

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435096		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/29/2025	
NAME OF PROVIDER OR SUPPLIER BETHANY HOME SIOUX FALLS				STREET ADDRESS, CITY, STATE, ZIP CODE 1901 SOUTH HOLLY AVENUE , SIOUX FALLS, South Dakota, 57105			
(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
F0000	INITIAL COMMENTS A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 10/28/25 through 10/29/25. Area surveyed included quality of care related to the facility not providing appropriate care to a resident which resulted in the resident having to be hospitalized. Bethany Home- Sioux Falls was found to have past noncompliance at F684.			F0000			
F0684 SS = D	<p>Quality of Care</p> <p>CFR(s): 483.25</p> <p>§ 483.25 Quality of care</p> <p>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on the South Dakota Department of Health (SD DOH) facility-reported incident (FRI) review, interview, record review, and policy review, the provider failed to ensure one of one licensed practical nurse (LPN) G followed facility policy, practiced within his scope of practice, and sought direction from a registered nurse (RN) or physician for one of one sampled resident (1) related to the family's concerns of the resident having a low hemoglobin blood level (protein in the red blood cells that carries oxygen).</p> <p>Findings include:</p> <p>1. Review of the provider's 6/28/25 FRI submitted by the provider to the SD DOH regarding resident 1 revealed on 6/28/25 at around 7:40 p.m. LPN G documented a nursing progress note that stated "Resident's daughter is concerned of possible gastrointestinal bleed (GI) due to stool being black</p>			F0684	"Past Noncompliance - no plan of correction required"		

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 <i>Amanda Peterson</i>	TITLE Administrator	(X6) DATE 1/9/2026
-------------------------------------------------------------------------------------------------	-------------------------------	------------------------------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435096		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/29/2025	
NAME OF PROVIDER OR SUPPLIER BETHANY HOME SIOUX FALLS				STREET ADDRESS, CITY, STATE, ZIP CODE 1901 SOUTH HOLLY AVENUE , SIOUX FALLS, South Dakota, 57105			
(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
F0684 SS = D	<p>Continued from page 1 and past like. I informed daughter its likely due to new medications but will update chart to bring light to the subject." There was no documentation to support that LPN G had assessed resident 1, called the resident's physician, or called the on-call leadership staff who was available 24 hours a day if needed.</p> <p>On 6/29/25 LPN G who was the night nurse the evening of 6/28/25 and reported to the oncoming day nurse, LPN D, that resident 1's daughter was concerned that she had a GI bleed.</p> <p>On 6/29/25 LPN D faxed resident 1's primary care physician and notified her of the daughter's concern of a GI bleed. Orders were received on 7/1/25 for a complete blood count (CBC), basic metabolic panel (BMP), and to check stool for blood. Additional orders were received for staff to monitor the resident's respiratory status and for lung sound changes. The physician was to be notified if the resident required an increase in oxygen.</p> <p>On 7/1/25 resident 1's daughter again expressed concerns of how the hemoglobin had dropped from when the resident was in the hospital.</p> <p>On 7/1/25 resident 1's primary physician ordered a stool specimen to be collected and sent for testing. The specimen was collected from the resident and sent to Sanford Hospital lab. The specimen was not accepted due to being placed in the wrong specimen container.</p> <p>On 7/2/25 the correct specimen container to be placed in the stool to check for blood was ordered from Sanford Hospital lab.</p> <p>On 7/3/25, the resident had been admitted to the hospital due to her having a critically low hemoglobin of 6.5 grams per deciliter (g/dl) (normal is 12.0-15.5 g/dl). There had been no time for the stool specimen to be collected prior to her hospitalization.</p> <p>2. Review of resident 1's electronic medical record (EMR) revealed she was admitted to the facility on 6/26/25. She had multiple co-morbidities that included: Osteomyelitis (infection of the bone) of the right ankle and foot. The resident had a diagnosis of</p>			F0684			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435096		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/29/2025	
NAME OF PROVIDER OR SUPPLIER BETHANY HOME SIOUX FALLS				STREET ADDRESS, CITY, STATE, ZIP CODE 1901 SOUTH HOLLY AVENUE , SIOUX FALLS, South Dakota, 57105			
(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
F0684 SS = D	<p>Continued from page 2</p> <p>long-term use of anticoagulants (thins the blood), type two diabetes mellitus with diabetic polyneuropathy (condition that affects many peripheral nerves, causing numbness, tingling, pain and weakness), insulin dependent, peripheral vascular disease (decreased blood flow to the legs), congestive heart failure, hypertension, atrial fibrillation irregular heartbeat).</p> <p>Continued review of resident 1's EMR at the time of admission on 6/26/25 revealed she was alert, orientated, and vital signs were stable. She was receiving antibiotics through a midline intravenous catheter placed in her left upper arm.</p> <p>Lab orders for a CBC and BMP were received from the hospital's infectious disease physician at the time of her admission to the facility on 6/26/25. The results from the 6/30/25 lab draw revealed her hemoglobin was 9 g/dl. That had been a 3.6 drop in the level since her last hemoglobin check during her hospitalization on 6/21/25. On 7/3/25 LPN D had received orders from the physician to recheck her hemoglobin again on 7/3/25.