

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Tekakwitha Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6 E Chestnut Sisseton, SD 57262	

For information on the nursing home's plan to correct this deficiency, please contact 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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>A. Based on South Dakota Department of Health (SD DOH) complaint report review, observation, interview, record review and policy review, the provider failed to promote the residents' right to self-determination for four of four sampled residents (1, 2, 3, and 4) who ate in the east dining room and expressed they were unaware of what foods were planned to be served or what food choices were available until the meal service had started.</p> <p>Findings include:</p> <p>1. Review of the 4/7/25 SD DOH complaint intake report revealed concerns regarding:</p> <ul style="list-style-type: none"> *Residents were only given one choice for meals. *The kitchen staff refused to post a weekly/daily menu. *Dietary manager (DM) C was rude or verbally aggressive to many of the residents. *DM C was aggressive with and swore at other staff while residents were present. <p>2. Observation on 6/16/25 at 4:00 p.m. of menu choices available for resident meals revealed:</p> <ul style="list-style-type: none"> *Menu choices were posted outside the kitchen door on the whiteboard. *Menu choices were posted outside the north dining room on the whiteboard. <p>Observation on 6/16/25 at 4:12 p.m. in the east dining room revealed dinner menu choices were not posted on the whiteboard.</p> <p>Observation on 6/16/25 at 5:25 p.m. in east dining room revealed:</p> <ul style="list-style-type: none"> *No meal choices were written on the whiteboard in that dining room area. *No staff asked residents what their meal choices were. *No diet cards were used when serving residents. <p>Continued observation on 6/16/25 at 5:50 p.m. in the east dining room revealed:</p> <p>(continued on next page)</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Tekakwitha Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6 E Chestnut Sisseton, SD 57262	
For information on the nursing home's plan to correct this deficiency, please contact 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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Staff moved about the dining room and asked residents if they wanted anything else.</p> <p>*Two unidentified residents requested a chicken sandwich (the main entr&ecute;) and were given the chicken sandwich.</p> <p>Observation on 6/17/25 at 7:25 a.m. of north dining room revealed:</p> <p>*The whiteboard posted outside the door had the previous day's (6/16/25) menu listed and was dated 6/12/25.</p> <p>Observation on 6/17/25 at 11:00 a.m. of the menu whiteboard outside of the kitchen revealed:</p> <p>*Meatloaf, Au gratin potatoes, green bean casserole and diced pears were listed for the lunch meal that day.</p> <p>*The food substitute listed was ham.</p> <p>Observation on 6/17/25 at 12:25 p.m. of the east dining room revealed:</p> <p>*No meal choices were written on the menu whiteboard.</p> <p>3. Interview on 6/16/25 at 4:05 p.m. with resident 3 revealed:</p> <p>*She was the resident council president.</p> <p>*Her 3/28/25 Brief Interview for Mental Status (BIMS) assessment score was 15 which indicated she was cognitively intact.</p> <p>*The menus were not posted in the east dining room for residents to know what meal was planned to be served or what the meal choices were.</p> <p>*Before a meal, the staff members would offer the residents two entr&ecute;e choices.</p> <p>*Dietary would serve second helpings of food upon request.</p> <p>*There were drink choices at all meals.</p> <p>*Fresh fruit was on the menu.</p> <p>*There was a snack cart, and staff offered those snacks to residents before bedtime.</p> <p>Interview on 6/16/25 at 5:00 p.m. with resident 1 revealed:</p> <p>*He had resided at the facility for about six months.</p> <p>*His 5/1/25 BIMS assessment score was 14 which indicated he was cognitively intact.</p> <p>*The menu was posted by the north dining room and by the kitchen.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Tekakwitha Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6 E Chestnut Sisseton, SD 57262	

