STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11053	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL SUITES	911 S. EGAN MADISON, SD 57042

(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) COMPLETE DATE
S 000	Compliance Statement 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 9/8/26 through 9/10/26. Bethel Suites was found not in compliance with the following requirements: S105, S331, and S450.	S 000		
S 105	44:70:02:06 Food Service Food service must be provided by a facility licensed in accordance with SDCL chapter 34-12 or food service establishment licensed in accordance with SDCL chapter 34-18 that is inspected by a local, state, or federal agency. The facility shall meet the safety and sanitation procedures for food service in §§ 44:02:07:01, 44:02:07:02, and 44:02:07:04 to 44:02:07:95, inclusive. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, testing, interview, record review, and policy review, the provider failed to maintain the 180 degrees Fahrenheit (F) rinse temperature for one of one dishwasher located in one of one main kitchen in the assisted living. Findings include: 1. Observation and testing on 9/9/26 at 12:01 p.m. of the dishwasher in the main kitchen revealed that the final rinse of the dishwasher would not come above 180 degrees Fahrenheit (F). The highest temperature recorded was 178 degrees F. The temperatures fluctuated between 160 degrees and 178 degrees.	S 105	The facility immediately removed the dishwasher from service for sanitizing dishware when the final rinse temperature failed to consistently reach 180°F. Disposable service ware was utilized and/ordishes were manually sanitized in accordance with approved sanitization procedures until repairs were completed. The dishwasher was serviced, repaired, and tested to ensure the final rinse temperature consistently reached at least 180°F prior to being returned to service. 2. All residents had the potential to be affected by improperly sanitized dishware. No adverse outcomes related to this deficient practice were identified. The facility reviewed dish machine temperature logs and evaluated dishwashing processes to ensure proper sanitization practices were being followed. 3.Dietary staff, resident assistants who operate the dishwasher, and maintenance staff will be re-educated on dish machine temperature monitoring requirements. •Staff will verify and document final rinse temperatures at each meal service prior to processing dishware. •Any rinse temperature below 180°F will result in immediate removal of the dishwasher from service and notification of maintenance. •The Certified Dietary Manager or designee will review temperature logs weekly to ensure compliance and follow up on any out-of-range temperatures. •Maintenance will establish a preventive maintenance schedule for the dishwasher and associated equipment.	October 16, 2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Katherine Holland	Administrator	10.6.2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11053	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL SUITES	911 S. EGAN MADISON, SD 57042

(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) COMPLETE DATE
S 105	Continued From page 1 2. Interview and testing on 9/9/26 at 12:30 p.m. with dining assistant C of the dishwasher revealed the rinse temperature would not rise above 180 degrees F. Dining assistant C stated the dishwasher would usually rise above 180 degrees F after it had run a few times. He was supposed to run the dishwasher until the rinse temperature rose above 180 degrees F, document the temperature, and then run dishes through the dishwasher. If the rinse temperature did not reach above 180 F, he was to notify the maintenance department so they could fix the dishwasher. 3. Interview on 9/9/26 at 12:40 p.m. with director of maintenance D revealed he was not aware of any problems with the dishwasher prior to 9/9/26. He would have to check the dishwasher to see if he could identify a problem. He was going to double check the water heater that supplied the dishwasher to make sure it was working correctly first. 4. Observation on 9/9/26 at 12:45 p.m. with the director of maintenance D of the water heater that supplied the dishwasher confirmed the water heater was working correctly. 5. Interview on 9/9/26 at 12:50 p.m. with dining assistant C revealed that since 12:30 p.m. that day, he had seen a rinse temperature of 183 degrees F. The rest of the rinse temperatures were below 180 degrees. 6. Testing on 9/9/26 at 5:00 p.m. of the rinse temperatures for the dishwasher revealed that the rinse temperature rose to 181 degrees F one time. The next two tests of the rinse temperature were 175 degrees F and 172 degrees F.	S 105	S105 continued 4. The Certified Dietary Manager or designee will audit dishwasher temperature logs three times weekly for four weeks, then weekly for two months to ensure final rinse temperatures consistently reach 180°F or greater and that corrective action is taken when temperatures are below threshold. Audit results will be reviewed by the Administrator, and additional corrective action will be implemented as needed to maintain compliance. Audit results will be brought to the monthly Quality Assurance Meeting by the CDM/Designee for review and recommendation to increase or decrease or discontinue audits.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11053	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL SUITES	911 S. EGAN MADISON, SD 57042

