

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

PRINTED: 08/08/2023  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                     |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>435073</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   | (X3) DATE SURVEY COMPLETED<br><br><b>07/27/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BETHESDA HOME OF ABERDEEN</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1224 S HIGH ST<br/>ABERDEEN, SD 57401</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 000  | INITIAL COMMENTS  | F 000   |  |   |
| F 812<br>SS=E  | <p>A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 7/24/23 through 7/27/23. Bethesda Home of Aberdeen was found not in compliance with the following requirement: F812.</p> <p>Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(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.</p> <p>(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:</p> <p>Based on observation, interview, record review, and policy review the provider failed to ensure:</p> <p>*One of seven refrigerators was set at an appropriate temperature for safe food storage.</p> <p>*Two of seven refrigerators were monitored for safe temperature control.</p> | F 812   | <p>South refrigerator was taken out of service on 7/26/2023. Repairman came in and cleaned unit and it still would not hold correct temperature. New seals were ordered for unit. The south refrigerator will not be used until new seals are installed and it maintains the correct temperatures. All other refrigerators' temperatures were reviewed for compliance. No other issues were found. Temperature control logs were added to the activity room refrigerator. Items in refrigerator were discarded since it was not known temperature of items in the refrigerator were being kept at (including eggs that were not properly labeled). Review of other refrigerators in building were all found to have temperature control logs. The eggs were discarded since they had not been properly labeled. All other refrigerators were inspected to make sure all items were properly labeled. Review of culinary equipment functioning properly will be added to the monthly culinary services checklist and reviewed by Director of Culinary services or designee. Any issues will be brought to QAPI. All culinary and activity staff will have inservice training on proper documentation of refrigerator temperatures and the number of times per day documentation needs to occur. Staff will also have inservice training on proper labelling of food items. Director of Culinary services will conduct training by 8/31/2023. Attendance sign in sheets will be compared to staff roster for compliance. PRN staff or staff on leave will be educated prior to the</p> | 09/10/2023  |

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

Scott Eisenbeisz

TITLE

CEO/Administrator

(X6) DATE

8/15/2023

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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| F 812 | <p>Continued From page 1</p> <p>1. Observations on 7/24/23 at 3:27 p.m. in the kitchen revealed:</p> <ul style="list-style-type: none"> <li>*The south refrigerator had four glass doors.</li> <li>*The gasket around the bottom right door was torn in several places.</li> <li>*The thermometer on the front of the refrigerator read 51 degrees.</li> <li>*The thermometer on the inside of the refrigerator read 58 degrees.</li> <li>*Refrigerator temperatures should be maintained between 35 and 41 degrees.</li> <li>*The refrigerator contained the following: <ul style="list-style-type: none"> <li>-Fifty-nine bowls of cherry crisp dessert.</li> <li>-thirty-three bowls of lettuce salad.</li> <li>-thirty-six cups of French salad dressing.</li> <li>-Six ham salad sandwiches.</li> <li>-Two cakes labeled Hawaiian.</li> </ul> </li> </ul> <p>Interview on 7/24/23 at 3:29 p.m. with culinary dining assistant I about the above observations revealed:</p> <ul style="list-style-type: none"> <li>*The south refrigerator was mainly used for salads, desserts and sandwiches for the residents.</li> <li>*He thought the refrigerator should have been at 40 degrees or below.</li> <li>*The kitchen staff recorded the refrigerator temperatures daily.</li> </ul> <p>Observations on 7/24/23 between 4:31 p.m. and 5:39 p.m. in the kitchen revealed:</p> <ul style="list-style-type: none"> <li>*The south refrigerator had temperature ranges from 49 to 51 degree readings from the thermometer on the front of the refrigerator.</li> <li>*The thermometer on the inside of the refrigerator had readings between 52 to 54 degrees.</li> <li>*Kitchen staff had taken the 33 bowls of lettuce salad and served them to the residents for supper.</li> </ul> | F 812 | <p>start of their next shift. Audits for maintaining functioning will be done weekly for four weeks, then monthly until QAPI determines sustained compliance. Audits for proper food storage and proper temperature control log completion will be conducted daily for four weeks, then weekly until QAPI determines sustained compliance. Audits will be conducted by the Director of Culinary services or designee. Director of Culinary services will report monthly to QAPI committee and Administrator will report quarterly to the QA&amp;A committee with Medical Director.</p> |  |
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| F 812  | <p>Continued From page 2</p> <p>Observation and interview on 7/25/23 at 7:54 a.m. with culinary manager G revealed:<br/>*The south refrigerator had a temperature of 47 degrees on the thermometer on the outside of the refrigerator.<br/>* The thermometer on the inside of the refrigerator had a reading of 43 degrees.<br/>*She had issues with that refrigerator in the past and had a repair man work on it.<br/>*She would have staff empty the refrigerator and discard the remaining contents as it was not holding a temperature of 41 degrees or below.<br/>*She needed to call the repair man and have him look at it.</p> <p>Review of the provider's "Freezer and Refrigerator Temperature Sample Form" for July revealed:<br/>*All refrigerators and freezers were to have both internal and external temperatures checked and recorded at least twice a day.<br/>*The south refrigerator was missing documentation for the mornings of July 9, 10, 13, 14, 15, 16, 18, 19, 21, 22, 23, and 24.<br/>*The south refrigerator was missing documentation for the afternoons of July 2, 3, 6, 7, 11, 13, 15, 16, and 21.</p> <p>Interview on 7/26/23 at 9:02 a.m. with culinary manager F revealed:<br/>*The refrigerator was not holding proper temperature.<br/>*The repair man would have to come back and work on it again.<br/>*She knew the refrigerator temperatures were to have been recorded twice a day.<br/>*It was her expectation that staff would monitor the refrigerator temperatures according to the</p> | F 812   |   |   |

