| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A073 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 08/14/2025 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SANFORD CHAMBERLAIN CARE CENTER | 300 S BYRON BLVD , CHAMBERLAIN, South Dakota, 57325 |

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| F0000 | INITIAL COMMENTS<br><br>A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 8/12/25 through 8/14/25. Sanford Chamberlain Care Center was found not in compliance with the following requirements: F658 and F812 | F0000 | | |
| F0658<br>SS = D | Services Provided Meet Professional Standards<br><br>CFR(s): 483.21(b)(3)(i)<br><br>§483.21(b)(3) Comprehensive Care Plans<br><br>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-<br><br>(i) Meet professional standards of quality.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Number of residents sampled:<br><br>Number of residents cited:<br><br>Based on interview, record review and policy review the provider failed to have physician orders for therapeutic leaves, to ensure no disruption in wound cares and scheduled medications supplies for care were available and sent with one of one sampled resident (33) who left the facility for therapeutic leave home visits.<br><br>Findings include:<br><br>1. Interview on 8/13/25 at 8:43 a.m. with resident 33 revealed:<br><br>*He would leave the facility for therapeutic leaves.<br><br>*He made his own decisions.<br><br>*He used his wheelchair for mobility.<br><br>Review of resident 33 electronic medical record (EMR) | F0658 | 1. Corrective action to residents affected:<br>a. On 8/18/2025, MDS coordinator requested an order for therapeutic outings for resident 33 from PCP. Order was received for resident to go on therapeutic outings for one day, and to only be sent with incontinence wear and wound care supplies. PCP order stated that resident 33 may not be sent on therapeutic outings with his medications. This order was transcribed into EHR on 8/18/2025.<br>b. A nursing order was placed into the EHR on 8/18/2025 for nursing to complete a head-to-toe assessment when resident 33 returns from therapeutic outings.<br>c. Therapeutic outings were added to resident 33's care plan on 8/18/2025. The approach states that resident 33 "David's allowed to go out on therapeutic outings x1 day only, No medications are to be sent with.".<br>d. DON and MDS coordinator audited all resident's charts on 8/18/2025 to ensure therapeutic leave orders were entered, if applicable.<br>e. Identify other potential residents affected: -all residents can be impacted if the following measures are not taken: Ensure all residents have an order for therapeutic outings, if the PCP allows. Ensure nursing staff is educated to check the order set for a therapeutic outing order before the resident signs out, and if they do not have an order, they must sign out AMA.<br><br>2. Changes made to achieve sustained compliance:<br>a. Admission checklist will be monitored for all new admissions to ensure therapeutic | 9/28/25 |

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| | | | leave order is checked "yes" or "no" by PCP.<br>b. DON or designee will monitor all new admissions to ensure therapeutic leave order is entered into EHR, if applicable.<br>c. All nurses will be educated by 9/28/2025 regarding therapeutic outings and the proper items that the resident should be sent with.<br><br>3. How will the provider monitor performance to identify future noncompliance:<br>a. DON or designee will monitor all new admissions for six months to ensure therapeutic outing order is filled out on admissions packet checklist and that order is entered into EHR. This will be monitored with each new admission. Results of these audits will be reported monthly to the QAPI committee by DON or designee each month for six months or until the QAPI committee deems necessary. | |

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 reverse for further 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.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| | CEO/Administrator | |

