STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435107	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOWDLE NURSING HOME	8001 W 5TH STREET POST OFFICE BOX 556, BOWDLE, South Dakota, 57428

(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 recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 7/22/25 through 7/25/25. Bowdle Nursing Home was found not in compliance with the following requirement: F880 and to have past noncompliance at F727.	F0000		
F0727 SS = F	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 1919(b)(4)(C);1919(b)(4)(C)(i);1819(b)(4)(C);1819(Social Security Act §1919 [42 U.S.C. 1396r] §1919(b)(4)(C) Required nursing care; facility waivers.- §1919(b)(4)(C)(i) General requirements.-With respect to nursing facility services provided on or after October 1, 1990, a nursing facility- (II) except as provided in clause (ii), must use the services of a registered professional nurse for at least 8 consecutive hours a day, 7 days a week. Social Security Act §1819 [42 U.S.C. 1395i-3] §1819(b)(4)(C) REQUIRED NURSING CARE.- §1819(b)(4)(C)(i) IN GENERAL.-Except as provided in clause (ii), a skilled nursing facility … must use the services of a registered professional nurse at least 8 consecutive hours a day, 7 days a week. §483.35(c)(3) Except when waived under paragraph (f) or (g) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(c)(4) The director of nursing may serve as a charge nurse only when the facility has an average	F0727	"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	TITLE	(X6) DATE
Darwyn "Kirby" Kleffman	CEO	8-14-2025

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F0727 SS = F	Continued from page 1 daily occupancy of 60 or fewer residents. This REQUIREMENT is NOT MET as evidenced by: Based on payroll-based journal (PBJ) day review and interview, the provider failed to ensure eight hours of registered nurse (RN) coverage seven days per week for two consecutive quarters during July, August, and September 2024 and October, November, and December 2025. This citation is considered past non-compliance based on review of the corrective action the provider implemented following the inability to ensure eight hour of RN coverage seven days per week. Findings include: 1. Review of the PBJ data for quarter July, August, and September 2024 revealed:*There was no eight-hour coverage documented for five days (4, 7, 13, 20, 21) in July. *There was no eight-hour coverage documented for two days (20 and 25) in August. *There was no eight-hour coverage documented for six days (7, 14, 15, 21, 22, and 29) in September. 2. Review of PBJ data for quarter October, and November 2024 revealed: *There was no eight-hour coverage documented for two days (2 and 3) in October 2024. *There was no eight-hour coverage documented for one day (14) in November 2024. *There was no eight-hour coverage documented for seven days (22, 23, 24, 25, 26, 27, and 28) in December 2024. 3. Interview on 7/25/25 at 2:00 p.m. with director of nursing A and chief executive officer J regarding the requested documentation for RN coverage for the above listed days revealed: *They confirmed they did not have eight hours of RN coverage on the above listed days. *They had applied for and received a RN waiver for the eight hours per day of RN coverage that was approved on 3/7/25 and was good through 3/6/26. Review of the provider's facility assessment regarding RN coverage revealed it had not indicated the amount of RN hours that would have been provided. The provider implemented systemic changes to ensure 40 hours of RN coverage was provided to adhere to the granted waiver provided on 3/7/25.Based on the above information, non-compliance at F727 occurred on 7/4/24 and went through 12/28/24 for a total of 23 days with no RN coverage for eight-hour per day; and based on the provider's implemented corrective actions for the deficient practice on 3/7/25, the con-compliance is considered past non-compliance.	F0727		
F0880 SS = E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F0880		

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F0880 SS = E	Continued from page 2 §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. §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 §483.71 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 disease or infected skin lesions from direct contact with	F0880	F0880-Whirlpool 1. Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the survey conducted July 22, 2025. Please accept this plan of correction as the providers' credible allegation of compliance. 2. Education for all licensed nurses and certified nursing assistants by manufacturer (Penner) video was started on 8/4/2025. All appropriate staff has completed this education by 8/13/2025. The step by step instructions from the Penner (whirlpool tub manufacture) website on how to properly clean the whirlpool tub was posted by the tub on 8/11/25. DON will visually verify correct process for each CNA that does bathing by 9/8/2025. 3. All residents have the potential to be affected by the practice. 4. Corrective actions to be monitored to ensure the deficient practice will not recur. The DON or ADON will report out to the quality council monthly. A sign off sheet was placed near the whirlpool tub on 8/12/25 for staff to verify it has been disinfected per manufactures guidelines after each bath. The DON or ADON will review and validate the tub was cleaned properly daily x 4 weeks; weekly x4 weeks; bi-weekly x4 weeks; monthly x3 months. 5. The results of these audits/observations will be reported, reviewed and trended for compliance and further follow up through the facility QAPI committee for a minimum of 3 months and then as needed thereafter.	09/08/2025

