

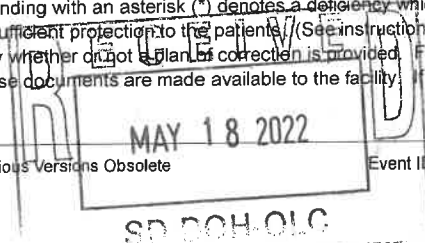
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2023
NAME OF PROVIDER OR SUPPLIER DOW RUMMEL VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1321 W DOW RUMMEL ST SIOUX FALLS, SD 57104	
(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
F 000	INITIAL COMMENTS 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. Dow Rummel Village was found not in compliance with the following requirement: F812.	F 000		
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to ensure: *Refrigerators, and freezer temperatures were monitored and documented for one of one main kitchen. *Food temperatures were monitored and documented prior to meal service.	F 812	All Dietary Associates were educated on policy and procedure for Food Temperatures, Food Safety and Sanitation, and Food Storage, on May 17 at 1:30pm at the Monthly Dietary Meeting. This includes a presentation by Arien Robinson CDM, CFPP, Dietary Director and viewing of the Safe Food Handling online course. Food temperature logs will be audited 1 time a week x 4 weeks then monthly x 3 months The Food Service Director or Designee will report to the QAPI committee results of these audits monthly for further review and recommendation. The refrigerator and freezer logs in the main kitchen will be audited 1 time a week x 4 weeks then monthly x 3 months. The Food Service Director or Designee will report to the QAPI committee results of these audits monthly for further review and recommendation.	6/9/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Christopher Hahn
TITLE
Executive Director of Healthcare Services
(X6) DATE
5/18/2023

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 DOW RUMMEL VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1321 W DOW RUMMEL ST SIOUX FALLS, SD 57104
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F 812	<p>Continued From page 1</p> <p>Findings include:</p> <p>1. Observation on 4/25/23 at 11:29 a.m. of the main kitchen revealed: *The temperatures for the front refrigerator in the main kitchen had not been recorded twice a day for twenty-five days in the month of April 2023. *The temperatures for the second refrigerator in the rear of the main kitchen had not been recorded twice a day for twenty-five days in the month of April 2023. *Both freezer kitchen temperatures had not been recorded for twenty days in the month of April 2023. *A sign on the refrigerator in the main kitchen indicated that both refrigerator temperatures should have been recorded by the dietary staff twice a day.</p> <p>Observation on 4/25/23 at 11:30 a.m. in the main kitchen with cook E revealed there had been no food temperatures written in the temperature log for that days lunch meal after the food temperature's had been obtained.</p> <p>Observation on 4/26/23 at 9:30 a.m. in the main kitchen revealed the daily food temperatures had not been recorded in the log for January, February, March, and April 2023.</p> <p>Interview on 4/26/23 at 9:37 a.m. with dietary director D regarding the refrigerator, freezer, and food temperature logs revealed: *He recognized the temperatures had not been recorded. *His expectation was the staff were to record the freezers, refrigerators, food temperatures, and record them in the temperature logs.</p>	F 812		

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F 812	Continued From page 2 Interview on 4/26/23 at 3:55 p.m. with executive director of healthcare services A regarding the temperature logs revealed the expectation was that all refrigerator, freezer, and food temperatures would have been monitored and recorded. Review of the provider's policy 2013 Food Storage policy revealed: "14. Refrigerated Food Storage: ... b. PHF/TCS [Potentially Hazardous Food/Time/Temperature Control for Safety] foods must be maintained at or below 41 degrees F [Fahrenheit] unless otherwise specified by law. Periodically take temperatures of refrigerated foods to assure temperatures are maintained at or below 41 F. Temperatures for refrigerators should be between 35 to 39 F. Thermometers should be checked at least two times each day. (See Freezer and Refrigerator Temperature Sample Form in this section.) Check for proper functioning of the unit at the same time."	F 812			

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E 000	Initial Comments 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. Dow Rummel Village was found in compliance.	E 000			