(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) COMPLETE DATE
S 105	Continued From page 2 7. Interview on 9/9/26 at 5:10 p.m. with resident assistant (RA) B revealed that when she did the dishes at 3:00 p.m., the dishwasher reached a maximum temperature of 183 degrees F. After it reached 183 degrees, she stopped watching the rinse temperature. 8. Testing on 9/10/26 at 11:50 a.m. of the rinse temperatures for the dishwasher revealed the second time the dishwasher was run the rinse temperature reached 153 degrees F. The fifth time the dishwasher ran, the rinse temperature was 157 degrees F. The sixth time the dishwasher ran, the rinse temperature was 160 degrees F. 9. Interview on 9/10/26 at 12:05 p.m. with director of maintenance D revealed did not have time to diagnose the problem with the dishwasher. He agreed the rinse temperature should stay above 180 degrees F. He would have to call the service agency and have a repair person fix the dishwasher. 10. Review of the dish machine September 2026 temperature log for that dishwasher revealed the rinse cycle temperatures were recorded three times per day, breakfast, lunch, and dinner. On 9/1/26 at breakfast the temperature was recorded as 172 degrees F. On 9/3/26, the lunch rinse temperature was recorded as 178 degrees F. On 9/9/26, the lunch rinse temperature was recorded as 175 with an asterisk which meant that the maintenance department was notified. All other temperatures recorded were above 180 degrees F. At the bottom of the page were two notes, "Rinse temperature needs to be at least 180 degrees" and "Notify maintenance with any problems with dishwasher or if temperatures are too low."	S 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11053	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL SUITES	911 S. EGAN MADISON, SD 57042

(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) COMPLETE DATE
S 105	Continued From page 3 11. Review of the provider's 2/18/25 dish machine temperature log policy revealed, "Dishwashing staff will monitor and record dish machine temperatures to assure proper sanitizing of dishes. Procedure: 1. CDM [certified dietary manager] will provide dietary staff with a temperature log to be posted near [the] dish machine for documentation. 2. CDM will spot check log to assure temperatures are appropriate. 3. Dietary staff are to report to either CDM of Maintenance Dept. [department] any problems with dish machine and/or temperatures."	S 105		
S 331	44:70:04:10(1) Tuberculin Screening... Requirements Tuberculin screening requirements for healthcare personnel and residents are as follows: (1) Each healthcare personnel or resident shall receive an initial individual TB risk assessment that is documented and the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within twenty-one days of employment or admission to a facility. Any two documented tuberculin skin tests completed within a twelve-month period prior to the date of admission or employment are considered two-step. A TB blood assay test completed within a twelve-month period prior to the date of admission or employment is an adequate baseline test. Skin testing or TB blood assay tests are not necessary if a new healthcare personnel or resident transfers from one licensed healthcare facility to another licensed healthcare facility within this state if the facility received documentation from the transferring healthcare	S 331	1. Resident #3's record was immediately reviewed. A TB risk assessment and appropriate TB screening/testing were completed and documented. The resident's medical record was updated to ensure compliance with the facility's TB screening requirements. 2. An audit of all current resident records was completed to verify documentation of TB risk assessments and baseline TB screening/ testing. Any missing documentation was obtained or testing completed as appropriate. 3. • The admission process was revised to include verification of TB risk assessment and TB screening/testing requirements prior to completion of the admission record. • Nursing staff were educated on South Dakota TB screening requirements and facility policy. • A TB screening checklist was added to the admission packet to ensure all required documentation is completed within required timeframes. • The Director of Nursing or designee will review all new admissions for compliance.	October 16, 2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11053	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL SUITES	911 S. EGAN MADISON, SD 57042

