

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435129		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/11/2025	
NAME OF PROVIDER OR SUPPLIER DELLS NURSING AND REHAB CENTER INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1400 THRESHER DR , DELL RAPIDS, South Dakota, 57022			
(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 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 12/8/25 through 12/11/25. Dells Nursing and Rehab Center Inc was found not in compliance with the following requirements: F561 and F880			F0000			
F0561 SS = D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.			F0561	F 561 Resident 14 request being followed. Ensured all other residents rights being followed. Don or designee providing education to all staff on resident rights by 1/7/26. Resident rights reviewed by interdisciplinary team. Activity coordinator or designee will audit resident choices being followed weekly for four weeks and monthly for two additional months and thereafter as determined by the QAPI committee. Activity or Designee will present findings at monthly QAPI meeting for the committees review and recommendations		1/7/26

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 Calyn Tugel	TITLE Administrator	(X6) DATE 1/13/2025
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F0561 SS = D	<p>Continued from page 1 This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, record review, and policy review the provider failed to ensure resident choices regarding bedtime requests were being followed for one of one sampled resident (14).</p> <p>Findings include:</p> <p>1. Observation and interview on 12/9/25 at 9:20 a.m. with resident 14 in his room revealed:</p> <p>*He was sitting in his recliner watching television.</p> <p>*He stated there were days when he was tired and wanted to go to bed at 6:00 p.m.</p> <p>*Staff told him he had to wait until 7:00 p.m. before he could go to bed because some residents were still eating supper.</p> <p>2. Interview on 12/10/25 at 4:06 p.m. with certified nursing assistant (CNA) E revealed:</p> <p>*If a resident requested to go to bed at 6:00 p.m. she would not have accommodated that request.</p> <p>*She felt that was too early for a resident to go to bed.</p> <p>*She knew resident would request to go to bed early some evenings.</p> <p>*Staff were still helping some residents in the dining room at that time.</p> <p>3. Interview on 12/11/25 at 9:12 a.m. with CNA G revealed:</p> <p>*If a resident wanted to go to bed early, she would talk to the charge nurse.</p> <p>*The charge nurse would normally have the resident try to stay awake until at least 7:00 p.m.</p> <p>4. Interview on 12/11/25 at 1:03 p.m. with registered nurse (RN) F revealed:</p> <p>*Some residents requested to go to bed early at times.</p> <p>*Staff needed to ensure all the residents were out of the dining room after supper before they started getting residents ready for bed so call lights could get answered.</p>	F0561					

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F0561 SS = D	<p>Continued from page 2</p> <p>*Some residents finished supper early and then requested to lay down for bed.</p> <p>*She stated those residents would only have to wait 15 or 20 minutes for staff to help them with that.</p> <p>*She agreed it was the residents right to decide when they went to bed at night.</p> <p>5. Interview on 12/11/25 at 1:21 p.m. with social services designee (SSD) H revealed:</p> <p>*She knew some residents liked to go to bed early in the evening.</p> <p>*Staff may try to encourage a resident to stay up longer so they were not in bed that long at night.</p> <p>*She confirmed there were not certain hours residents could be awake or asleep.</p> <p>*She agreed it was the resident's right to request to go to bed early.</p> <p>6. Interview on 12/11/25 at 2:10 p.m. with director of nursing (DON) B revealed:</p> <p>*Residents were encouraged to stay up until 7:00 p.m.</p> <p>*Nursing staff were assisting residents in the dining room until 6:30 p.m. or 7:00 p.m.</p> <p>*She agreed it was the residents' right to request to go to bed when they wanted to.</p> <p>*She knew resident 14 requested to go to be early at times.</p> <p>*She was not sure if nursing staff would always accommodate his requests.</p> <p>7. Review of resident 14's electronic medical record (EMR) revealed:</p> <p>*He had a Brief Interview for Mental Status (BIMS) assessment score of 9 which indicated his cognition was moderately impaired.</p> <p>*His 5/8/25 care plan stated he liked to wake up around 7:00 a.m. and go to bed around 8:00 p.m. or whenever he was sleepy.</p> <p>8. Review of the provider's undated Resident's Rights</p>			F0561			