For information on the nursing home's plan to correct this deficiency, please contact 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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*He ate in the east dining room.</p> <p>*He said he would show up to eat and that was how he would know what was being served for that meal.</p> <p>*He was unsure if they passed bedtime snacks.</p> <p>*He had snacks in his room.</p> <p>Interview on 6/16/25 at 5:45 p.m. with certified nursing assistant (CNA) J revealed:</p> <p>*There was confusion about who was supposed to ask the residents about their meal choices.</p> <p>*She was told by another CNA, whom she did not identify that they were not doing that anymore.</p> <p>*There was a meeting last week when CNA J was gone, where staff were directed that the dietary staff was to ask the residents what their meal choices were now.</p> <p>Interview on 6/17/25 at 9:32 a.m. with resident 4 revealed:</p> <p>*She had resided at the facility for about two years.</p> <p>*Her 4/25/25 BIMS assessment score was 14 which indicated she was cognitively intact.</p> <p>*She always had canned fruit, and bananas were the only fresh fruit.</p> <p>*Soup was never hot enough.</p> <p>*She had no idea what was on the menu.</p> <p>*She ate in the east dining room.</p> <p>*The staff would go around and ask the residents what they wanted just before serving the meals.</p> <p>*There was always a substitute item.</p> <p>*There had never been a menu posted in her room.</p> <p>*Occasionally meal choices would be posted in the east dining room, but that would remain there unchanged for days then it stays there for days.</p> <p>*She would have liked to know what was for meals.</p> <p>Interview on 6/17/25 at 4:20 p.m. with DON B revealed:</p> <p>*She had spoken several times with DM C to complete the meal tray cards for residents.</p> <p>*The meal tray cards would include the resident's name, diet, allergies and food dislikes.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Tekakwitha Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6 E Chestnut Sisseton, SD 57262	
For information on the nursing home's plan to correct this deficiency, please contact 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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*She felt it was important that those cards would be available for the new staff to know those items for each resident.</p> <p>Interview on 6/17/25 at 4:35 p.m. with resident 2 revealed:</p> <p>*She had been living at the facility for two years.</p> <p>*Her 4/8/25 BIMS assessment score was 13 which indicated she was cognitively intact.</p> <p>*She ate her meals in the east dining room.</p> <p>*The menu was seldom posted on the east dining room whiteboard.</p> <p>*The menu was usually posted by the north dining room and by the kitchen door.</p> <p>Interview on 6/18/25 at 7:50 a.m. with DM C revealed:</p> <p>*She was responsible for completing the meal identification tray cards for the residents.</p> <p>Interview on 6/18/25 at 9:12 a.m. with administrator A revealed:</p> <p>*DM C was responsible for updating resident meal identification tray cards.</p> <p>*She was aware these were not currently being used by the dietary staff.</p> <p>4. Review of provider's revised December 2016 Resident Rights Policy revealed:</p> <p>*Employees shall treat all residents with kindness, respect and dignity.</p> <p>1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the residents right to:</p> <p>e. self-determination.</p> <p>B. Based on South Dakota Department of Health (SD DOH) complaint intake, interview, record review and policy review, the provider failed to protect the residents' right to an environment maintained in a respectful manner for two of four sampled residents (1 and 2) by dietary manager (DM) (C) who yelled and used foul language when the residents were present.</p> <p>Findings include:</p> <p>1. Review of the 4/7/25 SD DOH complaint intake review revealed concerns regarding:</p> <p>*DM C was rude or verbally aggressive to many of the residents.</p> <p>*DM C was aggressive with and swore at other staff while residents were present.</p> <p>2. Interview on 6/17/25 at 9:00 a.m. with dietary aide (DA) M revealed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Tekakwitha Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6 E Chestnut Sisseton, SD 57262	