(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) COMPLETE DATE
S 331	Continued From page 4 facility, healthcare personnel, or resident, of the last skin or blood assay TB testing having been completed within the prior twelve months. Skin testing or TB blood assay tests are not necessary if documentation is provided by the transferring healthcare facility, healthcare personnel, or resident, of a previous positive reaction to either test. Any healthcare personnel or resident who has a newly recognized positive reaction to the skin or TB blood assay test must have a medical evaluation and a chest X-ray to determine the presence or absence of the active disease; This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, and policy review, the provider failed to ensure one of four sampled residents (3) had received a tuberculin (TB) baseline screening and TB skin test or blood assay within twenty-one days of her admission to the facility. Findings include: 1. Review of resident 3's care record revealed she admitted to the facility on 7/23/26. There was no documentation that a TB screening and test were completed. 2. Interview on 9/10/26 at 9:00 a.m. with director of nursing services (DNS) A revealed they were unable to locate any documentation that resident 3 had completed a TB screening and test. The facility nurse who admitted resident 3 was no longer employed with the facility. She did not know why the TB screening and test were not completed. She stated it should have been done within fourteen days of her admission to the	S 331	S331 Continued 4.The Director of Nursing or designee will audit 100% of new admissions for TB risk assessment and baseline TB screening/testing compliance for three months. Audit findings will be reviewed monthly by the Administrator and corrective action will be taken for any identified concerns.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11053	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL SUITES	911 S. EGAN MADISON, SD 57042

(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) COMPLETE DATE
S 331	Continued From page 5 facility. 3. Review of the provider's undated Tuberculosis Infection Control Program policy revealed, "Each healthcare worker and/or Resident shall receive the two-step method of Mantoux skin test within 21 days of hire and residents within 14 days of admission to be done by [a] nurse OR [have] proof of a quantiferon blood test within the last year OR proof of any two documented Mantoux tests within [the] last year."	S 331		
S 450	44:70:06:01 Dietetic Services The facility shall have an organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored, prepared, distributed, and served in a manner that is safe, wholesome, and sanitary in accordance with the provisions of § 44:70:02:06. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, documentation review, interview, and policy review, the provider failed to follow food safety and sanitation practices to ensure the staff maintained one of one walk-in refrigerator temperature at or below 41 degrees Fahrenheit (F) and monitored the chemical sanitation levels for one of one sampled red chemical sanitation bucket (a color-coded commercial container used in food service and kitchens to hold wiping cloths submerged in a chemical sanitizing solution) used to clean the main kitchen surfaces for the preparation of residents' food. Failure to ensure this increased the potential risk of foodborne illnesses for the entire resident population who received meals prepared in the main kitchen.	S 450	1.The walk-in refrigerator was immediately evaluated and repaired by a qualified refrigeration service provider. Temperatures were monitored to ensure the refrigerator consistently maintained 41°F or below. Food items were assessed for safety and discarded as appropriate. Sanitizer testing procedures were immediately implemented, and the sanitizer solution in the red sanitation bucket was tested and documented to ensure proper concentration 2.All residents had the potential to be affected by improper refrigerator temperatures and inadequate sanitizer monitoring. The facility reviewed refrigerator temperature logs, food storage practices, and sanitizer bucket documentation to identify any additional concerns. No adverse resident outcomes related to this deficient practice were identified •The Dietary Manager will review logs routinely to ensure compliance. 3.Dietary staff were re-educated on food safety requirements, including maintaining refrigerated foods at 41°F or below. •Staff were educated on proper use of internal refrigerator thermometers and required corrective actions when temperatures exceed 41°F.	October 16, 2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11053	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL SUITES	911 S. EGAN MADISON, SD 57042

