

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

PRINTED: 10/21/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  10/08/2020
NAME OF PROVIDER OR SUPPLIER  WHITE RIVER HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 515 E 8TH STREET POST OFFICE BOX 310 WHITE RIVER, SD 57579	
(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  Surveyor: 18560 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 10/6/20 through 10/8/20. White River Health Care Center was found not in compliance with the following requirements: F658 and F880.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Surveyor: 41895 Based on interview, record review, and policy review, the provider failed to ensure tuberculin purified protein derivative (PPD) skin test medication had been given appropriately for four of four sampled residents (4, 14, 18, and 20) reviewed. Findings include:  1. Review of resident 20's medical record revealed: *A physician order for a tuberculosis assessment to be done every year. -That order did not indicate to give a PPD skin test. *He had been given a PPD skin test on 10/1/20 at 10:18 a.m. *He had a reaction to a PPD skin test in the past. *The physician had been notified. *He did not have a negative reaction when he received this test.	F 658	No negative effects were identified as a result of the deficient practice of resident's 4, 14, 18, and 20.  Re-education of medication administration policies with all licensed staff occurred on 10-14-20. All licensed staff were assigned Relias training Medication Administration: Avoiding Common Errors and Nursing Documentation with 11-04-20 assigned as a completion date. All resident's orders for annual TB assessments were revised on 10-13-20 and 10-14-20 to be given on the first day of the month instead of the first seven days of the month.  The Director of Nursing and/or designee will audit one medication administration pass on two nurses two days per week x 4 weeks, two nurses weekly x 4 weeks, two nurses monthly x 3 months until substantial compliance is met.  The DON or designee will submit audit findings to the monthly Quality Assurance Performance Improvement committee. The audit findings will be reviewed by the QAPI committee with further recommendations as needed to ensure compliance.	11/02/2020 11/2/2020 BOM

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

Brandi L. Moran

TITLE

Administrator

(X6) DATE

10/30/2020

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 658	<p>Continued From page 1</p> <p>2. Review of resident 18's medical record revealed: *A physician order for a tuberculosis assessment to be done every year. -That order did not indicate to give a PPD skin test. *He had been given a PPD skin test on 10/1/20 at 10:18 a.m. *He had a reaction to a PPD skin test in the past. *The physician had been notified. *He did not have a negative reaction when he received this test.</p> <p>3. Review of resident 4's medical record revealed: *A physician order for a tuberculosis assessment to be done every year. -That order did not indicate to give a PPD skin test. *He had been given a PPD skin test on 10/1/20 at 10:09 a.m. *The physician had been notified. *He did not have a negative reaction when he received this test.</p> <p>4. Review of resident 14's medical record revealed: *A physician order for a tuberculosis assessment to be done every year. -That order did not indicate to give a PPD skin test. *He had been given a PPD skin test on 10/1/20 at 10:09 a.m. *The physician had been notified. *He did not have a negative reaction when he received this test.</p> <p>5. Interview on 10/7/20 at 1:03 p.m. with director</p>	F 658		

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F 658	<p>Continued From page 2 of nursing (DON) A and licensed practical nurse (LPN) F revealed:</p> <ul style="list-style-type: none"> <li>*LPN J had administered the PPD skin tests.</li> <li>-She was a temporary nurse.</li> <li>-She had not understood the order and thought she should have given those residents a PPD skin test.</li> <li>-She had asked LPN K to clarify the order and still had not understood so went ahead and gave the injections.</li> <li>*The order was for a tuberculosis (TB) risk assessment to be done annually.</li> <li>*They were now doing more orientation for temporary nurses.</li> </ul> <p>Continued interview on 10/7/20 at 5:01 p.m. with DON A revealed:</p> <ul style="list-style-type: none"> <li>*LPN J had been employed since 9/1/20 and worked about three, twelve hour shifts a week.</li> <li>*She had just assigned LPN J an online training titled "Administration: Avoiding Common Medication Errors and Nursing Documentation."</li> <li>-She indicated a due date of 10/27/20.</li> </ul> <p>Continued interview on 10/8/20 at 10:33 a.m. with DON A revealed "Potter and Perry, Ninth Edition," was used for professional standards.</p> <p>Review of the provider's 10/8/20 Medication Administration policy revealed:</p> <ul style="list-style-type: none"> <li>**10. Review MAR [medication administration record] to identify medication to be administered."</li> <li>**11. Compare medication source (bubble pack, vial, etc.) with MAR to verify resident name, medication name, form, dose, route, and time."</li> </ul> <p>Review of the provider's 10/8/20 Medication Error policy revealed:</p> <ul style="list-style-type: none"> <li>**To prevent medication errors and ensure safe</li> </ul>	F 658		
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F 658	Continued From page 3 medication administration, nurses should verify the following information: a. Right medication, dose, route, and time of administration; b. Right resident and right documentation."  Review of Patricia A. Potter et al., Fundamentals of Nursing, 9th Ed., Elsevier, St. Louis, Mo., 2017, p. 626, revealed: **To prevent medication errors, follow the six rights of medication administration consistently every time you administer medications." **Many medication errors can be linked in some way to an inconsistency in adhering to these six rights: 1. The right medication 2. The right dose 3. The right patient 4. The right route 5. The right time 6. The right documentation."	F 658			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:	F 880	No negative effects were identified as a result of the deficient practice of resident's 25, 19 and 26. All residents with wounds requiring dressing changes were determined to be at risk. Re-education on clean dressing change occurred for all licensed staff on 10-14-20. Staff identified as deficient in wound care had competency done 10-27-20. Re-education of hand hygiene and glove use also occurred for all licensed staff on 10-14-20 with return competency completed. Re-education of the Perineal Care policy to include step by step competency occurred on 10-14-20. This re-education is on-going and staff members not in attendance will be re-educated before their next shift.  A dressing change/treatment competency initiated to ensure knowledge and correct	11/02/2020 <i>DM</i> 11/2/2020	