For information on the nursing home's plan to correct this deficiency, please contact 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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*She had worked at the facility for many years.</p> <p>*DM C had yelled and used foul language towards other staff in front of residents before when tasks had not been completed by dietary staff.</p> <p>*She had told other co-workers about the incident of DM C yelling at others.</p> <p>*She did not report it to management staff.</p> <p>Interview on 6/17/25 at 9:45 a.m. with certified nursing assistant (CNA) N revealed:</p> <p>*She had observed DM C using foul language in front of residents about three weeks ago.</p> <p>*She heard DM C say, I am sick and tired of always pleasing everyone.</p> <p>*She heard DM C say. I am sick of this [profanity].</p> <p>Interview on 6/17/25 at 11:35 a.m. with DA/cook O, cook K and cook L revealed:</p> <p>*DM C used foul language frequently, sometimes in front of residents.</p> <p>-Such as, I got a headache from all this [profanity].</p> <p>*DM C has slammed items around in the kitchen when she was upset and residents were present outside the door.</p> <p>Interview on 6/17/25 at 3:55 p.m. with DA P revealed:</p> <p>*DM C would bang items around in the kitchen when she was upset and she would have to serve meals.</p> <p>*She had observed DM C in dining room areas yelling at dietary staff on several occasions.</p> <p>*Administration had been notified of DM C's behaviors.</p> <p>*DM C would berate her in front of others and blamed her when things did not go right.</p> <p>*DM C would use foul language under her breath in dining rooms, but she was unsure if residents heard it.</p> <p>Interview on 6/17/25 at 4:35 p.m. with resident 2 revealed:</p> <p>*She had lived at the facility for about two years.</p> <p>*Her 4/8/25 Brief Interview for Mental Status (BIMS) assessment score was 13 which indicated she was cognitively intact.</p> <p>*She had observed DM C yelling at DA M in the kitchen and DM C made DA M cry.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Tekakwitha Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6 E Chestnut Sisseton, SD 57262	
For information on the nursing home's plan to correct this deficiency, please contact 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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Resident 2 stated she heard DM C yelling whenever she walked by the kitchen door to get ice from the ice machine.</p> <p>Phone interview on 6/18/25 at 7:59 a.m. with DM C revealed:</p> <p>*There had been one or two instances where she had yelled or used foul language to her dietary staff in front of residents.</p> <p>*She agreed foul language was not appropriate to use at any time.</p> <p>*She had been reprimanded by administrator A following these instances.</p> <p>Interviews on 6/18/25 at 9:12 a.m. and 10:25 a.m. with administrator A revealed:</p> <p>*She expected staff to not use foul language in front of residents.</p> <p>*Foul language was not acceptable as the facility was the residents' home, and they should never have to listen to that.</p> <p>*She expected all facility policies to be followed.</p> <p>*DM C had been educated after each occurrence about how she talked to people and approaches people.</p> <p>*After almost every instance, she had been reprimanded for her behavior.</p> <p>*DM C was put on administrative leave on 6/11/25 and would possibly return to work on 6/23/25.</p> <p>Interview on 6/18/25 at 10:50 a.m. with resident 1 revealed:</p> <p>*His 5/1/25 BIMS assessment score was 14 which indicated he was cognitively intact.</p> <p>*He had observed DM C yelling at DA M in the east dining room approximately two weeks ago.</p> <p>*He had not reported that situation to anyone.</p> <p>*It made him feel uncomfortable.</p> <p>*He was not scared of DM C but felt bad for the staff member because she was crying.</p> <p>Interview on 6/18/25 at 11:04 a.m. with resident 2 revealed:</p> <p>*She had observed an incident in the east dining room when DM C was yelling at DA M, but she had not reported that situation to anyone.</p> <p>*She felt it was not right for DM C to do that in front of staff or residents.</p> <p>*She felt bad for DA M and comforted her later that day.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Tekakwitha Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6 E Chestnut Sisseton, SD 57262	
For information on the nursing home's plan to correct this deficiency, please contact 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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*She was not fearful of DM C for herself.</p> <p>*It had made her wonder what DA M could have done to make DM C that mad.</p> <p>*She stated, You do not go after an employee like that in front of people.</p> <p>Interview on 6/18/25 at 11:11 a.m. with administrator A revealed she was unaware of an incident regarding DM C and DA M.</p> <p>Interview on 6/18/25 at 11:20 a.m. with business manager Q revealed:</p> <p>*Some staff had reported about an incident regarding DM C and DA M.</p> <p>to him and administrator A</p> <p>*He though the above incident weighed on the residents.</p> <p>*There were concern about resident care being impacted.