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<thead>
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<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>F000</td>
<td>INITIAL COMMENTS</td>
<td></td>
<td>Surveyor: 35625</td>
<td>F 804</td>
<td></td>
<td></td>
<td>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:</td>
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<td></td>
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<td></td>
<td>A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 4/30/18 through 5/2/18. Diamond Care Center was found not in compliance with the following requirements: F804 and F880.</td>
<td></td>
<td></td>
<td></td>
<td>F804 1. Food temps will be taken at each meal per facility policy. The Community Life Coordinator or designee will also ask about food temperature during the Community Life meetings monthly and any concerns will be addressed through QAPI. 2. All dietary staff will be re-educated to the food temp policy by the Executive Director or designee. Re-education will be completed by 6/6/2018. 3. A daily task audit will be completed each shift by dietary staff for one (1) month; to include food temps. Dietary Manager or designee will audit food temps once weekly for three (3) months. The data collected will be taken to the QAPI committee at least quarterly by the Dietary Manager or designee for discussion and review. At this time, the committee will make the decision for any necessary follow up studies.</td>
</tr>
<tr>
<td>F 804</td>
<td>Nutritive Value/Appear, Palatable/Prefer Temp</td>
<td>CFR(s): 483.60(d)(1)(2)</td>
<td>§483.60(d) Food and drink</td>
<td></td>
<td></td>
<td></td>
<td>$483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.</td>
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<td>This REQUIREMENT is not met as evidenced by:</td>
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<td>Surveyor: 37545</td>
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<td></td>
<td></td>
<td>Based on interview, log review, and policy review, the provider failed to regularly check temperature of food prepared and provide a menu with a variety of different foods for serving in one of one kitchen. Findings include:</td>
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<td>Surveyor: 36413</td>
<td></td>
<td></td>
<td></td>
<td>1. Interview on 4/30/18 at 4:00 p.m. with six residents from the resident council revealed:</td>
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<tr>
<td></td>
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<td>*Food was often times not warm enough.</td>
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<td></td>
<td>-Twice they had fish that was not warm when it was served to them.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>*They had a lot of repeats on the menu.</td>
<td></td>
<td></td>
<td></td>
<td>-They had tater tots a lot, and there were other foods that were served all the time.</td>
</tr>
</tbody>
</table>

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Kimberly J. Longe, Executive Director 5/2/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, a deficiency must be corrected within 45 days of the date notice is given or within 45 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above time limit must be observed. If repeated or continuous deficiencies are encountered, 45 days following the date these documents are made available to the facility. If deficiencies are cited, an approximation of correction is requisite to continued program participation.
Continued From page 1

They had voiced their concerns about food in the past at their resident council meetings.
-They did not feel anything had been done about their concerns.

Surveyor: 37545
Review of food temperature records from January 2018 through April 2018 revealed the following missing temperatures:
* January 2018, thirty-eight meals had missing temperatures.
* February 2018, thirty-seven meals had missing temperatures.
* March 2018, twenty-nine meals had missing temperatures.
* April 2018, nine meals had missing temperatures.

Review of the work schedule for the a.m. cook revealed, "Check and record temperature of hot food in steam table."

Review of the work schedule for the p.m. cook revealed, "Check food temperature in steam table, record temperatures on clip board."

Interview and observation on 4/30/18 at 8:00 p.m. with cook D revealed:
*She stated "I always take the food temperatures of the prepared food and record them."
*She checked the prepared food for the supper meals and all temperatures were ok.

Interview on 5/2/18 at 2:30 p.m. with the certified dietary manager and administrator revealed:
*Temperatures for the prepared food for service should have been checked and recorded.
*There were missing food temperatures.
*It was their expectation temperatures for the
**F 804** Continued From page 2

Prepared food for service would be checked and recorded.

Review of provider's undated Food Safety
Temperatures policy and procedure revealed:

"Cooking food to proper temperature, using internal temperature chart to be sure food is adequately cooked."

"The temperatures of all food items in the steam table will be checked by cook prior to being served."

"Food temperature recorded."

**F 880**

Infection Prevention & Control

CFR(s): 483.80(a)(1)(2)(4)(e)(f)

§483.80 Infection Control

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

§483.80(a) Infection prevention and control program.

