

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

PRINTED: 08/22/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435070</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/11/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>avera sister james care center</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2111 WEST 11TH STREET YANKTON, SD 57078</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
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 8/9/22 through 8/11/22. Avera Sister James Care Center was found not in compliance with the following requirement: F812.	F 000		
F 812 SS=E	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 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.  §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, and policy review, the provider failed to ensure proper sanitation practices for: *One of one oven had a large amount of grease and dust covering the top. *Natural gas lines behind one of one oven had a large amount of grease and lint covering the	F 812	Facility reviewed and updated the current Food Service Sanitation Policy and Comprehensive Cleaning Schedules to include gas lines, range hoods, and backsplash. Identified areas were cleaned on 8/10/22 prior to survey exit. Inservices will be completed by Director of Food Service by 9/01/22 for all kitchen staff including Staff A regarding updated policy and comprehensive cleaning schedules. Monitoring till be done by the Director of Food Service and audits of the comprehensive cleaning schedules weekly X 4 weeks, then monthly X 2 months, then quarterly X 2 quarters. Findings will be reported to Director of Quality for compiling and submitting to QAPI Committee for review and recommendations.	9/01/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Anthony L Erickson* VP - SENIOR SERVICES TITLE 08/29/2022 (X6) DATE

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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NAME OF PROVIDER OR SUPPLIER  <b>AVERA SISTER JAMES CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2111 WEST 11TH STREET YANKTON, SD 57078</b>		
(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 812	<p>Continued From page 1</p> <p>pipes.</p> <p>*Backsplash behind one of one oven had grease on it.</p> <p>*Range hood had a thin layer of dust and lint build up.</p> <p>Findings include:</p> <p>1. Observation on 8/9/22 at 8:59 a.m. in the main kitchen with nutrition and food service - head cook A revealed:</p> <p>*Two large oven racks were on top of a Blodgett oven.</p> <p>*The racks and the top of the oven had a thin layer of food particles, grease, and dust built up on them.</p> <p>*The natural gas lines behind the stove and ovens were covered with grease and lint.</p> <p>*There were splatters of grease on the stainless steel backsplash behind the Vulcan steam ovens.</p> <p>*The range hood had lint and dust built up on the edges and the vent louvers.</p> <p>*A sticker on the range hood showed:</p> <p>-It had been cleaned by Tri-State Cleaning Service in November 2021.</p> <p>-The schedule included the next cleaning for November 2022.</p> <p>Interview and document review on 8/10/22 at 4:15 p.m. with manager-nutrition and food B regarding the kitchen cleaning list revealed he:</p> <p>*Shared the monthly deep cleaning list with the surveyor.</p> <p>*Expected the staff to follow the cleaning list.</p> <p>*Thought the gas lines and range hood were on the monthly kitchen cleaning list but were not listed.</p> <p>*Agreed the top of the oven, gas lines, and stainless steel backsplash needed to be cleaned monthly and the range hood needed to be</p>	F 812	<p><b>ADDENDUM:</b></p> <p>Facility reviewed and updated the current Food Service Sanitation Policy and comprehensive cleaning schedule to include monthly the gas lines, range hood, and backsplash. Identified areas were cleaned on 8/10/22 prior to survey exit. Inservice will be completed by the Director of Food Service by Sept. 1 for all kitchen staff including Staff A regarding updated policy and comprehensive cleaning schedules. All kitchen staff were inserviced on 8-24-22 with in-person inservice. Monitoring and audits of the Daily, Weekly and Monthly comprehensive cleaning schedules will be done by the Director of Food Service weekly x4 weeks, then monthly x2 months, then quarterly x2 quarters. Director of Food Service will report findings to Director of Quality for compiling and submitting to QAPI Committee for review and recommendation during monthly QAPI meeting.</p>	09/07/2022	

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NAME OF PROVIDER OR SUPPLIER  <b>avera sister james care center</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2111 WEST 11TH STREET YANKTON, SD 57078</b>		
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F 812	Continued From page 2 cleaned quarterly.  Review of the providers September 1985 Infection Control in Food Safety/Sanitation Program for Nutrition Services policy revealed: *Environmental Services: -"Nutritional service staff will dispose of garbage from the kitchen at a minimum of daily and more often if needed..." -"Nutritional staff does regular cleaning of walk-in freezers and refrigerators, with quarterly deep cleaning of walk-ins with removal of carts and shelving and cleaning walls, ceilings, and floors." *Equipment: -"All equipment used by Nutritional Services meets standards of your State Department of Health..." -"Vent hoods are cleaned quarterly per preventive maintenance schedule. A full hood cleaning is done annually." -"Ovens and oven racks in the kitchen are cleaned thoroughly once a month, and/or after spills occur."	F 812			



