

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10739</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/21/2025</b>
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NAME OF PROVIDER OR SUPPLIER

**JOHNSON CENTER OF SUN DIAL MANOR**

STREET ADDRESS, CITY, STATE, ZIP CODE

**410 2ND STREET POST OFFICE BOX 337  
BRISTOL, SD 57219**

(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 Statement  A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted from 5/18/25 through 5/21/25. Johnson Center of Sun Dial Manor was found not in compliance with the following requirements: S106, S285, S305, S455, and S775.	S 000		
S 106	44:70:02:06 Food Service  A facility of seventeen beds or more shall have a mechanical dishwasher. The facility shall have the space, equipment, supplies and mechanical systems for efficient, safe, and sanitary food preparation if any part of the food service is provided by the facility.  This Administrative Rule of South Dakota is not met as evidenced by: Based on policy review, observation, record review, and interview, the provider failed to ensure one of one low-temperature dishwasher: *Wash and rinse cycle temperatures were monitored and documented at each meal according to their policy. *Chlorine sanitizer concentration level was monitored and documented at least once per shift according to accepted food safety standards of practice. Findings include:  1. Review of the facility's undated Dish Machine Temperature Log revealed: Policy: "Dishwashing staff will monitor and record dish machine temperatures to assure proper sanitizing of dishes."	S 106	Unable to change the outcome of the deficient practice for monitoring and documenting dishwasher wash and rinse cycle temperatures and chlorine sanitizer concentration levels.  The Food Service Supervisor has reviewed and updated policies and procedures.  The Food Service Supervisor will conduct an in-service meeting with the dietary team to provide education regarding dishwasher wash and rinse cycle temperatures, chlorine sanitizer concentration levels, monitoring and documentation to ensure future compliance with this policy.  The facility has determined that all residents have the ability to be affected by this deficiency.  The Food Service Supervisor or designee will audit temperature logs once per week for four weeks and monthly for two more months to ensure staff are monitoring and documenting dishwasher wash and rinse cycle temperatures and sanitizer concentration levels.  The Food Service Supervisor or designee will present findings from audits at the	7-5-25

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

*Joy Voss*

TITLE

**Administrator**

(X6) DATE

**6-13-2025**

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S 106	<p>Continued From page 1</p> <p>Procedure: "The director of food and nutrition services will post a log near the dish machine for the staff to document temperatures." "2. Staff will record dish machine temperatures for the wash and rinse cycles at each meal. The director of food and nutrition services will spot check this log to assure temperatures are appropriate and staff is correctly monitoring dish machine temperatures."</p> <p>2. Observation on 5/18/25 at 3:15 p.m. in the kitchen revealed: *The mechanical dishwashing machine had a label on it that read: -"Wash Temperature 120 degrees F [Fahrenheit] minimum". -"Rinse Temperature 120 degrees F minimum". *The logs for the dishwasher temperatures for May 2025 were on a clipboard on the wall and included: -Columns to record "Wash Temp Rinse Temp Rinse PPM [parts per millimeter] Staff Initials" for AM [morning] and PM [evening]. -The AM rinse temperature column had recorded temperatures from 5/1/25 through 5/17/25. --Those temperatures ranged from 120 degrees F to 127 degrees F. *There was no temperatures documented in the PM column. *Review of additional dishwasher temperature logs revealed: -For April 2025: --Columns to record "Wash Temp Rinse Temp Rinse PPM Staff Initials" for AM and PM. -The AM wash temperature column had recorded temperatures from 4/15/25 through 4/25/25. --Those temperatures ranged from 118 degrees F to 121 degrees F. -The AM rinse temperature column had recorded</p>	S 106	monthly QAPI meetings.		