</p> <p>*He though the residents worried how the above incident would impact them.</p> <p>Further interview on 6/18/25 at 11:27 a.m. with administrator A revealed:</p> <p>*She had spoken with residents about the situation between DM C and DA M that occurred in east dining room.</p> <p>*This caused them to have the dietary meeting on 6/10/25 to voice concerns.</p> <p>*She did not have any documentation regarding that dietary meeting or her investigation into the situation between DM C and the other staff.</p> <p>3. Review of the provider's undated Certified Dietary Manager job description revealed:</p> <p>*The manager is responsible for overall supervision and coordination of the department, growth of facility and community resources, to provide comprehensive standards, practices and programs that meet the needs and best interests of the facility and residents.</p> <p>*Essential functions of the job, departmental expectations:</p> <p>-Ability to model effective communications between resident, family, staff and community.</p> <p>-Must be able to identify potentially unsafe situations and to respond appropriately.</p> <p>*It is the expectation that the employee complies with applicable standards of behavior and conduct, including but not limited to, standards of conduct, customer service standards, and professional code of ethics.</p> <p>Review of providers revised December 2016 Resident Rights Policy revealed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Tekakwitha Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6 E Chestnut Sisseton, SD 57262	
For information on the nursing home's plan to correct this deficiency, please contact 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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Employees shall treat all residents with kindness, respect and dignity.</p> <p>1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the residents right to:</p> <p>f. communication with and access to people and services, both inside and outside the facility.</p> <p>h. be supported by the facility in exercising his or her rights.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Tekakwitha Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6 E Chestnut Sisseton, SD 57262	
For information on the nursing home's plan to correct this deficiency, please contact 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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on South Dakota Department of Health (SD DOH) complaint report review, observation, interview, and policy review, the provider failed to maintain a homelike environment that was clean and free of wall and floor damage, chipped paint, and ceiling leaks in several identified areas throughout the facility.</p> <p>Findings include:</p> <p>1. Review of the 4/7/25 SD DOH complaint intake report revealed concerns regarding:</p> <ul style="list-style-type: none"> *Housekeeping does not clean floors in the dining room. *Tables in dining rooms are constantly dirty. <p>2. Observation on 6/16/25 at 4:12 p.m. of east dining room revealed:</p> <ul style="list-style-type: none"> *Food crumbs were visible on the floor in the dining room. *A pink foot soak basin was on the floor with discolored water that had dripped in it from a leak in the ceiling. *The countertop by the sink had dried dark coffee-like stain rings on it. <p>Observation on 6/17/25 at 7:30 a.m. of the east dining room revealed:</p> <ul style="list-style-type: none"> *The countertop by the coffee maker had dried coffee-like stain rings still there. *The floors had food debris under the tables. *A pink foot basin was still on the floor with discolored standing water in it. <p>Observation on 6/17/25 at 8:10 a.m. of the carpeting in hallways and common areas revealed:</p> <ul style="list-style-type: none"> *Stains were on the carpeting in the front entrance by the large television and tables. *Stains were on the carpeting in the 200 hallway that leads to the east dining room. *Stains were on the carpeting from rooms 117 to 119. *Stains were on the carpet from room [ROOM NUMBER] to the north dining room door. *Stains were on the carpet by the north wing nurses' station. *The family room floor had wood chips on it and under the couch. *The family room floor had a small blanket on the floor. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Tekakwitha Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6 E Chestnut Sisseton, SD 57262	
