Printed: 12/04/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435035	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER Rolling Hills Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 13th Ave Belle Fourche, SD 57717	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 40788 Based on interview and job description review, the provider failed to ensure the dietary supervisor had completed the necessary requirements to manage their food and nutrition services. Findings include: 1. Interview on 9/4/24 at 1:05 p.m. with dietary supervisor B revealed she: *Assumed the dietary supervisor position on a part-time basis in February 2024. -Also worked part-time at the facility as the human resources director. *Was enrolled in but had not yet completed the required dietary manager training program. -Stated a registered dietician consulted at the facility but not on a full-time basis. *Had not completed the required ServSafe training program. *Was not aware of the state and federal regulations related to her dietary supervisor position. Review of the provider's undated Dietary Supervisor job description revealed: *Certificates, licenses, and registrations:		
	-Must maintain current ServSafe ce	ertification.	

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.

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

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435035	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER Rolling Hills Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 13th Ave Belle Fourche, SD 57717	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	in accordance with professional state 40788 Based on observation, interview, reto: *Maintain the temperature of the with 10 degrees Fahrenheit (F). *Maintain the temperature of the with 75 degrees F. Those failures increased the potent received meals that were prepared 1. Observation on 9/3/24 at 12:15 pto 10 degrees F with deterged 1. Observation on 9/3/24 at 12:15 pto 10 degrees F with deterged 1. Observation on 9/3/24 at 12:15 pto 10 degrees F with sanitiz 10 degrees F with sanitiz 11 degrees F with sanitiz 12 degrees F with sanitiz 13 degrees F with graph wash water used in the wash sink. -Wash Temp [temperature]: 110 degrees F of five documented wash water temperature on 9/3/24 at 12:20 p.m. with 10 degrees F or less. -Agreed based on the signage by the been 110 degrees F and the sink so 10 literview on 9/3/24 at 1:05 p.m. with 11 degrees F and the sink so 10 literview on 9/3/24 at 1:05 p.m. with 11 degrees F and the sink so 10 literview on 9/3/24 at 1:05 p.m. with 11 degrees F and the sink so 10 literview on 9/3/24 at 1:05 p.m. with 11 degrees F and the sink so 10 literview on 9/3/24 at 1:05 p.m. with 11 degrees F and the sink so 10 literview on 9/3/24 at 1:05 p.m. with 11 degrees F and the sink so 10 literview on 9/3/24 at 1:05 p.m. with 11 degrees F and the sink so 10 literview on 9/3/24 at 1:05 p.m. with 11 degrees F and the sink so 10 literview on 9/3/24 at 1:05 p.m. with 11 degrees F and the sink so 10 literview on 9/3/24 at 1:05 p.m. with 11 degrees F and the sink so 10 literview on 9/3/24 at 1:05 p.m. with 11 degrees F and the sink so 10 literview on 9/3/24 at 1:05 p.m. with 11 degrees F and the sink so 10 literview on 9/3/24 at 1:05 p.m. with 11 degrees F and the sink so 10 literview on 9/3/24 at 1:05 p.m. with 11 degrees F and the sink so 10 literview on 9/3/24 at 1:05 p.m. with 11 degrees F and the sink so 10 literview on 9/3/24 at 1:05 p.m.	ater in the three-compartment wash singleter in the three-compartment sanitizer tial risk of foodborne illnesses for the elin the kitchen. Findings include: D.m. in the kitchen near the three-compartment signage read: Dishwashing By Hand: Tent. Terr. Therener: Therener:	In the kitchen at a minimum of sink in the kitchen at a minimum of sink in the kitchen at a minimum of antire resident population who artment sink revealed: The Basics. Interpretation of the log. Illower. Ink revealed she: Ink revealed
	*Had not known the expectation for the wash water temperature in the three-compartment sink. (continued on next page)		