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S 106	<p>Continued From page 2</p> <p>temperatures from 4/15/25 through 4/30/25. --Those temperatures ranged from 122 degrees F to 124 degrees F. *There was no temperatures documented in the PM column. *At the bottom of the monitoring sheet, it reads, "Record dish machine temperatures and sanitizer PPM every AM and PM."</p> <p>3. Observation and record review on 5/18/25 at 3:25 p.m. in the kitchen revealed: *The dishwasher chlorine sanitizer monitoring sheets had been filled out once a day. -The chlorine sanitizer levels documented were within acceptable standards of practice. -No documentation indicated it was monitored and documented at least once per shift as required according per standing of practice.</p> <p>4. Interview on 5/18/25 at 3:35 p.m. with food service supervisor E revealed she: *Had been the kitchen supervisor since 5/12/22. *Confirmed they been monitoring and documenting the dishwasher sanitizer chlorine levels only. *Stated she checked the wash temperatures and rinse temperatures, but had not written them down. -until last month, when the dishwasher vendor's service department informed her, they needed to start documenting the temperatures, but only the rinse temperature. *Agreed if proper sanitization was not followed; it could have caused foodborne illness. *Was unaware the facility's policy had stated the staff would record the wash temperature and rinse temperature of the dishwasher at each meal. *Was unaware she needed to check the dishwasher chlorine levels per shift according to</p>	S 106			

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S 106	Continued From page 3  food safety standards of practice.  5. Observation on 5/21/25 at 10:39 a.m. in the kitchen revealed: *The logs for the dishwasher temperatures for May 2025 had been updated to include each meal. *From 5/19/25 through 5/21/25 the dishwasher temperatures ranged from 120 degrees F to 139 degrees F.  6. Interview on 5/20/25 at 4:15 p.m. with executive director A revealed she: *Confirmed no gastrointestinal (GI) outbreak had occurred in the facility *Expected the staff to follow the facility policy for the dishwasher to ensure proper sanitization of the dishes.	S 106			
S 285	44:70:04:03 Personnel  The facility shall have a sufficient number of qualified personnel to provide effective and safe care. Personnel on duty must be awake at all times, except as provided in § 44:70:03:02.01. Any supervisor must be eighteen years of age or older. The facility shall make available written job descriptions and personnel policies and procedures to personnel of all departments and services. The facility may not knowingly employ any person with a conviction for abusing another person. The facility shall establish and follow policies regarding special duty or personnel on contract.  This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, and	S 285	The Administrator and Social Services designee have reviewed and updated policies and procedures.  The facility has determined that all have the ability to be affected by this deficiency.  Social Services or designee will audit all employee files for compliance with this regulation by 7-5-25. Social Services or designee will audit all new employee files once per week for four weeks and monthly for two additional months.  Social Services or designee will present findings from audits at the monthly QAPI meetings.	7-5-25	

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S 285	<p>Continued From page 4</p> <p>policy review, the provider failed to ensure resident safety by employing one of one certified nursing assistant (CNA) M with a known documented history of abuse as prohibited in a provider's policy.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. Personnel file review on 5/20/25 at 3:37 p.m. of CNA M revealed: <ul style="list-style-type: none"> <li>*She was hired on 10/28/24.</li> <li>*The facility had completed a background check prior to her hire.</li> <li>-That indicated CNA M was charged in 2018 for emotional/psychological abuse of a disabled adult.</li> <li>-CNA M had pleaded guilty to those charges.</li> </ul> </li> <li>2. Interview on 5/20/25 at 3:49 p.m. with executive director A and social service designee D revealed they: <ul style="list-style-type: none"> <li>*Were aware of the charges listed on CNA M's background check.</li> <li>*Stated they had discussed those charges with CNA M directly.</li> <li>*Acknowledged that they had not contacted the Board of Nursing regarding the charges in relation to the staff's certification.</li> <li>*Acknowledged that no formal or informal check-ins had been conducted with CNA M since her start date related to her history of abuse.</li> <li>*Both agreed that, in the interest of resident safety, regular check-ins with CNA M should have been implemented from the beginning of her employment.</li> </ul> </li> <li>3. Review of the provider's undated Abuse, Neglect, and Misappropriation of Property Prevention Policy revealed: <ul style="list-style-type: none"> <li>*Screening:</li> <li>"3. [Provider's name] will not employ or continue</li> </ul> </li> </ol>	S 285		