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F0880 SS = E	Continued from page 3 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. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 reviews the provider failed to ensure: *One of one whirlpool tub had been disinfected according to the manufactures recommendations by one of one observed certified nursing assistant (CNA) (G). *Fifteen of fifteen observed air conditioning units located in residents' (1, 3, 4, 5, 6, 7, 8, 10, 12, 15, 16, 17, 18, and 20) rooms had been maintained and cleaned routinely to prevent the accumulation of dust and residue. Findings include: 1. Observation and interview on 7/24/25 at 8:03 a.m. of CNA G regarding the cleaning and disinfecting the whirlpool tub revealed: *She had started to fill the whirlpool tub with water and then added ten capfuls of disinfectant to it. *Then she ran the jets for 15 minutes and wiped down all the inside surfaces of the tub and the whirlpool chair. *She indicated she would let the tub get filled with water so the "soap" would hang on the sides of the tub to help disinfect it.	F0880	F0880 -Air Conditioners 1. Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the survey conducted July 22, 2025. Please accept this plan of correction as the providers' credible allegation of compliance. 2. All HCSG Housekeeping staff were educated on the BHC Policy and Procedure for Use of Fans, Air Purifiers and Air Conditioners by 8/8/25. All air conditioners will be wiped down during daily cleaning and added to once monthly deep cleans to address filter. They will alert maintenance staff with any additional concerns as they arise. 3. All residents have the potential to be affected by the practice. Residents that reside in rooms 1, 3, 4, 5, 6, 7, 8, 9, 10, 12, 15, 16, 17, 18, 20, and 25 were not harmed by the alleged deficient practice. By August 15, 2025 all air conditioners were thoroughly wiped down and filters washed per manufacturer recommendations by housekeeping staff. 4. Corrective actions to be monitored to ensure the deficient practice will not recur. Housekeeping manager will report out to the quality council monthly. The housekeeping manager will review and validate 5 rooms had air conditioners properly wiped down daily x 4 weeks; weekly x4 weeks; bi-weekly x4 weeks; monthly x3 months. 5. The results of these audits/observations will be reported, reviewed and trended for compliance and further follow up through the facility QAPI committee for a minimum of 3 months and then as needed thereafter.	09/08/2025

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F0880 SS = E	Continued from page 4 *After the 15 minutes she had shut the jets off and scrubbed the sides of the tub and the tub chair with a scrub brush. *She drained the water from the tub and sprayed clean water on the inside of the tub and whirlpool chair to rinse the disinfectant for those surfaces. *She indicated clean water would have been run through the jets in morning before they used the tub. *She used a towel to dry the inside of the tub and chair surfaces. *She indicated that this had been her usually practice for disinfecting the whirlpool tub. *She stated the instructions for cleaning the whirlpool tub that had been posted in the whirlpool room were the old instructions. *She was not sure of how long they had been doing the current disinfectant process for the whirlpool tub. Review of the provider's current posted Bath Cleaning Procedure revealed: *"1. Close and lock Door." *"2. Rinse any tissue, residue, or fluids from tub with hand held shower sprayer and let drain." *"3. Place the plug in the drain." *"4. Press and hold the disinfectant button on left side of tub." *"5. Thoroughly scrub inside of the tub with solution." *"6. Remove plug from drain." *"7. Rinse the inside areas of the the tub with shower sprayer." *"8. Press and hold the rinse button on the left hand side of the tub to rinse the air jet system." *"9. Leave tub door open at end." *"10. Wipe out rubber seal on door."	F0880		

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F0880 SS = E	Continued from page 5 2. Interview on 7/25/25 at 11:45 a.m. with CNA H regarding cleaning the whirlpool tub revealed: *He verbalized the same process cleaning and disinfecting the whirlpool tub as CNA G performed in the above observation. *He stated the sanitizer button on the whirlpool tub had been broken since before he started working there on 5/19/25. 3. Interview on 7/25/25 at 11:59 a.m. with maintenance staff C regarding notification of broken resident care equipment revealed: *Staff would have either texted him or wrote down the broken equipment in the maintenance binder for him to follow up on. *He had not known there a sanitizer function on the whirlpool tub or that it was broken and not working correctly. 4. Interview on 7/25/25 at 12:15 p.m. with director of nursing A regarding the cleaning and disinfectant of the whirlpool tub revealed: *She had measured the exact amount of disinfectant cleaner ten capfuls would have been to show the amount used by CNA G. -Ten capfuls measured a little over two ounces. *She agreed the amount of disinfectant CNA G used was not the correct concentration for the amount of water that had been filled in the whirlpool tub. *She agreed the posted whirlpool cleaning instructions had not been correct and did not reflect the manufacturers recommendations for disinfection of the whirlpool tub. Review of the provider's Penner Bathing Spas Disinfection Quick Guide revealed: *"Step 1 Close and lock spa door. Install drain plug in drain." *"Step 2 Push and hold disinfect jets button." *"Step 3 Fill spa floor with disinfectant solution	F0880		