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. Building	COMPLETED	
	435035	B. Wing	09/04/2024	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Rolling Hills Healthcare		2200 13th Ave Belle Fourche, SD 57717		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0812	-Stated it should be warmer than 9	0 degrees F.		
Level of Harm - Immediate jeopardy to resident health or safety	*Reviewed the Three-Compartment Sink Logs monthly only to ensure documentation was completed and not to ensure data was within the expected parameters.			
Residents Affected - Many	Continued interview with dietary su Three-Compartment Sink Log reve	pervisor B and cook C and review of thaled:	ne August 2024	
	*Under the wash temperature colur degrees F) or exceedingly low (70	nn, the wash water temperatures were degrees F).	either exceedingly high (up to 210	
	*Dietary supervisor B and cook C c	concluded:		
	-Either the sanitizer water temperature or the PPM (parts per million-a measurement of the concentration of sanitizer) number was documented in the wash water temperature column for the entire month.			
	No wash water temperatures were documented in August 2024. *Under the PPM column of the log, 23 of 77 recorded PPMs were less than the expected 150-200 PPM range. *Dietary supervisor B and [NAME] C concluded: -The sanitizer water temperature was documented in the PPM column for most of the month. *53 of 77 recorded sanitizer water temperatures documented in the PPM column were not maintained at a temperature of 75 degrees F per the FDA's recommendation and the provider's policy.			
	Notice:			
	On 9/3/24 at 3:45 p.m., notice of in related to the provider's failure to e	nmediate jeopardy (IJ) was given verba nsure:	lly and in writing to administrator A	
	*The wash water temperature in the three-compartment sink in the kitchen was maintained a temperature of 110 degrees Fahrenheit (F) per the Food and Drug Administration's (FDA) recommendation and the provider's policy.			
	*The sanitizer temperature in the three-compartment sink in the kitchen was maintained at a temperature of 75 degrees F per the FDA's recommendation and the provider's policy. She was asked at that time for an IJ removal plan for the F812 deficient practice.			
	On 9/4/24:			
	*At 12:50 p.m. an IJ removal plan v	*At 12:50 p.m. an IJ removal plan was received from administrator A. *At 1:12 p.m. the IJ removal plan was accepted.		
	*At 1:12 p.m. the IJ removal plan w			
	(continued on next page)			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PEAN OF CORRECTION	435035	A. Building	09/04/2024
	433000	B. Wing	00/01/2021
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Rolling Hills Healthcare		2200 13th Ave	
		Belle Fourche, SD 57717	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
	(Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812	*At 1:30 p.m. while on-site the surv	ey team verified the immediacy was re	moved. After the removal of the
Level of Harm - Immediate	immediate jeopardy, the scope and		
jeopardy to resident health or	Plan:		
safety	1. DM [dietary supervisor] educated	d all dietary staff on the 3 sink [three-co	ompartment sink] method, 3
Residents Affected - Many	1. DM [dietary supervisor] educated all dietary staff on the 3 sink [three-compartment sink] method, 3 compartment sink order, 3 compartment sink steps, water temperature in a 3 compartment sink, sanitizer temp [temperature], and when it is essential to clean and sanitize a utensil, sanitizer per manufacturer recommendations that include submerging for at least 1 minute.		
	Education to dietary staff on comincluding action required if temps a	npartment sink log requirements of testi re not within the requirements.	ing temps and sanitizer ppm,
	Education completed on 9/3/24. Th	ose not educated on 9/3/24 will be edu	cated prior to working next shift.
	3. DM, primary dayshift cook, primary evening cook, are enrolled in ServSafe Certification to be completed on 9/3/24 by evening cook, 9/4/24 prior to working shift for dayshift cook, by end of day 9/4/24 for DM.		
	4. All new dietary staff will receive ServSafe certification and complete by 9/30/24.		
	5. A new log was created by DM to record wash, rinse, sanitizer water temperatures, and sanitizer ppm with each use, including what to do if temps or ppm are outside of parameters.		
	6. LNHA [administrator] provided education to DM on 9/3/24 on the policy and procedure manual, including 3 compartment sink method regulations, job description of the dietary manager including adherence to policies and ensure that sanitary regulations are followed by the entire department.		
	 7. Education provided on supervisory roles including ensuring the department adheres to State a regulations, and assuming the authority, responsibility and accountability to carry out the duties of department, monitor use of equipment and chemicals, and ensuring required documentation is considered appropriate per regulations. 8. Education included reporting to LNHA any areas of concern within the dietary department, equipments. 		
	9. Dietary manager will complete S	ervSafe certification by end of day 9/4/	24.
	Review of the provider's undated D responsibilities of the position inclu	lietary Supervisor job description revea ded:	led the essential duties and
	Must ensure that safety precautions followed by the entire department of	s, sanitary regulations, infection control during daily work assignments.	and universal precautions are
	Review of the provider's 2019 Cleaning Dishes-Manual Dishwashing policy revealed:		
	*Sink 1: Wash		
	(continued on next page)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435035	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER Rolling Hills Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 13th Ave	
		Belle Fourche, SD 57717	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812	-3. Water should be at 110 degrees	s F.	
Level of Harm - Immediate jeopardy to resident health or	*Sink 3: Sanitize		
safety Residents Affected - Many	-1. Water should be 75 to 100 degr	ees F.	
Nesidents Affected - Marry			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435035	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER Rolling Hills Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 13th Ave Belle Fourche, SD 57717	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection 40788 Based on observation, interview, recontrol and prevention practices we service. Findings include: 1. Observations on 9/4/24 between service revealed: *With gloved hands she: -Covered the full metal containers ther pocket and removed a permanelused them arker to write diet textue. *With those same gloved hands sheshalter and them inside a pair of brown device. -After removing her hands from the meal service eating utensils and cue. *She removed those gloves and contained before applying a clean pair of gloves. *Placed the food bowl containing provided the service of plastic missing. *After use, cook C hand washed the rack.	prevention and control program. Second review, and policy review, the proper maintained by one of one cook (C) 11:25 a.m. and 12:25 p.m. of cook C vice be placed on the steam table with already marker. The information on top of the foil then reserved in the proper matter over mitts and removed foor over mitts she continued touching paragraps. Immented, My hands are getting sweat reserved to pure the pasta for the measta on the base of the food processor	ovider failed to ensure infection during one of one observed meal while preparing the noon meal uninum foil then reached inside of turned the marker to her pocket. If the food holding has, cabinet doors, drawer handles, by then performed hand hygiene heal service revealed cook C: The was also a small, square-shaped ment sink and left it on the drying