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S 285	Continued From page 5  to employ, anyone, who has any history of documented patient abuse, neglect, or misappropriation of property."	S 285			
S 305	44:70:04:05 Personnel Health Program  The facility shall have a personnel health program for the protection of the residents. All personnel must be evaluated by a licensed health professional for a reportable communicable disease that poses a threat to others before assignment to duties or within fourteen days after employment including an assessment of previous vaccinations and tuberculin skin tests.  This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to ensure one of two contracted (agency) staff (O) had a required health evaluation completed and signed by a licensed health professional within 14 days of her hire date. Findings included:  1. Review of certified nursing assistant (CNA) O's employee records revealed: *She was hired on 12/14/24. *There was no documentation that a health evaluation had been completed by a licensed health professional.  2. Interview on 5/21/25 at 8:16 a.m. with executive director A revealed: *Her expectations were for the agency staff's employing company to required health evaluation completed and signed by a licensed health professional before providing services to the residents. *She agreed for the safety of the residents, the	S 305	Unable to change the outcome of the deficient practice for ensuring contracted (agency) staff (O) had a required health evaluation completed and signed by a licensed health professional within 14 days of her hire date. An orientation checklist and packet for contracted (agency) has been developed and will be completed for each contracted (agency) staff member.  The BOM and DON have reviewed and updated policies and procedures for health evaluations for staff including contracted (agency) staff.  The facility has determined that all employees have the ability to be affected by this deficiency. BOM or designee will review all employee files including contract (agency) employees' files for compliance with this regulation.  BOM or designee will then audit all new employee files once per week for four weeks and monthly for two additional months.  BOM or designee will present findings from audits at the monthly QAPI meetings.	7-5-25	

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S 305	Continued From page 6  agency staff members should have the required health evaluation completed and signed by a licensed health professional within 14 days of their hire date.	S 305			
S 455	44:70:06:02 Food Safety  Hot foods must be held at or above 135 degrees Fahrenheit or 57.2 degrees centigrade and served promptly after being removed from the temperature holding device. Cold foods must be held at or below 41 degrees Fahrenheit or 5 degrees centigrade and served promptly after being removed from the holding device.  This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure two of three sampled residents (1 and 2), who had personal refrigerators were monitored for appropriate refrigerator temperature along with cleaning and monitoring of food dates in accordance with professional standards for food safety. Findings included:  1. Observation and interview on 5/19/25 at 8:25 a.m. with resident 1 revealed: *There was a personal refrigerator in her room. *No temperature log was found on her refrigerator. *The inside of the refrigerator contained: -No thermometer. -One zip lock bag of unidentified food. *The inside of the freezer contained: -No thermometer. *She stated her daughter would bring food in and	S 455	Soiled containers have been removed, cleaned, or discarded from refrigerators for residents #1 and 2. Items stored in refrigerators for residents #1 and 2 have been approved and dated. Food storage temperatures will be monitored and documented daily by nursing staff. Items in refrigerators will be monitored for discarding according to provider's policy daily by nursing staff.  The Food Service Supervisor and DON have reviewed and updated policies and procedures.  An all-staff meeting will be held on 6-24-25 to provide education on citation F813, policy and procedures, and the requirements to ensure future compliance with this policy.  The facility has determined that all residents have the ability to be affected by this deficiency.  DON or designee will audit documentation of temperatures and items stored in personal refrigerators once per week for four weeks and monthly for two additional months.  DON or designee will present findings from audits at the monthly QAPI meetings.	7-5-25	



