

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

PRINTED: 07/30/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVENUE REDFIELD, SD 57469	
(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 7/16/24 through 7/18/24. Eastern Star Home of South Dakota, Inc was found not in compliance with the following requirements: F657, F812, and F880. On 7/18/24 at 9:10 a.m., notice of immediate jeopardy was given verbally and in writing to administrator A of the immediate jeopardy related to failure to maintain the manufacturer's specification for dishwasher wash temperatures of a minimum of 120 degrees Fahrenheit at F812. She was asked for an immediate removal plan. On 7/18/24: *At 12:19 p.m. the removal was received. *At 12:23 p.m. the removal was accepted. On 7/18/24: *At 1:00 p.m. while on-site the survey team verified the immediacy was removed.	F 000		
F 657 SS=E	The resident census was 30. Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the	F 657	F 657 Care Plan Timing and Revision On 07/18/2024, the MDS Coordinator updated all resident care plans to reflect the use of Enhanced Barrier Precautions. The following care plans were updated to reflect the use, rationale, and guidance of EBP: Resident 1: EBP r/t having G-tube site. Resident 3: EBP r/t having wound to buttock(s)	

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

Deborah Bowar

TITLE

Administrator

(X6) DATE

08/08/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVENUE REDFIELD, SD 57469		
(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 657	<p>Continued From page 1 resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and policy review, the provider failed to ensure resident care plans were revised to reflect the current enhanced barrier precautions (EBP) of eight of twenty sampled residents (1, 3, 6, 19, 21, 23, 27, and 28).</p> <p>Findings include:</p> <p>Refer to F880.</p> <p>Interview on 7/18/24 at 11:34 a.m. with Minimum Data Set (MDS)/infection preventionist (IP) C revealed:</p> <p>*It was her responsibility to complete the care plans.</p> <p>-Care plans were completed on admission, quarterly, and "whenever things change."</p> <p>*She expected EBP to have been on the care plans, and a sign to have been on the doors to</p>	F 657	<p>F 657 Care Plan Timing and Revision Continued.</p> <p>Resident 6: EBP r/t wound to buttocks and legs.</p> <p>Resident 19: EBP r/t use of urinary foley catheter.</p> <p>Resident 21: EBP r/t use of urinary foley catheter.</p> <p>Resident 23: EBP r/t use of urinary foley catheter.</p> <p>Resident 27: EBP r/t wound to inner right buttock.</p> <p>Resident 28: EBP r/t use of urinary foley catheter.</p> <p>The Administrator will be responsible for completing a monthly spot check to ensure that all applicable care plans reflect the use, rationale, and guidance of EBP and report to the QAPI Committee monthly x 6 months then quarterly until the QAPI Committee advises otherwise.</p> <p>Completion Date:</p>	7/18/2024	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVENUE REDFIELD, SD 57469		
(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 657	Continued From page 2 inform staff of residents with catheters, indwelling feeding tubes, and open wounds. *She confirmed that the care plans had not been updated to indicate EBP for any residents. *She had not been aware that some resident room doors were still not marked with a sign to indicate EBP. Review of residents 1, 3, 6, 19, 21, 23, 27, and 28's care plans revealed: *They had not been revised to indicate the need for EBP. Review of the provider's 10/07/21 Care Planning policy revealed, "The facility will notify the resident and/or resident representative in advance of care to be furnished... as well as changes to the plan of care."	F 657			
F 812 SS=J	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	F 812	F 812 Food Procurement Store/Prepare/Serve-Sanitary Since it is the responsibility of the facility to store, prepare, distribute and serve food in accordance with professional standards for food serve safety, the following actions were instituted to ensure the dishwasher cycle temperature is maintained at a minimum of 120 degrees Fahrenheit per the manufacturer's manual.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVENUE REDFIELD, SD 57469		
(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 812	<p>Continued From page 3</p> <p>serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and policy review, the provider failed to maintain the dishwasher wash cycle temperature at a minimum of 120 degrees Fahrenheit per the manufacturer's manual for one of one dishwasher. Failure to ensure that increased the potential risk of foodborne illnesses for the entire resident population who received meals prepared in the kitchen.</p> <p>Findings include:</p> <p>1. Observation and interview on 7/17/24 at 10:58 a.m. with cook G in the kitchen revealed: *The wash cycle temperatures on The "Dishwashing Machine Temperature" log was recorded as follows: -7/13/24 Breakfast 100 degrees Fahrenheit, dinner 112 degrees Fahrenheit, supper 108 degrees Fahrenheit. -7/14/24 Breakfast was left blank, dinner 106 degrees Fahrenheit, supper was left blank. -7/15/24 Breakfast was left blank, and dinner 115 degrees Fahrenheit, supper was left blank. -7/16/24 Breakfast was 108 degrees Fahrenheit, dinner was left blank, and supper was left blank. -7/17/24 Breakfast 105 degrees Fahrenheit. *There were 19 wash, rinse, and chemical sanitation level checks missing out of 49 opportunities. *There had been only 2 wash cycle temperatures recorded at 120 degrees Fahrenheit or higher for July. -One on 7/6/24 for 120 degrees Fahrenheit at dinner and a second on 7/8/24 for 120 degrees Fahrenheit at dinner.