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F0561 SS = D	Continued from page 3 document revealed: **"When you leave your home to live in a nursing facility, you take your rights with you." **"All residents in nursing facilities have the same rights, although there will be times when there is give and take." **"You have the right as a resident of a nursing facility to use all these rights given to you by law, and also to use all the rights you have as a citizen of your State and a citizen of the United States."			F0561			1/7/26
F0880 SS = D	<p>Infection Prevention & Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p> <p>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of</p>			F0880	<p>F 880</p> <p>Slings properly stored.</p> <p>Oxygen tubing replaced for resident 35 by RN or designee.</p> <p>All other residents' oxygen tubing checked by RN or designee.</p> <p>CNA D educated on EBP by DON or designee on 12/22/25.</p> <p>All other CNAs educated by DON or designee on proper EBP by 1/7/26.</p> <p>Infection control policy reviewed by interdisciplinary team.</p> <p>DON or designee will audit slings properly stored weekly for four weeks and monthly for two additional months and thereafter as determined by the QAPI committee.</p> <p>DON or designee will audit oxygen tubing changed weekly for four weeks monthly for two additional months and thereafter as determined by the QAPI committee.</p> <p>DON or designee will audit proper use of EBP in the shower room 3x weekly for four weeks and monthly for two additional months and thereafter as determined by QAPI committee.</p>		

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F0880 SS = D	<p>Continued from page 4 communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and policy review, the provider failed to ensure the staff members followed standard infection prevention practices for:</p> <p>*Storing clean resident use equipment, specifically lift slings, without the slings touching the floor.</p> <p>*Replacing oxygen tubing for one of four sampled residents (35) every 30 days according to the provider's policy.</p>			F0880	<p>F 880</p> <p>Don or Designee will present findings at monthly QAPI meeting for the committees review and recommendations.</p>		

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F0880 SS = D	<p>Continued from page 5</p> <p>*Personal protective equipment, such as gloves and gowns (PPE), use by one of one observed certified nursing assistant (CNA) D when providing care for one of one sampled resident (15) on enhanced barrier precautions (EBP).</p> <p>Findings include:</p> <p>1. Observation on 12/9/25 at 10:04 a.m. of the clean linen room revealed more than five lift (a mechanical device used to lift a person's body) slings were touching the floor.</p> <p>2. Interview on 12/11/25 at 1:00 p.m. with infection preventionist (IP)/registered nurse (RN) C revealed that she was not aware that the lift slings were touching the floor. She acknowledged that the floor was not considered a clean surface and that created a potential infection control risk. She then removed the slings that were touching the floor to have them laundered.</p> <p>3. Observation on 12/9/25 at 2:32 p.m. of resident 35's oxygen concentrator revealed that the humidification container and oxygen tubing were dated 11/3/25.</p> <p>4. Interview on 12/11/25 at 1:00 p.m. with infection preventionist (IP)/registered nurse (RN) C revealed that oxygen tubing was expected to be replaced every four weeks by the night shift nurse.</p> <p>5. Review of resident 35's TAR revealed that the task of replacing her oxygen tubing was documented as completed on 11/24/25 by RN I.</p> <p>6. Interview on 12/11/25 at 1:15 p.m. with director of nursing (DON) B revealed that when the oxygen tubing was replaced, the night shift nurse would document that task as completed in the treatment administration record (TAR). She reported that the facility was currently performing audits to ensure oxygen tubing had been replaced on schedule. She expected that if the task was not completed, it would not be documented as completed in the TAR.</p> <p>7. Observation on 12/10/25 at 11:43 a.m. of certified nursing assistant (CNA) D and resident 15 in the shower room revealed CNA D wheeled resident 14 into the shower room and closed the door. CNA D then provided a shower to resident 15 and did not wear a gown or gloves.</p> <p>8. Interview on 12/10/25 at 12:49 with CNA D revealed that she was aware that resident 15 was on enhanced barrier precautions [also called EBP. EBP included the</p>			F0880			

