

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/01/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DIAMOND CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 N MAIN ST POST OFFICE BOX 300 BRIDGEWATER, SD 57319</b>
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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) COMPLETION DATE
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F 000	INITIAL COMMENTS  Surveyor: 32335 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 4/29/14 through 5/1/14. Diamond Care Center was found not in compliance with the following requirement: F371.	F 000	F371  The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged on conclusions set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because it is required by provisions of State and Federal law. Without waiving the foregoing statement, the facility states that with respect to:	
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Surveyor: 32335 Based on observation, interview, record review, and policy review, the provider failed to: *Prepare ready-to-eat foods in a sanitary manner during one of two observations in the kitchen. *Take and record food temperatures on a regular basis for breakfast and dinner meals. *Follow an expiration date on one of one box of strawberry banana yogurt in the walk in cooler. *Keep the floors of the walk-in cooler and freezer free from debris. Findings include:  1. Observation on 4/29/14 at 11:40 a.m. of dietary	F 371	1. All dietary employees were re-educated to the policy regarding proper handling of ready to eat foods; the policy regarding safe food temperatures and the requirement for documenting food temperatures; policy regarding safe food storage; by the Dietician on 4/30/2014. Walk In Cooler was cleaned and food expiration dates were checked on 5/1/2014 by the Dietary Manager.  2. Employees will not use gloves to handle ready to eat foods unless completing a single task. Tongs will be used for all tasks when risk for cross-contamination.  All food temps will be documented by Cooks prior to serving each meal to ensure it is within safe range per the policy and procedure.  Dietary staff will check all food prior to serving to ensure it is not expired. Refrigerators will also be checked weekly to ensure that stock is not expired. (cont.)	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kimberly Brown</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>5/20/14</i>
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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.

MAY 22 2014

SD DOH L&C

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/01/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>DIAMOND CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 N MAIN ST POST OFFICE BOX 300 BRIDGEWATER, SD 57319</b>		
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F 371	<p>Continued From page 1 assistant A revealed: *He had on gloves and was preparing to butter bread. *With his gloved hands he: -Opened the drawer to get out a knife. -Took the lid off the butter. -Grabbed the sack of bread to take out several pieces. -Picked up the bread and buttered it. -Set the bread on the tray. -Reached up and opened the cabinet by his head. -Picked up the bread and buttered it. -Set the bread on the tray. -Picked up the peanut butter jar with both hands. -Held the peanut butter jar against his stomach and opened it. -Picked up the bread and spread on the peanut butter. -Set the bread on the tray. *He had not changed his gloves after touching any of the surfaces and before picking up the bread.</p> <p>Interview on 5/1/14 at 9:15 a.m. with the dietary manager revealed she would have expected him to have done the one task of buttering the bread without touching any surfaces. He should have changed his gloves after touching the drawer, lid, cabinet, and peanut butter jar.</p> <p>Review of the provider's March 2013 guidelines for Ready to Eat Food: Use of Utensils, Glove Use, and Hand Hygiene revealed: **"Gloves are acceptable if only one task is being completed. *If staff are interrupted the gloves must be discarded, hands must be washed, and new gloves applied before resuming task."</p>	F 371	<p>3. Dietary Manager or designee will audit 1 staff member 3 times per week for 2 months for proper handling of ready to eat foods. Dietary Manager will audit food temps 3 times per week for 2 months. Dietary Manager will audit Refrigerators/ Freezers 1 time per week for 2 months to ensure no expired food items are being stored/served and also ensure cleanliness. Dietary Manager/Designee will present data collected to the quarterly Quality Improvement Quality Assurance meeting for further recommendations regarding system and continued monitoring.</p>	5/29/14	

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F 371	<p>Continued From page 2</p> <p>2. Observation and interview on 4/29/14 from 5:25 p.m. through 6:30 p.m. with dietary cook B revealed:</p> <ul style="list-style-type: none"> <li>*The ground chicken temperature had been 134 degrees Fahrenheit (F).</li> <li>*The pureed chicken temperature had been 128 degrees F.</li> <li>*The refrigerated glorified rice had been 44 degrees F.</li> <li>*After taking each one of those temperatures she had asked this surveyor if they were okay.</li> <li>*She did not know what hot or cold food temperatures should have been.</li> <li>*She had not been recording the temperatures on the weekly food temperature records.</li> </ul> <p>Review of the 3/2/14 through 4/30/14 food temperature records revealed:</p> <ul style="list-style-type: none"> <li>*Breakfast food temperatures had been recorded zero out of sixty times.</li> <li>*Lunch food temperatures had been recorded fifty-two out of sixty times.</li> <li>*Dinner food temperatures had been recorded one out of sixty times.</li> </ul> <p>Interview on 5/1/14 at 9:15 a.m. with the dietary manager revealed food temperatures should have been taken and recorded on the weekly food temperature logs. If the information had not been recorded then she had no way of knowing if the temperatures had been taken. Dietary cook B should have known at what temperatures hot and cold food items should have been held at.</p> <p>Review of the provider's undated Food Safety Temperature policy revealed:</p> <ul style="list-style-type: none"> <li>*Hot foods would be held at 140 degrees F or above, cold foods at 41 degrees F or below.</li> <li>***The temperatures of all food items in the steam</li> </ul>	F 371			

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F 371	<p>Continued From page 3 table will be checked by [the] cook prior to being served."</p> <p>3. Random observations from 4/29/14 though 5/1/14 of the walk-in cooler revealed seventeen cartons of strawberry banana yogurt. The use by date on all seventeen cartons was 4/25/14.</p> <p>Observation and interview on 5/1/14 at 9:05 a.m. with the dietary manager revealed she had gone into the walk-in cooler and brought out one of the strawberry banana yogurts mentioned above. She put it on a tray to be served to a resident. She was not aware the yogurt had expired. They had received them on 3/24/14. She took the other sixteen yogurts out of the walk-in and stated she would have to get rid of them.</p> <p>4. Random observations from 4/29/14 though 5/1/14 of the walk-in cooler and freezer revealed debris, two wrappers, and an ice cream carton on the floor.</p> <p>Interview on 5/1/14 at 9:15 a.m. and at 9:55 a.m. with the dietary manager revealed she swept the floors of the walk-in cooler and freezer about one time per month. She had no cleaning schedule for the walk-ins and had not kept records of when they had been cleaned. There was no policy for cleaning the walk-ins.</p>	F 371			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  <b>DIAMOND CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 N MAIN ST POST OFFICE BOX 300 BRIDGEWATER, SD 57319</b>
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 4/29/14. Diamond Care Center was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.</p> <p>The building will meet the requirements of the 2000 LSC for Existing Health Care Occupancies in conjunction with the provider's commitment to continued compliance with the fire safety standards.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kimberly Strong</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>5/20/14</i>
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MAY 22 2014  
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SOUTH DAKOTA DEPARTMENT OF HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10597</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/01/2014</b>
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NAME OF PROVIDER OR SUPPLIER <b>DIAMOND CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 NORTH MAIN, P.O. BOX 300 BRIDGEWATER, SD 57319</b>
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S 000	<p>Initial Comments</p> <p>Surveyor: 32335 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted from 4/29/14 through 5/1/14. Diamond Care Center was found in compliance.</p>	S 000		

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

*Kimberly Strong*

TITLE

*Executive Director* 5/20/14

(X6) DATE

STATE FORM

021199

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If continuation sheet 1 of 1

