

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

PRINTED: 08/31/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/18/2022
NAME OF PROVIDER OR SUPPLIER WAKONDA HERITAGE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 515 OHIO STREET WAKONDA, SD 57073		
(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 8/16/22 through 8/18/22. Wakonda Heritage Manor was found not in compliance with the following requirement: F812.	F 000			
F 812 SS=E	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: A. Based on observation, interview, and South Dakota Food Service Code review, the provider failed to ensure proper storage of raw and ready-to-eat meats in one of one walk-in cooler. Findings include: 1. Observation on 8/16/22 at 8:58 a.m. of the	F 812	F 812 System correction: Dietary manager educated all cooks on how to properly store and thaw meats on 08/16/2022 and the meat storage was corrected as soon as it was found on 08/16/2022. 08/16/2022: Dietary manager re-educated cooks on daily cleaning schedule and to include the black mats on the daily cleaning schedule. 08/17/2022: Dietary manager educated dietary aide D on wearing teh beard net and made them more accessible for any staf who may need to use them. Dietary manager also revised dietary job descriptions to include the beard nets. 08/30/2022 to 09/02/2022: Managers and dietary staff worked together to deep clean the entire kitchen, including; moving all appliances/equipment/carts to clean, floor was stripped and scrubbed, all surfaces were degreased and sanitized. 09/07/2022: Weekly cleaning schedule was revised to include cleaning the floors underneath, in-between and behind all equipment. This was implemented on 09/07/2022 on the weekly list for 09/5/22 - 09/09/22. 09/07/2022: A new monthly cleaning schedule is being implemented as of today to begin for the month of September. Continued on next page	09/07/2022	

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

Robin R. Stockland

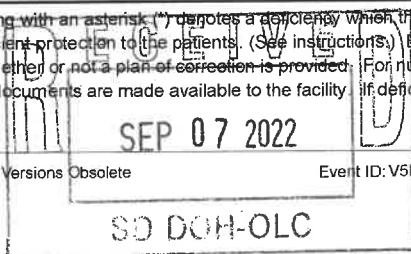
TITLE

Administrator

(X6) DATE

09/07/2022

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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F 812	<p>Continued From page 1</p> <p>bottom shelf of the righthand side food rack in the walk-in cooler revealed: *An unopened log of ready-to-eat uncut deli ham meat and part of a 10-pound (lb.) tube of raw ground beef were on the middle tray. -Red liquid was leaking from the tube of raw ground beef onto the middle tray and onto the floor. The red liquid was touching the unopened log of ready-to-eat uncut deli ham. *The remainder of the 10lb. tube of raw ground beef was on the right tray.</p> <p>Interview on 8/16/22 at 9:41 a.m. with dietary manager C regarding the above observation revealed: *She was able to list how to properly store raw and ready-to-eat meats and agreed the tube of raw ground beef should not have been on the tray with the unopened log of ready-to-eat uncut deli ham. *They recently started receiving raw ground beef in the 10lb. tubes and were trying to figure out how best to thaw it.</p> <p>Review of the Administrative Rule of South Dakota (ARSD) Food Service Code 44:02:07:23, "Preventing contamination of packaged and unpackaged food" revealed, "Packaged and unpackaged food must be protected from cross-contamination by the following methods ...Separating raw animal foods during storage, preparation, holding, and display from raw ready-to-eat food, including other raw animal food such as fish for sushi or molluscan shellfish; other raw ready-to-eat food, such as vegetables; and cooked ready-to-eat food."</p> <p>B. Based on observation, interview, and weekly cleaning schedule review, the provider failed to</p>	F 812	F 812 Continued Monitoring system: The DON, Dietary Manager or Designee will conduct audits on proper food storage, cleanliness of the surfaces of floors, mats, counters, cleanliness of floors under counters and equipment, drains clean with no debris and also dietary staff wearing appropriate hair coverings including facial hair (beard net). Audits will be conducted weekly x 4 weeks, monthly x 3 months and then quarterly x 2. All audit results will be reported to monthly QAPI meetings by DON, dietary manager or designee. QAPI team will review results and make appropriate recommendations.		

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F 812	<p>Continued From page 2</p> <p>ensure adequate sanitation practices for the floors in one of one kitchen and one of one dish room. Findings include:</p> <p>1. Observation on 8/16/22 at 8:38 a.m. in the dish room revealed: *The floor drain in the dish room was caked with pieces of colored plastic, chunks of unidentified food, and an unidentifiable gray substance. *The floor drain was halfway plugged with the above-mentioned refuse, which potentially compromised the draining ability. *The floor underneath the handwashing sink in the dish room was caked with an unknown black and greasy-looking substance.</p> <p>2. Observation on 8/16/22 at 10:57 a.m. in the main kitchen/service area revealed: *The floors underneath the flattop grill, the food prep counters, the three-door cooler, and the hot-holding table were covered with dust, dirt, and food crumbs. *The area of the floors that bordered the black safety mats was covered in an unknown black, greasy substance.</p> <p>Interview on 8/16/22 at 4:07 p.m. with dietary cook E regarding kitchen sanitation activities revealed: *The end-of-day closing procedures included sweeping and mopping. *She mopped every other day. *There was neither a daily cleaning task list nor deep-cleaning task list. *The only cleaning task list they had was the "weekly cleaning schedule" posted on the kitchen's bulletin board that was located outside the dish room. *She confirmed the cleaning task list did not</p>	F 812			

