STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435127	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dow Rummel Village	1321 W Dow Rummel St Sioux Falls, SD 57104

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, record review, and policy review the provider failed to ensure the staff followed food safety standards to ensure:*Open perishable food items were discarded once they had surpassed the five-day shelf life according to their policy in one of one walk-in cooler.*Ventilation covers were on a cleaning schedule and maintained to prevent dust and lint buildup from circulating over food preparation and cooking surfaces in one of one main kitchen. Findings include: 1. Observation and interview on 1/6/26 at 9:00 a.m. in the main kitchen with culinary licensed supervisor (CLS) M revealed:*A sign on the walk-in cooler door stated:-Shelf Life.-Leftovers 5 days.-ready to eat 5 days.-Raw foods (after thawed) 5 days.*Inside the walk-in cooler on separate shelves there was:-An open package of American cheese slices wrapped in cling wrap dated with a hand written date of 12/20.-An opened plastic container of fruit cocktail dated 12/03.-Three flats of fresh strawberries dated 12/31/25.--Eight of those containers of strawberries had mold growing on the strawberries.*In the main kitchen four vents had heavy dust built up on the edges of the vents.*The vents were blowing air towards a food preparation (prep) table and the stove top.*CLS M stated that: -There was a 5-day open package policy for leftover foods.-The American Cheese should have been discarded.-She thought the fruit cocktail was mislabeled and should have been 1/03 and not 12/03 but could not prove that.*CLS M confirmed some of the strawberries had mold on them and should have been thrown out.*She agreed the vent covers had dust on them and should have been cleaned because they were blowing air over the food prep table and stove top.*She stated the dietary department staff were to clean food service areas according to weekly cleaning schedules.*She was unsure who was responsible for cleaning the vent covers. 2. Observation of the main kitchen and walk-in cooler on 1/7/26 at 11:19 a.m. revealed:*The American cheese, fruit cocktail, and strawberries had been removed from the walk-in cooler.*The vent covers remained in the same condition observed above with dust and lint on them. 3. Interview on 1/7/26 at 11:26 a.m. with director of building services (DOBS) N regarding the vent covers in the main kitchen revealed he:*Agreed there was dust and lint built up on the vent covers.*Thought the dietary department staff cleaned them.*Confirmed those vent covers were not part of the contracted oven hood cleaning service that was completed twice a year. 4. Interview on 1/8/26 at 11:34 a.m. with certified dietary manager (CDM) K and director of culinary services (DOCS) L revealed they:*Expected staff to remove expired and past use by date food items from the walk-in cooler.*Agreed the cheese slices, fruit cocktail, and strawberries should have been discarded.*Confirmed the vent covers in the kitchen were not on a cleaning schedule. 5. Review of the dietary department's weekly cleaning assignments confirmed the vent covers were not included on the cleaning schedule. 6. Review of the provider's 2013 Food Safety and Sanitation policy revealed:*Perishable ingredients are refrigerated when they are not being used.*All time and temperature controls for safety (TCS) leftovers are labeled, covered and dated when stored. They are used within 72 hours (or discarded).*Note: ServSafe guidelines allow 7 days for food safety with the day of preparation counted as day 1 of the 7 days, and then food is discarded. Check your local and state regulations and determine which guidelines your facility will follow.*Foods with expiration dates are used prior to the use by date on the package. 7. Review of the (continued on next page)

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	provider's 2013 Cleaning and Sanitation of Dining and Food Service Areas policy revealed:*The food service staff will maintain the cleanliness and sanitation of the dining and food service areas through compliance with a written, comprehensive cleaning schedule.