</p> <p>On 6/28/25 around 7:40 p.m. LPN G documented a nursing progress note that stated "Resident daughter is concerned of possible gastrointestinal bleed (GI) due to stool being black and paste like. I informed daughter its likely due to new medications but will update chart to bring light to the subject." There was no documentation to support that LPN G had assessed resident 1, called the resident's physician, or called the on-call leadership staff who was available 24 hours a day if needed.</p> <p>Review of resident 1's care plan revealed her stay at the nursing home was to receive physical and occupational therapy and then return to her own home.</p> <p>3. Interview on 10/28/25 at 1:36 p. m. with LPN D revealed when concerns are voiced by family members of a resident, the resident first needs to be assessed by the nurse. She indicated if further evaluation is needed after the initial assessment they are to reach out to E-Care (in the event of needing additional care that cannot be obtained at the facility), reach out to the on-call leadership staff and notify the physician. She stated that she assessed resident 1 on 6/29/25 and the resident's vitals were within normal limits and no other concerns were noted. She had indicated there was</p>			F0684			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435096		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/29/2025	
NAME OF PROVIDER OR SUPPLIER BETHANY HOME SIOUX FALLS				STREET ADDRESS, CITY, STATE, ZIP CODE 1901 SOUTH HOLLY AVENUE , SIOUX FALLS, South Dakota, 57105			
(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
F0684 SS = D	<p>Continued from page 3</p> <p>no documentation in the resident's EMR of black, tarry bowel movements from the time of admit on 6/26/25. She stated the resident was completely dependent on staff for toileting. She indicated that she notified resident 1's primary physician of the concerns voiced by the family on 6/29/25. Orders were received from the physician and followed. She stated that there had been no reports or documentation to support that the resident had been having black, tarry stools.</p> <p>4. Interview on 10/28/25 at 2:00 p.m. with LPN E revealed she provided care to resident 1 while she was at the facility. She stated she was not aware of the resident having black, tarry stools or that the resident's daughter had informed her of the resident having black, tarry stools. She indicated any concerns brought forward to her as an LPN, she would first assess the resident and then continue to follow the policy and notify the physician, complete an E-care or reach out to leadership staff who are on call if needed.</p> <p>5. Interview on 10/28/25 at 3:20 p.m. with director of nursing (DON) revealed her expectation of nursing staff would be to first assess a patient when a family member brings concerns forward. Staff should follow the protocol for notification of a physician or reach out to the on-call leadership staff that are available 24 hours a day.</p> <p>6. Administrator A was not available for interview during the survey.</p> <p>7. Review of the provider's Bethany Home Sioux Falls/Brandon Protocol for Notification of a Physician dated 8/2025 revealed: "For the purpose of this procedure "immediate notification" means the physician should be informed at the time the event occurs directly via telephone system."</p> <p>"Non-immediate notification means the attending physician should be informed of the event during normal office hours via fax or telephone system and generally no later than the next regular office day."</p> <p>"For the condition of bleeding of bleeding stools not due to hemorrhoids, indicates this is an immediate notification to the physician."</p>			F0684			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435096		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/29/2025	
NAME OF PROVIDER OR SUPPLIER BETHANY HOME SIOUX FALLS				STREET ADDRESS, CITY, STATE, ZIP CODE 1901 SOUTH HOLLY AVENUE , SIOUX FALLS, South Dakota, 57105			
(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
F0684 SS = D	<p>Continued from page 4</p> <p>8. Review of the provider's undated position description revealed: "The LPN is responsible for both direct and indirect nursing care to residents, under the supervision or direction of a registered nurse (RN) or physician. The care given must be of the quality and quantity as given by the average LPN in a similar position in the community at that time. This is appropriate individuals and performing basic preventative, therapeutic and rehabilitative procedures."</p> <p>-Qualifications of an LPN: "Function within his/her scope of practice and to seek direction from a RN or physician as the situation indicates."</p> <p>9. The provider's 6/28/25 implemented actions to ensure the deficient practice does not reoccur was confirmed on 10/29/25 after record review revealed the facility had followed their quality assurance process, education was provided to all nursing care staff regarding resident assessments and appropriate documentation of findings, occult blood collection steps, interviews revealed staff understood the education provided regarding those topics, and record review of nursing progress notes, and a review of the provider's follow-up audits revealed substantial compliance.</p> <p>Based on the above information, noncompliance at F684 occurred on 6/28/25. Based on the provider's implemented corrective action for the deficient practice confirmed on 10/29/25, the noncompliance is considered past noncompliance.</p>			F0684			