

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

PRINTED: 01/10/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435099	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2023
NAME OF PROVIDER OR SUPPLIER ESTELLINE NURSING AND CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 205 FJERESTAD AVENUE EAST ESTELLINE, SD 57234	
(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 12/12/23 through 12/14/23. Estelline Nursing and Care Center was found not in compliance with the following requirement: F812. On 12/13/23 at 3:02 p.m., immediate jeopardy was identified related to the accurate temperature measurement and recording of the high-temperature dishwasher at F812. The survey team exited the building on 12/13/23 at 3:30 p.m. On 12/13/23 at 5:29 p.m., administrator A provided a final plan for removal of the immediate jeopardy. On 12/13/23 at 6:27 p.m., the removal plan was accepted with agreed-upon changes made by the provider. On 12/14/23 at 12:30 p.m., the survey team reviewed the provider's documentation for the removal of the immediate jeopardy and immediacy was removed.	F 000		1-12-2024
F 812 SS=L	The resident census was 48. 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	F 812	1. All residents would have the potential to be at risk if the water temperature was below the required level for sanitization. 2. The dishwasher rinse gauge was fixed immediately to ensure adequate temperatures are being reached when running the rinse cycle. All dietary staff have been re-educated on foodborne illnesses, how it is caused/prevented, along with sanitizing food contact surfaces. All facility staff will be educated on food born illness and their role and responsibility for observing safe and sanitary practices. New policy was formulated on Appropriate Use of Sensor Strips for the Dishwasher. Current policy on What to do if dishwasher is out-of-order has been updated to notify Certified Dietary Manager if machine is not working properly. 3. Dietary Manager and or designee will audit rinse and wash temperatures on the dishwasher for all meals 5 days weekly for 4 weeks, and then once weekly for 3 months. Dietary Manager and or designee will bring the audit results to the QAPI meeting for further review or recommendations.	

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

Jason Hanssen

TITLE

Administrator

(X6) DATE

1-11-2024

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.

JAN 11 2024

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F 812	<p>Continued From page 1</p> <p>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.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to ensure that staff were able to verify the dishwasher rinse cycle temperature to confirm that the dishes were sanitized at the proper temperature. Failure to ensure that increased the potential risk of foodborne illnesses for the entire resident population who received meals prepared in the kitchen. Findings include:</p> <p>1. Observation on 12/12/23 at 8:30 a.m. in the kitchen revealed: *The dishwasher rinse cycle temperature gauge was not working. *The December 2023 Dishwasher Temp Log documented a breakfast rinse temperature on 12/12/23 of 192 degrees Fahrenheit.</p> <p>Observation on 12/13/23 at 12:15 p.m. of the dishwasher in the kitchen revealed that the rinse cycle temperature gauge was not working through two full washing and rinsing cycles.</p> <p>Interview at that time with dietary aide (DA) G and F revealed: *DA G was not aware that the temperature gauge was not working. When asked how he was</p>	F 812			

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F 812	<p>Continued From page 2</p> <p>measuring the temperature of the dishwasher rinse cycle, he shrugged his shoulders and pointed to DA F.</p> <p>*DA F was not aware that the dishwasher rinse temperature gauge was not working.</p> <p>-She stated that the food service supervisor had given her the "Dishwasher Temperature Sensor Labels" that morning. Staff were using them to measure dishwasher temperatures.</p> <p>-She demonstrated how staff use the sensor labels by placing them on a dish and running it through the dishwasher.</p> <p>-She explained that there were three temperature boxes on the label for 160, 170, and 180 degrees Fahrenheit. If the temperature box turned black after the full dishwasher wash and rinse cycle, that corresponding temperature was achieved.</p> <p>*Upon closer inspection of the "Dishwasher Temperature Sensor Labels," it was noted that they expired on 5/30/2015.</p> <p>Observation and interview on 12/13/23 at 2:15 p.m. in the kitchen with DA G and cook E revealed:</p> <p>*The dishwasher rinse temperature gauge was still not functioning after observing three full wash and rinse cycles.</p> <p>*DA G was again asked how he measured the dishwasher temperatures. He pointed to the gauges and stated that he documented the temperatures from the gauges onto the Dishwasher Temp Log once per meal.</p> <p>*The rinse temperatures on the "Dishwasher Temp Log" were recorded as follows:</p> <ul style="list-style-type: none"> -12/12/23 breakfast, 192 degrees Fahrenheit. -12/12/23 lunch, 188 degrees Fahrenheit. -12/12/23 supper, 190 degrees Fahrenheit. -12/13/23 breakfast, 190 degrees Fahrenheit. -12/13/23 lunch, 180 degrees Fahrenheit. 	F 812		