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F0880 SS = E	Continued from page 6 until a depth of 1/4" of solution is achieved." *"Step 4 Using spa brush, dip brush into solution, and scrub entire spa interior along with top and underside of mobile transfer. Allow disinfectant to remain on contact for 10 minutes." *"Step 5 Remove drain plug. Press and hold rinse jet button. Clean water will flush the remaining disinfectant from the jets." *"Step 6 Press and release Aqua-Aire button allowing warm air to push any remaining water from the lines." *"Step 7 Press and release hand spray button to activate shower sprayer. Starting at the top rim of spa, rinse any remaining disinfectant solution off spa walls and down spa drain. Rinse mobile transfer." *"Step 8 Press and release Aqua-Aire button to turn off warm air. Replace shower sprayer to holder. Spa disinfection is now complete." 5. Observation on 7/23/25 at 9:40 a.m. of resident 6's room revealed: *An air conditioning (AC) unit was installed on the outside wall, with the following indicator lights on: -A green "Cool" light and the AC unit was set at 61° Fahrenheit (F). -A red "Check Filter" light, which indicated the unit needed servicing. *The intake vents on the AC unit were covered with fuzzy debris on all vents. 6. Observation on 7/23/25 at 9:49 a.m. of resident 18's room revealed: *The AC unit was installed on the outside wall, which was set at 70°F with the following indicator lights on: -A green "Cool" light and the AC unit was set on "Low". -A yellow "Check Filter" indicator light was on which indicated the filter needed to be serviced. *The outflow vents, which directed the flow of air, had dust on the vents that came off with a finger swipe.	F0880		

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F0880 SS = E	Continued from page 7 7. Observation on 7/23/25 at 10:05 a.m. of resident 25's room revealed: *The AC unit was installed on the outside wall. *The AC unit was not operating but had the red "Check Filter" light on. 8. Observation on 7/23/25 at 10:07 a.m. of resident 9's room revealed: *The AC unit was installed on the outside wall, which was set at 60°F with the red "Check Filter" indicator light on. *The AC unit had dust on the outflow vents that came off with a finger swipe. 9. Observation on 7/23/25 at 10:10 a.m. of resident 17's room revealed: *The AC unit was installed on the outside wall, and was operating on "Cool" set to 72° F. *The red "Check Filter" indicator light was on. *The vents on AC unit were dust covered with fuzzy debris on all vents. *The outflow vents had dust on the vents that came off with a finger swipe. 10. Observation on 7/23/25 at 10:13 a.m. of resident 5's room revealed: *The AC unit was installed on the outside wall and was operating on "Coolest" setting and on Low Cool. *There was dust on the outflow vents that came off with a finger swipe. 11. Observation on 7/23/2025 at 10:16 a.m. of resident 3 in her room with AC unit off revealed: *The vents on AC unit had been dust covered fuzzy debris on all vents. *There was dust on the outflow vents that came off with	F0880		

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F0880 SS = E	Continued from page 8 finger swipe. 12. Observation on 7/23/25 at 10:21 a.m. of resident 12's room revealed: *The AC unit was set on "Cool" at 64 degrees F. *The intake vents on the AC unit were dust covered with fuzzy debris on all the vents. *The outflow vents had dust on the vents that came off with a finger swipe. 13. Observation on 7/23/25 from 2:30 p.m. to 2:45 p.m. of residents within room AC units revealed: *Resident 8's air conditioner had been on with dust on the screen and a black substance on the exit air flow vents. *Resident 10's air conditioner had not been on, but it had dust on the screen and a black substance on the exit air flow vents. *Resident 7's air conditioner had been on with dust on the screen and a black substance on the exit air flow vents. *Resident 4's air conditioner had not been on, but it had dust on the screen and a black substance on the exit air flow vents. *Resident 15's air conditioner had not been on, but it had dust on the screen and a black substance on the exit air flow vents. *Resident 16's air conditioner had been on with dust on the screen and a black substance on the exit air flow vents. *Resident 20's air conditioner had been on with dust on the screen and a black substance on the exit air flow vents. *Resident 1's air conditioner had not been on, but it had dust on the screen and a black substance on the exit air flow vents. Interview on 7/23/25 at 11:28 a.m. with maintenance staff C regarding the residents' AC units revealed:	F0880		

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F0880 SS = E	Continued from page 9 *He maintained the AC units and serviced them as needed. *He stated housekeeping, nursing, or maintenance staff provided the routine cleaning of the AC units. *He agreed the air conditioner units had not been cleaned regularly and were not clean. Interview on 7/24/25 at 9:00 a.m. with housekeeper M regarding the cleaning of residents' AC units revealed: *He would have dusted the outside of the air conditioner every day that he had worked. *He agreed there was still dust on the outside of the AC unit after he had cleaned it. *He did not work on 7/23/25. *He used a green microfiber duster and dusted the outside of the unit but did not clean between the vents. Interview on 7/24/25 at 11:11 a.m. with assistant supervisor of housekeeping/laundry I regarding the cleaning of residents in room AC units revealed: *She had not been informed that housekeeping staff was required to clean the AC units. *Staff would have dusted the outside of the unit, and not have deep cleaned it. Request for a policy on cleaning residents in room AC units had been made on 7/24/25 at 9:00 a.m. from director of nursing A, but a policy had not been provided upon exit of the survey.	F0880		