South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B WING 62419 02/01/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1015 MT VIEW RD **CLARKSON ASSISTED LIVING** RAPID CITY, SD 57702 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 Compliance Statement S 000 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 1/30/24 through 2/1/24. Clarkson Assisted Living was found not in compliance with the following requirements: S450 S 450 44:70:06:01 Dietetic Services \$ 450 Clarkson Health Care operates in compliance with all relevant The facility shall have an organized dietetic regulations and professional service that meets the daily nutritional needs of standards, in a manner that residents and ensures that food is stored. ensures safe and appropriate care, prepared, distributed, and served in a manner with an emphasis on residents' rights, for all residents that we serve. that is safe, wholesome, and sanitary in accordance with the provisions of § 44:70:02:06. In regard to \$450, specific to Dietetic Services. Staff education This Administrative Rule of South Dakota is not was completed with all staff met as evidenced by: presented by Dietary Manager, Based on observation, interview and policy review Director of Nursing and the provider failed to ensure food items were Administrator on 02/07/2024 specific to Dietetic Services. appropriately packaged and safely stored away Throughout this process, . from cleaning chemicals in [one of one kitchen]. interviews with staff and education Findings include: it was discovered all food products that were stated to be found 1. Observation on 1/30/24 at 8:00 a.m. in the unopened or unlabeled had been kitchen revealed: opened within 48-72 hours and a. In the dry food storage room, the following are used on a regular basis. Regarding chemical storage. chemicals were stored on a metal rack alongside all chemicals were stored away, metal racks of food: unopened and concealed on its own *Prominence Heavy Duty Floor Cleaner separate metal shelving away from food. *Suma Pan-Clean Detergent *Suma Break Up SC, Heavy Duty Foaming Grease Release Cleaner *Medallion Stainless Steel Cleaner *Suma-Diverpak Dish Detergent *Lime-A-Way Lime Scale Remover *Suma Gloss Concentrated Pre-Soak for silver and stainless steel

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

Andrea Knoll

TITLE

(X6) DATE

Executive Director

02/15/2024

STATE FORM

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If continuation sheet 1 of 3

South Dakota Department of Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 02/01/2024 62419 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1015 MT VIEW RD CLARKSON ASSISTED LIVING RAPID CITY, SD 57702 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (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) Dietary Manager/designee will audit S 450 S 450 Continued From page 1 (started 02/05/2024) Food Procurement, Store/Prepare/Serve-*Suma Cal X Descaler Sanitary food storage 5 days for 1 week, *Dawn Dish Soap and PRN, then 3 days a week for 1 week. and PRN, then 3 days a week for 1 week and PRN, then 1 day a week. for 1 week and PRN, then 1 day every 2 weeks and PRN, monthly thereafter and report findings to QA committee, until the time at which QA committee determines that *Monogram Glass Cleaner b. Inside the stand-up freezer there was a bag of frozen donuts that was opened and exposed to the air. c. Inside the upright refrigerator/freezer there the audit findings are satisfactory. were unlabeled and undated frozen bags of pizza, Correction completion in labeling and hamburger patties, and chicken nuggets that dating all food on 01/30/2024, were opened and exposed to the air. chemicals were removed from Dry Food Storage room to a secured locked storage room on 02/05/2024. All other areas of dry Interview on 1/30/23 at 10:00 a.m. with dietary food storage was audited and found to be manager (DM) C regarding the above observation in compliance. revealed *The chemicals had been stored since before she had begun her employment. *She thought about moving the chemicals. Addendum 02/22/2024 *She was unsure if there was another location to Policies for staff education store those chemicals. 02/07/2024 *She confirmed the food items observed in the reviewed on 02/07/2024 Were Food Storage and The flow of food, Purchasing, upright freezer and the upright refrigerator/freezer were not dated, labeled, and sealed when they Receiving and Storage were opened. *It was her expectation that staff would store opened food items in sealed bags that were labeled and dated. Interview on 2/1/24 at 8:10 a.m. with administrator A revealed: *The food storage policy stated that chemicals were to have been stored on a different rack than the food items but did not need to be stored in a different location. *It was her expectation that opened food items be sealed and dated. *The dietary policies were in the process of being reviewed and updated.

Review of the provider's undated Food Storage Policy and Procedure Manual revealed:

South Dakota Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ 02/01/2024 B. WNG_ 62419 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1015 MT VIEW RD CLARKSON ASSISTED LIVING RAPID CITY, SD 57702 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 450 S 450 Continued From page 2 *"4. Chemicals must be clearly labeled, kept in original containers when possible, kept in a locked area and stored away from food." *"14. c. Frozen Foods: All foods should be covered, labeled, and dated."

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FORM APPROVED South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R 62419 B. WING 03/20/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1015 MT VIEW RD **CLARKSON ASSISTED LIVING** RAPID CITY, SD 57702 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) {S 000} Compliance Statement ${S 000}$ 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 3/20/24 for all previous deficiencies cited on 2/1/24. All deficiencies have been corrected, and no new noncompliance was found. Clarkson Assisted Living was found in compliance with all regulations surveyed.

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

TITLE

(X6) DATE