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| F0658 SS = D | Continued from page 1<br>revealed:<br><br>*Resident 33 made his own decisions.<br><br>*There was no physician's order to complete a head-to-toe assessment when he returned from therapeutic leave.<br><br>*There was no physician's order for his therapeutic leave home visits<br><br>*His therapeutic leave was not addressed on his care plan.<br><br>*Resident 33 had the diagnoses of:<br><br>-" Pressure ulcer of sacral region, Shortness of breath, hypertension [high blood pressure], localized edema [swelling], pain, thrombocytopenia [low blood cells], Type 2 diabetes mellitus [insulin dependent] with foot ulcer [wound], peripheral vascular disease [narrowed blood vessels], iron deficiency anemia [not enough healthy blood cells to carry oxygen], alcohol dependence [alcohol use disorder], Insomnia [sleep disorder], Rash and other skin eruption, Methicillin resistant Staphylococcus aureus infection [bacteria resistant to antibiotics], hyperlipidemia [high levels of fat particles in the blood] , Osteomyelitis of vertebra [infection of the spine], sacral and sacrococcygeal [infection of the bone and bone marrow in the lower back] region, Gastro-esophageal reflux..."<br><br>*Resident 33 had physician's orders for medications including:<br><br>-Albuterol sulfate inhaler (to treat difficulty breathing), amlodipine (treat blood pressure, Aldactone (helps the body get rid of excess fluid), diclofenac (used to treat swelling), aspirin (can treat pain, headaches, and swelling), calcium carbonate, (dietary supplement), clopidogrel (prevent blood clots), famotidine (reduce stomach acid), ferrous sulfate (iron supplement), folic acid (form of vitamin B), furosemide (for excess fluid), hydrocodone-acetaminophen (for pain), Lantus Solsotar insulin (regulates blood sugar), Lipitor (lowers cholesterol levels in the blood), losartan (treats high blood pressure), melatonin (regulates sleep), novolog flexpen Insulin (control high blood sugar), nystatin (antifungal medication), pantoprazole (treats acid reflux), potassium (chloride treats low blood potassium levels), lisinopril (treats high blood pressure).<br><br>*Resident 33 was to receive treatments that included: | F0658 | | |

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| F0658 SS = D | Continued from page 2<br>"Diabetic foot and nail care by charge nurse weekly, Heel lift boot to bilateral lower extremities at night, lymphedema pumps [compression device] to bilateral [both] extremities twice a day for 45 minutes, multipodus boot [a type of ankle-foot boot to treat various foot and ankle conditions] to the right lower extremities at all times, Santyl (colligenase clostidium histo) [ointment that removes dead tissue] twice a day applied to right heel, right 3rd toe, left transmetetarasal amp [amputation] site, apply twice daily then cover with dakins [Dakin's a brand of wound disinfectant] moistened gauze, ABD [gauze] pad, wrap with Kerlex [gauze bandage roll], Wear Tubi Grips [support bandage] for edema daily, weekly skin/wound assessment one [once] a day on Thursday, zinc oxide [prevent rash] one [once] a day cleanse with sage wipes [bacteria wipe] and wound cleanser and gauze. Apply Z guard [prevent skin irritation] to wound bed area. Cover with sacral bordered dressing [foam bandage]. Dakin's solution (sodium hypochorite) [wound disinfectant] every shift, Cleanse bilateral extremities with soap and water, cleanse open areas with wound cleanser and gauze. Apply clear aide to peri wound, apply dakin's [Dakin's] 0.125 % to moistened 2x2 gauze to open areas left achilles [heel]/ankle and posterior leg. Cover with dry gauze or abd pad as needed for drainage. Secure with Kerlix and tape. Tubigrip size G from toes to new bilateral lower extremities. Apply HLB to bilateral feet when in bed. Change dressings twice daily 4th and 5th toes-apply Dakins moistened gauze, cover all with ABDs, Kerlix, Edema wear from toes to knee on bilateral extremities. Aquaphor original (white petrolatum) one [once] a day apply moderate amount topically every day to right and left lower legs and feet. Bed Bugs notify maintenance: when [resident 33] returns from leave outside of facility, notify maintenance ASAP [as soon as possible] to come check and clean belongings, wheelchair, linens, etc. for bed bugs..."<br><br>Interview on 8/14/25 at 12:56 p.m. with licensed practical nurse (LPN) I regarding resident 33 revealed:<br><br>*She confirmed resident 33 would leave the facility for therapeutic leave home visits.<br><br>*His briefs and extra clothes would be sent with him for those home visits.<br><br>*She stated they did not have a physician's order to send his medications with him and his medications were not sent with him, and she did not think wound supplies were sent out with him on those leaves, but thought he | F0658 | | |