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F 880	<p>Continued From page 4</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents</p>	F 880	<p>A dressing change/treatment competency initiated to ensure knowledge and correct steps of needing to put on/ remove gloves and wash hands between dirty/clean tasks. Hand hygiene clean barrier, sanitizing equipment and maintaining sanitary supplies education provided. Director of Nursing and/or designee will observe dressing changes being completed. One resident treatment twice per week x 4 weeks, one resident treatment weekly x 4 weeks, one resident treatment monthly x 3 months until substantial compliance is met. The DON or designee will submit audit findings to the monthly Quality Assurance Performance Improvement committee. The audit findings will be reviewed by the QAPI committee with further recommendations as needed to ensure compliance.</p> <p>The Director of Nursing and/or designee will audit handwashing, glove use and perineal care on three nursing staff two days per week x 4 weeks, weekly x 4 weeks, monthly x 3 months until substantial compliance is met. The DON or designee will submit audit findings to the monthly Quality Assurance Performance Improvement committee. The audit findings will be reviewed by the QAPI committee with further recommendations as needed to ensure compliance.</p>		

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F 880	<p>Continued From page 5 identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Surveyor: 41895 Based on observation, interview, and policy review, the provider failed to maintain appropriate infection control practices for: *One of one resident (25) observation of appropriately handling dressing supplies for a dressing change. *Two of three observations of hand hygiene with residents' (19 and 26) personal care. Findings include:</p> <p>1. Observation and interview on 10/7/20 at 9:30 a.m. of licensed practical nurse (LPN) H preparing to do a dressing change for resident 25 revealed: *She had been at the medication cart and had put her hands in multiple drawers, touched multiple items, and collected dressing supplies. *With her contaminated hands she reached into a plastic bag containing an open bulk package of 4 x 4 gauze, took out a handful of gauze, and placed it on her clean surface. *She had agreed her hands were not clean. *She had agreed the 4 x 4 gauze had been contaminated by her hands.</p>	F 880		



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F 880	<p>Continued From page 6</p> <p>Interview on 10/8/20 at 10:33 a.m. with director of nursing (DON) A revealed: *She had agreed LPN H had contaminated the 4 x 4 gauze when she reached into the bag. *LPN H should have washed her hands and put gloves on when touching clean dressing supplies.</p> <p>Surveyor: 29354</p> <p>2. Observation on 10/6/20 at 12:54 p.m. in resident 19's room with certified nursing assistant (CNA) B and LPN C revealed: *CNA B had ambulated with him to his room. *After they had entered his room CNA B instructed him to hold onto the overbed table beside his bed. *Without performing hand hygiene CNA B put on a pair of gloves, removed his wet brief, and discarded it into the garbage can. *With those same soiled gloves on she: -Picked up a clean brief with her left hand. -Took her right hand, placed it into her pocket, removed a highlighter, and wrote on the clean brief. -Placed the highlighter back into her pocket. -Laid the clean brief on top of the night stand. -Removed three wet wipes from a clean package. -Performed personal care wiping his buttock area first and then his front private area. -Removed her gloves and performed hand hygiene. -Put on a new pair of gloves. -Fastened the left side of the clean brief. *LPN C assisted with the right side of the brief. *CNA B assisted him to sit down in his wheel chair. -She then discarded her gloves and performed hand hygiene.</p> <p>3. Observation on 10/6/20 at 2:50 p.m. in resident</p>	F 880		

