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

PRINTED: 05/04/2023 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICARD SERVICES						(VO) DATE	CLIDVEV
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (2)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		435107	B. WING			04/	26/2023
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRES	SS, CITY, STATE, ZIP CODE		
				8001 W 5TH STF			
BOWDLE	NURSING HOME			BOWDLE, SD			
(X4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EA	PROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOUL SS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
	with 42 CFR Part 483 for Long Term Care for	th survey for compliance B, Subpart B, requirements acilities was conducted from /23. Bowdle Nursing Home nce.					
		SUPPLIER REPRESENTATIVE'S SIGNATUR	F		TITLE		(X6) DATE
	DIRECTOR'S OR PROVIDER		· -		CEO		5/9/2023

Any deficiency statement ending with an asterisk ("Senotes 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 days following the date these documents are made available to the facility of the inciencies are cited, an approved plan of correction is requisite to continued

program participation. MAY 0 9 2022

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: Q0QB11

Facility ID: 0056

If continuation sheet Page 1 of 1

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

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CENTERS	S FOR MEDICARE & I	MEDICAID SERVICES			7		
STATEMENT OF DEFICIENCIES (X1) PROVIDE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		435107	B. WING_		04/	26/2023	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
BOWDLE NURSING HOME				8001 W 5TH STREET BOWDLE, SD 57428			
(VA) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	ECTION	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI) TAG	(EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE PROPRIATE	COMPLETION DATE	
E 000	Initial Comments		E	000			
	A recertification surve	ey for compliance with 42 art B, Subsection 483.73,					
	Emergency Prepared	lness, requirements for Long					
	Term Care facilities w	vas conducted from 4/24/23 vdle Nursing Home was					
	found in compliance.	Allo Maloning Florino Malo					
LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE	
	wyn "Kirby"			CEO	arminad that	5/9/2023	

Any deficiency statement ending with an asterisk (1) 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 Matructions) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a practical for fursing 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.

program participation.

