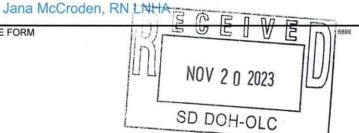
South Da	kota Department of He	ealth						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
66221		B. WING		11/02/2023				
NAME OF PE	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE, ZIP CODE					
HERITAGE PLACE 4811 ST MARTIN DR								
- IIIIIIAOI		RAPID C	ITY, SD 57702	T				
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE		
S 000	00 Compliance Statement		S 000	1. All employees will complete que learning to ensure they a				
	A licensure survey for	r compliance with the						
		of South Dakota, Article		date by 11/30/23. All residents ha		9		
		- DOM STORES AND STORES AND SERVICE SANDERS AND		the potential to be effected.				
	44:70, Assisted Living Centers, requirements for assisted living centers, was conducted from			Dietary Manager was educat	ed by			
		2/23. Heritage Place was		the Senior Director that all mar	idatory			
	found not in complian			education must be completed		į į		
		ice with the following		annually. Dietary Manager edu	cated			
	requirement: S506.			on how to pull compliance repo				
			1	11.13.23. Dietary Manager or	113 011			
S 506	S 506 44:70:06:17 Required dietary inservice training		S 506			11/30/23		
	500 8665 - PERSON SONION DE COMMUNICIPATION DE CONTRA			Designee will run a compliance				
	The person in charge	of dietary services or the		report on the third Friday of ea				
	dietitian shall provide ongoing inservice training			month. All staff found not to be	175.000			
	for all dietary and food-handling employees.		1	compliance will be given work	time to			
				complete all assigned learning	during			
	Topics shall include: food safety, handwashing,			scheduled shifts.				
1	food handling and preparation techniques,			3. Dietary Manager or designed	e will			
	food-borne illnesses, serving and distribution		1	audit monthly learning on the la				
	procedures, leftover food handling policies, time			Friday of the month times 4	131			
	and temperature controls for food preparation							
	and service, nutrition	and hydration, and		months to ensure all learning h	as	_		
	sanitation requirements. The training shall be			been completed.				
	provided to any dietary or food-handling			 Dietary Manager or designed 				
	employee within 30 days of hire and annually. This Administrative Rule of South Dakota is not met as evidenced by:			report to the QAPI committee of monthly basis the audits of the				
				learning. The QAPI committee review the audit and if necessa				
	Based on record review, interview and policy			make any recommendations for				
	review the provider failed to ensure annual		1	improvement. It will be continu				
	training was completed for two of four sampled		1	no less than 2 months of month	nlv			
	employees (D and E)			monitoring that demonstrates sustained compliance then as				
	Review of cook D's personnel file revealed:			determined by the committee.				
	*He was hired on 11/9/21 and had not completed							
	annual dietary training for the following topics:		1	1				
-Food safety.		1						
	-Handwashing.							
-Food handling/preparation techniques.		1						
9	-Serving and distribut							
	-Leftover food handling policies.		1					
	-Time and temperatu	re controls for food						

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

TITLE

(X6) DATE



Senior Director, Administrator 11.20.23

PRINTED: 11/09/2023 FORM APPROVED

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		66221	B. WING		11/0:	2/2023				
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1110	72020				
HERITAGE PLACE 4811 ST MARTIN DR										
RAPID CITY, SD 57702										
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ION SHOULD BE COMPLETE THE APPROPRIATE DATE					
S 506	Continued From page 1		S 506							
	preparation and servi -Sanitation requireme	ents.								
	Review of dietary aide E's personnel file revealed:									
	*She was hired on 4/12/22 and had not completed annual dietary training for the following topics.									
	-Food safetyHandwashing.									
	-Food handling/preparation techniques.									
	-Serving and distribution procedures.									
	-Leftover food handling policiesTime and temperature controls for food									
	preparation and service.									
	-Sanitation requireme	ents.								
	Interview on 11/1/23 at 11:30 a.m. with senior director B regarding annual dietary training revealed:									
	*Employee mandatory education was assigned				- 1					
	and was to have been completed through online Sandford Success Center.				-					
	-Notification emails are sent to senior director B if staff were overdue on their annual training, and									
	she would forward the notifications to the supervisor of those employees.		п							
	-On 10/27/23 she notified nutrition and food service supervisor C that dietary staff D and E									
	had not completed the	e annual training.								
		expected to have been								
	completed prior to the	e due date.								
		3 at 2:00 p.m. with nutrition		-						
	and food services supervisor C regarding annual									
	dietary training reveat *Senior director B wo									
		verdue annual training.								
*She would print off the emails and give them to										
	the employee.									

B0L411

PRINTED: 11/09/2023

FORM APPROVED South Dakota Department of Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ 66221 11/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4811 ST MARTIN DR HERITAGE PLACE RAPID CITY, SD 57702 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID PREFIX COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 506 Continued From page 2 S 506 *She had not followed up with the dietary staff on any overdue annual training. 5. Review of provider's revised 5/22/23 Competency and Mandatory Education Requirements policy revealed: *Ongoing mandatory education: -"Every department/clinic is expected to ensure ongoing competencies and mandatory education requirements that apply to their employees are completed within the designated timeframe and documented."

South Dakota Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ R 12/09/2022 B. WING 66221 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4811 ST MARTIN DR** HERITAGE PLACE RAPID CITY, SD 57702 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) ${S 000}$ (S 000) Compliance Statement A revisit survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted on 12/9/22. Heritage Place was found in compliance.

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

TITLE

(X6) DATE