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

1. Glove Use and Hand hygiene will be performed per facility handwashing policy.

2. All staff (including CNA A, CNA B, and LPN C) responsible for meal service and resident cares will be re-educated to the handwashing policy & procedure by the Director of Nursing or designee. Re-education will be completed by 6/6/2018.

3. Care audits (to include perineal care and meal service) will be completed by the Director of Nursing or designee three (3) times per week for one (1) month.

The data collected will be taken to the QAPI Committee at least quarterly by the Director of nursing or designee for discussion and review. At this time, the committee will make the decision for any necessary follow up studies.

6/15/2018
<table>
<thead>
<tr>
<th>(X) ID</th>
<th>PRECISION TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PRECISION TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(XX) COMPLETION DATE</th>
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<td>F 880</td>
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<td>Continued From page 3</td>
<td>F 880</td>
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$\text{§}483.80(a)(2)$ Written standards, policies, and procedures for the program, which must include, but are not limited to:

(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;

(ii) When and to whom possible incidents of communicable disease or infections should be reported;

(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;

(iv) When and how isolation should be used for a resident; including but not limited to:

(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and

(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.

(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and

(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.

$\text{§}483.80(a)(4)$ A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

$\text{§}483.80(e)$ Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

$\text{§}483.80(f)$ Annual review.
<table>
<thead>
<tr>
<th>ID</th>
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<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
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<th>PREFIX</th>
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<tbody>
<tr>
<td>F880</td>
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<td>Continued From page 4</td>
<td>F880</td>
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</table>

The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:

Surveyor: 35625

Based on observation, interview, and procedure review, the provider failed to ensure appropriate glove use and hand hygiene had been performed during:

*One of five sampled residents' (18) personal care by one of two certified nursing assistants.

(A)

*One of two dining experiences.

Findings include:

1. Observation on 4/30/18 at 4:00 p.m. with resident 18 revealed:

*CNAs A and B washed their hands and put on gloves.

*They transferred the resident from the chair to the bed using a full-body lift.

*The resident had been incontinent of urine and bowel.

- His shorts were soaked with urine.

- He had a protective brief on.

*They removed his shorts and brief.

-CNA A provided personal care to the resident to clean away any urine or bowel movement.

-CNA B assisted to roll the resident from side to side.

*CNA A kept her gloves on and opened a closet door.

-She removed a clean pair of shorts and shut the closet door.

*They put the shorts on the resident and placed the lift sling under him.

*They took their gloves off.

-No hand hygiene was performed.

*The resident was assisted to the chair with the
F 880 Continued From page 5

- *CNA A opened the closet door, removed a clean shirt, and shut the closet door.*
- *CNA A pulled the handle on the bedside table:*
  - She removed a bottle of deodorant from the drawer and applied it to the resident.
  - She returned the bottle to drawer and shut it.
- *CNAs A and B helped the resident put a clean shirt on.*
- *CNA A took the glasses off the bedside table and placed them on the resident.*
- *CNA A exited the room with the full-body lift, opened a door marked shower room, and placed the lift in that location.*
- *CNA A opened the utility room door to dispose of dirty linen and washed her hands.*
- *CNA B was not observed washing his hands prior to exiting the resident’s room.*

Interview on 5/2/18 at 3:00 p.m. with the director of nursing/infection control nurse regarding the above personal care revealed:

- *It was her expectation that gloves would have been removed and hand hygiene performed:*
  - After cleaning up the resident.
  - Before touching other objects in the room.