</p>	F 812	<p>F 812 Food Procurement Store/Prepare/Serve-Sanitary Continued.</p> <p>On 07/17/2024, upon notification of the dishwasher cycle temperature not in compliance with the manufacturer's manual, the Administrator instructed Dietary Staff to use the three-compartment sink for proper sanitation of all items that are not disposable.</p> <p>On 07/17/2024, the Administrator completed the following:</p> <ol style="list-style-type: none"> 1. Updated Dishwasher Temperature Policy and Procedure to reflect that staff should IMMEDIATELY notify the Dietary Manager or the Maintenance Director if the dishwasher cycle temperature is less than 120 degrees Fahrenheit 2. Low-Temperature Dishwasher Chart Forms updated. 3. All Dietary Staff and Maintenance Staff members participated in a mandatory meeting that reviewed the updated Dishwasher Temperature Policy and Procedure and the updated Low-Temperature Dishwasher Chart form. <p>On 07/19/2024, ECO Lab and Jessen Cooling and Heating installed a booster water heater to the dishwasher.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVENUE REDFIELD, SD 57469	
(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 812	<p>Continued From page 4</p> <p>*Dishwasher temperatures are completed after each meal.</p> <p>*After the fifth wash cycle the dishwasher wash temperature reached 115 degrees Fahrenheit on the machine's external thermometer.</p> <p>Observation and interview on 7/17/24 at 3:34 p.m. with cook D and dietary aide F in the kitchen revealed:</p> <p>*A dishwasher-safe thermometer runs through the dishwasher multiple times recorded temperatures between 100 and 105 degrees Fahrenheit.</p> <p>*Cook D confirmed that the dishwasher machine's external thermometer read the same temperature as the thermometer that had been sent through the dishwasher with each cycle.</p> <p>*Dietary Aide F stated "The wash temperature should be 120 degrees" Fahrenheit.</p> <p>*The dishwasher machine had been serviced monthly by the vendor.</p> <p>Interview on 7/17/24 at 3:49 p.m. with administrator A revealed.</p> <p>*There had been no gastrointestinal illness in the past three months.</p> <p>*She expected dietary staff to notify the dietary manager, the maintenance department, or her when the dishwasher had low-temperature readings.</p> <p>*She had not been notified of any dishwasher low-temperature readings.</p> <p>*ECOLAB comes monthly to service the dishwasher.</p> <p>Review of the 2/28/24 "Regular Service Call" report from ECOLAB revealed:</p> <p>***"Wash Temperature: 100 Fahrenheit".</p> <p>***"Monitor wash temp for compliance to protect</p>	F 812	<p>F 812 Food Procurement Store/Prepare/Serve-Sanitary Continued.</p> <p>On 08/14/2024, all staff will be at attending a mandatory meeting and will be re-educated on the Dishwasher Temperature Policy and Procedure and completion of the Low Temperature Dishwasher Chart form.</p> <p>The Administrator will be responsible for completing daily audits to ensure the dishwasher cycle temperature is maintained at a minimum of 120 degrees Fahrenheit as well as sanitation levels (minimum of 50ppm) are achieved and properly documented. The Administrator will report these findings to the QAPI Committee monthly then quarterly until the QAPI Committee advises otherwise.</p> <p>Completion Date:</p>	8/14/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVENUE REDFIELD, SD 57469		
(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 812	<p>Continued From page 5 guests, reputations, and machine efficiency." *"Wash temp is hitting 100 degrees".</p> <p>Interview on 7/18/24 7:50 at a.m. with administrator A revealed she: *Had spoke with the ECOLAB representative and had been "reassured that the dishwasher is sanitizing the dishes with the chemicals." *Was aware that the manufacturer's specification stated that the wash temperature minimum was 120 degrees Fahrenheit. *Expected dietary staff to run the dishwasher "until it is temping at 120 degrees before running dishes through."</p> <p>Notice: Notice of immediate jeopardy was given verbally and in writing on 7/18/24 at 9:10 a.m. to administrator A of the immediate jeopardy related to failure to maintain the manufacturer's specification for dishwasher wash temperatures of a minimum of 120 degrees Fahrenheit at F812. She was asked for an immediate removal plan.</p> <p>On 7/18/24: *At 12:19 p.m. the removal was received. *At 12:23 p.m. the removal was accepted.</p> <p>On 7/18/24: *At 1:00 p.m. while on-site the survey team verified the immediacy was removed.</p> <p>Plan: 1. "Dietary staff were instructed to use paper plates and bowls and to use the three-compartment sink for cleaning and sanitizing of all utensils/pots/pans, etc. that are not disposable. (7/17/2024 prior to supper meal)." 2. "Administrator met with Dietary staff on both</p>	F 812		

