

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

PRINTED: 12/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435099	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/01/2022
NAME OF PROVIDER OR SUPPLIER ESTELLINE NURSING AND CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 205 FJERESTAD AVENUE EAST ESTELLINE, SD 57234		
(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 11/28/22 through 12/1/22. Estelline Nursing and Care Center was found in compliance.	F 000		JH	

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

TITLE
Administrator

(X6) DATE
12-16-2022

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.

DEC 16 2022
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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 11/28/22 through 12/1/22. Estelline Nursing and Care Center was found in compliance.	E 000		JH	

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NAME OF PROVIDER OR SUPPLIER ESTELLINE NURSING AND CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 205 FJERESTAD AVENUE EAST ESTELLINE, SD 57234	
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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 11/29/22. Estelline Nursing and Care Center 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 K321, K324 and K918 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet)	K 321	1. On 12/9/2022, the facility installed an accessible panel to cover the hole in the wall of the soiled utility room. 2. All facility walls have been inspected to ensure there are no breaches in the smoke and fire barrier. 3. Environmental Services Manager or designee will audit 3 random smoke barrier walls to ensure no holes are present weekly x4, monthly x 3, and report any findings at the monthly QAPI meetings. 4. All maintenance staff have been educated on the above information on 12/16/2022.	12/22/2022

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TITLE
Administrator

(X6) DATE
12/16/2022

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K 321	<p>Continued From page 1</p> <p>c. Repair, Maintenance, and Paint Shops</p> <p>d. Soiled Linen Rooms (exceeding 64 gallons)</p> <p>e. Trash Collection Rooms (exceeding 64 gallons)</p> <p>f. Combustible Storage Rooms/Spaces (over 50 square feet)</p> <p>g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, and interview, the provider failed to maintain the smoke resistive partition for a hazardous area (soiled laundry storage room) as required. Findings include:</p> <p>1. Observation on 11/29/22 at 1:25 p.m. revealed the soiled laundry storage room was over 50 square feet and was used for storage of combustibles. A piping repair had required a hole be cut through the wall which breached the smoke and fire barrier.</p> <p>Interview with maintenance personnel and laundry staff at the time of the observation confirmed the condition. The maintenance staff had begun his job the day before, but laundry staff responded the leak had been repaired quite some time ago. Maintenance staff further stated he would correct the conditions as soon as possible.</p>	K 321		
K 324 SS=E	<p>Cooking Facilities</p> <p>CFR(s): NFPA 101</p> <p>Cooking Facilities</p> <p>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking</p>	K 324		

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K 324	<p>Continued From page 2</p> <p>Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</p> <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, document review, and interview, the provider failed to conduct the required bi-annual inspection of the kitchen range exhaust ductwork. Findings include:</p> <p>1. Observation during the building tour on 11/29/22 at 10:30 a.m. showed a sticker on the kitchen hood system for exhaust duct cleaning dated August, 2016.</p> <p>Document review of the kitchen hood system inspections revealed there was no documentation indicating the entire exhaust ductwork had been inspected for cleanliness/grease build-up since August 22, 2016.</p>	K 324	<ol style="list-style-type: none"> On 12/6/2022 the facility had an outside vendor clean the entire kitchen hood system and exhaust ductwork. The hood cleaning and ductwork have been put on a bi-annual cleaning schedule. Environmental Services Manager or designee will audit the kitchen hood and ductwork to ensure cleanliness monthly x3 and report any findings at the monthly QAPI meetings. All maintenance staff have been informed on the above information on 12/16/2022. 	12/22/2022

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K 324	Continued From page 3	K 324		
K 918 SS=F	<p>Interview with the maintenance supervisor on 11/29/22 at 1:45 p.m. revealed he was uncertain of any cleaning done to the exhaust hood system since he had only worked at the facility for two weeks.</p> <p>The deficiency affected the requirements for the kitchen range hood and exhaust system.</p> <p>Electrical Systems - Essential Electric System CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and</p>	K 918	<ol style="list-style-type: none"> On 12/2/2022 the facility brought in an outside vendor to conduct a load bank test on the generator. The generator load bank testing will be completed monthly. Environmental Services Manager or designee will audit to make sure the generator load bank meets or exceeds the required 30% of the generator capacity monthly x 3 and report findings at the monthly QAPI meetings. All maintenance staff have been informed on the above information on 12/16/2022. 	12/22/2022

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K 918	<p>Continued From page 4</p> <p>readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the provider failed to perform generator maintenance as required (monthly load runs and load bank testing) for the 80 kilowatt Caterpillar diesel generator for 2022. Findings include:</p> <p>1. Record review on 11/29/22 at 1:45 p.m. revealed the documentation of monthly load runs did not meet or exceeded thirty percent (30%) of the generator's name plate capacity for seven of the previous twelve months. Though the generator had been serviced on 10/28/22, a load bank had not been performed.</p> <p>Interview with the maintenance supervisor at the time of the record review confirmed that finding. He stated he had not yet witnessed a monthly generator run, and was not familiar with load bank testing. He had only been employed for two weeks.</p> <p>The deficiency affected one of numerous generator maintenance requirements.</p>	K 918		

South Dakota Department of Health

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NAME OF PROVIDER OR SUPPLIER ESTELLINE NURSING AND CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 205 FJERESTAD AVE E POST OFFICE BOX 130 ESTELLINE, SD 57234
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S 000	<p>Compliance/Noncompliance Statement</p> <p>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 11/28/22 through 12/1/22. Estelline Nursing and Care Center was found in compliance.</p>	S 000		JH

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Jason Hanssen	TITLE Administrator	(X6) DATE 12-16-2022
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