South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 07/17/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1001 S EGAN AVE **BETHEL LUTHERAN HOME** MADISON, SD 57042 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 Compliance/Noncompliance Statement \$ 000 Preparation and execution of this response and plan of correction does not constitute an admission or A licensure survey for compliance with the agreement by the provider of the Administrative Rules of South Dakota, Article truth of the facts alleged or 44:74. Nurse Aide, requirements for nurse aide training programs, was conducted from 7/15/25 conclusions set forth in the statement through 7/17/25. Bethel Lutheran Home was of deficiencies. The plan of correction found in compliance. is prepared and/or executed solely because it is required by the provisions of federal and state law. S 000 Compliance/noncompliance Statement S 000 For the purposes of any allegation that the center is not in substantial A licensure survey for compliance with the compliance with federal requirements Administrative Rules of South Dakota, Article of participation, this response and 44:73, Nursing Facilities, was conducted from plan of correction constitutes the 7/15/25 through 7/17/25. Bethel Lutheran Home center's allegation of compliance in was found not in compliance with the following requirements: S206, S240, and S301. accordance with section 7305 of the state operations manual. S 206 44:73:04:05 Personnel Training S 206 The facility shall have a formal orientation program and an ongoing education program for 8/1/2025 To meet the requirements of all all healthcare personnel. All healthcare personnel healthcare personnel completing must complete the orientation program within the orientation program within thirty thirty days of hire and the ongoing education days of hire and to have ongoing program annually thereafter. education thereafter annually, we have updated the orientation The orientation program and ongoing education program must include the following subjects: process for new hires and how (1) Fire prevention and response; annual education is documented. (2) Emergency procedures and preparedness; (3) Infection control and prevention; The facility is unable to make (4) Accident prevention and safety procedures; corrections to missing (5) Proper use of restraints; documentation for employees L, M, (6) Resident rights; N and O employee records that (7) Confidentiality of resident information; previously occurred. (8) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; (9) Care of residents with unique needs; (10) Dining assistance, nutritional risks, and

STATE FORM

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

TITLE

(X6) DATE

(X6) DATE

(X6) DATE

(X6) DATE

(X7) DATE

(X7) DATE

(X8) DATE

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X0.000	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		10644	B. WING		07/17/2025	
	ROVIDER OR SUPPLIER	1001 S I	ADDRESS, CITY, ST EGAN AVE DN, SD 57042	ATE, ZIP CODE	. a ereign	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
S 000	A licensure survey Administrative Rule 44:74, Nurse Aide, training programs, through 7/17/25. Be found in compliance Compliance/nonco A licensure survey Administrative Rule 44:73, Nursing Face 7/15/25 through 7/1 was found not in co requirements: S206 44:73:04:05 Person The facility shall ha program and an on all healthcare person must complete the thirty days of hire a program annually to The orientation pro program must inclu (1) Fire prevention (2) Emergency pro	for compliance with the es of South Dakota, Article cilities, was conducted from 17/25. Bethel Lutheran Home compliance with the following 6, S240, and S301. Innel Training Eve a formal orientation going education program for connel. All healthcare personnel orientation program within and the ongoing education hereafter. Egram and ongoing education de the following subjects: and response; ocedures and preparedness;	\$ 000 \$ 000	Preparation and execution of response and plan of correction not constitute an admission or agreement by the provider of truth of the facts alleged or conclusions set forth in the state of deficiencies. The plan of cois prepared and/or executed shecause it is required by the provisions of federal and state. For the purposes of any allegate that the center is not in substate compliance with federal required participation, this response plan of correction constitutes to center's allegation of compliant accordance with section 7305 state operations manual. To meet the requirements of healthcare personnel complete the orientation program with days of hire and to have ongeducation thereafter annuall have updated the orientation process for new hires and he annual education is docume	the atement prection colely a law. ation antial rements and the noce in of the ateming in thirty going y, we now nted.	
	(5) Proper use of r(6) Resident rights(7) Confidentiality(8) Incidents and dreporting and the fa(9) Care of resident	ntion and safety procedures; estraints;		The facility is unable to make corrections to missing documentation for employee N and O employee records to previously occurred.	es L, M,	