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

PRINTED: 07/30/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVENUE REDFIELD, SD 57469		
(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 812	<p>Continued From page 6</p> <p>7/17/2024 (prior to supper meal) and 7/18/2024 (prior to morning preparation) and reviewed the policy and procedure on the use of the three-compartment sink as well as instructions located above the three-sink area."</p> <p>3. "Administrator spoke with the representative from ECO Lab ([Name]) on 07/17/2024 concerning this noncompliance. Recommendation to install a booster water heater to our current dishwasher unit. (This dishwasher unit is rented and maintained from ECO Lab)."</p> <p>4. "Administrator spoke with [Name] ([Name] Heating and Cooling) on 07/17/2024 following the phone call with [Name] from ECO Lab and arranged for a service call to be completed on 07/18/2024 to complete wiring for the installation of the booster water heater."</p> <p>5. "[Name] Heating and Cooling presented to facility at 1020 on 07/18/2024. Conversation was held with [Name] from [Name] Heating and Cooling and [Name] from ECO Lab via phone. [Name] from ECO Lab and [Name] from [Name] Heating and Cooling will be installing the booster water heater on 7/19/2024 in the am."</p> <p>6. "Administrator completed and implemented new Dishwasher Temperature Policy and Low-Temperature Dishwasher Chart on 07/18/2024."</p> <p>7. "Dietary Staff mandatory education will be held on 07/18/2024 to review the Dishwasher Temperature Policy and Procedure as well as the Low-Temperature Dishwasher Chart."</p> <p>8. "Daily audits to ensure compliance with the dishwasher temperature will be completed by this Administrator x 30 days and will report findings to the QAPI Committee. Following 30 days of continuous compliance daily audits will change to weekly audits x 3 months. The continuation of audits will be reviewed monthly during QAPI</p>	F 812			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVENUE REDFIELD, SD 57469		
(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 812	Continued From page 7 Committee meetings. The immediate jeopardy was removed on 7/18/24 at 1:00 p.m. after verification that the provider had implemented their removal plan. After the removal of the immediate jeopardy, the scope and severity of the citation level was "F" with guidance from the long-term care advisor for the South Dakota Department of Health. Review of the ECOLAB "Installation & Operation Manual" revealed: **Temperatures: WASH---*F [degrees Fahrenheit] (MINIMUM) 120" Review of the providers November 1, 2017 Cleaning Dishes Policy revealed: **"Dishes and cookware will be washed and sanitized after each meal." **"Current dishwasher is a chemical sanitizing machine; temperature needs to be between 90 and 110 degrees. PPM [parts per million of chemical sanitizer solution] will be check[ed] using test strips three times daily during heavy use and must read between 50-[and] 100 PPM." *The facility policy did not accurately reflect the manufacturer's specification for maintaining the minimum wash temperature.	F 812			
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.	F 880	F 880 Infection Prevention & Control Since it is the responsibility of the facility to conduct an annual review of its IPCP (Infection Prevention and Control Program) and update their program as necessary, the following actions were instituted to ensure compliance and competences are maintained: 1. The Infection Prevention RN will be responsible to review with IPCP annually and update as necessary. Annual review of the IPCP will be completed each August then reported to the QAPI Committee each September with updates as necessary.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVENUE REDFIELD, SD 57469		
(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 880	Continued From page 8 §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable	F 880	F 880 Infection Prevention and Control Continued. 2. Infection Prevention RN reviewed current IPCP on 08/06/2024. No changes or updates made. Policies on Management of C. Difficile Infection and Enhanced Barrier Precautions are current with recommended infection control regulations. 3. On 7/16/2024 at approximately 1300, EBP signs were placed on the following resident's doors: Resident 1, Resident 19, Resident 21, Resident 23 and Resident 28. On 7/18/2024, EBP signs were placed on the following resident's doors: Resident 3, Resident 6 and Resident 27. 4. On 7/16/2024 and 07/18/2024, the Administrator and DON ensured all appropriate PPE was stocked in all resident rooms under EBP precautions. 5. On 08/14/2024, all staff will be attending a mandatory meeting and will be re-educated on the facility's Infection Prevention Control Program policy, Management of C.Difficile Infection policy, and Enhanced Barrier Precautions policy.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVENUE REDFIELD, SD 57469		
(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 880	<p>Continued From page 9</p> <p>disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and policy review the provider failed to ensure: *One of one sampled resident (10) who was on precautions for Clostridium Difficile (C-Diff) had their room cleaned with bleach by one of one housekeeping staff (K). *Eight of eight sampled residents (1,3,6,19,21,23,27, and 28) had been placed on enhanced barrier precautions (EBP).</p> <p>1. Observation of resident 10's door to her room revealed there was a red "P" and a drawered storage container that contained personal protective equipment (PPE).</p> <p>Interview on 7/16/24 at 9:00 a.m. with medication aide/certified nursing assistant (CNA) M regarding precautions for resident 10 revealed she had C-Diff.</p>	F 880	<p>F 880 Infection Prevention and Control Continued.</p> <p>6. The Infection Prevention RN will be responsible for completing twice weekly audits to ensure the compliance of Enhanced Barrier Precautions and proper environmental infection control when cleaning a resident room who is under standard and/or contact precautions. The Infection Prevention RN will report these findings to the QAPI Committee monthly x 6 months then quarterly until the QAPI Committee advises otherwise.</p> <p>Completion Date:</p>	8/14/2024	

