

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER Lake Andes Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 740 East Lake St Lake Andes, SD 57356	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and policy review, provider failed to ensure smoking evaluations were completed quarterly for one of seven sampled resident (12) who continued to smoke at the facility. Findings include: 1. Review of resident 12's electronic medical record (EMR) revealed: *She was admitted on [DATE]. *She had a primary diagnosis of Alzheimer's dementia. *Her Brief Interview for Mental Status (BIMS) assessment score on 7/17/25 was 7 indicating she had severely impaired cognition. *Her current care plan had a focus area of smoking cigarettes and is at risk for injury related to smoking initiated on 2/1/24. *Interventions in place were: -Assist outside and ensure clothing is appropriate for weather. -At times is not compliant with order to smoke only three cigarettes a day. -Complete smoking evaluation on admission, quarterly, and prn (as needed) to determine if resident 12 able to smoke independently or requires staff assistance. -Ensure resident 12 is aware/compliant with facility smoking policy. -Keep tobacco materials with the charge nurse at nurse's station and med room. -Observe/report burns to self or clothing. *She signed resident smoking agreement was signed on 3/13/25. *She had smoking evaluation assessments completed on 11/4/24, 5/7/25, and 7/17/25. 2. Interview on 8/20/25 at 9:57 a.m. with assistant director of nursing (ADON) B revealed: *Resident 12 had gone six months without smoking. *She would have still been considered a smoker. *Her smoking evaluations should have still been completed. *She agreed a smoking evaluation had been missed one quarter. Review of the provider's updated 4/14/25 Resident Smoking Policy revealed: * It is the policy of this facility to provide a safe and healthy environment for residents, visitors, and employees, including safety as related to smoking. Safety protections apply to smoking and non-smoking residents. - 5. All residents who smoke will be asked about tobacco use during the admission process, and during each quarterly or comprehensive Minimum Data Set (MDS) assessment process. - 6. Residents who smoke will be further assessed, using the Resident Safe Smoking Assessment, to determine whether or not supervision is required for smoking, or if resident is safe to smoke at all.</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
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 observation, interview, and record review, the provider failed to ensure kitchen equipment surfaces were clean and food was stored under clean and sanitary conditions in one of one freezer. Findings include:</p> <ol style="list-style-type: none"> 1. Observation on 8/18/25 at 4:45 in the kitchen revealed the top of the dishwasher had a buildup of an unidentified substance such as dirt, dust, or dried cleaning chemicals. 2. Observation on 8/18/25 at 4:50 p.m. in the kitchen revealed: *The freezer had dirt particles and unidentified spilled material covering a large portion of the bottom. *Single serving ice cream cups were stored on the same shelf as frozen bacon. *Dirt build-up around appliances and preparation tables on the floor. -Tables and appliances had not been moved to clean around and under them. 3. Observations were made on 8/19/25 at 8:30 a.m., 8/20/25 at 10:40 a.m., and the morning of 8/21/25 at 10:00 a.m. of the top of the dishwasher and the surface had not been cleaned and remained in the same condition as 8/18/25. 4. Interview on 8/21/25 at 10:05 a.m. with dietary aide I revealed: *She had been employed at the facility for around three years. *She reported that cleaning the surfaces of kitchen equipment (including the top of the dishwasher) was the job of all kitchen staff. *She reported that there was a cleaning schedule each week that had daily responsibilities that were to be signed off by kitchen staff. *She agreed that the top of the dishwasher was not clean and the unknown substances on the top surface could potentially fall onto the clean dishes then be served to residents. 5. Interview on 8/21/25 with dietary services manager J revealed: *The kitchen equipment surfaces should be cleaned daily. *She tried to clean the top of the dishwasher each week if she noticed it had not been done. *She acknowledged that some of the cleaning task were not being signed off by kitchen staff as being completed. *She expected the kitchen equipment and preparation surfaces to be cleaned by her staff daily. 6. Review of the Cooks Weekly Cleaning Schedule for dates 8/17/25 to 8/23/25 reviewed on 8/21/25 revealed: *Instructions for cleaning were NEED TO DO AND INITIAL OFF DAILY AND DO NOT LEAVE ANY ITEMS NOT DONE! *The PM [evening] cook on Monday 8/18/25 had not signed off their cleaning responsibilities. *The AM [morning] cook on Tuesday 8/19/25 had not signed off their cleaning responsibilities. 7. Review of the cooks weekly Cleaning Schedules from the previous four weeks (7/20/25-8/16/25) revealed there were multiple shifts that had not been initialed as completed by the staff. 8. Interview on 8/20/25 at 4:00 p.m. with dietary services manager J revealed: *She confirmed the bottom of the freezer was dirty and it was cleaned earlier that day. 9. Review of the provider's 2021 policy and procedure manual for food storage revealed: *Food will be stored in an area that is clean, dry, and free from contaminants. Food will be stored, at appropriate temperatures and by methods designed to prevent contamination or cross contamination. 		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and interview, the provider failed to ensure infection control practices were followed by allowing one of one sampled resident's (5) oxygen tubing to sit on the floor. Findings include: 1. Observation on 8/19/25 at 9:13 a.m. revealed resident 5's nasal cannula [the part of oxygen tubing that touches the resident's face] was on the floor while she was in bed watching TV. 2. Observation on 8/19/25 at 9:50 a.m. revealed resident 5 was no longer in her room, her nasal cannula was still on the floor. 3. Observation and interview on 8/20/25 at 9:45 a.m. revealed resident 5's nasal cannula was lying on the floor. *Resident 5 reported that sometimes staff roll up her oxygen tubing/nasal cannula and place it on the machine, sometimes they allowed it to be on the floor. *She said the oxygen tubing was not replaced when it is found on the floor. *The oxygen tubing was dated 8/13/25. 4. Interview on 8/21/25 at 10:30 a.m. with ADON B revealed: *When not in use, oxygen tubing should be rolled up and hung on the oxygen machine for storage. *It should never be on the floor. *If nasal cannula is found on the floor, it should be replaced. 5. Interview on 8/21/25 at 10:50 with certified nurse aide (CNA)/certified medication aide (CMA) K revealed: *She had been CNA/CMA for 12 years. *She reported oxygen tubing should be rolled up and tucked into the oxygen machine and staff should make sure it was not touching anything. *If the nasal cannula was found on the floor, it should be replaced. 6. Interview on 8/21/25 at 10:55 a.m. with CNA L revealed: *We roll it up [oxygen tubing] and put it on the machine so its not touching the floor. *If it touches the floor [nasal cannula], we either sanitize it or replace it.</p>		