STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 56852			. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		B. WING		02/	13/2025	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
VERA E	UREKA HEALTH CA	RE CENTER ASSI	E POST OFFI , SD 57437	CE BOX 40		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S 000	Compliance Staten	nent	S 000			
	Administrative Rule 44:70, Assisted Liv assisted living cent 2/10/25 through 2/1 Care Center Assist	for compliance with the es of South Dakota, Article ing Centers, requirements for ers, was conducted from I3/25. Avera Eureka Health ed Living was found not in e following requirements: S105	5			
S 105	44:70:02:06 Food S	Service	S 105			
	licensed in accorda or food service esta accordance with SI inspected by a loca facility shall meet th procedures for food	be provided by a facility ince with SDCL chapter 34-12 ablishment licensed in DCL chapter 34-18 that is il, state, or federal agency. The be safety and sanitation d service in §§ 44:02:07:01, 4:02:07:04 to 44:02:07:95,	•			
	met as evidenced b Based on observat and policy review th *Documentation wa and sanitation for o *A process was in p	Rule of South Dakota is not by: ion, interview, record review, he provider failed to ensure: as completed for the cleaning one of one dishwashers. blace to test and document sanitation buckets for 1 of 1				
		2/10/25 at 3:48 p.m. of the ed it was a chemical				
	Review of the provi dishwasher chemic	der's January 2025 al log revealed:				

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

TITLE

(X6) DATE

South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			
AND FLAN OF CONNECTION		DENTITION TO MONIBER.	A. BUILDING:		COMPLETED	
		56852	B. WING		02/	02/13/2025
IAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
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PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
S 105	Continued From pa	ge 1	S 105			
	document the PPM concentration. *This log did not inc dishwasher temper *There were 13 day chemical concentra *There was no cher documentation from 14th. 2. Observation on 2 three-compartment *There are multiple in them. *There was no docu chemical concentra Interview on 2/10/2 revealed: *Those buckets we wipe surfaces. *The chemical concentration liquid was changed log. *He indicated the sa changed every hou Observation on 2/1 revealed: *He mixed a new bu *He did not test the contents in the new Interview on 2/11/28 revealed: *He had filled a new	 /s without documented attion. mical concentration in January 8th through January 2/10/25 at 4:00 p.m. of the sink in the kitchen revealed: buckets with liquid and a cloth umentation of the liquid's attion. 5 at 4:04 p.m. with cook I re sanitation buckets used to centration was tested when the but there is no documentation anitation buckets were r. 1/25 at 11:04 a.m. of cook H ucket of sanitizer. chemical concentration of the 				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 56852		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING		02/	02/13/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
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S 105	Continued From pa	ige 2	S 105			
	the chemical conce buckets. *He tested the buck	entration of the solution in the				
	p.m. with cook K re *He prepared a sar *He did not test the concentration. *When asked how had the adequate of tested the liquid. *The chemical conc greater than 200 pp *When asked what to be he indicated t *He stated that he of that information. *Food service mans three-ring binder to *The information was three-compartment "Quaternary Sanitiz concentration shou 200-400 ppm. *Also on this poster staff to "Record the reading in the approx	hitation bucket. solution's chemical he would know if the solution chemical concentration, he centration was read to be om. ppm he expected the solution hat he did not know. did not know where to locate ager C directed him to a find the information. as observed above the sink on a poster labeled cer", which indicated the ld have been between r was a statement that directed solution concentration				
	service manager C *It was his expectat concentration be te changed. *The buckets were *He verified there w					
	Review of the provi and Sanitation polic	der's 5/24 LTC Food Safety cy revealed:				

		f Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		
	56852		B. WING		02/13/2025
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PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE DATE
S 105	Continued From pa	age 3	S 105		
	soiled or per manu sanitizer is checked test tape (per manu *"Cloths must be so changing solutions	are changed when visibly facture's direction. The d for proper concentration with ufacture's instruction)." oaking in sanitizer until use, every 4 hours to maintain n. (or per manufacture's			
S 455	44:70:06:02 Food Safety		S 455		
	Fahrenheit or 57.2 served promptly aft temperature holdin held at or below 41 degrees centigrade	held at or above 135 degrees degrees centigrade and ter being removed from the g device. Cold foods must be degrees Fahrenheit or 5 e and served promptly after n the holding device.			
	met as evidenced to Based on observat and policy review th *Temperatures of fo	Rule of South Dakota is not by: ion, interview, record review, ne provider failed to ensure: ood were measured prior to ne cook (G) prior to serving			
	G during lunch serv *The display on the the temperature wa Fahrenheit. *She removed grou potatoes from the 0	e Convotherm oven indicated a as set at 212 degrees und meat and mashed Convotherm oven. ne temperature of the meat or			

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S 455	Continued From pa	ge 4	S 455			
	revealed: *She did not take the items removed from *She stated that the Convotherm oven a adequate temperature Review of the provi- temperature record *There was an area alternate meat, pota- vegetables, puree, supper. *There was no area *There was no area temperatures of ref *There was no temperatures of ref *"Cooked foods mu- recommended by F *"Cooked foods are hele [degrees] F [Fahrer *"Cold foods are hele [degrees] F [Fahrer Interview on 2/12/29 service manager C *He expected food documented every served. *He verified there we food temperatures above the set of the	der's January 2025 food daily revealed: a to document soup, meat, atoes, vegetables, alternate and other for lunch and a to document breakfast foods a to document the rigerated foods. perature documentation for nd 1/29/25. perature documentation for /3/25, and 1/5/25. Ist reach the temperature food Service Code." t a temperature of 140 sheit] or above." eld at a temperature of 40 sheit] or less."				

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S 455	*"The food service in storing and moni prevent the spread *"Temperatures mu following (Fahrenhe indicated below:" -"Frozen food 0 [de -"Refrigerated food Review of the provi Food Temperatures *"Record temperatu	will follow proper procedures toring food temperatures to of food borne illness." ust be maintained at the eit) settings for the items grees] or below;" 41 [degrees] or below;" ider's 4/23 Recording Hot-Cold s policy revealed: ures on food temperature log." emperatures as needed for	S 455			