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

PRINTED: 07/30/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVENUE REDFIELD, SD 57469		
(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 880	<p>Continued From page 10</p> <p>Interview on 7/16/24 at 9:30 a.m. with housekeeper K regarding the cleaning of resident 10's room revealed she:</p> <ul style="list-style-type: none"> *Had used Lysol to clean the top of surfaces and sprayed into sinks. *Had used AF79 concentration for cleaning the toilets. *Had pH7 ultra had been used to clean the room floors. *Would have used pH7Q Dual to clean up any bodily fluids. <p>Interview on 7/16/24 at 10:15 a.m. with licensed practical nurse (LPN) L regarding resident 10's C-Diff revealed:</p> <ul style="list-style-type: none"> *Resident 10 had been taking an antibiotic for her infection, but was not currently taking one. <p>Interview on 7/16/24 at 10:57 a.m. with Minimum Data Set (MDS)/infection preventionist (IP) C regarding the cleaning of a room with a resident on C-Diff precautions revealed:</p> <ul style="list-style-type: none"> *She was not aware that housekeeping had not cleaned with bleach. *They discuss precautions in the morning meeting. *She had not been aware of the need for enhanced barrier precautions for residents with catheters, indwelling feeding tubes, and open wounds. <p>Interview on 7/16/24 at 11:23 a.m. with housekeeper K regarding education on cleaning resident rooms with C-Diff precautions revealed:</p> <ul style="list-style-type: none"> *She had not received any education before today on using bleach to clean the rooms. *She had worked here for almost two years. 	F 880			

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

PRINTED: 07/30/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVENUE REDFIELD, SD 57469		
(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 880	<p>Continued From page 11</p> <p>Observation and interview on 7/16/24 at 8:16 a.m. with resident 21 while seated in her recliner revealed she had a catheter due to her not being able to "pee". *There had not been any signage on her room to indicate EBP.</p> <p>Interview on 7/16/24 at 10:16 a.m. with LPN L regarding residents with open wounds requiring dressing changes revealed resident 3 had a daily dressing change and resident 27 had dressing changes twice a day.</p> <p>Observation on 7/16/24 at 10:30 a.m. of resident 3 and 27's doors revealed there had not been any signage indicating EBP.</p> <p>Observation on 7/16/24 at 2:14 p.m. of resident 1 while lying in her bed and LPN L administering medication via her feeding tube revealed: *Resident 1 had any signage on her door to indication EBP. *LPN L had worn PPE while administering medication to resident 1.</p> <p>2. Observation and interview on 7/16/24 at 9:24 a.m. with resident 23 revealed: *She had a urinary catheter and wore a leg bag. *Nursing staff assisted her with her catheter. -She stated, "They wear gloves but not a gown." *There had not been any signage on the door that indicated EBP.</p> <p>Observation on 7/16/24 at 10:19 a.m. with resident 19 revealed: *A urinary catheter bag was hung from the night table drawer. *There had not been any signage on the door that indicated EBP.</p>	F 880			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVENUE REDFIELD, SD 57469		
(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 880	<p>Continued From page 12</p> <p>Observation on 7/16/24 at 2:07 p.m. with resident 28 revealed: *A urinary catheter bag in a basin on the floor next to his recliner. *There had not been any signage on the door that indicated EBP.</p> <p>Observation and Interview on 7/16/24 at 2:18 p.m. with resident 6 revealed: *She had seen the physician today for "sores, like fever blisters" on her right lower leg that were open areas. *She stated that staff had worn gloves but not gowns when they assisted her. *There had not been any signage on the door that indicated EBP.</p> <p>3. Review of the provider's January 2024 Management of C. [Clostridium] Difficile Infection revealed: **"Housekeeping staff shall adhere to standard and contact precautions." **"Perform daily cleaning of the resident's room and high touch surfaces using bleach wipes or bleach/water ratio solution (3/4 cups bleach to 1 gallon of water)."</p> <p>Review of the provider's July 2023 Indwelling Catheter Care policy revealed: **"Implement EBP and apply gloves and gown."</p> <p>Review of the provider's July 2024 Tube Feeding policy revealed: **"Implement Enhanced Barrier Precautions."</p>	F 880			

