

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>80052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/25/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DOLAN CREEK SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2171 MOOSE DRIVE STURGIS, SD 57785</b>
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S 000	Compliance Statement  An initial 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 9/24/24 through 9/25/24. Dolan Creek Senior Living was found not in compliance with the following requirements: S201, S450, S506, and S685.	S 000		
S 201	44:70:03:02 General Fire Safety  Each facility must be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of occupants from fire, smoke, fumes, or resulting panic during the period of time reasonably necessary for escape from the structure in case of fire or other emergency. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, the facility must conduct monthly drills to provide training for all personnel.  This Administrative Rule of South Dakota is not met as evidenced by: A. Based on record review and interview, the provider failed to maintain one of one fire alarm system as required. An annual fire alarm report was not available. Findings include:  1. Record review on 9/24/24 at 2:00 p.m. revealed there was no current annual fire alarm inspection report performed since 6/1/23. The annual fire alarm report would list all devices tested on the fire alarm system and smoke detector sensitivities.  Interview on 9/24/24 at 2:10.p.m. with administrator A confirmed that finding. She stated	S 201	1. 605 Fire Protection did back flow testing on 9/26/2024. Wild West Contracting did fire alarm testing on 9/26/2024, and Summit did hood inspection on 10/2/2024. Summit had incorrectly dated previous inspection as 3/16/2024 but actual testing was done on 4/16/2024. All residents have the potential to be affected.  2. The ED reviewed all necessary fire testing and time frames for testing by 10/29/2024. The ED educated maintenance director on time frames for testing by 10/31/2024.  3. The ED will review all required testing every six months for one year. The ED will bring the results of the review to the QAPI committee every 6 months for further review and recommendation.	11/8/2024

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

TITLE

(X6) DATE

*Teresa Henderson*

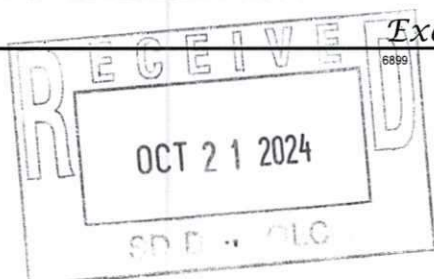
*Executive Director*

*10/18/24*

STATE FORM

DRC611

If continuation sheet 1 of 11



South Dakota Department of Health

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S 201	<p>Continued From page 1</p> <p>the alarm company monitored the fire alarm system but had not been under contract to perform the required annual inspection.</p> <p>Ref: 2010 NFPA 72 Section 14.6.2.4, Figure 14.6.2.4 Section 7.12-7.14 and page 11 of 11</p> <p>B. Based on record review and interview, the provider failed to conduct the required every six-months inspection of the cooking facility's fire suppression system for the range hood. The records regarding the kitchen hood fire suppression system indicated an inspection had been done only on 3/16/24 since 6/1/23. Findings include:</p> <p>1. Record review on 9/24/24 at 2:15 p.m. of the kitchen hood fire suppression system records indicated an inspection had been performed 3/16/24. There was no documentation the system had been inspected 6 months prior to 3/16/24 or 6 months after that date. The kitchen hood fire-suppression system must be inspected not less than every six months. Interview with administrator A confirmed that finding.</p> <p>This deficiency affected one of numerous kitchen hood fire suppression system requirements.</p> <p>C. Based on record review and interview, the provider failed to verify the required annual testing of the backflow preventer had been performed since 6/1/23. Findings Include:</p> <p>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 administrator A on 9/24/24 at 2:20 p.m. revealed the test had not been performed, because the sprinkler</p>	S 201		