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

Christopher Hahn

TITLE

Executive Director of Healthcare Services

(X6) DATE

5/18/2023

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MAY 18 2022

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K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 4/25/23. Dow Rummel Village 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 deficiencies identified at K293 and K712 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 the required illumination for 3 randomly observed exit signs (Allen wing east corridor, ambulance entrance, and Allen wing north corridor). Findings include: 1. Observation on 4/25/23 at 3:18 p.m. revealed the internally illuminated exit sign at the east end of the east corridor of the Allen wing only had one of two installed lamps and functioning for the	K 293	All Maintenance staff will be trained on the importance of watching for exit light malfunction and proper bulb replacement by 5/23/2023. The director of environmental services or designee will audit to confirm proper operation, weekly x4, bi-weekly x2 and monthly x1. The director of environmental services or Designee will report to the QAPI committee results of these audits monthly for further review and recommendation.	6/9/2023

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

TITLE

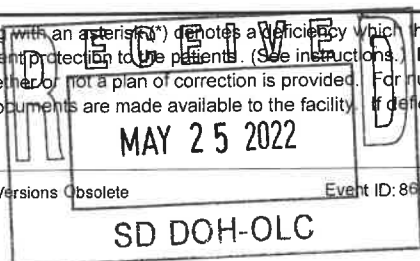
(X6) DATE

Christopher Hahn

Executive Director of Healthcare Services

5/25/2023

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K 293 Continued From page 1
 fixture. Exit signs are required to have multiple functioning elements such that the failure of any single element does not leave the unit unlit. Interview with the director of environmental services at the time of the observation confirmed that condition.

2. Observation on 4/25/23 at 3:26 p.m. revealed the internally illuminated exit sign at ambulance entrance of the Allen wing only had one of two installed lamps and functioning for the fixture. Exit signs are required to have multiple functioning elements such that the failure of any single element does not leave the unit unlit. Interview with the director of environmental services at the time of the observation confirmed that condition.

3. Observation on 4/25/23 at 3:28 p.m. revealed the internally illuminated exit sign at the south end of north corridor of the Allen wing corridor was not lit. Interview with the director of environmental services at the time of the observation confirmed those conditions.

The deficiencies affected three locations required to be provided with a marked and identifiable path of egress.

K 293

K 712
SS=D
 Fire Drills
 CFR(s): NFPA 101

Fire Drills
 Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar

K 712

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K 712	<p>Continued From page 2</p> <p>with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on observation, interview the provider failed to ensure staff were familiar with the provider's fire drill procedures. Findings include:</p> <p>1. Observation on 4/25/23 at 3:03 p.m. revealed a certified nursing assistant (CNA) responding to the nurse call system for Allen wing room 760. That call light had been activated thirteen-and one-half minutes prior to the response. The CNA who was responding to the call light for resident room 760 identified the simulated fire in the room and immediately came out. The CNA then told the director of environmental services they did not know what to do. The director of environmental services prompted the CNA by reminding her to use the "R.A.C.E.R." acronym. When asked what the letters of the acronym stood for the CNA then stated, "I don't know I've never done this." At that point, the director of environmental services walked the responding CNA step-by-step through the provider's fire drill procedure.</p> <p>Interview with the director of environmental services directly following the completion of the fire drill confirmed those findings.</p> <p>The deficiency had the potential to affect 100% of the occupants of the smoke compartment.</p>	K 712	<p>All SNF staff will be trained on fire prevention policies and procedures by 6/9/2023. Additional drills may be run to ensure understanding of the procedures. If the staff fail to follow the procedures during a drill it will be rerun until completed correctly.</p> <p>Audits will be done by asking random staff on the floor to explain the proper procedures in case of a fire. These audits will be completed by the Director of Environmental Services or Designee weekly x4, bi-weekly x2 and monthly x1. The Director of Environmental Services or Designee will report to the QAPI committee results of these audits monthly for further review and recommendation.</p>	6/9/2023

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10678	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2023
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NAME OF PROVIDER OR SUPPLIER DOW RUMMEL VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1321 W DOW RUMMEL ST SIOUX FALLS, SD 57104
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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. Dow Rummel Village 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. Dow Rummel Village was found in compliance.	S 000		

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

TITLE
Executive Director of Healthcare Services

(X6) DATE
5/18/2023