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and policy review, the facility failed to ensure the staff followed infection prevention standards to prevent the spread of infection. * One of two rooms had mechanical lift slings touching the floor when not in use. * One of four dirty linen rooms had used incontinent brief dispose of improperly. * Six of seven dirty linen and trash can lids on west hall were left open. * One of two nebulizer (a device that converts liquid medication into an inhalable mist) tubing observed lying on the floor in a resident's 5 room. * One of one whirlpool (heated pool in which hot water is continuously circulated) belt was touching the floor when not in use. * Two of four EZ stands (mechanical lift device) were improperly cleaned or disinfected after use. * One of four clean linen rooms had linens stored improperly. Findings Include:1. Observation on 1/6/26 at 9:03 a.m. in the west hall in the PPE (Personal Protective Equipment) storage room revealed five slings were hanging from hooks and touching the floor. 2. Observation on 1/6/26 at 9:05 a.m. in the west hall dirty hopper (a specialized sink flushing device used to rinse soiled items and linens of body fluids) room revealed:*There was a used incontinent brief sitting on top of the trash can lid.*Total of three trash bin lids were left open. 3. Observation on 1/6/26 at 9:10 a.m. in resident 5's room revealed nebulizer (a device that converts liquid medication into an inhalable mist) tubing was lying on the floor behind the resident's chair. 4. Observation on 1/6/26 at 9:16 a.m. in the west hall Whirlpool room revealed:* The whirlpool (heated pool in which hot water is continuously circulated) tub seat belt was hanging from the whirlpool and touching the floor.* Total of three dirty linen and trash bin lids were left open. 5. Observation on 1/6/26 at 11:02 a.m. in the west hall revealed an EZ stand (a mechanical lift used to assist from a seated to a standing position) or (a mechanical lift and sling used to lift a person's full body) had food debris on the footplate. 6. Interview on 01/06/2026 11:04 a.m. with certified medication aide (CMA) J revealed:*The EZ stand is to be cleaned after each resident and that would include the knee pad, footplate and arms of the machine.*The whirlpool tub belt should not touch the floor. 7. Observation on 1/6/26 at 11:13 a.m. in the north hall clean linen storage room revealed clean privacy curtains were spilling out of a broken cardboard box onto the floor. 8. Observation on 1/8/26 at 11:45 a.m. in the west hall was an EZ stand noted to have food debris on the footplate. 10. Observation on 1/8/26 at 11:47 a.m. in the north hall was an EZ stand noted to have food debris on the footplate. 11. Interview on 1/8/26 at 11:36 a.m. with CMA I revealed:*Soiled incontinent briefs were to be placed in a trash bag. That bag should be closed and then placed in the garbage bin in the hopper room.*Oxygen and nebulizer tubing should not be touching the floor.*Catheter urine collection bags should be covered at all times for dignity and infection reasons.*She agreed that mechanical lift slings are not clean when touching the floor. 12. Interview on 1/8/26 at 12:29 p.m. with assistant director of nursing (ADON)/infection preventionist (IP) C revealed:*Incontinence briefs should be placed in a garbage bag and disposed of by placing the incontinence brief in a closed bag and then placing it in a trash bin.*Oxygen tubing and nebulizer tubing should not touch the floor.*She agreed that mechanical lift straps should not touch the floor.*EZ stands were to be cleaned after each resident's use. 13. Review of the providers 3/5/13 Restorative Equipment Cleaning policy revealed:* It shall be the policy of Dow [NAME] Village that all restorative equipment and supplies that are used for more than one resident be cleaned and sanitized in between each resident use.* Following resident use of any equipment or supplies, cleaning and disinfecting must be done before the same piece of equipment may be utilized by another resident. 14. Review of the providers 10/4/13 Disposal of Incontinence Products policy revealed:* To ensure a safe environment Dow [NAME] Village has established guidelines for managing and disposing of incontinence products. Incontinence products may include but not limited to disposable diapers (briefs), incontinence pads, panty shield products, sanitary pads, tampons and/or disposable wipes. If appropriate should use reusable products. When disposable items are used, emphasis should be placed upon the use of biodegradable items.- 2. The disposable (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	incontinence products should be placed in a waste receptacle that will be located in the bathroom or toilet area.- 4. If the waste is non-hazardous, and appropriately bagged and sealed, it can be disposed of with normal waste products (regular garbage containers). 15. Review of the providers' November 2023 revised Laundry and Linens policy revealed:* Any clean items that come in contact with soiled items or soiled PPE will be considered contaminated.