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Facility ID: 0056

If continuation sheet Page 1 of 1

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

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NAME OF PROMOBER OR SUPPLIER BOWDLE NURSING HOME SUMMANY STATEBENT OF DEPOCEMENCES ON WE TH STREET BOWDLE, \$1, \$15, \$15, \$128 SUMMANY STATEBENT OF DEPOCEMENCES (EGAL DESTINATION OR LISC IDENTIFYING INFORMATION) K 000 INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 47,867.28. Bowdle Nursing Home was found not in compliance with 42 CPR 48,30 (9), 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 deficiency identified at K293 in conjunction with the provider's commitment to continued compliance with the fire safety standards. K 293 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7-10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This RECUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to maintain exit sign lighting for the corridor exit adjacent to the clining room. Enricings include: 1. Observation beginning on 4/28/23 at 10.45 a.m. revealed the exit sign for the corridor exit adjacent to the clining room. Enricings include: 1. Observation beginning on 4/28/23 at 10.45 a.m. revealed the exit sign for the corridor exit adjacent to the clining room was not functional. Interview with the maintenance supervisor at the time of the observation revealed the light packs needed for the fixture have been very difficult to	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER BOWDLE NURSING HOME Standard STREET BOWDLE, SD 57428 PREFIX (EACH ORRECTIVE ACTION SPECIAL PROPERTY OF DEPOISONING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) K 000 INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 4/26/23. Bowdle Nursing Home was found not in compliance with the 2012 LSC for existing health care occupancy was conducted on 4/26/23. Bowdle Nursing Home was found not in compliance with the 2012 LSC for existing health care occupancies upon correction of the deficiency identified at K293 in conjunction with the provider's commitment to continued compliance with the fire safety standards. K 293 SS=D Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Inclicate N/Ain in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by. Based on observation and interview, the provider failed to maintain exit sign lighting for the corridor exit adjacent to the dining room. Findings include: 1. Observation beginning on 4/26/23 at 10.45 a.m. revealed the exit sign for the corridor exit adjacent to the dining room. Findings include: 1. Observation beginning on 4/26/23 at 10.45 a.m. revealed the exit sign for the corridor exit adjacent to the dining room. Findings include: 1. Observation beginning on findings include: 1. Observation beginning on for the corridor exit adjacent to the dining room was not functional, Interview with the maintenance supervisor at the time of the observation revealed the light packs needed for the fixture have been very difficult to			435107	B. WING		04/26/2023		
SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES TAGO SUMMARY STATEMENT OF DEFICIENCY SUST TO PRECEDED BY THE PRECEDED BY THE PRECEDED BY THE PROPERTY TAGO SUMMARY STATEMENT OF DEFICIENCY THE PROPRIATE DEFICIENCY	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 8001 W 5TH STREET				
A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 4/26/23. Bowdle Nursing 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 deficiency identified at K293 in conjunction with the provider's commitment to continued compliance with the fire safety standards. K 293 Exit Signage SS=D Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate NIA in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to maintain exit sign lighting for the corridor exit adjacent to the dining room. Findings include: 1. Observation beginning on 4/26/23 at 10.45 a.m. revealed the exit sign for the corridor exit adjacent to the dining room was not functional. Interview with the maintenance supervisor at the time of the observation revealed the light packs needed for the fixture have been very difficult to	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
safety standards. Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to maintain exit sign lighting for the corridor exit adjacent to the dining room. Findings include: 1. Observation beginning on 4/26/23 at 10:45 a.m. revealed the exit sign for the corridor exit adjacent to the dining room was not functional. Interview with the maintenance supervisor at the time of the observation revealed the light packs needed for the fixture have been very difficult to	K 000	A recertification surve Life Safety Code (LSG occupancy) was cond Nursing Home was fo 42 CFR 483.90 (a) re Care Facilities. The building will mee 2012 LSC for existing upon correction of the K293 in conjunction v	ey for compliance with the C) (2012 existing health care ducted on 4/26/23. Bowdle bund not in compliance with quirements for Long Term the requirements of the health care occupancies deficiency identified at with the provider's	K	0000			
	I.	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional si accordance with 7.10 also served by the en 19.2.10.1 (Indicate N/A in one-s with less than 30 occ travel is obvious.) This REQUIREMENT by: Based on observatio failed to maintain exit exit adjacent to the di 1. Observation begin a.m. revealed the exi adjacent to the dining Interview with the ma time of the observation	with continuous illumination hergency lighting system. Story existing occupancies upants where the line of exit is not met as evidenced in and interview, the provider sign lighting for the corridor ining room. Findings include: In an	K	293	correction. This plan of correction does not constitute an admission of guilt or liability a submitted only in response to the regulator requirement. It is the practice of this provider to ensure that and directional signage are displayed in activity with continuous illumination also at the emergency lighting system. All residents, staff and visitors have the post to be affected by the alleged deficient pract observation audit was completed by the Madirector on 4/26/2023 and no other issues identified. On 5/1/2023, Mid Northern Electric replace 10 Exit signs in LTC with new LED Exit sign remaining sign will be replaced 5/12/2023. Maintenance Director will audit Exit sign illustrate a month for 3 months. Any issues will addressed immediately. The audits will be at the monthly Quality Council The Council determine if continued auditing is necessar 100% compliance is achieved for two consi	that exit cordance served by tential tice. An aintenance were d 9 of the ns. The umination to ll be discussed il will y once	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	LABORATORY		SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

"Kirby" Kleffman 5/11/2023 CEO 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G 01 - Main Building 0 1	COMPLETED		
		435107	B. WING _		04/26/2023		
NAME OF PROVIDER OR SUPPLIER BOWDLE NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 8001 W 5TH STREET BOWDLE, SD 57428			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D BE COMPLETION		
K 293	procure. The deficiency affects	ed one location required to arked and identifiable path of	K 2	93			

South Dakota Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WNG 04/26/2023 10596 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8001 W 5TH ST POST OFFICE BOX 556 **BOWDLE NURSING HOME BOWDLE, SD 57428** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 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 4/24/23 through 4/26/23. Bowdle Nursing 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 4/24/23 through 4/26/23. Bowdle Nursing Home was found in compliance.

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

TITLE

(X6) DATE

Darwyn "Kuroy

7VRV11

CEO

5/9/2023
If continuation sheet 1 of 1

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