(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) COMPLETE DATE
S 450	Continued From page 6 Findings include: 1. Observation on 9/8/26 at 8:35 a.m. in the main kitchen revealed that the walk-in refrigerator's external digital thermometer read 43 degrees F. The temperature log attached to the walk-in refrigerator door indicated the refrigerator's temperatures ranged from 38 to 44 degrees F in September 2026. On eight days the temperatures were greater than 41 degrees. The walk-in refrigerator had several cardboard boxes stacked near the back. The surveyor could not locate the internal refrigerator thermometer. Boxes of ground meat were on the bottom shelf to the right of the door; fresh fruits and vegetables were on the middle shelves on the right side; and beverages and leftover foods were stored on the shelves to the left of the door. A red chemical sanitation bucket was on the counter near the sink. The posted Sanitizer Bucket Log appeared incomplete. 2. Review of the provider's May 2026 through September 2026 Refrigerator Temperature Log revealed that the temperatures were monitored twice daily once in the morning and once in the afternoon. There was a section titled "CORRECTIVE ACTION OF TEMPERATURES > [greater than] 41 [degrees] F." In May 2026, the temperatures were documented for 29 days. On 22 of those days, the temperature was 42 degrees F or higher, and no corrective actions were documented. In June 2026, the temperatures were documented for 31 days. On 27 of those days, the temperature was 42 degrees F or higher, and no corrective actions were documented. In July 2026, the temperatures were documented for 31 days. On 29 of those days, the temperature	S 450	S450 continued •An internal thermometer was placed in a isible location within the walk-in refrigerator Refrigerator temperatures will be monitored and documented at least twice daily using the external thermometer. •If the external temperature reading is above 41°F , the internal temperature will be checked and documented. If the internal thermometer is about 41° F, Dietary Manager and/or Maintenance Director will be contacted for immediate corrective action and documentation. •Dietary staff were re-educated on sanitizer bucket requirements, including testing sanitizer concentration when buckets are prepared and every four hours thereafter. •Sanitizer concentration results and bucket changes will be documented on a revised log. 4. The Dietary Manager or designee will audit refrigerator temperature logs and sanitizer bucket logs three times per week for four weeks, then weekly for two months. Audits will verify refrigerator temperatures are maintained at 41°F or below, corrective actions are documented when necessary, and sanitizer concentrations are tested and recorded according to policy. Audits will be reviewed by the Administrator, and further corrective action will be taken as needed. Aduit findings will be brought to the monthly QAPI meeting by the CDM/designee for recommendations to increase, decrease or discontinue audits.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11053	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL SUITES	911 S. EGAN MADISON, SD 57042

(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) COMPLETE DATE
S 450	Continued From page 7	S 450		

was 42 degrees F or higher, and no corrective actions were documented.
In August 2026, the temperatures were documented for 31 days. On 29 of those days, the temperature was 42 degrees F or higher, and no corrective actions were documented.
In September 2026, the temperatures were documented for 8 days. On 8 of those days, the temperature was 42 degrees F or higher, and no corrective actions were documented.

3. Observations and interview on 9/9/26 at 9:38 a.m. in the main kitchen with cook V and dietary manager (DM) T revealed that the walk-in refrigerator external thermometer read 42 degrees F. Cook V stated that she monitored the walk-in refrigerator temperature twice a day and documented the temperature displayed on the external thermometer. She did not monitor the temperature by using a thermometer inside the walk-in refrigerator. She looked for a thermometer inside the refrigerator and was unable to find one. She stated that the temperature needed to be below 45 degrees F and that, if it were over 45 degrees F, she would notify DM T or the maintenance department.
DM T located a thermometer inside the walk-in refrigerator behind the cardboard boxes and stated it read "41ish degrees" F. When the surveyor observed the internal analog thermometer, it read 44 degrees F. DM T indicated that she felt the walk-in refrigerator's temperature increased because the walk-in refrigerator door was opened several times, and they were in the middle of the breakfast meal service. She expected the dietary staff to alert her if the walk-in refrigerator's external thermometer digital display read 45 degrees or higher.

