

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER Bethany Home - Brandon		STREET ADDRESS, CITY, STATE, ZIP CODE 3012 E Aspen Blvd Brandon, SD 57005	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49958</p> <p>Based on observation and interview, the provider failed to:</p> <p>*Ensure privacy had been maintained during interviews conducted in resident rooms for 13 of 13 (2, 13, 19, 21, 22, 27, 28, 41, 47, 48, 49, 52, and 106) residents with audio and video monitoring devices in their rooms.</p> <p>*Obtain consent for audio and video monitoring use for 6 of 13 (13, 41, 47, 49, 52, and 106) residents with audio and video monitoring devices in their rooms.</p> <p>Findings include:</p> <p>1. Observation and interview on 11/05/24 at 1:27 p.m. with resident 28 in his room revealed:</p> <p>*An iFamily audio/video camera was on top of his closet facing his recliner.</p> <p>*He was unable to identify the audio/video device in his room.</p> <p>-He was conversive but unable to answer questions about the audio/video monitoring device.</p> <p>*There was no sign at the entrance to the room or within the room that indicated an audio/video monitoring device was used in that room.</p> <p>2. Observation and interview on 11/05/24 at 2:22 p.m. and again on 11/08/24 at 8:36 a.m. with resident 22 in his room revealed:</p> <p>*An iFamily audio/video camera was on the bedside table next to the lamp.</p> <p>*He was unable to identify the audio/video device in the room.</p> <p>*An Echo Dot device [a smart speaker with an internet connection and a drop-in feature that allows instant connection between connected devices] was located between 2 recliners.</p> <p>*There was no sign at the entrance to the room or within the room that indicated audio/video monitoring devices were used in that room.</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
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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Those screens were visible when facing the nurse's station when you looked to the left side.</p> <p>-Those screens could have been seen by a public visitor when standing at the nurse's station.</p> <p>-The audio/video monitoring device remained on even when the resident was not in their room.</p> <p>*CMA K stated the audio/video monitors were used for resident 22 and resident 13.</p> <p>-The video cameras were used as fall interventions on their care plans.</p> <p>-All staff were responsible for implementing fall interventions.</p> <p>*The audio/video monitoring device had a pan and tilt feature.</p> <p>-This allowed the viewing angle of the camera inside the resident's room to be remotely changed from outside the room.</p> <p>10. Observation on 11/8/24 at 8:33 a.m. of resident 49's room revealed:</p> <p>*His room was located on the Maple Valley wing on provider's secure MCU.</p> <p>*There was a HelloBaby audio/video device plugged in and sitting on his four-drawer dresser in front of his flat screen television.</p> <p>*There was no signage on his door or in his room that indicated an audio/video device was in his room.</p> <p>Review of resident 49's EMR revealed:</p> <p>*There was no documentation resident or family consent was obtained for the use of an audio/video monitoring device.</p> <p>*There was a handwritten and undated care plan intervention I have a camera in my room to promote my safety.</p> <p>11. Observation on 11/8/24 at 8:36 a.m. of resident 47's room revealed:</p> <p>*Her room was located on the Maple Valley wing on the provider's MCU.</p> <p>*There was a vtech audio/video monitoring device plugged in with a MIC [microphone] and the indicator light that was on and green, which indicated the device was on.</p> <p>*Her room door had no signage that indicated audio/video monitoring.</p> <p>Review of resident 47's EMR revealed there was no documentation resident or family consent was obtained for the use of an audio/video monitoring device.</p> <p>(continued on next page)</p>		

