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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435061	A. BUILDING _____ B. WING _____	08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA BRADY HEALTH AND REHAB	500 S OHLMAN MITCHELL, SD 57301

(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 8/15/23 through 8/17/23. Avera Brady Health and Rehab was found not in compliance with the following requirements: F803 and F812.	F 000		
F 803 SS=D	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by:	F 803	1) Cook E was provided 1:1 education on proper serving utensils by the CDM on 8/17/23. 2) All cooks will be re-educated to proper serving utensils by the CDM/Designee on 9/5/23. 3)Audits of serving utensil use will be completed by CDM/Designee 5 times per week for 3 weeks. Audits will then be done weekly by CDM/Designee for 3 months. Data will be reviewed at QAPI monthly by CDM/Designee. Any further audit recommendations will be made by the QAPI Committee.	9/15/2023

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

TITLE: CEO/Administrator

(X6) DATE: 9/5/2023

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	435061	A. BUILDING _____ B. WING _____	08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA BRADY HEALTH AND REHAB	500 S OHLMAN MITCHELL, SD 57301

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F 803	Continued From page 1 Based on observation, interview, menu review, and policy review, the provider failed to follow written menus and serve adequate portion sizes that would have had the potential to effect all residents who dined in the main dining room for one of one meal observed. Findings include: 1. Observation and interview on 8/17/23 at 11:56 a.m. with cook E during the lunch service in the main dining room revealed: *The regular diet lunch menu consisted of a hotdog on a bun, 1/2 cup of steak fries, 1/2 cup of coleslaw, and 1/2 cup of mandarin oranges. -The alternative menu included 3 ounces of rancher's chicken, 1/2 cup of mashed potatoes with gravy, and 1/2 cup of broccoli. *The following scoops were used for the following foods: -A green handled scoop for the coleslaw and mashed potatoes. -A blue handled scoop for the minced broccoli. *There was a chart on a door in the serving area that showed the serving sizes according to the color of the handle. -The blue scoops were 1/4 cup. -The green scoops were 1/3 cup. Continued interview on 8/17/23 at 2:26 p.m. with cook E about menu serving sizes revealed she: *Thought the green handled scoops were a 1/2 cup. *Had been trained to use the green scoops for the vegetables, and the blue scoops for the minced vegetables. *Agreed she should have double-checked the menu to use the correct sized scoops. Interview on 8/17/23 at 2:33 p.m. with certified dietary manager D about the above observations	F 803		

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	435061	A. BUILDING _____ B. WING _____	08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA BRADY HEALTH AND REHAB	500 S OHLMAN MITCHELL, SD 57301

(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 803	Continued From page 2 revealed: *She expected staff to review the menu for serving sizes to correctly set up their serving station. *Laminated menus were available in both dining rooms for staff to have utilized. *Cook E should have used the gray 1/2 cup scoops for the coleslaw, broccoli, and the mashed potatoes rather than the green 1/3 cup and blue 1/4 cup scoops. *She confirmed the residents received a smaller amount of food than what was posted on the menu.	F 803		
F 812 SS=D	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	F 812	1) On 8/17/23 Cook E recieved 1:1 education regarding the process to sanitize the thermometer when temping meals for service. Education was done by the CDM. 2) All cooks will be re-educated on 9/5/23 by the CDM/Designee to the process of sanitizing the thermometer when temping meals for service. 3) Audits of proper sanitation during meal temping will be completed by the CDM/Designee 5 times per week for 3 weeks. Audits will then be conducted weekly by CDM/Designee for 3 months. Data will be reviewed monthly at QAPI by CDM/Designee Any further audits will be recommended by the QAPI Committee.	9/15/2023

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	435061	A. BUILDING _____ B. WING _____	08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA BRADY HEALTH AND REHAB	500 S OHLMAN MITCHELL, SD 57301

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F 812	Continued From page 3 review, the provider failed to minimize potential cross-contamination by improperly sanitizing the food thermometer in between checking temperatures of different food items during one of one meal service observation. Findings include: 1. Observation on 8/17/23 at 11:24 a.m. of cook E temping the food for lunch revealed she: *Removed the thermometer probe from its sheath and pierced several hot dogs with the probe. She had not sanitized the probe prior to checking the temperature of the hot dogs. *After removing the probe from the hotdogs, she used a new alcohol-based thermometer probe wipe to sanitize the probe. -She used that same wipe after temping each of the food items that were going to have been served. -She temped the hotdogs, then the rancher's chicken, then the ground meats, then the steak fries, then the mashed potatoes, and then the gravy. *She used a new alcohol-based thermometer probe wipe before placing the probe back in its sheath. Interview on 8/17/23 at 11:35 a.m. with certified dietary manager (CDM) D about the above observation revealed: *She expected staff to sanitize the thermometer probe before placing it into the first food. *She expected the dietary staff to use two separate thermometer probe wipes in between each food item that was being temped; the first wipe to clean the physical food off the probe, then the second wipe to sanitize the probe. *She stated that cook E should have at least used a new thermometer probe wipe in between each food item.	F 812		