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| F0658 SS = D | Continued from page 3<br>could get care from another care provider while out on those visits but did not know if he did.<br><br>*She was aware he had come back with maggots in his wounds one time.<br><br>*She stated after that incident, resident 33 would receive a shower when he returned to the facility, would be assessed from head to toe by the nurse, and his wheelchair and personal items were inspected by maintenance for bed bugs after he had returned with them from a prior home visit.<br><br>*She stated he had refused those assessments and inspections at times and those refusals should be documented.<br><br>Interview on 8/14/25 at 2:57 p.m. with director of nursing (DON) B regarding resident 33 revealed:<br><br>*He agreed resident 33 did not have a physician's order for therapeutic leaves and should have.<br><br>*He stated resident 33's wound supplies should have been sent with him when he left the facility.<br><br>*Medications were not sent with resident 33. He thought there was a physician's order in place to not send medications with him on the therapeutic leaves due to the resident not returning with those medications and the facility having to repurchase them.<br><br>*He could not provide that order.<br><br>Interview on 8/14/25 at 2:57 p.m. with MDS coordinator C revealed:<br><br>*She stated that resident 33's therapeutic leaves were not on the care plan.<br><br>*She stated she did not expect resident 33's care plan to include his therapeutic leave, "Not everything had to be on the [resident's] care plan."<br><br>Review of the provider's 3/9/23 "Physician/Practitioner Orders-Rehab/Skilled" policy dated revealed:<br><br>*"To provide individualized care to each resident by obtaining appropriate, accurate and timely physician/practitioner orders." | F0658 | | |

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| F0658 SS = D | Continued from page 4<br>*"Physician/Practitioner orders content 4…Therapeutic Leave Orders."<br><br>*The policy did not include what medications or care supplies should be sent with the resident for therapeutic leave.<br><br>Review of the provider's "Nursing Services Philosophy and Care- R/S, LTC dated 7/29/24 revealed:<br><br>*"11. To maintain a level of excellence to the fullest extent possible in order to provide a quality of care that will meet the needs of every person."<br><br>Review of the provider's 12/2/24 "Care Plan- R/S, LTC, Therapy & Rehab" revealed:<br><br>*"The care plan will emphasize the care and development of the whole person ensuring that the resident will receive appropriate care and services. It will address the relationship of items or services required and facility responsibility for providing these services."<br><br>Review of the provider's 6/2/25 "Absence-Temporary, From Location- R/S, LTC, Hospice Facilities" [(therapeutic leave)] policy dated 6/2/25 revealed:<br><br>*"4. Provide the resident with any necessary medications, diet instructions, activity restrictions, etc., using the Discharge or Therapeutic leave Medication List UDA/Matrix/ or Hospice equivalent." | F0658 | | |
| F0812 SS = D | Food Procurement,Store/Prepare/Serve-Sanitary<br><br>CFR(s): 483.60(i)(1)(2)<br><br>§483.60(i) Food safety requirements.<br><br>The facility must -<br><br>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br><br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br><br>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility | F0812 | Immediate one on one education with employee in question completed 8/14/25. All dietary staff meeting with proper hand hygiene education and review of policies HACCP- Food Temperatures, Holding hot and cold, and Transportation-Chamberlain and Hand Hygiene- Enterprise completed 8/14/25. Success Center Modules Sc-4482 Hand Hygiene and Gc-7100-Basic of Food Safety in Long Term Care Facilities to be completed by all dietary staff by 9/28/25. CDM or designee will audit for proper hand hygiene weekly X 4 weeks then bi-weekly x 2 months then monthly x 3 months and reported monthly to QAPI or until the QAPI committee deems necessary. | 9/28/25 |