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| F 812              | <p>Continued From page 3 provider's policy.</p> <p>2. Observation and record review on 7/25/23 at 8:25 a.m. in the activity room revealed:</p> <ul style="list-style-type: none"> <li>*The activity refrigerator contained an egg carton flat with five eggs with no expiration date.</li> <li>*An egg carton with six eggs.</li> <li>*The expiration date on that egg carton was 12/12/22.</li> <li>*The refrigerator monthly temperature log had only been completed on April 12, 2023 and May 3, 2023.</li> <li>*There was no documentation for the months of June or July 2023.</li> </ul> <p>Interview on 7/26/23 at 1:40 p.m. with activities director E regarding the activity refrigerator revealed she:</p> <ul style="list-style-type: none"> <li>*Had gotten the eggs from the main kitchen, but was unsure when she had gotten them.</li> <li>*Had known that the food items needed to have an expiration date on them.</li> <li>*Refilled the small egg carton from the main kitchen as it was easy to store in the refrigerator.</li> <li>*Agreed the documentation for monitoring refrigerator temperatures in the activity room was missing.</li> </ul> <p>Review of the provider's 2021 "Food Storage" policy from Becky Dorner &amp; Associates, Inc. manual revealed:</p> <p>"13. Refrigerated food storage:</p> <ol style="list-style-type: none"> <li>a. All refrigerator units should be kept clean and in good working condition at all times.</li> <li>b. TCS foods must be maintained at or below 41 degrees F unless otherwise specified by law. Periodically take temperatures of refrigerated food to assure temperatures are maintained at or below 41 degrees F. Temperatures for</li> </ol> | F 812         |   |                      |

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| F 812  | Continued From page 4<br>refrigerators should be between 35 to 39 F. Thermometers should be checked at least two times each day. (See Sample Freezer and Refrigerator Temperature Forms on the following pages.) Check for proper functioning of the unit at the same time.<br>c. Every refrigerator must be equipped with an internal thermometer..." | F 812   |   |                      |   |



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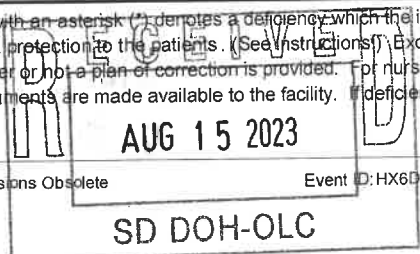
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| E 000 | <p>Initial Comments</p> <p>A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted from 7/24/23 through 7/27/23. Bethesda Home of Aberdeen was found in compliance.</p> | E 000 |  |  |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><b>Scott Eisenbeisz</b> | TITLE<br><b>CEO/Administrator</b> | (X6) DATE<br><b>08/15/2023</b> |
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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.







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| K 000  | INITIAL COMMENTS<br><br>A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 7/25/23. Bethesda Home of Aberdeen was found in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities. | K 000   |   |   |

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

TITLE

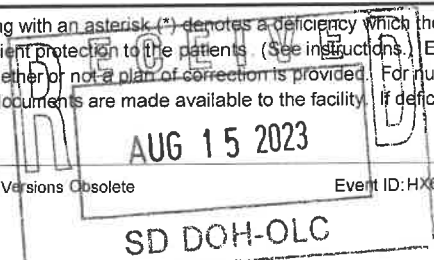
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**Scott Eisenbeisz**

**CEO/Administrator**

**08/15/2023**

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South Dakota Department of Health

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| S 000              | Compliance/Noncompliance Statement<br><br>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 7/24/23 through 7/27/23. Bethesda Home of Aberdeen was found in compliance.  | S 000         |   |                    |
| S 000              | Compliance/Noncompliance Statement<br><br>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 7/24/23 through 7/27/23. Bethesda Home of Aberdeen was found in compliance. | S 000         |   |                    |

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STATE FORM

8899

RU3P11

If continuation sheet 1 of 1