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F 812	<p>Continued From page 3</p> <p>*He was unable to explain what process would have been required if the rinse temperature gauge was not functioning.</p> <p>*He was not aware of the sensor labels that were to have been used secondary to the rinse temperature gauge.</p> <p>*Cook E was not aware that the rinse temperature gauge was not working and stated that she did not usually wash the dishes.</p> <p>Interview on 12/13/23 at 2:22 p.m. with food service supervisor (FSS) D revealed:</p> <p>*She was not aware that the dishwasher rinse temperature gauge was broken and the sensor labels had expired.</p> <p>*She explained that the dishwasher servicing company had sent those labels last year and the dishwasher was last serviced in October 2023.</p> <p>2. IMMEDIATE JEOPARDY</p> <p>Interviews with dietary staff throughout the survey indicated that no one was aware that the dishwasher rinse cycle temperature gauge was not functioning, the staff somehow were still recording the rinse temperatures on the "Dishwasher Temp Log." At least two dietary staff interviewed were unaware of the secondary sensor labels. The staff that were aware of the temperature sensor labels were not aware that they were expired. Staff were not aware of any process to follow when the rinse temperature gauge was not functioning. At the time of the survey, staff could not accurately verify the final rinse temperature of the dishwasher to ensure proper sanitation due to the non-functioning rinse gauge and the expired sensor labels.</p> <p>IMMEDIATE JEOPARDY NOTICE</p> <p>Notice of immediate jeopardy was given verbally</p>	F 812		
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F 812	<p>Continued From page 4</p> <p>and in writing on 12/13/23 at 3:05 p.m. to administrator A and FSS D. They were asked for an immediate removal plan.</p> <p>Interview at that time with administrator A and FSS D about the rinse gauge revealed:</p> <p>*FSS D said, "no one can tell me when it wasn't working," when referring to the broken rinse gauge.</p> <p>-She also indicated that staff "might have been guessing what they think the temp should be" when they wrote the temperatures on the "Dishwasher Temp Log."</p> <p>*DA F had told FSS D that the gauge had been working on 12/11/23.</p> <p>*Other staff had told her that when the rinse gauge was not working on previous occasions, they would "flick" the gauge which sometimes made it work again.</p> <p>IMMEDIATE JEOPARDY REMOVAL PLAN On 12/13/23 at 5:29 p.m., administrator A provided the survey team with a final written immediate jeopardy removal plan. The removal plan had been approved by the survey team on 12/13/23 at 6:27 p.m. with guidance from the long-term care advisor for the South Dakota Department of Health.</p> <p>The provider gave the following acceptable immediate jeopardy removal plan on 12/13/23 at 5:29 p.m.:</p> <p>**On 12/13/2023 at 4:08 p.m. our facility did the following to ensure safety/compliance ...</p> <ol style="list-style-type: none"> 1. The [dishwasher servicing company] technician was called at 3:15 p.m. about the faulty gauge and he said that he will be here right away on the morning of 12/14/2023 to change out the gauge with a new one. 2. We will be serving supper and breakfast on 	F 812		

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F 812	<p>Continued From page 5</p> <p>paper plates and plastic silverware to ensure sanitation until the gauge is fixed in the morning.</p> <p>3. All prep items to include: pots/pans/other to be washed in the 3 bin sink at the proper regulated temperatures. Those temperatures will be logged and dated by the dietary staff each time they use it.</p> <p>4. We took [a] meat thermometer and placed [it] in the dishwasher during the rinse cycle and it temped out at 180 degrees.</p> <p>5. Dietary staff were instructed to notify Certified Dietary Manager right away if there is a faulty piece of equipment so proper safety/protocols can be implemented to ensure safety.</p> <p>6. New test strips have been ordered today when we found out ours were expired.</p> <p>7. Certified Dietary Manager provided all dietary staff with the following education: foodborne illnesses, how it is caused, how to prevent food born illnesses, and the importance of sanitizing food contact surfaces. All Dietary staff will sign and date that they have read the education prior to working their shift."</p> <p>Observation and interview on 12/14/23 at 8:15 a.m. with administrator A and the dishwasher company's technician I in the kitchen revealed: *Dishwasher technician I was installing the new rinse temperature gauge. *Administrator A was stressing that there was "no potential for harm at all" because the temperature of the rinse cycle was "just fine." *Administrator A questioned why the surveyors had not informed him that the rinse gauge was not working. *Surveyors questioned why staff decided to "flick" the gauge to make it work again temporarily rather than informing management that the gauge was malfunctioning.</p>	F 812		