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| F0812 SS = D | Continued from page 5<br>gardens, subject to compliance with applicable safe growing and food-handling practices.<br><br>(iii) This provision does not preclude residents from consuming foods not procured by the facility.<br><br>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, interview, and policy review the provider failed to follow standard food safety practices, maintaining sanitary conditions in the kitchenette on Mueller-wing, and processes to prevent foodborne illnesses for:<br><br>*One of one cook (H) who had not worn gloves or performed hand hygiene (handwashing) while serving one of one sampled resident's (4) food items to prevent foodborne illnesses.<br><br>Findings include:<br><br>1. Observation on 8/14/25 at 8:15 a.m. with cook H while preparing a meal for resident 4 in the kitchenette of Mueller-wing revealed he:<br><br>*Did not wash his hands or put on gloves. With his bare hands, he removed a Ziploc bag of frozen sausage links out of the refrigerator freezer and placed them on a plate.<br><br>*Touched the panel of the microwave to enter a cook time and put the plate with the sausage links in the microwave.<br><br>*Took one raw egg, broke it open into a frying pan on the stove top.<br><br>*Touched the top surface of the plate he placed the food on.<br><br>*Touched the spatula on the counter.<br><br>*Touched a dirty towel that was on the counter.<br><br>*Touched his eyeglasses that he was wearing.<br><br>*Removed the plate with the sausage links from the microwave. | F0812 | | |

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| F0812 SS = D | Continued from page 6<br>*Removed the cooked egg from the frying pan, with the same spatula he had touched the counter with and placed it onto the plate.<br><br>*Did not check the temperature of the sausage or the egg.<br><br>*Removed two slices of bread from a bagged loaf of bread.<br><br>*Placed those two slices of bread into the toaster and touched the toaster knob to toast the bread. .<br><br>*Removed the 2 slices of toasted bread and buttered them with a knife.<br><br>*Served resident 4 that plate of food.<br><br>*He did not wear gloves or wash his hands at any time during the above observation.<br><br>Observation on 8/14/25 at 8:20 a.m. of the dining area on Mueller-wing revealed:<br><br>*An opened tub of butter without a lid on it. A large butter knife was resting on top of it the butter tub, and both contained a significant amount of food crumbs.<br><br>*There were several uncovered 8-ounce cups of milk and juice sitting on a serving cart that were open. Several residents and staff were observed entering and exiting the areas where they were.<br><br>Interview on 8/14/25 at 8:17 a.m. with Registered Nurse (RN) K revealed:<br><br>*Residents could choose what they would like to eat for breakfast.<br><br>-He indicated that the kitchen cooking staff would make resident requests for foods such as fried eggs, sausage, and toast.<br><br>Interview on 8/14/25 at 8:41 a.m. with cook H revealed he:<br><br>*Had not used gloves or completed hand hygiene while he prepared the breakfast food items for resident 4.<br><br>*Should have used gloves and hand hygiene while preparing meals in the kitchenette. | F0812 | | |

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| F0812 SS = D | Continued from page 7<br><br>*Had not checked the temperature of the sausage links and the egg prior to serving them to the resident, but he should have.<br><br>Further interview and observation on 8/14/25 at 8:47 a.m. with cook H in the kitchenette of Mueller-wing revealed he:<br><br>*Verified the internal temperature of the Malt O Meal hot cereal was 185-degrees Fahrenheit (F) and the internal temperature of the eggs was 162-degrees F. Those foods were in metal bins on the serving cart warmer.<br><br>-Documented those temperatures on the food service temperature log for Mueller kitchen.<br><br>-Verified he had not temp checked the temperatures of the Malt O Meal hot cereal or the eggs when they were delivered from the main kitchen at 7:00 a.m.<br><br>-Verified the temperature of the hot Malt O Meal cereal and the eggs had not been checked prior to being served to the residents.<br><br>*He indicated the uncovered cups of milk and juice without lids sitting on the serving cart, were to be served to residents who had not yet had their breakfast.<br><br>-Those had been sitting uncovered at room temperature since 7:30 a.m.<br><br>Interview on 8/14/25 at 8:54 a.m. with nursing assistant (NA) F revealed:<br><br>*The residents on Mueller wing were assisted to the dining room starting at 7:00 a.m.<br><br>*She had indicated that there had not been any residents who had been sick with any gastrointestinal symptoms.<br><br>Interview on 8/14/25 at 9:10 a.m. with director of nursing (DON) B revealed:<br><br>*He expected dietary cook H wear gloves and to completed hand hygiene while preparing and serving food to residents. | F0812 | | |