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NAME OF PROVIDED OF CURRUED			
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Rolling Hills Healthcare		2200 13th Ave Belle Fourche, SD 57717	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880	-Touched and moved the handle of	f the food service cart to place resident	room trays on it.
Level of Harm - Minimal harm or potential for actual harm	-Reached into a plastic tub and reti	rieved clean cups.	
Residents Affected - Few		e door and heated individual soup cups	S.
	-Filled then rolled a flour tortilla, all	with those same gloved hands.	
	*No glove changes were made between the transition from touching unclean surfaces to clean surfaces and foods prepared for resident consumption.		
	Interview on 9/4/24 at 1:05 p.m. with dietary supervisor B regarding the above observations of cook C revealed:		
*Gloves were not used properly and glove changes were not made a preparation and food serving tasks.			pected between transitions in food
	-Improper glove use increased the	risk of cross-contamination occurring.	
	Review of the provider's 2019 Bare	Hand Contact with Food and Use of F	Plastic Gloves policy revealed:
*3. Gloved hands are considered a food contact surface that cause gloves shall be used for one task (such as working with rean other purpose, and discarded when damaged or soiled, or w			food or raw animal food), used for
	*6. Gloves are just like hands. They get soiled. Anytime a contaminated surface is touched, the be changed, and hands must be washed:		
	-g. During food preparation, as ofte contamination when changing task	en as necessary to remove soil and cor s.	ntamination and to prevent cross