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F0880 SS = D	<p>Continued from page 6</p> <p>use of PPE to decrease the spread of multi-drug organisms (MDRO)]. She acknowledged that she was not wearing PPE when she assisted resident 15 to undress and when she started the resident's shower. She stated that she did put on a gown and gloves when she realized she forgot to put them on until she had seen the surveyor observe her without them on.</p> <p>9. Interview on 12/11/25 at 1:00 p.m. with IP/RN C revealed that the staff were expected to wear appropriate PPE when providing cares for resident's on EBP.</p> <p>10. Review of the provider's 4/2025 Cleaning of Durable Medical and Therapy Equipment revealed:</p> <p>**8. Oxygen Treatments: 3) Every month, replace cannula [a flexible tube with two prongs that fit into the nostrils to deliver supplemental oxygen or humidified air] or mask, and tubing."</p> <p>11. Review of the provider's 4/1/24 Enhanced Barrier Precautions policy revealed that "Enhanced barrier precautions" (EBP) are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced barrier precautions involve gown and glove use during high contact resident care activities for residents know to be colonized or infected with MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices). High-contact resident activities include: Dressing, Bathing/showering, Transferring, Providing hygiene, Changing linens, Changing briefs or assisting with toileting, Device care or use: central line, urinary catheter, feeding tube. Wound care: and skin opening requiring a dressing."</p>	F0880					

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E0000	<p>Initial Comments</p> <p>A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted on 12/9/25. Dells Nursing and Rehab Center Inc. was found in compliance.</p>			E0000			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Samuel Van Voorst	TITLE Regional Director	(X6) DATE 12/31/25
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K0000	INITIAL COMMENTS A recertification survey was conducted on 12/9/25 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Dells Nursing and Rehab Center Inc. was found not in compliance. Please mark an F in the completion date column for the K241 deficiency identified as meeting the FSES. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of the deficiencies identified at K241 in conjunction with the provider's commitment to continued compliance with the fire safety standards.			K0000			
K0241 SS = C Bldg. 01	<p>Number of Exits - Story and Compartment</p> <p>CFR(s): NFPA 101</p> <p>Number of Exits - Story and Compartment</p> <p>Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not require the entry into the same adjacent smoke compartment.</p> <p>18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and document review, the provider failed to maintain at least two conforming exits from each floor level of the building. The basement had only one conforming exit.</p> <p>Findings include:</p> <p>1. Observation on 12/9/25 at 2:42 p.m. revealed the basement had only one conforming exit directly to the exterior of the building. The second egress routes were through hazardous areas of the boiler and laundry rooms to an area equipped with a fixed ladder. Review of previous 6/24/25 survey data confirmed that the</p>			K0241			F

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Samuel Van Voorst	TITLE Regional Director	(X6) DATE 12/31/25
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K0241 SS = C Bldg. 01	<p>Continued from page 1 condition existed since the original construction.</p> <p>The building meets the FSES. Please mark an "F" in the completion date column to indicate correction of the deficiencies identified in K000.</p> <p>This deficiency would not affect any of the residents and minimal staff within the facility.</p>			K0241			

South Dakota Department of Health

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S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted on from 12/8/25 through 12/11/25. Dells nursing and Rehab Center Inc. was found not in compliance with the following requirement: S301	S 000		
S 301	44:73:07:16 Required Dietary Inservice Training The dietary manager or the dietitian shall provide ongoing inservice training for all personnel providing dietary and food-handling services. Training must be completed within thirty days of hire and annually for all dietary or food-handling personnel. The training must include the following subjects: (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. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to ensure four of four dietary employees (J, K, L, and M) reviewed and completed the required dietary training within 30 days of their hire date. Findings include: 1. Review of the provider's employee files for	S 301	S 301 All dietary staff educated by dietary manager and signed off on dietary training on 12/23/25. BOM or designee will audit completion of dietary education weekly for four weeks and monthly for two additional months and thereafter as determined by QAPI committee. BOM or designee will present findings at monthly QAPI meeting for the committees review and recommendations.	1/7/26

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

TITLE
Regional Director

(X6) DATE
12/31/25

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10613	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER DELLS NURSING AND REHAB CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1400 THRESHER DR DELL RAPIDS, SD 57022		
(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 301	<p>Continued From page 1</p> <p>dietary aide J, dietary aide K, dietary manager L, and cook M revealed: *Dietary aide J's hire date was 1/21/25. *Dietary aide K's hire date was 6/5/25. *Dietary manager L's hire date was 12/20/24. *Cook M's hire date was 9/16/24. *There was no documentation that employees J, K, L, and M completed the required dietary training within 30 days of their hire date.</p> <p>2. Interview on 12/11/25 at 9:00 a.m. with administrator A revealed there was a binder that the dietary manager was to use to educate new employees on the required training topics. After the dietary manager educated new employees on the required topics, there was no process for documenting if or when the staff completed that education. He acknowledged there was no documentation to support that the dietary staff had completed the required training.</p>	S 301			