dusty. \*There was a large white binder on the counter titled "Spring and Summer" menu book. The outside of the binder was visibly soiled. -The inside of the binder contained clear plastic sheets with the menus listed. --Those clear plastic sheets were visibly dirty and stained. \*The windowsill on the west side of the kitchen was dusty and had a few dead bugs on it. \*The ceiling tiles were discolored and stained. \*The hood above the stove was dusty. \*The bottom shelf of the refrigerator on the left side of the stove had a fifty-cent sized blood spill next to a package of hamburger stored on a tray. \*The freezer to the right of the stove had old food

South Dakota Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 65982 06/04/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 720 PARKWAY **HUDSON CARE AND REHAB CENTER** HUDSON, SD 57034 (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 450 Continued From page 18 S 450 crumbs on the bottom shelf. Interview on 6/4/25 at 10:30 a.m. with administrator A regarding the above observations revealed: \*The certified medication aide was responsible for cleaning the north hallway lounge/recreation room. \*The cook was responsible for cleaning the kitchen. \*They did not have a kitchen cleaning flow sheet that would have indicated the staff had completed the cleaning. -"It was done on the honor system." Review of the provider's undated Sanitation of Dietary Department policy revealed: \*"Policy: -The dietary staff shall maintain the sanitation of the Dietary Department through compliance with a written, comprehensive cleaning schedule." \*"Procedure: -1. The Administration, or designated personnel, shall record all cleaning and sanitation tasks for the department. -2. Tasks shall be designated to the responsibility of specific portions in the department. -3. All tasks shall be addressed as as to the frequency of cleaning. -4. The method of procedures to be used and agents used for cleaning shall be developed for each task or piece of equipment to be cleaned. -5. A cleaning schedule shall be posted weekly for all cleaning tasks, and employees will initial tasks as completed."