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S 201	Continued From page 2  contractor did not perform that service with their inspections.  Automatic sprinkler and standpipe systems must be 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.  The deficiency affected a single component of the building's automatic fire sprinkler system required annual maintenance.	S 201		
S 450	44:70:06:01 Dietetic Services  The facility shall have an organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored, prepared, distributed, and served in a manner that is safe, wholesome, and sanitary in accordance with the provisions of § 44:70:02:06.  This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to maintain sanitary conditions in the kitchen and ensure frozen meat was thawed in a safe manner. Findings include:  1. Observation on 9/24/24 at 9:20 a.m. of the kitchen revealed: *The grates and drip pan of the water dispenser on the counter outside of the kitchen serving window had built-up lime deposits on them. *Bakeware was stored on a shelf beneath the	S 450	1. The grates and drip pan on the water dispenser was cleaned. The shelving was cleaned. Built up silverware was replaced. Stainless steel drawers were cleaned. Microwave was cleaned. Refrigerator food storage areas were cleaned. Garbage can was covered. Prep station was cleaned. Sinks were cleaned. All residents have the potential to be affected.  2. The ED and dietary manager reviewed cleaning schedules, food temp log policy and the Thaw foods safely policy by 10/22/2024. The Dietary Manager or designee will educate all dietary staff on the cleaning schedules, food temp log policy and thaw foods safely policy by 10/31/2024. All staff not in attendance will be educated prior to their next working shift.  3. The dietary manager or designee will audit cleaning schedules and proper thawing of foods (random sample of 4 foods) weekly times four weeks and monthly times two months. The dietary manager or designee will bring the results of these audits to the monthly QAPI committee for further review and recommendation to continue or discontinue the audits.	11/8/2024



South Dakota Department of Health

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S 450	<p>Continued From page 3</p> <p>stainless steel countertop inside of the kitchen door.</p> <p>-Dried spots of water or some other liquid were visible on that shelf.</p> <p>*Inside the plastic silverware storage basket on top of that same counter was a built-up handled spoon, knife, and fork.</p> <p>-Each of the plastic handles of those eating utensils were cracked in one or more places making them uncleanable.</p> <p>*There were three stainless steel drawers by the kitchen serving window that contained either serving utensils or bagged bread.</p> <p>-Scattered bits of food crumbs were noted on the bottoms of each of those drawers.</p> <p>*There was an unknown yellow-colored substance on the bottom of the inside of the microwave.</p> <p>*There was a cool food preparation station that had refrigerated areas both above and below the cutting board counter.</p> <p>-Scattered bits of food and food crumbs were present on the inside and bottoms of both of those refrigerated food storage areas.</p> <p>*An uncovered garbage can sat next to the cool food preparation station.</p> <p>-That side of the preparation station had dried food splatters on it.</p> <p>*Plastic containers of dry food like flour and sugar were stored beneath another stainless steel countertop.</p> <p>-Scattered sugar was visible on that shelf.</p> <p>*There were two handwashing sinks. One was in the main kitchen area and the other was near the dishwashing machine.</p> <p>-Drops of wet and dried water lined the counter surrounding both sinks.</p> <p>-A dried film was on top of the area surrounding the faucet spigot of both sinks.</p>	S 450		

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S 450	Continued From page 4  Interview on 9/24/24 at 11:30 a.m. with cook E regarding kitchen cleaning revealed: *There were no cleaning checklists in the kitchen for staff to refer to. -Cook E stated, "You clean as you go."  2. Continued observation of the kitchen revealed: *A September 2024 Dishmachine Temperature Log data that had missing data for all or part of 20 of 25 days. *September 2024's Record of Refrigeration Temperatures data was missing for all or part of 21 of 25 days.  3. Interview on 9/25/24 at 9:00 a.m. with dietary manager (DM) C and review of her kitchen staff task lists revealed: *Each staff was provided with a comprehensive list of tasks expected to be completed during each work shift. -Tasks started the moment a staff person clocked into work through the time they clocked out at the end of their shift. -Individual cleaning tasks and the completion of Dishmachine Temperature Log and Record of Refrigeration Temperature documentation were included on those task lists. *She was responsible for the supervision and management of the kitchen staff.  4. Observations on 9/24/24 at 9:20 a.m., 11:20 a.m., and 1:15 p.m. of the inside of the three-compartment sink revealed: *A plastic bag contained a frozen roast that sat inside of a bucket filled with water that was cool to the touch. -No water was running from the faucet onto the bucket where the meat was.  Interview on 9/24/24 at 1:30 p.m. with cook D	S 450		