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F 812	<p>Continued From page 3</p> <p>include cleaning the floors in-between, underneath, or behind equipment.</p> <p>Interview on 8/16/22 at 4:15 p.m. with dietary manager C regarding kitchen sanitation activities revealed:</p> <ul style="list-style-type: none"> *The black safety mats were cleaned monthly. *Staff were supposed to sweep and mop each day. *They used to have a deep cleaning schedule, but they had not used it "for some time." *She thought their weekly cleaning schedule covered everything that needed to be cleaned in the kitchen. *The floors in-between, underneath, and behind equipment should have been cleaned more thoroughly. <p>Review of the dietary department's 8/1-8/18/22 "weekly cleaning schedule" revealed there was no task on the list indicating to clean the floors underneath, in-between, or behind food service equipment such as the three-door cooler, the flattop grill, or the hot-holding table.</p> <p>C. Based on observation, interview, and policy review, the provider failed to ensure one of five dietary staff wore appropriate hair restraints. Findings include:</p> <ol style="list-style-type: none"> 1. Observation on 8/16/22 at 11:32 a.m. in the kitchen during lunch service revealed: <ul style="list-style-type: none"> *Dietary aide D was wearing a hair net, a plastic face shield, and a surgical face mask. *Black beard hairs were seen sticking out of the sides and underneath his face mask. *He was placing beverage cups on resident meal trays. *He had poured the beverages earlier in the day 	F 812		

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F 812	<p>Continued From page 4 in preparation for lunch service. *There was a short black hair floating in a cup of milk.</p> <p>Interview on 8/17/22 at 8:19 a.m. with dietary aide D regarding beard restraints revealed: *He confirmed he had access to proper beard restraints, like beard nets. *He said that beard nets were discussed at a meeting previously, and it was decided that a surgical face mask was sufficient to act as a beard restraint. -He did not indicate who was involved in the above-mentioned meeting.</p> <p>Interview on 8/17/22 at 8:21 a.m. with dietary manager C regarding beard restraints revealed: *She confirmed they had proper beard restraints, like beard nets. *She assumed a surgical face mask was sufficient to act as a beard restraint. *She was not aware dietary aide D's hair had not been completely restrained within the surgical face mask, or that a hair had been found in a cup of milk that was supposed to have been used for lunch service. *She agreed he should have worn a proper beard restraint, like a beard net.</p> <p>Interview on 8/17/22 at 8:35 a.m. with administrator A regarding the above observations revealed she agreed improvements were needed for food safety, kitchen cleanliness, and the use of proper beard restraints.</p> <p>Review of provider's policy titled "Employee Sanitary Practices" revealed: *The policy was part of the 2019 "Becky Domer & Associates, Inc." policy and procedure manual,</p>	F 812		

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F 812	Continued From page 5 section 4-4. *Procedure number one stated, "All employees will ...Wear hair restraints (hairnet, hat, and/or beard restraint) to prevent hair from contacting exposed food."	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 8/16/22 through 8/18/22. Wakonda Heritage Manor was found in compliance.	E 000			

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

Robin R. Stockland

TITLE

Administrator

(X6) DATE

08/31/2022

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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 8/16/22. Wakonda Heritage Manor 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=E	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 lighting from the dining room. Findings include: 1. Observation and interview with the maintenance supervisor on 8/16/22 at 1:45 p.m. revealed the exit sign from the dining room was not lit. The deficiency affected one location required to	K 293	K 293 System correction: Maintenance director contacted our electrician on 8/16/2022 to have him come and look at the wiring for the Exit Sign and replace the Exit Sign or the bulb or whatever was necessary. He was out of town but was able to come on 08/30/2022 when he changed the Exit Sign to a new LED Sign as the other Sign was an older style. He did check the wiring and there were no problems with the electrical wiring to the Exit Sign. System monitoring: Maintenance director or designee will conduct audits on all Exit Signs 1 time per week for 4 weeks and then monthly on the regular monthly Maintenance Checklist. All reports from audits will be reported at the monthly QAPI meeting by the Maintenance director or designee.	08/30/2022

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Robin R. Stockland

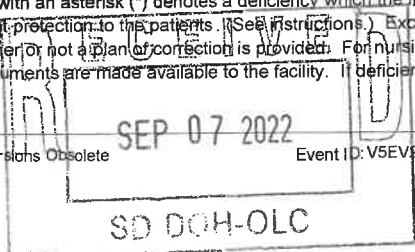
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Administrator

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K 293	Continued From page 1 be provided with a marked and identifiable path of egress. The area was used by all residents and staff in the facility and has the potential to affect all residents and staff in the dining area when they were required to use an emergency exit.	K 293		

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 from 8/16/22 through 8/18/22. Wakonda Heritage Manor 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 8/16/22 through 8/18/22. Wakonda Heritage Manor was found in compliance.	S 000		

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

Robin C. Stocklank

TITLE

Administrator

(X8) DATE

08/30/2022