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S 455	<p>Continued From page 7</p> <p>put the food in the refrigerator. *She stated she had not seen the staff record temperatures of the refrigerator.</p> <p>2. Observation and interview on 5/19/25 at 8:45 a.m. with resident 2 revealed: *There was a personal refrigerator in her room. *No temperature log was found on her refrigerator. *The inside of the refrigerator contained: -A thermometer in the back of the refrigerator. -One-half ham sandwich wrapped in clear plastic cling wrap with no open date. *The inside of the freezer contained: -No thermometer. *She stated she had not seen the staff record temperatures of the refrigerator. *She would defrost the freezer herself and stated she would defrost it again in the next week or two.</p> <p>3. Interview on 5/20/25 at 2:20 p.m. with food service supervisor E revealed the dietary staff was not responsible for the food or refrigerators in the residents' rooms.</p> <p>4. Interview on 5/20/25 at 4:55 p.m. with director of nursing (DON) B regarding the residents' refrigerators revealed: *She stated any staff member who noticed food being brought in by family should have labeled the food with the resident's name and dated the food. *She confirmed temperatures in residents' personal refrigerators were not being monitored or documented.</p> <p>An additional interview on 5/21/25 at 8:44 a.m. with FSS E revealed: *She was responsible for the dietary department.</p>	S 455			



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S 455	<p>Continued From page 8</p> <p>*She was not a certified dietary manager (CDM), but stated social service designee (SSD) D was the provider's CDM.</p> <p>*She stated that the two-page 2018 Food Brought in from an Outside Source policy was their current policy and that she had received the policy from their consultant dietitian.</p> <p>*She was aware of the provider's June 2020 Refrigerator Policy.</p> <p>*She stated that the dietary department was not responsible for the residents' personal refrigerators.</p> <p>5. Interview and policy review on 5/21/25 at 8:55 a.m. with social services designee (SSD) D revealed she:</p> <p>*Was the assistant administrator, responsible for the social services department, and had a 3/17/25 certificate as a CDM.</p> <p>*Stated that during the residents admissions process, residents and family members would ask about personal refrigerators.</p> <p>*Was a resource to FSS E, who was responsible for the provider's dietary department.</p> <p>*Stated the dietary department was responsible for monitoring and recording the temperatures for the refrigerators in the kitchen.</p> <p>*Agreed that the two-page 2018 Food Brought in from an Outside Source policy was their current policy and that she had reviewed it.</p> <p>-She agreed that the staff were not checking food or beverages brought into the facility for resident consumption before being accepted for storage as the policy stated.</p> <p>-She agreed that the staff were not labeling "Food or beverages brought in from the outside ... with the resident's name, room number and ... the current date the item(s) are brought into the facility for storage."</p> <p>-She agreed that staff were not monitoring "All</p>	S 455			

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S 455	<p>Continued From page 9</p> <p>cooked or prepared food brought in for a resident and stored in the ... personal room refrigerator will be ... discarded after 72 hours/3 days."</p> <p>-She agreed that the staff were not following the policy regarding "No home-prepared food items that are canned or preserved will be permitted."</p> <p>*Was not aware of the provider's June 2020 Refrigerator Policy and stated it was the first time she had seen that policy.</p> <p>*Had listed the personal refrigerators on each residents' Inventory of Personal Effects form</p> <p>*Thought there were six or seven residents with personal refrigerators in their rooms, but she had not compiled a list of that.</p> <p>*Stated that DON B and the nursing department assisted with monitoring the temperatures of the residents' personal refrigerators.</p> <p>*She had received thermometers last week, which the maintenance staff had placed in the residents' personal refrigerators.</p> <p>6. Interview on 5/21/25 at 9:37 a.m. with maintenance supervisor G revealed the maintenance staff had checked those personal refrigerators and other electrical appliances (lamps, electric lift chairs, etc.) when family members brought them into the facility.</p> <p>7. Review of the provider's 2018 Food Brought in from an Outside Source policy revealed: **"All food or beverages brought into the Community for resident consumption will be checked by a staff member before being accepted for storage. Any suspicious or obviously contaminated food or beverage will be discarded immediately." **"Food or beverages brought in from the outside will be labeled with the resident's name, room number and dated by staff with the current date the item(s) are brought into the facility for</p>	S 455		