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

TITLE

(X6) DATE

South Dakota Department of Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	3 30	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		10644	B. WING		07/17/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STAT	TE, ZIP CODE	- 1
RETHEL I	UTHERAN HOME	1001 S EGA	N AVE		
DETTILL	OTTENANTIONE	MADISON,	SD 57042		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
S 206	Continued From page	1	S 206	Implementation of the new hi	ro
	hydration needs of re	sidents:		orientation policy is effective	le l
	(11) Abuse and negle			beginning August 1, 2025.	
	(12) Advanced direct			a og minig i tag a o i , a i a	
	2 20			Employees will be required to	
		the facility determines will		complete their annual educat	
		residents are exempt from		from Avera within 2 weeks of	
	(12), inclusive, of this	ubdivisions (5) and (8) to		date. The test will be returned	d to
	(12), inclusive, or this	Section.		supervisor for scoring. If an employee fails to complete the	10
	The facility shall prov	ide additional personnel		training within 2 weeks, the	
	education based on t	he facility's identified needs.		department supervisor will be	9
				required to schedule a shift for	
	T	1. (O. II. D.I. I. I. I.		completing the training. The	
	met as evidenced by:	ule of South Dakota is not		employee will sign, (both	
		record review and interview,		signature and in print) and	- C 11 -
		ensure four of five sampled		acknowledge understanding	of the
		and O) had completed the		completion of the Employee Orientation Record within 30	days
	required orientation to	raining topics within 30 days		of hire date.	uays
	of hire.			of fine date.	
	Findings include:			Annual education is provided	to all
	1 Peview of certified	nursing assistant (CNA) L's		staff through Avera Educatio	n.
	employee file reveale			Yearly, when the updated tra	
	*Was hired on 3/28/2			videos from Avera are receiv	red,
		he following required		staff will be notified, and the required completion date will	ho
		pics within 30 days of hire:		set. Department managers, v	
	-Fire prevention and			the help of Human Resource	
	-Emergency prepared -Proper restraint use.	dness and procedures.		track completion and follow u	
	-Proper restraint use.			with all staff out of compliance	
		for incidents and diseases.		designated shift will be sched	
	-Care of residents wi			to complete the annual educ	
	-Dining assistance, n	utritional risks, and		within 30 days of the deadlin	e.
	hydration.				
		appropriation of property,			
	and mistreatmentAdvanced directives			100	
	-Advanced unectives	fei			
	2. Review of paid fee	eding assistant M's employee			

PRINTED: 08/01/2025 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: __ 10644 07/17/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1001 S EGAN AVE **BETHEL LUTHERAN HOME** MADISON, SD 57042 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 206 S 206 Continued From page 2 An audit of all new hires will be conducted monthly in August, file revealed she: September, and October. *Was hired on 3/21/25. Thereafter all new hire files will be *Had not completed the following required reviewed quarterly to ensure all orientation training topics within 30 days of hire: required education is documented. Accident prevention and safety procedures. -Proper restraint use. -Mandatory reporting for incidents and diseases. -Care of residents with unique needs. -Dining assistance, nutritional risks, and hydration. -Abuse, neglect, misappropriation of property, and mistreatment. Advanced directives. 3. Review of CNA N's employee file revealed she: *Was hired on 5/7/25. *Had not completed the following required orientation training topics within 30 days of hire: -Accident prevention and safety procedures. -Proper restraint use. -Mandatory reporting for incidents and diseases. Care of residents with unique needs. -Dining assistance, nutritional risks, and hydration. -Abuse, neglect, misappropriation of property, and mistreatment. -Advanced directives. 4. Review of cook O's employee file revealed she: *Was hired on 12/23/24.

STATE FORM 71B811 If continuation sheet 3 of 7

*Had not completed the following required orientation training topics within 30 days of hire: -Accident prevention and safety procedures.

-Abuse, neglect, misappropriation of property,

-Care of residents with unique needs. -Dining assistance, nutritional risks, and

-Proper restraint use.

and mistreatment. -Advanced directives.

hydration.

