

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

PRINTED: 09/27/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/13/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETHESDA HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 W HWY 12 WEBSTER, SD 57274</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  A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 9/11/23 through 9/13/23. Bethesda Home 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 glove use and hand hygiene were performed during two of three meal services by two of three observed dietary cooks (D and E) in the dining room. Findings include:	F 812	F812 Completion Date: 10/4/2023 1. Staff members D and E were immediately re-educated by the Dietary Director on 9/12/23 with regard to proper glove use and hand hygiene. 2. All residents could be affected. 3. All Dietary staff including staff members D and E were re-educated by the Dietary Director/Dietary Director Designee by 10/4/23 regarding the importance of proper hand hygiene/glove use. 4. Beginning 10/4/2023, the Dietary Director/Dietary Director Designee will complete audits monitoring employee hand washing/glove use. Audits will be completed daily for three days, twice a week for two week, then monthly for two months. Audit results will be brought to the Quality Assurance and Performance Improvement Committee for further recommendations.	4/10/23 IL

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

*James Woods*

TITLE

Administrator

(X6) DATE

4/10/23

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. Observation on 9/12/23 from 7:54 a.m. through 8:28 a.m. with cook D revealed she:</p> <ul style="list-style-type: none"> <li>*Was wearing gloves while serving breakfast from the steam table in the dining room.</li> <li>*Took a resident's menu card from the card rack on the steam table and placed it next to a plate.</li> <li>*Used the scoop from the scrambled eggs pan and placed the eggs on a plate.</li> <li>*Had the same gloves on: <ul style="list-style-type: none"> <li>-Grabbed a piece of toast from the steam table.</li> <li>-Put it on the plate.</li> <li>-Then grabbed two pieces of bacon.</li> <li>-Put them on the plate.</li> </ul> </li> <li>*Then went into the kitchen: <ul style="list-style-type: none"> <li>-Removed her gloves.</li> <li>-Grabbed an egg from an egg carton.</li> <li>-Cracked it into a frying pan without washing her hands.</li> </ul> </li> <li>*Came out of the kitchen and used hand sanitizer.</li> <li>*Put on a new pair of gloves. <ul style="list-style-type: none"> <li>-Grabbed another resident menu card.</li> <li>-Set it next to a plate.</li> <li>-Grabbed a bowl and set it on the counter.</li> <li>-Took a container of cereal and poured it into the bowl.</li> <li>-Put the cereal container back on the counter.</li> <li>-Grabbed a piece of toast out of the steam table with those same gloves on and put it on the plate.</li> <li>*Picked up the cereal container and poured it into a bowl.</li> <li>*Grabbed another menu card.</li> <li>*Then with the same gloves on she grabbed a piece of toast and put it on a plate.</li> <li>*Took another plate reached into the steam table and grabbed two pieces of bacon and put them on the plate.</li> <li>*Went into the kitchen and removed her gloves without washing her hands.</li> </ul> </li> </ul>	F 812		

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F 812	<p>Continued From page 2</p> <p>Interview on 9/12/23 1:54 p.m. with cook D revealed she: *Admitted she cross-contaminated her gloves by grabbing the resident menu cards. *Usually only wore a glove on one hand so she would not cross-contaminate resident's food while serving. . *Had not realized she grabbed the cereal container and a bowl with the same gloves on and then used those same gloves to pick up the toast and the bacon. *Agreed she should have washed her hands after she removed her gloves.</p> <p>2. Observation on 9/12/23 at 5:54 p.m. with cook E in the dining room revealed she: *Was at the steam table wearing gloves. *Opened a drawer under the counter behind the steam table and then closed the drawer. *Grabbed a plate and set it on the steam table. *Used a ladle to put baked beans in a bowl. *Reached into the steam table grabbed a hamburger bun with her gloved hand and put it on the plate. *Opened the bun with her gloved hands. *Picked up a spoon and scooped tavern meat onto the bun. *Used her gloved hand to pick up the other half of the bun and placed it on top</p> <p>3. Interview on 9/13/ 23 at 2:33 p.m. with dietary manager C regarding dietary staff glove use and hand washing revealed: *Cook D usually worked the evening shift and was helping cover for the day cook's vacation. *She was not sure why cook E would open that drawer. -There was only papers in the drawer.</p>	F 812			

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F 812	<p>Continued From page 3</p> <p>-Cook E was probably nervous. *Dietary staff were educated annually on glove use and hand washing. *It was her expectation for staff to follow the policy for glove use and hand washing. *She agreed staff were not using gloves and hand washing according to the policy.</p> <p>4. Review of the provider's undated Bare Hand Contact with Food and Use of Plastic Gloves policy revealed: "Single-use gloves will be worn when handling food directly with hands to assure that bacteria are not transferred from the food handlers' hands to the food product being served. Bare hand contact with food is prohibited. Procedure: 1. Staff will use good hygienic practices and techniques with access to proper hand washing facilities (available soap, hot water and disposable towels and/or heat/air drying methods). Antimicrobial or antiseptic gel is not used in place of proper hand washing techniques.</p> <p>2. Staff will use clean barriers such as single-use gloves, tongs, deli paper and spatulas when handling food.</p> <p>3. Gloved hands are considered a food contact surface that can get contaminated or soiled. If used, single use gloves shall be used for only one task (such as working with ready-to-eat food or with raw animal food), used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.</p> <p>4. Hands are to be washed when entering the kitchen and before putting on the single-use gloves (before beginning work with food).</p>	F 812			