South Dakota Department of Health

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S 450	<p>Continued From page 5</p> <p>regarding the roast referred to above revealed: *He removed the roast from the freezer earlier that day at about 8:30 a.m., put it in the bucket in the sink, and turned on cool water to continuously run over the bagged meat. -His process was to run cool water continuously over the bag for four to five hours then remove the meat and place it in the refrigerator. *He was not aware cool water was not running over the meat. -He said he "couldn't control others [kitchen staff] turning it [the faucet] off."</p> <p>Interview on 9/25/24 at 8:35 a.m. with DM C regarding cook D's process for thawing frozen meat revealed: *Continuously running cool water over the meat should have occurred for two to four hours to thaw the meat. -"Sometimes the sink faucet turns off on its own." *She agreed the safest practice would have been to thaw the meat in the refrigerator.</p> <p>Interview on 9/24/24 at 3:50 p.m. with cook E regarding the process of thawing frozen meat revealed she allowed frozen meat to thaw in the refrigerator.</p> <p>Review of the provider's February 2010 How to Thaw Frozen Foods in-service training revealed: **2. Completely submerged under cold running potable water (temperature of 70 degrees F [Fahrenheit] or below), that is running fast enough to agitate and float off loose ice particles." -Thawing (frozen meat) in the refrigerator was the preferred and safest thawing method. -"If it is too late to thaw in the refrigerator, food can be thawed in cold running water &lt;70 degrees F for less than four hours and the food must be cooked immediately."</p>	S 450		



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S 506	<p>44:70:06:17 Required Dietary Inservice Training</p> <p>The person in charge of dietary services or the dietitian shall provide ongoing inservice training for all healthcare personnel providing dietary and food-handling services. Training must be completed within thirty days of hire and annually for any dietary or food-handling personnel and must include the following subjects:</p> <ol style="list-style-type: none"> <li>(1) Food safety;</li> <li>(2) Handwashing;</li> <li>(3) Food handling and preparation techniques;</li> <li>(4) Food-borne illnesses;</li> <li>(5) Serving and distribution procedures;</li> <li>(6) Leftover food handling policies;</li> <li>(7) Time and temperature controls for food preparation and service;</li> <li>(8) Nutrition and hydration; and</li> <li>(9) Sanitation requirements.</li> </ol> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on interview, personnel file review, and policy review, the provider failed to ensure seven of the nine required dietary in-service trainings (food safety, food handling/preparation techniques, food-borne illness, serving and distribution procedures, leftover food handling, documentation of temperature controls for food preparation and service, and sanitation requirements) were completed within thirty days after employment by one of one sampled cook (D) and completed annually by one of one sampled cook (E). Findings include:</p> <ol style="list-style-type: none"> <li>1. Personnel file review and interview on 9/25/24</li> </ol>	S 506	<ol style="list-style-type: none"> <li>1. Unable to correct deficient practice noted during survey. All residents have the potential to be affected.</li> <li>2. ED educated dietary manager on required dietary inservice training by 10/24/2024. The dietary manager will educate all dietary staff on the required inservices by 10/31/2024. All staff not in attendance will be educated prior to their next working shift.</li> <li>3. The ED or designee will audit all new hires to ensure training is provided within thirty days of hire times three months. The ED or designee will bring the results of the audits to the monthly QAPI committee for further review and recommendation to continue or discontinue the audits.</li> </ol>	11/8/2024
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S 506	<p>Continued From page 7</p> <p>at 11:45 a.m. with administrator A revealed: *Cook D's hire date was 6/25/24. -He completed two of the nine required dietary in-service trainings (handwashing and nutrition and hydration) within thirty days of that hire date. *There was no documentation to support the remaining seven required dietary-specific trainings were completed. *Cook E's hire date was 4/22/19. -She completed two of the nine required dietary in-service trainings (handwashing and nutrition and hydration) during her annual staff training on 2/29/24. *There was no documentation to support those same remaining seven required dietary-specific trainings were completed.</p> <p>Interview on 9/25/24 at 12:45 p.m. with dietary manager C revealed: *She was responsible for ensuring dietary staff received initial, ongoing, and annual dietary in-service training. *Standardized forms and checklists were available to ensure those trainings were completed in a timely manner and documented for each of her dietary staff. -The process for ensuring dietary in-service training compliance had occurred was not followed.</p> <p>Review of the updated November 2016 Food and Nutrition Services (FANS) Employee Orientation, Education, and Training policy revealed: **1. The FANS Manager or designee completes the Dietary Employee Orientation Checklist for each dietary employee. -2. Regularly scheduled education is provided to support ongoing competence in practice/performance."</p>	S 506		