South Dakota Department of Health

	South Da	akota Department of He	eaith				
		T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE S	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED			
			10644	B. WNG		07/1	17/2025
	NAME OF P	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, STA	ATE ZIR CODE		
	NAME OF ST	KOVIDER OR SUFFEILER			TE, ZIP CODE		
	BETHEL L	LUTHERAN HOME		EGAN AVE			
				ON, SD 57042	1	99.	
	(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD)	No. of the second	(X5) COMPLETE
	PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	CROSS-REFERENCED TO THE APPROPR		DATE
					DEFICIENCY)	No Colombia de la Col	
_	S 206	Continued From page	2 2	S 206			
	3 200	Continued From page	e 3	3 200		1	
	J						
	J	5. Interview on 7/17/2					
	J	administrator A and b	ousiness manager P			y	
	J	revealed:					
	J	I .	was their designated staff				
	J	development nurse.				1	
	J		e hired, their maintenance			1	
	J		n a tour of the building to		2.2	/	
	J	discuss fire response	and emergency		-	10	
	J	preparedness.					
	J		orientation checklist included			= =	
	J		sed by key individuals within			V	
	ı J	the facility.	200 1 1			7	
	1		some of the required				
	J		covered under a different			-	
	J	1.00	our with the maintenance				
	J	director.	deedized enough advantion			5	
	J		dardized annual education		11 20	-	
	J		nealth system to educate all		IF.	1	
	J		he required topics annually. ide documentation that		Table 1		
	J		and O had received the			-	
	J	required education w				/	
	J	required education w	Ittill 30 days of fine.				
	\$ 240	44:72:04:12:01 Tubo	I-sia Edwartian	6 240			
	3 240	44:73:04:12:01 Tube		S 240	Education on maliating and		
)	Healthcare Personne	#		Education on policies and		
	J	A facility shall provide	a yearly advection to all		procedures, signs and sympton		8/13/2025
	J		e yearly education to all I on TB risk factors, the signs		and risk factors of tuberculosis	s will be	
	J		, and the TB infection control		presented to all staff and		
	J	policies and procedu			acknowledged via signature at		
	J	policios ana procesa.	les of the ladinty.		hire orientation and yearly at the		
	J	This Administrative F	Rule of South Dakota is not		annual education fair by the In		
	J	met as evidenced by:			Preventionist or designee. This		
	J		iew and interview, the		be presented at the all staff me		
	J		sure the annual education		on August 13, 2025, to ensure		
	J	10.2	B) risk factors, the signs and		staff are up to date at this time	£	A
	J		the TB infection control				
)		res of the facility was			1	
		P. C.	recently man		I .		

FORM APPROVED South Dakota Department of Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ 10644 07/17/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1001 S EGAN AVE **BETHEL LUTHERAN HOME** MADISON, SD 57042 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 PRFFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 240 S 240 Continued From page 4 completed for one of five sampled employees (K). Findings include: 1. Review of employee education records revealed that employee K had not received annual TB education. Employee K was hired on 3/5/24. 2. Interview on 7/17/25 at 3:56 p.m. with administrator A and business manager P *Neither of them were aware of the TB annual education requirement. *Restorative nurse F was the staff development nurse. S 301 S 301 44:73:07:16 Required Dietary Inservice Training The dietary manager or the dietitian shall provide Required Dietary Inservice ongoing inservice training for all personnel Training providing dietary and food-handling services. Training must be completed within thirty days of 8/14/2025 The Registered Dietitian will hire and annually for all dietary or food-handling provide the annual in-service personnel. The training must include the following training for all staff providing food subjects: handling services on August 14, (1) Food safety; 2025. (2) Handwashing; (3) Food handling and preparation techniques; The training will include: food (4) Food-borne illnesses; safety, handwashing, food (5) Serving and distribution procedures; handling and preparation (6) Leftover food handling policies; techniques, food-borne illnesses, (7) Time and temperature controls for food serving and distribution preparation and service; procedures, leftover food handling (8) Nutrition and hydration; and policies, time and temperature (9) Sanitation requirements. control for food preparation and

This Administrative Rule of South Dakota is not

Based on employee personnel records review

met as evidenced by:

service, nutrition and hydration

and sanitation requirements.

South Dakota Department of Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	25 52	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		10644	B. WING		07/17/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
BETHEL L	UTHERAN HOME	1001 S EGA MADISON,			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
S 301	*Two of two newly hir had completed five of within 30 days of hire *Three of three dietar completed the annual of the nine required to Findings include: 1. Review of employer revealed: *Cook O was hired on X was hired on 5/29/2 the required training to foodborne illnesses, so leftovers, and nutrition hire. *There was no consist dietary aide R, dietary completed all nine redietary in-service educed. 2. Interview on 7/17/2 administrator A and be revealed: *The dietary manager D would now be the one training. *Their previous dietard documented what top their monthly in-service. *They did not have an the dietary employees training on the nine redietary on the provious of the prov	ed dietary staff (O and X) if the nine required topics y staff (R, W, and Y) had dietary education for nine opics. ee personnel records in 12/23/24, and dietary aide in 12/23/24, and dietary aide in opics of food handling/prep, is ring/distribution, in/hydration within 30 days of itent records to indicate that y aide W, and cook Y had quired topics for the annual ication. is at 3:56 p.m. with itenses manager P in was responsible to ensure ined on the required topics. Itenses was new to her position and itense responsible for dietary in manager had not inicis were covered during	S 301	This information will be provided new staff hires to be completed within 30 days of hire. Dietary manager, Registered Dietitian designee will complete audit one month of in-service to determine if all staff have completed the required training Records will be maintained in dietary office.	ed n or within
		provided in response to the		1 1 1	1 19 1

South Dakota Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WNG_ 07/17/2025 10644 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1001 S EGAN AVE BETHEL LUTHERAN HOME MADISON, SD 57042 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 301 S 301 Continued From page 6 request for the policy regarding the dietary training for staff revealed there was no description on the expectations for dietary staff to have been trained within 30 days of hire and annually.