For information on the nursing home's plan to correct this deficiency, please contact 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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Dark stains were on the carpeting in hallways by administration offices and by the therapy office door.</p> <p>*There was an area of missing paint on the wall across from the ice machine.</p> <p>*A large pink colored stain was on the carpeting approximately two feet by two feet in size, by the east wing reception area.</p> <p>*Stains in carpeting were visible outside of room [ROOM NUMBER].</p> <p>*The wall paint was chipped between rooms 105 and room [ROOM NUMBER], between rooms 112 and room [ROOM NUMBER], between rooms 109 and room [ROOM NUMBER], and outside of room [ROOM NUMBER].</p> <p>*The flooring in the east dining room was torn between the first two tables, approximately half a foot in length.</p> <p>*There were areas of missing paint on the walls in the east dining room.</p> <p>*The walls had scraped areas outside of room [ROOM NUMBER].</p> <p>*The heat register outside of room [ROOM NUMBER] had areas where the paint had chipped off.</p> <p>*The flooring trim was missing a piece of trim from the television area by the north nursing desk.</p> <p>Observation on 6/17/25 at 12:25 p.m. of the east dining room revealed:</p> <p>*A pink foot soak basin of collecting dripping ceiling water remained on the floor.</p> <p>*There were missing ceiling tiles around the leak.</p> <p>Observation on 6/18/25 at 7:41 a.m. of the east dining room revealed:</p> <p>*The pink foot basin was on the floor with standing water sitting in it.</p> <p>*Dark coffee-like stains were on the counter next to the sink.</p> <p>3. Interview on 6/16/25 at 4:12 p.m. with dietary aide (DA) F revealed:</p> <p>*After supper dietary staff were to wipe off tables and sweep the floors in dining rooms.</p> <p>*Housekeeping staff were to wipe tables and mop the floors daily.</p> <p>Interview on 6/17/25 at 7:20 a.m. with housekeeper G revealed:</p> <p>*Housekeeping staff would wash tables twice daily after breakfast and lunch.</p> <p>*Housekeeping staff would sweep and mop the dining room floors after breakfast and lunch.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Tekakwitha Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6 E Chestnut Sisseton, SD 57262	
For information on the nursing home's plan to correct this deficiency, please contact 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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*He was unsure who did those tasks after the evening meal.</p> <p>Interview on 6/17/25 at 9:50 a.m. with housekeeper H revealed:</p> <p>*She washed the tables in dining rooms after breakfast and lunch.</p> <p>*She swept and mopped the floors in dining rooms after breakfast and lunchtime.</p> <p>*She was unsure who swept and mopped the dining room floors after the evening meal.</p> <p>Interview on 6/18/25 at 9:12 a.m. with administrator A regarding the conditions of the facility observed above revealed:</p> <p>*Maintenance staff was to be notified to check equipment or other building problems.</p> <p>*If maintenance staff could not fix the problem, they would call a service vendor to fix it.</p> <p>*She expected all facility policies to be followed.</p> <p>Interview on 6/18/25 at 9:30 a.m. with maintenance staff E revealed:</p> <p>*He was aware of the roof leak in the east dining room, and stated they had a lot of rain over the weekend.</p> <p>*He planned to get tar today (6/18/25) to get the roof leak fixed.</p> <p>*Maintenance staff were responsible for all building repairs.</p> <p>4. Review of provider's undated Safe/Clean/Comfortable Homelike Environment Policy revealed:</p> <p>*The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>-Housekeeping and maintenance services necessary to maintain a sanitary, orderly and comfortable interior.</p> <p>-Environment refers to any environment in the facility that is frequented by residents, including (but not limited to) the residents' rooms, bathrooms, hallways, dining areas, lobby, outdoor patios, therapy areas and activities areas.</p> <p>-A homelike environment is not achieved simply through enhancements to the physical environment. It concerns striving for person-centered care that emphasizes individualization, relationships and a psychosocial environment that welcomes each resident and makes her/him comfortable. It is the responsibility of all facility staff to create a homelike environment and promptly address any cleaning needs.</p> <p>Review of provider's revised 12/2009 Laundry/Housekeeping Policy standard three and 11 revealed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Tekakwitha Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6 E Chestnut Sisseton, SD 57262	