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F 812	<p>Continued From page 6</p> <p>*After administrator A had left the kitchen at 8:20 a.m., dishwasher technician I stated, "I can understand your concern," when mentioning the rinse gauge malfunctioning.</p> <p>The immediate jeopardy was removed on 12/14/23 at 12:30 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."</p> <p>3. Review of an electronic communication sent by administrator A to the survey team on 12/13/23 at 5:29 p.m. revealed: *Administrator A denied that "any of [the] residents were negatively affected by this practice."</p> <p>4. Review of the provider's documentation on when the dishwasher was last serviced revealed: *Dishwasher technician I visited the facility on 10/26/23. *He noted the rinse temperature of the dishwasher was at 184 degrees Fahrenheit.</p>	F 812		
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E 000	Initial Comments A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted from 12/12/23 through 12/14/23. Estelline Nursing and Care Center was found in compliance.	E 000		JH	

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

TITLE

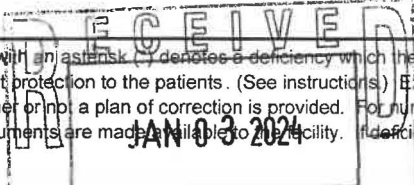
(X6) DATE

Jason Hanssen

Administrator

1-2-2024

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.



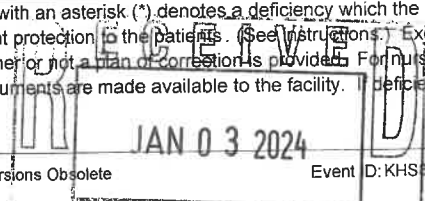
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K 000	<p>INITIAL COMMENTS</p> <p>A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 12/14/23. Estelline Nursing and Care Center was found not in compliance with 42 CFR 483.90 (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 K321 and K353 in conjunction with the provider's commitment to continued compliance with the fire safety standards.</p>	K 000		JH

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: **Jason Hanssen** TITLE: **Administrator** (X6) DATE: **1-2-2024**

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SD DOH-OLC

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 435099	MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	DATE SURVEY COMPLETE: 12/14/2023				
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES						
K 321	<p>Hazardous Areas - Enclosure CFR(s): NFPA 101</p> <p>Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <table border="0"> <tr> <td>Area</td> <td>Automatic Sprinkler</td> <td>Separation</td> <td>N/A</td> </tr> </table> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, testing, and interview, the provider failed to maintain one hazardous area (kitchen storage pantry) as required. Findings include:</p> <ol style="list-style-type: none"> 1. Observation on 12/14/23 at 2:00 p.m. revealed the kitchen storage pantry room in the service wing was over 100 square feet in area (approximately 10 feet by 15 feet) and had large amounts of combustibles stored in it. The dietary manager's work desk was also located in the room. A hooded coat was hung on the corridor side of the latching hardware for the door. Testing the door by closing it with the coat on the door handle revealed the door could not latch due to the obstruction. 2. Observation on 12/14/23 at 2:10 p.m. revealed the kitchen storage pantry room in the service wing was over 100 square feet and had large amounts of combustibles stored in it. The door was not equipped with a closer. 3. Interview with the maintenance supervisor at the times of the observations confirmed those findings. He stated it appeared the kitchen storage pantry had never had a closer installed. <p>The deficiency affected two of numerous requirements for hazardous storage rooms and had the potential to</p>			Area	Automatic Sprinkler	Separation	N/A
Area	Automatic Sprinkler	Separation	N/A				

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The above isolated deficiencies pose no actual harm to the residents

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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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K 321

Continued From Page 1
affect 100% of the occupants of the smoke compartment.

K 353

Sprinkler System - Maintenance and Testing
CFR(s): NFPA 101

Sprinkler System - Maintenance and Testing
Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.
a) Date sprinkler system last checked _____
b) Who provided system test _____
c) Water system supply source _____

Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.
9.7.5, 9.7.7, 9.7.8, and NFPA 25

This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the provider failed to verify the required annual testing of the backflow preventer had been performed. Findings Include:

1. Review of the provider's sprinkler maintenance records revealed no documentation that the required annual testing of the backflow preventer had been performed. Interview with the maintenance supervisor on 12/14/23 at 2:30 p.m. revealed the test had not been performed. He stated the sprinkler contractor did not perform the test because it was not in their contract.

The deficiency affected a single component of the building's automatic fire sprinkler system required annual maintenance.

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10617	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2023
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NAME OF PROVIDER OR SUPPLIER ESTELLINE NURSING AND CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 205 FJERESTAD AVE E POST OFFICE BOX 130 ESTELLINE, SD 57234
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(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 12/12/23 through 12/14/23. Estelline Nursing and Care Center was found in compliance.	S 000		JH
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 12/12/23 through 12/14/23. Estelline Nursing and Care Center was found in compliance.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Jason Hanssen	TITLE Administrator	(X6) DATE 1-4-2024
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