* All clean laundry and linens will be handled in a manner that prevents contamination. 16. Review of the providers' April 2024 revised Infection Control & Prevention policy revealed:* To provide a safer and healthier community through the prevention of infection.* 9. Maintain equipment in safe and sanitary condition.* b. Follow policy for garbage and laundry handing.* c. How and when to use standard precautions, including proper hand hygiene practices and environmental cleaning and disinfection practices.* f. Proper infection prevention and control practices when performing resident care activities as it pertains to staff roles, responsibilities and situations.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and policy review the provider failed to ensure chemicals were stored safely away from resident' for: *One of one beauty shop.*One of four hopper rooms. *One of four eye-wash rooms. Findings include: 1. Observation on 1/6/26 at 9:16 a.m. of the beauty shop in the west hall revealed: *The room was unattended, and the door was unlocked. *A half bottle of Barbicide (disinfectant concentrate) was sitting on the counter by the sink. *A opened box of Ship shape powder (a multi-purpose cleaning powder) was sitting on counter by sink. *The door was to be locked when not in use. *Several residents are sitting outside the beauty shop watching tv currently. 2. Observation on 1/6/26 at 10:51 a.m. of east hall hopper room revealed: *The door was not locked. *A unlocked cupboard had signage on it that said the cupboard was to be always locked. *That unlocked cupboard had one container of Foamy Q & A acid disinfectant cleaner, one Consume odor eliminator (cleaner used to breakdown organic waste such as urine and feces) bottle, one Difference multipurpose cleaner bottle, and one Lysol disinfectant spray bottle inside of it. *Several residents walk by the door on the way to dining room for meals. 3. Interview on 1/6/26 at 9:41 a.m. with registered nurse (RN) D revealed the beautician was at the facility two to three times a week. RN D was unsure if the beauty shop door should be locked. 4. Interview on 1/6/26 at 9:42 a.m. with assistant director of nursing (ADON)/infection preventionist (IP) C revealed: *The beauty shop door should be locked when no one is in it. *She agreed that the chemicals were sitting on the counter and not locked up and should have been. 5. Interview on 1/6/26 at 10:56 a.m. with housekeeper O revealed: *Housekeeping carts were to be locked when unattended or not in use. *The cupboard in the east hall hopper room was supposed to always be locked. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	*The cupboard was not locked because the key was bent. *When asked who she notified when something was broken she stated, she would notify ADON/IP C it was not lockable and the key was broken. 6. Follow-up interview on 1/6/26 at 11:00 a.m. with assistant director of nursing (ADON)/infection preventionist (IP) C revealed: *The outside door to the east hall hopper room door was never locked. *The cupboard inside the room where chemicals were stored was to always be locked. *She was unable to get the lock to work. 7. Observation on 1/6/26 at 11:14 a.m. of north hall eye-wash room revealed: *The door was unlocked and a housekeeping cart was inside that room. *That housekeeping cart was unlocked and contained: -A bottle of BNC 15 (a disinfectant). -A bottle of Sparkling glass cleaner. -A spray bottle labeled with 50% bleach [50 percent] and 50% water. -On bottle of Difference brand multipurpose cleaner. -One bottle of Damp mop cleaner. -A bottle of Clean by Peroxy (hydrogen peroxide-based all-purpose cleaner). *A bottle of [NAME] hardwood floor cleaner was sitting on a shelf inside that room. 8. Observation on 1/8/26 at 8:24 a.m. north hall eye-wash room revealed: *The door was unlocked. *The housekeeping cart was still inside, was unlocked and contained the same chemicals as observed on 1/6/26. *Residents pass the room on the way to the dining room. 9. Review of the provider's revised October 2024 Cleaning policy revealed: *To provide a safe, clean, comfortable and homelike environment. -Chemicals on carts must be locked up when the cart is not visible to housekeepers and/or nursing staff at all times. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Carts must be stored in a locked room. 10. Review of the provider's 3/5/13 Restorative Equipment Cleaning Policy revealed Sanitizers and disinfectants will be kept in a secure area out of resident reach and locked up whenever staff is not in attendance.