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F 812	Continued From page 4  5. Clean barriers such as single-use gloves are to be used when: a. Handling ready-to-eat foods. b. Handling raw meat, poultry, raw eggs, fish and shellfish. c. Preparing foods such as meatloaf or meat salads. d. Hand tossing salad, mixing coleslaw, potato or macaroni salad. e. Bagging bread or cookies. f. Removing frozen foods from boxes. g. Anytime hands would otherwise touch food directly.  6. Gloves are just like hands. They get soiled. Anytime a contaminated surface is touched, the gloves must be changed. a. After coughing or sneezing into hands, using a handkerchief or tissue, using tobacco or touching hair or face. b. After handling garbage or garbage cans. c. After handling soiled trays or dishes. d. After handling anything soiled. e. After handling boxes, crates or packages. f. After picking up any item from the floor. g. During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks. h. When switching between working with raw food and working with ready-to-eat food. i. After engaging in other activities that may possibly contaminate the hands with bodily fluids. j. After using the rest room. k. After caring for or handling service animals or aquatic animals. l. Any time a contaminated surface is touched.  7. Wash hands after removing the gloves."	F 812		

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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 9/11/23 through 9/13/23. Bethesda Home was found in compliance.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *James O'Keefe* TITLE *Administrator* (X6) DATE *10/4/23*

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.

OCT 04 2023  
SD DOH-OLC





South Dakota Department of Health

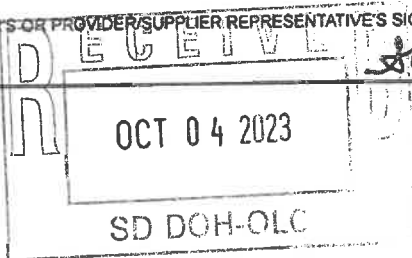
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  10706	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/13/2023
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NAME OF PROVIDER OR SUPPLIER  BETHESDA HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 129 W HWY 12 WEBSTER, SD 57274
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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 9/11/23 through 9/13/23. Bethesda Home 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 9/11/23 through 9/13/23. Bethesda Home was found in compliance	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *James O'Leary* TITLE Administrator (X6) DATE 10/4/23

STATE FORM



6899

U6EZ11



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K 000 INITIAL COMMENTS

K 000

A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 9/12/23. Bethesda Home 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 the deficiencies identified at K223 and K325 in conjunction with the provider's commitment to continued compliance with the fire safety standards.

K 223 Doors with Self-Closing Devices  
SS=E CFR(s): NFPA 101

K 223 K223 Completion Date: 10/4/2023

1. Accept this as the facility's allegation of compliance
2. On 9/12/2023 the Maintenance Director/Maintenance Director Designee fixed the self closing doors to latch in the soiled utility room on A wing and on the service wing.
3. Beginning 10/4/2023, the facility Maintenance Director/Maintenance Director Designee will complete monthly audits of the doors for three months.
4. The Quality Assurance and Performance Improvement Committee will monitor the finding of the audits to ensure compliance and for further recommendations.

10/4/23  
JL

Doors with Self-Closing Devices  
Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:

- \* Required manual fire alarm system, and
- \* Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and
- \* Automatic sprinkler system, if installed, and
- \* Loss of power.

18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8  
This REQUIREMENT is not met as evidenced by.

Based on observation and interview, the provider failed to maintain two of seven hazardous areas (A wing soiled utility room and the soiled laundry room) with latching hardware as required.

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

*Amundson*

TITLE

Administrator

DATE

10/4/23

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K 223 Continued From page 1

K 223

Findings include:

1. Observation on 9/12/23 at 10:30 a.m. revealed the soiled utility room on the A wing was 100 square feet and contained combustible items. The corridor door was equipped with a closer but did not latch.

2. Observation on 9/12/23 at 11:40 a.m. revealed the soiled laundry room on the service wing was 100 square feet and contained combustible items. The corridor door was equipped with a closer but did not latch.

Interview with the maintenance director at the time of the observations confirmed the above findings.

The deficiency had the potential to affect 100% of the occupants of those smoke compartments.

K 325 Alcohol Based Hand Rub Dispenser (ABHR)  
SS=E CFR(s): NFPA 101

K 325

K325 Completion Date: 10/4/2023  
1. Accept this as the facility's allegation of compliance.  
2. On 9/12/23, the Maintenance Director/Maintenance Director designee discarded and moved the alcohol-based hand sanitizer not to exceed 5 gallons in a single smoke compartment.  
3. Beginning 10/4/23, the facility Maintenance Director/Maintenance Director Designee will complete monthly audits for three months to ensure alcohol-based hand sanitizer does not exceed 5 gallons.  
4. The Quality Assurance and Performance Improvement Committee will monitor the finding of the audits to ensure compliance and for further recommendation.

10/4/23  
IC

Alcohol Based Hand Rub Dispenser (ABHR)  
ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met.  
\* Corridor is at least 6 feet wide  
\* Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols  
\* Dispensers shall have a minimum of 4-foot horizontal spacing  
\* Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room  
\* Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30

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K 325	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>* Dispensers are not installed within 1 inch of an ignition source</li> <li>* Dispensers over carpeted floors are in sprinklered smoke compartments</li> <li>* ABHR does not exceed 95 percent alcohol</li> <li>* Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11)</li> <li>* ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to safely store alcohol-based hand rub (ABHR) in one room (storage room in the service wing). Findings include:</p> <p>1. Observation on 9/12/23 at 11:00 a.m. revealed the storage room on the service wing had a combined total of 31.5 gallons of boxed ABHR stacked with other combustible items on racks in the storage room. The flammable liquids code (NFPA 30) does not allow over 5 gallons of alcohol in a single smoke compartment.</p> <p>Interview with the director of maintenance at the time of the observation confirmed that finding.</p> <p>The deficiency affected one of numerous requirements for ABHR use.</p>	K 325	