South Dakota Department of Health

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S 685	Continued From page 8	S 685		
S 685	<p>44:70:07:09 Self-Administration of Medications</p> <p>A resident with the cognitive ability to safely perform self-administration, may self-administer medications. At least every three months, a registered nurse, or the resident's physician, physician assistant, or nurse practitioner shall determine and record the continued appropriateness of the resident's ability to self-administer medications.</p> <p>The determination must state whether the resident or healthcare personnel is responsible for storage of the medication and include documentation of its administration in accordance with this chapter.</p> <p>Any resident who stores a medication in the resident's room or self-administers a medication, must have an order from a physician, physician assistant, or nurse practitioner allowing self-administration.</p> <p>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 residents were assessed for appropriateness to self-administer medications safely for: *One of one sampled resident (1) who self-administered a vaginal cream. *One of one sampled residents (2) who self-administered a subcutaneous (inserted below the skin) injection. Findings include:</p> <p>1. Review of resident 1's electronic medical record (EMR) revealed: *Her September 2024 medication administration</p>	S 685	<p>1. Resident 1 and 2 had self administration evaluation completed. All residents have the potential to be affected.</p> <p>2. The ED and DNS reviewed the self administration policy by 10/24/2024. The DNS or designee will educate all CMA's on the self administration policy by 10/31/2024. All staff not in attendance will be educated prior to their next working shift. The DNS will review all residents for need for self administration evaluation by 10/31/2024.</p> <p>The DNS or designee will audit four random residents weekly times four weeks and monthly times two months. The DNS or designee will bring the results of these audits to the monthly QAPI for further review and recommendation to continue or discontinue the audits.</p>	11/8/2024

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S 685	<p>Continued From page 9</p> <p>record (MAR) included a 6/5/24 physician's order for Estradiol Cream 10%. Insert one gram vaginally at bedtime every Monday, Wednesday, and Friday for vaginal dryness.</p> <p>-The order had not indicated the resident was able to self-administer that medication.</p> <p>*There was no completed assessment that supported resident 1's ability to have safely and appropriately self-administered that cream.</p> <p>Interview on 9/24/24 at 4:00 p.m. with certified medication aide (CMA) F regarding resident 1's vaginal cream revealed:</p> <p>*The cream was stored in the locked medication cart.</p> <p>*She prepared the medication by dispensing one gram of cream into a plastic applicator.</p> <p>-The applicator was then given to the resident to insert and dispense the cream in her vagina unsupervised.</p> <p>2. Review of resident 2's EMR revealed:</p> <p>*His September 2024 MAR included a 6/9/23 physician's order for alirocumab 7 (medication for high cholestrol) 5 milligrams. "Insert one applicator subcutaneously one time a day every two weeks on Friday for cholesterol. Resident can administer. Alternate left and right thigh."</p> <p>*A 9/24/24 quarterly medication self-administration assessment: "May continue to self-administer prn [as needed] eye drops and prn hemorrhoid cream and cranberry supplements. Has Tums but does use them and uses prn saline for his nasal congestion."</p> <p>-The assessment had not supported resident 2's ability to safely and appropriately self-administer that injection.</p> <p>Interview on 9/25/24 at 8:10 a.m. with CMA G regarding resident 2's alirocumab injection pen</p>	S 685		

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S 685	<p>Continued From page 10</p> <p>revealed:</p> <p>*The pens were stored in the locked medication cart.</p> <p>*At the time of administration she would give the pre-filled pen to the resident to insert into his skin and inject while she observed.</p> <p>Interview on 9/25/24 at 12:15 p.m. with registered nurse B regarding medication self-administration revealed:</p> <p>*She had not considered resident 1 to have self-administered her cream or for resident 2 to have self-administered his injection because they both received CMA oversight during those administrations.</p> <p>*She agreed without a medication self-administration assessment there was no way to have known if the steps for safe and appropriate self-administration of an injection or insertion of a medication into a body cavity were followed by either resident.</p> <p>Review of the provider's updated September 2017 Self-Administration of Medication policy revealed:</p> <p>**1. If the resident desires to self-administer medications, the Self-Medication Evaluation is completed. This evaluation is completed before the resident is able to self-administer."</p> <p>**3. If the resident is able to self-administer medications, the evaluation is reviewed quarterly or upon resident's change in condition."</p>	S 685		