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F 880	<p>Continued From page 7</p> <p>26's room with LPN D and CNA E revealed:</p> <ul style="list-style-type: none"> <li>*He had put on his call light.</li> <li>*LPN D performed hand hygiene prior to answering his call light.</li> <li>*He had refused to let her put the gait belt on him.</li> <li>*CNA E entered his room. Without performing hand hygiene or putting on a pair of gloves he: <ul style="list-style-type: none"> <li>-Assisted him to stand up with a walker.</li> <li>-Assisted him into the bathroom.</li> <li>-Removed his wet brief and discarded it into the garbage can.</li> <li>-Came out of the bathroom and made the resident's bed.</li> </ul> </li> <li>*Without performing hand hygiene, put on a pair of gloves, assisted him to stand up, performed personal care, pulled up his brief, removed his gloves, discarded them into the garbage, and then assisted him to sit in his recliner.</li> <li>*He then performed hand hygiene.</li> </ul> <p>4. Interview on 10/7/20 at 3:55 p.m. with DON A, LPN/Minimum Data Set coordinator F, and RN/infection control preventionist G regarding the above observations two and three revealed:</p> <ul style="list-style-type: none"> <li>*CNA B should have: <ul style="list-style-type: none"> <li>-Gelled her hands, pulled the brief down, and discarded it.</li> <li>-Disposed of the soiled gloves, performed hand hygiene, put on new gloves, and completed personal care.</li> <li>-Removed her gloves and then completed hand hygiene.</li> </ul> </li> <li>*She had missed hand hygiene opportunities during that observation.</li> <li>*CNA E: <ul style="list-style-type: none"> <li>-Was a new employee and had received training on hand hygiene.</li> <li>-Had missed several hand hygiene opportunities during that observation.</li> </ul> </li> </ul>	F 880		



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F 880	<p>Continued From page 8</p> <p>*They had spent additional time with staff with training, observation, and had completed competencies with hand hygiene.</p> <p>Review of the provider's 12/31/19 Handwashing/Hand Hygiene policy revealed: **"This facility considers hand hygiene the primary means to prevent the spread of infection.</p> <p>-2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors.</p> <p>-7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations:</p> <p>--b. Before and after direct contact with residents.</p> <p>--g. Before handling clean or soiled dressings, gauze pads, etc.</p> <p>--h. Before moving from a contaminated body site to a clean body site during resident care.</p> <p>--j. After contact with blood or bodily fluids.</p> <p>--m. After removing gloves."</p> <p>Review of the provider's 9/9/20 Perineal Care policy revealed: "6. Perform hand hygiene and put on gloves."</p> <p>Review of the provider's 12/31/19 Personal Protective Equipment - Using Gloves policy revealed: **"Gloves must be worn when handling blood, body fluids, secretions, excretions, mucous membranes and/or non-intact skin.</p> <p>-1. All employees must wear gloves when touching blood, body fluids, secretions, excretions, mucous membranes, and/or non-intact skin.</p> <p>-7. Wash your hands after removing gloves."</p>	F 880		
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E 000	Initial Comments  Surveyor: 18560 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 10/6/20 through 10/8/20. White River Health Care Center was found in compliance.	E 000			

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

*Maude J Mann*

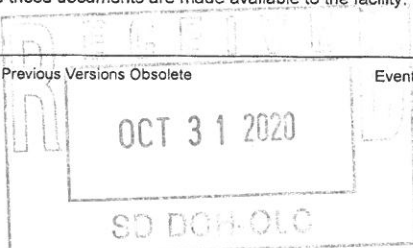
TITLE

*Administrator*

(X6) DATE

*10/30/2020*

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.



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

PRINTED: 10/21/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  43A089	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  10/07/2020
NAME OF PROVIDER OR SUPPLIER  WHITE RIVER HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 515 E 8TH STREET POST OFFICE BOX 310 WHITE RIVER, SD 57579		
(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  Surveyor: 18087 A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 10/7/20. White River Health Care Center 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

*Melinda J. Moran*

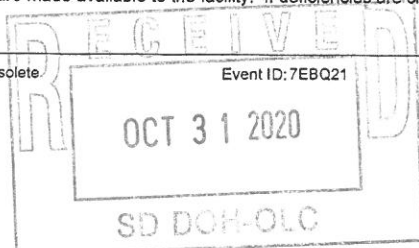
TITLE

*Administrator*

(X6) DATE

*10/30/2020*

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.