Surveyor: 36413

2. Observation on 4/30/18 at 6:35 p.m. of registered nurse (RN) C revealed she:

- *Entered the kitchen serving line and got resident G’s tray.*
- *Delivered the supper tray to him.*
- *Took off his napkin from the silverware and laid the silverware on his tray.*
- *Gave him his napkin.*
- *Touched his back.*
- *Adjusted his brace and touched his wheelchair.*
- *She went back to the tray line and got another
<table>
<thead>
<tr>
<th>F 880</th>
<th>Continued From page 6</th>
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</thead>
<tbody>
<tr>
<td>F 880</td>
<td>resident’s tray to serve.</td>
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<tr>
<td></td>
<td>-No handwashing was done during this process.</td>
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<tr>
<td></td>
<td>Interview on 5/2/18 at 10:25 a.m. with the director of nursing/infection control nurse regarding when staff serving food were expected to wash their hands revealed:</td>
</tr>
<tr>
<td></td>
<td>*If they came in contact with a resident.</td>
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<tr>
<td></td>
<td>*There was an unclean surface while passing food trays.</td>
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<tr>
<td></td>
<td>Surveyor: 35625</td>
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<td></td>
<td>3. Review of the provider's 12/14/2011 Procedure for Hand Washing revealed:</td>
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<tr>
<td></td>
<td>&quot;&quot;&quot;When to wash hands [at a minimum]</td>
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<tr>
<td></td>
<td>-When reporting to work and before going home</td>
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<tr>
<td></td>
<td>-Before eating and drinking</td>
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<tr>
<td></td>
<td>-Before and after using the toilet</td>
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<tr>
<td></td>
<td>-After sneezing, coughing, or blowing your nose</td>
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<td></td>
<td>-After touching your hair, face, etc.</td>
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<tr>
<td></td>
<td>-After smoking cigarettes</td>
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<td></td>
<td>-Before and after each resident contact</td>
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<td>-Whenever hands are visibly soiled</td>
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<td></td>
<td>-After contact with any body fluids</td>
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<tr>
<td></td>
<td>-After handling any contaminated items [linens, soiled diapers [briefs], garbage, etc.]</td>
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</tbody>
</table>
|       | -After changing gloves"
<table>
<thead>
<tr>
<th>ID</th>
<th>PROVIDER/SUPPLIER IDENTIFICATION NUMBER:</th>
<th>MULTIPLE CONSTRUCTION</th>
<th>DATE SURVEY COMPLETED</th>
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<tbody>
<tr>
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<td>435114</td>
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<td>05/02/2018</td>
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</table>

**NAME OF PROVIDER OR SUPPLIER**

**DIAMOND CARE CENTER**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

901 N MAIN ST POST OFFICE BOX 300

BRIDGEWATER, SD 57319

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<th>(K6) COMPLETION DATE</th>
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<tr>
<td>E000</td>
<td>Initial Comments</td>
<td>E000</td>
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</table>

Surveyor: 35625
An initial health survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness requirements for long term care facilities, was conducted from 4/30/18 to 5/2/18. Diamond Care Center was found in compliance.

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**LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

Kimberly J. Longe, Executive Director 5/22/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for deficiencies marked with a yellow asterisk, all deficiencies must be self-corrected within 90 days following the date of survey. For nursing homes, the deadline for self-correction is extendable 90 days following the date of survey. If deficiencies are self-corrected within the allowable 90 days following the date of survey, the report should be returned to The Joint Commission. For other deficiencies, the deadline for self-correction is extendable 14 days following the date these documents are made available to the facility. If deficiencies are not self-corrected or if a required plan of correction is not made within the time frames specified above, the facility is subject to the appropriate penalty. In such cases, a facility may apply for a waiver of the deficiency to the appropriate state agency.
K 000 INITIAL COMMENTS

Surveyor: 14180
A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 5/2/18. Diamond Care Center was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.

The building will meet the requirements of the 2012 LSC for Existing Health Care Occupancies in conjunction with the provider's commitment to continued compliance with the fire safety standards.
## South Dakota Department of Health

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
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<tr>
<th>Provider/Supplier/Clinical Identification Number:</th>
<th>A. Building:</th>
<th>B. Wing:</th>
<th>Date Survey Completed:</th>
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<tr>
<td>40597</td>
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**NAME OF PROVIDER OR SUPPLIER**

DIAMOND CARE CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**

901 N MAIN ST POST OFFICE BOX 300
BRIDGEWATER, SD 57319

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<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEGAL IDENTIFYING INFORMATION)</th>
<th>(X5) COMPLETE DATE</th>
</tr>
</thead>
</table>
| S 000   |        |     | Compliance/Noncompliance Statement  
Surveyor: 35625  
A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 4/30/18 through 5/2/18. Diamond Care Center was found in compliance. |                     |
| S 000   |        |     | Compliance/Noncompliance Statement  
Surveyor: 35625  
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 4/30/18 through 5/2/18. Diamond Care Center was found in compliance. |                     |

**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**

Kimberly J. Longe, Executive Director  5/22/2018

**TITLE**

MAY 22 2018

SD DOH-OLC