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NAME OF PROVIDER OR SUPPLIER  <b>avera sister james care center</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2111 WEST 11TH STREET YANKTON, SD 57078</b>		
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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 8/9/22 through 8/11/22. Avera Sister James Care Center was found in compliance.	E 000			

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

**Anthony L. Erickson**

TITLE

**VP - Senior Services**

(X6) DATE

**08/29/2022**

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NAME OF PROVIDER OR SUPPLIER  <b>AVERA SISTER JAMES CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2111 WEST 11TH STREET YANKTON, SD 57078</b>	
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K 000	INITIAL COMMENTS  A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 8/9/22. Avera Sister James Care Center Building 1 was found not in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities.  The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of deficiencies identified at K353 and K362 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 353 SS=D	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:	K 353	<b>K353 Facility will review Policy and Procedures and preventative maintenance relevant to sprinkler system including the kitchen sprinkler heads. The 8 sprinler heads in the kitchen were replaced on 8/24/2022 by Continental. An inservie will be conducted for all maintenance staff regarding the preventative maintenance procedures by 9/01/2022. Monitoring will be done by Director of Maintenance and audits of kitchen sprinkler heads as other sprinkler heads weekly X times 4 weeks, monthly X 2 months, then quarterly X 2 quarters. Findings will be reported to Director of Quality for compiling and submitting to QAPI Committee for review and recommendations.</b>	8/29/2022

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

*Anthony L Erickson*

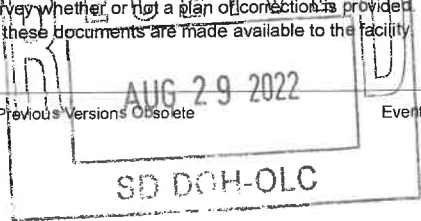
TITLE

Vice President - Senior Services

(X6) DATE

08/29/2022

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K 353	Continued From page 1 Based on observation and interview, the provider failed to continuously maintain the automatic sprinklers in reliable operating condition (eight sprinkler heads in the kitchen and two in the dishwashing room). Findings include:  1. Observation on 8/9/22 at 2:30 p.m. revealed the eight sprinkler heads closest to the range, the flat top, and the boiling kettles as well as two sprinkler heads in the dishwashing room were soiled so the glass bulb could not be seen. The level of soil would diminish the effectiveness of sprinkler operation.  Interview with the maintenance supervisor at the time of the record review confirmed that condition.  Failure to continuously maintain the automatic sprinkler system as required increases the risk of death or injury due to fire.	K 353	K362 Facility will review Policy and Procedures and preventative maintenance relevant to firewall penetrations, including communication cables into communications room 207. The penetration fire protection is scheduled to be fixed as of 9/1/2022. An inservice will be conducted for all maintenance staff regarding the appropriate firewall penetration sealant by 9/01/2022. Monitoring will be done by the Director of Maintenance and audits confirming appropriate sealant of firewall penetrations for romm 207 as well as other firewall penetrations will be conducted monthly X 1 month, then quarterly X 3 quarters. Findings will be reported to Director of Quality for compiling and submitting to QAPI Committee for review and recommendations.	9/1/2022
K 362 SS=E	Corridors - Construction of Walls CFR(s): NFPA 101  Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or	K 362		



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K 362	<p>Continued From page 2</p> <p>fire resistance of glass or frames. If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area.</p> <p>19.3.6.2, 19.3.6.2.7</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the provider failed to maintain a corridor separation from the communications room labelled as room 207, Building 1. Findings include:</p> <p>1. Observation beginning on 8/9/22 at 3:10 p.m. revealed a large (oval approximately 8 inches by 12 inches) bundle of communications cabling penetrating the one-hour wall. The fire protection was not an approved fire sealant.</p> <p>Interview with the maintenance supervisor at the time of the observation confirmed the finding. The finding had the potential to affect all staff and residents within the smoke compartment.</p>	K 362		



South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10716</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/11/2022</b>
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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 8/9/22 through 8/11/22. Avera Sister James Care Center was found in compliance.	S 000		
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 8/9/22 through 8/11/22. Avera Sister James Care Center was found in compliance.	S 000		

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

TITLE

(X6) DATE

*Anthony L. Erickson*  
STATE FORM

Vice President - Senior Services

08/29/2022

6899

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