South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  10710	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  10/08/2020
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NAME OF PROVIDER OR SUPPLIER  
**WHITE RIVER HEALTH CARE CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**515 E 8TH STREET POST OFFICE BOX 310  
WHITE RIVER, SD 57579**

(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) COMPLETE DATE
S 000	Compliance/Noncompliance Statement  Surveyor: 18560 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 10/6/20 through 10/8/20. White River Health Care Center was found not in compliance with the following requirements: S296 and S297.	S 000		
S 296	44:73:07:11 Director of Dietetic Services  A full time dietary manager who is responsible to the administrator shall direct the dietetic services. Any dietary manager that has not completed a Dietary Manager's course, approved by the Association of Nutrition & Foodservice Professionals, shall enroll in a course within 90 days of the hire date and complete the course within 18 months. The dietary manager and at least one cook must shall successfully complete and possess a current certificate from a ServSafe Food Protection Program offered by various retailers or the Certified Food Protection Professional's Sanitation Course offered by the Association of Nutrition & Foodservice Professionals, or successfully completed equivalent training as determined by the department. Individuals seeking ServSafe recertification are only required to take the national examination. The dietary manager shall monitor the dietetic service to ensure that the nutritional and therapeutic dietary needs for each resident are met. If the dietary manager is not a dietitian, the facility shall schedule dietitian consultations onsite at least monthly. The dietitian shall approve all menus, assess the nutritional status of residents with problems identified in the assessment, and review and revise dietetic policies and procedures during scheduled visits. Adequate staff whose working hours are	S 296	All residents who reside in the facility have the potential to be affected.  The Dietary manager has been certified in ServSafe – expired. The Dietary Manager is signed up to recertify with a completed date to be by 11/19/20. The Dietary Manager is signed with Reinhart as a proctor. The administrator or designee will monitor the dates for renewal of Serv Safe and reported to QA for continued monitoring.	11/02/2020 BM 11-2-2020

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

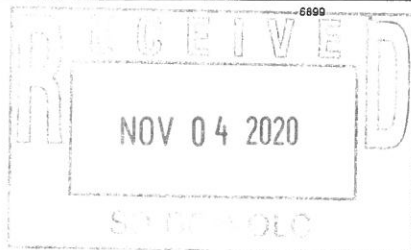
*Manda J Mann*

TITLE

*Administrator*

(X6) DATE

*10/30/2020*



South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  10710	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  10/08/2020
NAME OF PROVIDER OR SUPPLIER  WHITE RIVER HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 515 E 8TH STREET POST OFFICE BOX 310 WHITE RIVER, SD 57579		
(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) COMPLETE DATE
S 296	Continued From page 1  scheduled to meet the dietetic needs of the residents shall be on duty daily over a period of 12 or more hours in facilities.  This Administrative Rule of South Dakota is not met as evidenced by: Surveyor: 18560 Based on interview, the provider failed to ensure the dietary manager possessed a current ServSafe Food Protection Program certificate. Findings include:  1. Interview on 10/7/20 at 2:45 p.m. with dietary manager I revealed she: *Was unable to locate her expired ServSafe Food Protection Program certificate. *Had planned to take the course but had been unable to due to the COVID situation. *Was aware she needed to have a current certificate.	S 296		
S 297	44:73:07:12 Diet Manual  A current therapeutic diet manual with description of all diets served in the facility shall be readily available in the facility to food service personnel, nursing service personnel, and practitioners.  This Administrative Rule of South Dakota is not met as evidenced by: Surveyor: 18560 Based on interview and diet manual review, the provider failed to ensure a current therapeutic diet manual was readily available. Findings include:  1. Interview and diet manual review on 10/7/20 at 2:45 p.m. with dietary manager I revealed: *The diet manual used was a 2002 edition. *A more current diet manual should have been	S 297	All Residents who reside in the facility have the potential to be affected.  The Administrator purchased Diet and Nutrition Care Manual Comprehensive Nutrition Care Guide-2019 Edition from Becky Dorner and Associates, Inc. on October 13, 2020. The Diet and Nutritional Care Manual Comprehensive Nutrition Care Guide-2019 Edition was delivered to the facility on October 20, 2019. The Dietary Manager and Administrator will ensure the facility has an updated manual annually at the time of policy reviews.	11/02/2020 <i>BDM</i> 11/2/2020



South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  10710	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  10/08/2020
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NAME OF PROVIDER OR SUPPLIER  WHITE RIVER HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 515 E 8TH STREET POST OFFICE BOX 310 WHITE RIVER, SD 57579
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S 297	Continued From page 2 available to staff members.	S 297		
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