For information on the nursing home's plan to correct this deficiency, please contact 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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*There are written policies and work routines for Laundry/Housekeeping Services.</p> <p>-4. Reviewed and revised annually.</p> <p>-7. Written cleaning schedules include at least the following:</p> <p>a) Daily/weekly/monthly routines.</p> <p>b) Quarterly/seasonal/annual routines.</p> <p>c) Defines cleaning agents/supplies utilized.</p> <p>d) Includes system of documentation demonstrating successful completion.</p> <p>* A clean, orderly and safe environment is maintained throughout the facility.</p> <p>d) Tile floors</p> <p>-Dust mopped and wet mopped daily with hospital approved germicidal solution.</p> <p>-Free of dust, dirt, spills, wax build-up and evidence of smooth and shiny surfaces.</p> <p>e) Carpets</p> <p>-Vacuumed regularly.</p> <p>-Cleaned as spills occur and shampooed routinely or when visibly soiled.</p> <p>_Free of dirt, litter, and stains.</p> <p>-Free of permeating odors.</p> <p>f) Walls have no chipped paint, peeling paper or gouged plaster.</p> <p>*Congregate areas.</p> <p>a) Cleaned routinely or when visibly soiled.</p> <p>d) Spills are wiped up as they occur with paper towel or wet mop.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Tekakwitha Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6 E Chestnut Sisseton, SD 57262	
For information on the nursing home's plan to correct this deficiency, please contact 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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on South Dakota Department of Health (SD DOH) complaint report review, observation, interview, and policy review, the provider failed to follow food safety standards for appropriate storage and labeling of food (where and how many items), monitoring of the low-temperature dishwasher in one of one kitchen, and the one of one leaking dishwasher in the kitchen area.</p> <p>Findings include:</p> <p>1. Review of the 4/7/25 complaint intake report revealed concerns regarding:</p> <ul style="list-style-type: none"> *Diet orders not being modified correctly. *Residents not receiving full servings of food items. *Denying residents room trays as requested. *Not offering second helpings to residents. *Bedtime snacks not available for residents. <p>2. Observation on 6/16/25 at 2:10 p.m. in the kitchen area revealed:</p> <ul style="list-style-type: none"> *Two boxes of juice sitting on the floor in a cardboard box in the storage room. *A dented soup can in a box sitting on the floor in the storage room. *The June 2025 Sanitization/record of refrigerator temperature log revealed: <ul style="list-style-type: none"> -No temperatures were documented on 6/6/25 for the walk-in cooler, walk-in freezer, reach in freezer, reach-in cooler and reach-in juice cooler. *In the dishwashing room there was a bucket under the sink drain which had about an inch of brown discolored liquid sitting in it. *Under a blue bucket, there was hard water white dry discoloration on the floor. *A blue bucket under the dishwasher had a yellow sludge-like liquid in it. *The June 2025 Chemical sanitizing dishwasher temperature and parts per million (PPM) logs revealed there was: <ul style="list-style-type: none"> -No documentation on 6/7/25 and 6/8/25. -No lunchtime documentation on 6/14/25 and 6/15/25. *The AM (morning) aides checklist posted in the kitchen dated May 2-8, 2025, revealed: <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Tekakwitha Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6 E Chestnut Sisseton, SD 57262	
For information on the nursing home's plan to correct this deficiency, please contact 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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-No documentation of completed tasks on 5/2/25 through 5/4/25.</p> <p>-Incomplete documentation on 5/5/25 and 5/6/25.</p> <p>-No documentation of completed tasks on 5/7/25 and 5/8/25.</p> <p>*The PM (evening) aides daily task list posted in the kitchen dated May 2-8, 2025, revealed there was no documentation of tasks completed on 5/8/25.</p> <p>*The End of AM shift checklist for June 2025 revealed there was no documentation for the 6/3/25 tasks having been completed.</p> <p>*The End of PM shift checklist for June 2025 revealed there was no documentation for the 6/3/25 tasks having been completed including:</p> <p>-Clear and wash dining room tables.</p> <p>-Sweep dining room floors.</p> <p>Observation on 6/16/25 at 2:35 p.m. of the walk-in freezer and refrigerator revealed:</p> <p>*Fish patties were in an open bag on top right shelf of the freezer. That bag was not labeled or dated.