4. Interview on 9/9/26 at 11:08 a.m. with DM T

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11053	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL SUITES	911 S. EGAN MADISON, SD 57042

(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) COMPLETE DATE
S 450	Continued From page 8	S 450		

regarding the walk-in refrigerator temperature revealed that she monitored the walk-in refrigerator internal analog thermometer daily to ensure the temperature was 41 degrees F or lower, but she did not document those temperatures.
She believed the maintenance department knew the external digital thermometer was "off by a few degrees." She expected the dietary staff to monitor the external digital thermometer and report to her if the temperature was 45 degrees F or higher, because that would indicate the air temperature inside the walk-in refrigerator might be out of range. She stated that when the external digital thermometer displayed 44 degrees F, the internal analog thermometer read 41 degrees F.

5. Observation on 9/9/26 at 11:12 a.m. with cook V revealed the garden salad from the walk-in refrigerator was placed on an ice tray near the serving line. Cook V stated that the salad temperature was 46 degrees F and that it was safe to serve the residents because those vegetables could be served at room temperature.

6. Observation on 9/9/26 at 12:30 p.m. revealed the walk-in refrigerator external digital thermometer read 44 degrees F. The internal analog thermometer in the middle back of the refrigerator read 44 degrees F. The milk containers stored in the back right side of the walk-in refrigerator had temperatures, measured with the surveyor's thermometer, ranging from 41.9 to 44 degrees F, depending on how far back the milk jugs were located. The temperature between the one-pound blocks of butter was 42 to 45 degrees F. The internal temperature of a sampled container of cream cheese was 42 degrees F. When the thermometer was moved to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11053	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL SUITES	911 S. EGAN MADISON, SD 57042

(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) COMPLETE DATE
S 450	Continued From page 9	S 450		

the front left of the door, the temperature read 46 degrees F.

7. Review of the provider's "2026 Service log for SNF [skilled nursing facility] Walk-in Cooler" revealed that on 4/1/26 the evaporator coil (a series of metal tubing hidden inside the freezer or fridge compartment that absorbs heat from the interior to cool and chill the food) was frozen, and the service provider (name redacted) was "messaged."
On 5/2/26, the thermostat was set at 45 (degrees F) and read 33 (degrees F); the evaporator coil was frozen, defrosted, and cleaned, and the (name redacted) service provider was messaged and replaced the thermostat.
On 5/3/26, the condenser unit (cooling system that releases heat absorbed from inside a refrigerator to the outside environment) was not running, and the (name redacted) service provider was messaged.
On 5/4/26, (name redacted) service provider "worked on [the walk-in] Cooler. They said it was working again."
On 7/27/26, the "[Walk-in] Cooler [was] not staying at set temperature. (Name redacted) replaced thermostat."

8. Review of the provider's 5/1/26 through 5/6/26 external contractor (name redacted) walk-in cooler invoice revealed "Walk-in cooler not working. Changed out bad pressure control and bad TXV [thermostatic expansion valve (a precision control device that regulates the amount of liquid refrigerant entering the evaporator)] + [and] filter drier [component in a refrigeration system that removes moisture and traps solid debris to protect internal parts]."

9. Interview and review of the walk-in temperature

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11053	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL SUITES	911 S. EGAN MADISON, SD 57042

(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) COMPLETE DATE
S 450	Continued From page 10 log on 9/10/26 at 7:07 a.m. with DM T revealed that a 9/9/26 refrigeration service call diagnosed an issue with the walk-in refrigerator's solenoid (an electrically operated switch that uses an electromagnetic coil to automatically open or close the flow of refrigerant or water inside a cooling system), and that DM T remained at the facility overnight to monitor the walk-in refrigerator's temperatures hourly to ensure that the temperature remained at 41 degrees F or lower. She expected that the "solenoid" would be replaced later that day (9/10/26). The walk-in refrigerator temperatures monitored from 9/9/26 at 3:20 p.m. through 9/10/26 at 7:00 a.m. recorded temperatures of 42 to 44 degrees F on 9/9/26 between 3:20 p.m. and 6:10 p.m., and the temperatures remained 41 degrees F or lower after 9/9/26 at 6:30 p.m. 10. Observation on 9/10/26 at 7:33 a.m. in the walk-in refrigerator revealed that the temperatures of two test glasses of milk in the walk-in refrigerator were 41 and 42 degrees F. 11. Interview on 9/10/26 at 9:43 a.m. with DM T and registered dietitian (RD) W revealed that RD W conducted monthly kitchen audits but did not document the walk-in refrigerator temperature during those audits. DM T stated that she reviewed the temperature logs monthly and believed the temperatures on those logs indicated the internal walk-in refrigerator temperatures were 41 degrees F or lower because none of the documented external thermometer temperatures were 45 degrees F or higher. She did not document any temperatures she observed in the walk-in refrigerator from May 2026 through September 2026. They expected the walk-in refrigerator temperatures to be 41 degrees F or below and	S 450		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11053	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL SUITES	911 S. EGAN MADISON, SD 57042

