

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER Pioneer Memorial Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 315 North Washington St Viborg, SD 57070	

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 - 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50915</p> <p>Based on observation, interview, and policy review, the provider failed to ensure outdated food was discarded from inventory. Findings include:</p> <p>1. Observation on [DATE] of the dry food storage room revealed there were:</p> <ul style="list-style-type: none"> *Two containers of single serving sized macaroni and cheese with an expiration date of [DATE]. *Five containers of single serving sized macaroni and cheese with an expiration date of [DATE]. *Two five-pound containers of baking powder with an expiration date of [DATE]. -A container of thick and easy pureed bread and dessert mix with an expiration date of [DATE]. -A 12-ounce can of evaporated milk with an expiration date of [DATE]. -Twenty-two 12-ounce cans of evaporated milk with an expiration date of [DATE]. <p>2. An interview on [DATE] at 12:30 p.m. with dietary supervisor A revealed:</p> <ul style="list-style-type: none"> *He was not aware of the expired items in the food storage room. *It was his expectation that food items would have been used or removed and discarded before their expiration date. *He reported there was no schedule for checking for outdated foods in the food storage room. <p>3. Review of the provider's ,d+[DATE] Food and Supply Storage policy revealed:</p> <ul style="list-style-type: none"> *Purpose-To prevent contamination of foods that may occur through inappropriate storage. *Storeroom: All stock in the storeroom is rotated so the newest opened stock is on the bottom. The oldest stock is used first. *The policy did not address expired canned foods.

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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