</p> <p>*Steak patties were in an open bag on the left middle shelf of the freezer. The bag was undated.</p> <p>*A bag of cheese omelet was tied closed and was undated.</p> <p>*A bag of mini corn dog was open and undated.</p> <p>*There was a puddle of liquid (a slipping hazard) on the floor inside the door of the walk-in refrigerator.</p> <p>3. Interview on 6/17/25 at 8:55 a.m. with dietary aide (DA) D revealed:</p> <p>*The blue bucket was under the dishwasher because the dishwasher sometimes leaked.</p> <p>*She was unsure how long it has been leaking, but thought the bucket had been there since September of 2024.</p> <p>Phone Interview with 6/18/25 at 7:59 a.m. with dietary manager (DM) C revealed:</p> <p>*The dishwashing machine had been leaking for almost three years.</p> <p>*The dishwasher was maintained by the dishwasher supplier.</p> <p>*The dishwasher supplier had replaced the hoses on the machine about two months ago.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Tekakwitha Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6 E Chestnut Sisseton, SD 57262	

For information on the nursing home's plan to correct this deficiency, please contact 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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*Maintenance was responsible for checking machines and would call the suppliers to have them fixed.</p> <p>*The drain under the sink had been leaking off and on for about three years.</p> <p>*She was responsible for posting the AM and PM monthly checklists for dietary staff to document the completion of those tasks.</p> <p>*She was responsible for monitoring and checking it daily to see if the tasks were completed.</p> <p>-She would educate staff if tasks were not completed or documented as having been completed.</p> <p>*She was responsible for posting the weekly AM and PM aides' checklists in the kitchen.</p> <p>-She thought she wrote the wrong dates on the current checklists that were posted in the kitchen.</p> <p>*The dishwashing staff were responsible for monitoring the chemical sanitizing dishwasher after each meal for temperature and PPM.</p> <p>-She was to be notified if the PPMs were not at the level needed to sanitize the dishware and she would then notify maintenance.</p> <p>Interview on 6/18/25 at 9:12 a.m. with administrator A revealed:</p> <p>*Maintenance staff was to be notified to check equipment problems, and if they could not fix them, they would arrange for service to be completed on the equipment by the vendor.</p> <p>*DM C was responsible for monitoring the food storage and cleaning schedules and posting them for staff in the kitchen.</p> <p>*She expected all facility policies to be followed.</p> <p>Interview on 6/18/25 at 9:30 a.m. with maintenance E revealed:</p> <p>*He had worked here for two years.</p> <p>*He had been notified the drain under sink in the kitchen was leaking.</p> <p>-He stated it had been leaking for two years and all the piping would have to be replaced.</p> <p>*He had not noticed the yellow sludge sitting under the dishwasher machine.</p> <p>-The blue bucket had been there a couple years.</p> <p>4. Review of the provider's revised July 2014 Food Receiving and Storage policy revealed:</p> <p>*Foods shall be received and stored in a manner that complies with safe food handling practices.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Tekakwitha Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6 E Chestnut Sisseton, SD 57262	

For information on the nursing home's plan to correct this deficiency, please contact 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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-6. Food in designated dry storage areas shall be kept off the floor (at least 18 inches) and clear of sprinkler heads, sewage/waste disposal pipes and vents.</p> <p>-8. All foods stored in the refrigerator or freezer will be covered, labeled and dated ("use by date).</p> <p>-11. The freezer must keep frozen foods frozen solid. Wrappers of frozen foods must stay intact until thawing.</p> <p>-12. Functioning of the refrigeration and food temperatures will be monitored at designated intervals throughout the day by the food and nutrition services manager or designee and documented according to state-specific requirements.</p> <p>Review of provider's 2013 Cleaning dishes/Dish machine Policy revealed:</p> <p>*All flatware, serving dishes and cookware will be washed, rinsed and sanitized after each use. Dish machines will be checked prior to meals to assure proper functioning and appropriate temperatures for cleaning and sanitization.</p>