(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) COMPLETE DATE
S 450	Continued From page 11 confirmed that the documented temperatures were not in that range. 12. Interview and sanitizer bucket log documentation review on 9/10/26 at 10:07 a.m. with cook V and DM T in the main kitchen revealed that cook V documented each time she emptied and refilled the sanitizer solution in the red bucket. She did not document the sanitizer solution concentration but indicated it came from the same system she used to fill the three-compartment sink. She did not test the sanitizer solution concentration throughout the day, but she emptied and refilled the solution at least twice a day. Cook V confirmed that the sanitizer solution in the red bucket was last changed at 5:20 a.m. DM T expected the sanitizer solution in the red bucket to be changed and the sanitizer solution concentration to be tested and documented at least once with each meal prepared, every four hours, or more frequently if the water was dirty. DM T stated that she would not know the sanitizer solution concentration if it was not tested or documented. DM T confirmed the Sanitizer Bucket Log documentation was incomplete but thought that staff changed the sanitizer solution in the red bucket frequently. 13. Review of the Provider's May 2026 through September 2026 Sanitizer Bucket Log revealed "Instructions: Employees will record the reading each time buckes [buckets] are filled. No more then [than] 4 [four] hours between fill[s]." In May 2026, the staff documented filling the sanitizer bucket once on 13 days, twice on 13 days, and three times on 3 days. There was no documentation of the sanitizer solution concentration levels.	S 450		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11053	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL SUITES	911 S. EGAN MADISON, SD 57042

(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) COMPLETE DATE
S 450	Continued From page 12 In June 2026, the staff documented filling the sanitizer bucket once on 15 days, twice on 5 days, and three times on 3 days. There was no documentation of the sanitizer solution concentration levels. In July 2026, the staff documented filling the sanitizer bucket once on 14 days, twice on 11 days, and three times on 5 days. There was no documentation of the sanitizer solution concentration levels. In August 2026, the staff documented filling the sanitizer bucket once on 5 days, twice on 17 days, and eight times on 3 days. There was no documentation of the sanitizer solution concentration levels. In September 2026, the staff documented filling the sanitizer bucket once on 2 days, twice on 4 days, and three times on 1 day. There was no documentation of the sanitizer solution concentration levels. 14. Review of the provider's 8/1/25 Food Temperature policy revealed that "All cold foods need to be maintained and served at a temperature of 41 degrees [F] or below." 15. Review of the provider's 2/18/25 Food Storage policy revealed that "All refrigerator units are kept ...in good working condition." "PHF (Potentially Hazardous Food)/TCS (Time/Temperature Control for Safety) food [any food that requires time and temperature control to limit the growth of harmful bacteria or the formation of toxins] must be maintained at or below 41 degrees [F]. Daily temperature logs are completed for all refrigerators."	S 450		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11053	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL SUITES	911 S. EGAN MADISON, SD 57042

(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) COMPLETE DATE
S 450	Continued From page 13 16. Review of the provider's updated January 2024 Kitchen Sanitization policy revealed "Between uses, cloths and towels used to wipe kitchen surfaces will be soaked in containers filled with approved sanitizing solution. Sanitizer solution will be changed once per shift or if [the] solution becomes cloudy or visibly dirty."	S 450		