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| F0812 SS = D | Continued from page 8<br><br>Interview on 8/14/25 at 9:30 a.m. with dietary manager E revealed:<br><br>*She expected the dietary staff to wear gloves and to complete hand hygiene while preparing food for the residents.<br><br>*She expected the dietary staff to check the food temperatures before they were served to residents to ensure they were within the safe temperature ranges.<br><br>Interview on 8/14/25 at 9:49 a.m. with resident 4 revealed:<br><br>*He confirmed that cook H had made him one fried egg, 3 sausage links, and toast with butter on it for breakfast.<br><br>-He stated, "It tasted fine."<br><br>Interview on 8/14/25 at 10:50 a.m. with administrator A and business office manager (BOM) J revealed:<br><br>*They felt improper hand hygiene and glove use by staff was a major concern.<br><br>*They had indicated that they had already spoken with dietary cook H and all the staff who had been working in the main kitchen about improper hand hygiene and glove use.<br><br>Interview on 8/14/25 at 3:48 p.m. with quality measures control program/infection preventionist (IP) G revealed the facility had an infection prevention and control program that included specific policies for hand washing and glove use for all employees of the facility.<br><br>Review of the provider's August 2025 food service temperature log for Mueller kitchen revealed:<br><br>*"Danger zone for bacterial growth is 40-140-degree[s]."<br><br>*"All potentially hazardous foods must meet [the[ regulation minimum internal cooking temperature."<br><br>-"Ground meat/eggs [must remain at]: 165-degree[s] for 15 seconds." | F0812 | | |

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| F0812 SS = D | Continued from page 9<br><br>-"Fresh shell egg for immediate service [must remain at]: 145-degree[s] for 15 seconds."<br><br>-"Reheating food [must remain at]: 165-degree[s] for 15 seconds [and be reheated] (within 2 hours)."<br><br>Review of the provider's revised 3/29/22 "Sanford Policy Enterprise: Infection Prevention: Hand Hygiene" revealed:<br><br>"Purpose: To guide compliance for hand hygiene with the Centers for Disease Control and Prevention (CDC) and the World Health Organization's Moments of Hand Hygiene recommendations:"<br><br>-"To establish hand hygiene as the single most important factor in preventing the spread of disease-causing organisms to patients and personnel in healthcare setting."<br><br>-"To provide guidance regarding lotion use, glove use, and fingernail care."<br><br>Review of the provider's revised 12/26/24 Sanford Policy Location Chamberlain, South Dakota: Food and Nutrition: Rehab/Skilled and Long-Term Care: Care Center Safe Meal Service, Long-Term Care-Chamberlain revealed:<br><br>"Purpose: To ensure the resident dining environment remains free of accident hazards as possible."<br><br>"Policy: Providing a safe environment for serving resident meals at the care center and keeping the resident environment safe. Three meals are served daily with no more than 14 hours between evening meal and breakfast the next day."<br><br>"Procedure: Food Service staff will plate up residents' meal and may deliver if assistance from nursing staff is unavailable and resident is able to feed self safely. Staff need to remember to pay attention to potential contamination during delivery and complete proper hand washing or glove change if needed."<br><br>-"No bare hand contact with ready to eat foods is allowed. Staff should use utensils, such as tongs, or use a gloved hand to handle ready to eat food. | F0812 | | |

South Dakota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 10606 | A. BUILDING: _____ B. WING _____ | 08/14/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SANFORD CHAMBERLAIN CARE CENTER | 300 S BYRON BLVD CHAMBERLAIN, SD 57325 |

| (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/noncompliance Statement<br><br>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 8/12/24 through 8/14/25. Sanford Chamberlain Care Center was found in compliance. | S 000 | | |

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

TITLE: CEO/Administrator

(X6) DATE: 9-5-25