

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

PRINTED: 05/04/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2023
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NAME OF PROVIDER OR SUPPLIER BOWDLE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 8001 W 5TH STREET BOWDLE, SD 57428
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 4/24/23 through 4/26/23. Bowdle Nursing Home was found in compliance.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Darwyn "Kirby" Kleffman CEO 5/9/2023

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 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.

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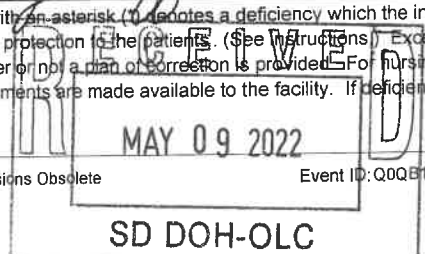
NAME OF PROVIDER OR SUPPLIER BOWDLE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 8001 W 5TH STREET BOWDLE, SD 57428
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E 000	<p>Initial Comments</p> <p>A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted from 4/24/23 through 4/26/23. Bowdle Nursing Home was found in compliance.</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Darwyn "Kirby" Kleffman</i>	TITLE CEO	(X6) DATE 5/9/2023
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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 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.



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435107	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2023
NAME OF PROVIDER OR SUPPLIER BOWDLE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 8001 W 5TH STREET BOWDLE, SD 57428	
(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
K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 4/26/23. Bowdle Nursing Home was found not in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of the deficiency identified at K293 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to maintain exit sign lighting for the corridor exit adjacent to the dining room. Findings include: 1. Observation beginning on 4/26/23 at 10:45 a.m. revealed the exit sign for the corridor exit adjacent to the dining room was not functional. Interview with the maintenance supervisor at the time of the observation revealed the light packs needed for the fixture have been very difficult to	K 293	Please accept the following as the facility's plan of correction. This plan of correction does not constitute an admission of guilt or liability and is submitted only in response to the regulatory requirement. It is the practice of this provider to ensure that exit and directional signage are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. All residents, staff and visitors have the potential to be affected by the alleged deficient practice. An observation audit was completed by the Maintenance Director on 4/26/2023 and no other issues were identified. On 5/1/2023, Mid Northern Electric replaced 9 of the 10 Exit signs in LTC with new LED Exit signs. The remaining sign will be replaced 5/12/2023. Maintenance Director will audit Exit sign illumination once per week for 4 weeks and then transition to twice a month for 3 months. Any issues will be addressed immediately. The audits will be discussed at the monthly Quality Council. The Council will determine if continued auditing is necessary once 100% compliance is achieved for two consecutive months.	5/19/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Darwyn "Kirby" Kleffman
TITLE
CEO
(X6) DATE
5/11/2023

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 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.

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NAME OF PROVIDER OR SUPPLIER BOWDLE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 8001 W 5TH STREET BOWDLE, SD 57428		
(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	
K 293	Continued From page 1 procure. The deficiency affected one location required to be provided with a marked and identifiable path of egress.	K 293			

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2023
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NAME OF PROVIDER OR SUPPLIER BOWDLE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 8001 W 5TH ST POST OFFICE BOX 556 BOWDLE, SD 57428
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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 from 4/24/23 through 4/26/23. Bowdle Nursing Home was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 4/24/23 through 4/26/23. Bowdle Nursing Home was found in compliance.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Darwyn "Kirby" Klettman</i>	TITLE CEO	(X6) DATE 5/9/2023
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STATE FORM

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If continuation sheet 1 of 1