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10670	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2024
--------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVE REDFIELD, SD 57469
-----------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

(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 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 7/16/24 through 7/18/24. Eastern Star Home of South Dakota, Inc 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 7/16/24 through 7/18/24. Eastern Star Home of South Dakota, Inc was found in compliance.	S 000		

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

Deborah Bowar

TITLE

Administrator

(X6) DATE

08/08/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVENUE REDFIELD, SD 57469	
(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
K 000	<p>INITIAL COMMENTS</p> <p>A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 7/18/24. Eastern Star Home of South Dakota, Inc was found not in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.</p> <p>The building will meet the requirements of the 2012 LSC for Existing Health Care Occupancies upon correction of deficiencies identified at K211, K321, and K351 in conjunction with the provider's commitment to continued compliance with the fire safety standards.</p>	K 000	<p>K 211 Means of Egress - General</p> <p>Since it the responsibility of the facility to ensure aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, the following actions were instituted to ensure the east corridor in the east wing was free from obstructions.</p> <p>On 07/18/2024, the Maintenance Director removed the two upholstered chairs and wood table that was located in the corridor corner adjacent to the chapel.</p> <p>On August 14, 2024, all staff will be attending a mandatory meeting and will be advised and re-educated that all corridors need to be free from obstructions at all times.</p> <p>The Maintenance Director will be responsible for completing a minimum of 2 spot checks per week to ensure that the corridors in the Nursing Home East and West wings are free from obstruction. The Maintenance Director will report these findings to the QAPI Committee monthly x 3 months then quarterly until the QAPI Committee advises otherwise.</p>	

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

TITLE

(X6) DATE

Deborah Bowar

Administrator

08/08/2024

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.

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

PRINTED: 07/30/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A135	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME OF SOUTH DAKOTA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 126 W 12TH AVENUE REDFIELD, SD 57469	
(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
K 000	<p>INITIAL COMMENTS</p> <p>A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 7/18/24. Eastern Star Home of South Dakota, Inc was found not in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.</p> <p>The building will meet the requirements of the 2012 LSC for Existing Health Care Occupancies upon correction of deficiencies identified at K211, K321, and K351 in conjunction with the provider's commitment to continued compliance with the fire safety standards.</p>	K 000	<p>K 211 Means of Egress - General Continued.</p> <p>Completion Date:</p> <p>K 321 Hazardous Areas - Enclosure</p> <p>Since it is the responsibility of the facility to ensure that hazardous areas are protected by a fire barrier, the following actions were instituted to ensure the hazardous area in the kitchen is properly protected by a fire barrier.</p> <p>On 07/18/2024, the Maintenance Director placed a sign on the fire-rated kitchen pantry door that stated the following: "Door is to remain closed at all times." This sign will be removed upon once a self-closer and closer that is wired to the fire alarm system is installed.</p> <p>On 07/19/2024, the Maintenance Director contacted the House of Glass. House of Glass presented to this facility to measure the kitchen pantry fire-rated door.</p> <p>On 08/12/2024, House of Glass will be present at facility to install the self-closer/magnet and Jensen Electric will be present to wire the self-closer/magnet to the fire alarm system.</p>	8/14/2024

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

TITLE

(X6) DATE

Deborah Bowar

Administrator

08/08/2024

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.