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S 455	Continued From page 10  storage." **All cooked or prepared food brought in for a resident and stored in the facilities refrigerator or personal room refrigerator will be dated with accepted for storage and discarded after 72 hours/3 days. No home-prepared food items that are canned or preserved will be permitted."  Review of the provider's June 2020 Refrigerator policy revealed: **The refrigerator must maintain a safe temperature range of 36-41 degrees Fahrenheit." **The night nurse will monitor and record the temperature reading every night." **All food in the refrigerator will be covered. Once the container is opened, it will be dated and removed in an acceptable time frame."	S 455		
S 775	44:70:09:02 Facility To Inform Resident Of Rights  Prior to or at the time of admission, a facility shall inform the resident, both orally and in writing, of the resident's rights and of the rules governing the resident's conduct and responsibilities while living in the facility. The resident shall acknowledge in writing that the resident received the information. During the resident's stay the facility shall notify the resident, both orally and in writing, of any changes to the original information.  This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, and policy review, the provider failed to ensure an acknowledgement of having received a copy of the resident's rights was signed and dated by two of tw sampled residents (1 and 2) or their representatives. Findings include:	S 775	Residents #1 and 2 were given a copy of the Resident's Rights. A copy of the Resident's Rights, signed by the resident, resident's representative if applicable, and the facility's representative was placed in the medical record.  The Social Services designee and BOM have reviewed and updated policies and procedures.  The facility has determined that all residents have the ability to be affected by this deficiency.  Social Services designee will review all resident's medical records for compliance with this regulation. Social Services or designee will audit admissions for an acknowledgement of having received a copy of resident's rights once per week for four weeks and monthly for two additional months.  Social Services or designee will present findings from audits at the monthly QAPI meetings.	7-5-25

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BRISTOL, SD 57219**

(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 775	<p>Continued From page 11</p> <p>1. Review of resident 1's electronic and paper care records revealed: *She was admitted on 8/19/24. *There was no documentation that the resident or her representative had signed an acknowledgement that they had received a copy of the resident's rights.</p> <p>2. Review of resident 2's electronic and paper care records revealed: *She initially admitted on 10/29/21 and was re-admitted on 7/1/24. *There was no documentation that the resident or her representative had signed an acknowledgement that they had received a copy of the resident's rights.</p> <p>3. Interview on 5/20/25 at 7:45 a.m. with social service designee D revealed she: *Completed the residents' admission agreements for the nursing home and the assisted living center. *Provided the residents with a copy of the resident's rights. -Did not have the resident or their representative sign an acknowledgment that they had received a copy of the resident rights. *Was unaware she needed the resident or their representative to sign an acknowledgment that they had received a copy of the residents rights.</p> <p>4. Review of the provider's undated Social Services Designee Job Description revealed: *Summary: "This person must know and maintain knowledge of pertinent regulations."</p> <p>5. Review of the providers 1/18/24 Admissions to the Facility policy revealed:</p>	S 775		



South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10739</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>05/21/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>JOHNSON CENTER OF SUN DIAL MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 2ND STREET POST OFFICE BOX 337 BRISTOL, SD 57219</b>		
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S 775	Continued From page 12  "3. The objectives of our admissions policies are to: a. Provide uniform guidelines in the admission of residents to the facility; d. Review with the resident, and/or his/her representative (sponsor), the facility's policies and procedures relating to resident rights, resident care, financial obligations, visiting hours, etc." "4. It shall be the responsibility of the administrator, through the admissions department, to assure that the established admission policies, as they may apply, are followed by the facility and the resident."	S 775			