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	435061	A. BUILDING _____ B. WING _____	08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA BRADY HEALTH AND REHAB	500 S OHLMAN MITCHELL, SD 57301

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F 812	Continued From page 4 Interview on 8/17/23 at 11:56 a.m. with cook E revealed: *She had spoken with CDM D about the above observation and brought forward that she should not have used the same thermometer probe wipe throughout temping the different foods. *She now knows to use a new wipe in between temping different foods. Review of the provider's March 2023 "Sanitation in Holding and Serving Food" policy revealed: *A. Employees shall use properly cleaned and sanitized utensils." Review of the provider's undated "Directions for using digital thermometer" revealed: *"Press button to turn on---thermometer will shut off automatically after 50 min [minutes]" *"Sanitize stem" *"Insert stem at least 2 inches into the thickest part of the product" *"Do not let the stem touch bottom of the pan" *"Record temp" *"Before temping next item, clean and sanitize stem" *"Sanitize stem before returning thermometer to holder" Review of the alcohol-based thermometer probe wipe packaging revealed there was a statement of "Single use."	F 812		

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AVERA BRADY HEALTH AND REHAB	500 S OHLMAN MITCHELL, SD 57301

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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 8/15/23 through 8/17/23. Avera Brady Health and Rehab was found in compliance.	E 000		

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

TITLE: CEO/Administrator

(X6) DATE: 08/30/2023

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	435061	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/16/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA BRADY HEALTH AND REHAB	**500 S OHLMAN** **MITCHELL, SD 57301**

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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 8/16/23. Avera Brady Health and Rehab (Building 01) was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000		

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

TITLE: CEO/Administrator

(X6) DATE: 08/30/2023

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	435061	A. BUILDING **02 - BUILDING 02** B. WING _____	**08/16/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA BRADY HEALTH AND REHAB	**500 S OHLMAN MITCHELL, SD 57301**

(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
K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 8/16/23. Avera Brady Health and Rehab (Building 02) was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

CEO/Administrator | 08/30/2023

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	435061	A. BUILDING **03 - NORTH ADDITION** B. WING _____	**08/16/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA BRADY HEALTH AND REHAB	**500 S OHLMAN MITCHELL, SD 57301**

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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 8/16/23. Avera Brady Health and Rehab (Building 03) was found not in compliance with 42 CFR 483.70 (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 K131 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 131 SS=D	Multiple Occupancies CFR(s): NFPA 101 Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following: o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access. o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8. o The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of	K 131	1) The 90 Minute rated cross-corridor doors in the two hour fire-rated separation wall between Harmony wing and Harmony north wing was adjusted and closing properly on 8/18/23. 2)All other fire doors were audited by Maintenance Supervisor and were closing properly on 8/18/23. 2) Doors will be monitored monthly, in conjunction with fire drills to ensure appropriate closure. 3)Maintenance supervisor will audit fire doors once weekly for 12 weeks to ensure that the doors are properly closing. The data from these audits will be brought to QAPI committee by the Maint. Supervisor or designee.Any further audits will be determined by the QAPI committee.	9/8/23

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

TITLE: CEO/Administrator

(X6) DATE: 09/05/2023

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	435061	A. BUILDING **03 - NORTH ADDITION** B. WING _____	**08/16/2023**

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AVERA BRADY HEALTH AND REHAB	**500 S OHLMAN MITCHELL, SD 57301**

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K 131	Continued From page 1 patients served. 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 This REQUIREMENT is not met as evidenced by: Based on observation, testing, and interview, the provider failed to maintain the fire-resistive design of one randomly observed building separation wall (between the Harmony wing and the Harmony north wing). Findings include: 1. Observation on 8/16/23 at 3:38 p.m. revealed the 90-minute rated cross-corridor doors in the two-hour fire-rated separation wall between the Harmony and the Harmony north wings did not fully latch into the door frame. Testing at that same time revealed the east leaf would strike the door frame and keep it from latching. That door is required to latch to maintain its fire resistive rating. Interview with the maintenance director at the time of the observation confirmed that finding. He stated they had just tested those doors and they had operated correctly.	K 131		

South Dakota Department of Health

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	10652	A. BUILDING: _____ B. WING _____	08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA BRADY HEALTH AND REHAB	500 S OHLMAN MITCHELL, SD 57301

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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 8/14/23 through 8/17/23. Avera Brady Health and Rehab 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 8/15/23 through 8/17/23. Avera Brady Health and Rehab was found in compliance.	S 000		

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

Kimberly J. Jasper

TITLE: CEO/Administrator

(X6) DATE: 08/30/2023

STATE FORM 6899 35WQ11 If continuation sheet 1 of 1

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