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-She confirmed that she had been unable to locate notifications to the family for residents 13, 41, 47, 49, 52, and 106.</p> <p>*She confirmed that the care plan had not been updated for resident 13.</p> <p>*She stated resident 106's care plan would not have been updated, because resident 106 had not been reviewed by the IDT for audio/video monitoring device use.</p> <p>21. Review of the provider's un-dated Resident Admission Packet revealed:</p> <p>*ADMISSION ACKNOWLEDGEMENTS.</p> <p>-The undersigned resident/responsible party acknowledges receipt of the following information. Check the list below.</p> <p>--Resident [NAME] of Right.</p> <p>*A consent form, 8. [NAME] HOME PATIENT & RESIDENT RIGHTS: I have received a copy of the [NAME] Home Patient & Resident Rights form and understand it.</p> <p>*PRIVACY ACT STATEMENT- HEALTH CARE RECORDS.</p> <p>-THIS FORM PROVIDES YOU THE ADVICE REQUIRED BY THE PROVACY ACT OF 1974. THIS FORM IS NOT A CONSENT FORM .</p> <p>*A South Dakota State Long-Term Care Ombudsman Program packet.</p> <p>-You have the right to privacy and confidentiality regarding personal, financial, and medical affairs .</p> <p>--A facility must permit you to: . 2. Use a telephone without being overheard 7. Meet with people in a private setting within the facility.</p> <p>22. Review of the iFamily Baby Monitor SM650 User Manual revealed:</p> <p>*PAN AND TILT The camera unit can be remotely controlled from the Monitor Unit.</p> <p>*Volume +/- Up key: Press Volume+ to increase the volume</p> <p>Review of the provider's 2/1/24 Video/Audio Monitoring and Recording policy revealed:</p> <p>*This policy outlines the rules for deploying such devices to ensure security, safety and the protection of resident's privacy.</p> <p>*[NAME] allows the use of video monitoring on the campus.'</p> <p>*Management, residents or their authorized representatives may place video monitoring devices in residents' rooms.</p> <p>(continued on next page)</p>		

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Placement of Monitoring Devices owned by [NAME]</p> <p>-[NAME] may place video monitoring devices in resident's rooms/apartments if deemed appropriate and approved by the Administrator, or designee, and agreed upon by the resident or their authorized representative.</p> <p>-Monitoring devices placed in residents' rooms/apartments should be positioned to minimize the monitoring of private areas such as restrooms, bathing areas, and the changing areas as much as possible.</p> <p>*Resident Owned Monitoring.</p> <p>-Before initiating video monitoring, a resident shall provide notice and consent to [NAME].</p> <p>*The policy did not identify a need to post notices at the entrance to the resident's room that a monitoring device was operational in that room.</p> <p>*The policy did not identify a need to obtain consent for the placement of monitoring devices owned by [NAME]</p> <p>43021</p>		

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<p>F 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>43021</p> <p>Based on interview, record review, and policy review, the provider failed to implement an effective grievance process to ensure a resident's right to file grievances included documentation, investigation, and follow-up with the resident and the resident's representative's grievances regarding issues of resident care and quality of life that were important to the resident. That failure had the potential to affect all 52 residents.</p> <p>Specifically, the provider failed to ensure the following:</p> <p>*All written grievance decisions included the date that the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concern(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to have been taken by the provider as a result of the grievance, and the date the written decision was issued.</p> <p>*Maintenance of grievance documentation for a period of no less than three (3) years from the issuance of the grievance decision.</p> <p>*Prompt efforts to resolve grievances and to have kept the residents informed of progress toward the resolution.</p> <p>*Staff completed a grievance form if given an oral grievance, investigated and followed up with the resident and their representative.</p> <p>*The resident council was informed in writing of the responses to concerns brought up in the resident council meetings and provided a prompt update on efforts by the provider to resolve any grievances.</p> <p>Findings include:</p> <p>1. Interview on 11/5/24 at 2:29 p.m. with resident 20 revealed she:</p> <p>*Had lived at the facility for the past three years.</p> <p>*Had concerns regarding the food served to the residents.</p> <p>-Those concerns happened routinely enough to be significant.</p> <p>-She stated there were other residents who had food concerns.</p> <p>-Her food concerns had been Since I've been here . and had not been addressed.</p> <p>*She had voiced those food concerns:</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-To staff.</p> <p>-At the monthly resident council meeting.</p> <p>-At her care plan conferences.</p> <p>2. Interview on 11/6/24 at 9:55 a.m. with resident 41 and her husband revealed he had some concerns regarding:</p> <p>*The other day he had purchased some items at the provider's BINGO store and had placed those items, including deodorant and a new toothbrush, into a bag with his wife's name on it and place the bag on the chair in his wife's room.</p> <p>*The next day the bag was gone.</p> <p>-He mentioned it to the housekeeper and other staff.</p> <p>-Staff found the missing bag in another resident's room.</p> <p>*About two months ago fish was served on Fridays for lunch.</p> <p>-The fish was awful.</p> <p>-It happened repeatedly enough that he let the staff know about his concern with the fish served.</p> <p>-He had not received a resolution to his concern, but stated the last few times the fish was wonderful.</p> <p>Interview on 11/8/24 at 9:47 a.m. with registered nurse (RN) G revealed:</p> <p>*She was the neighborhood leader for the Memory Care Unit (MCU).</p> <p>*She recalled the husband of resident 41 discussing his concern regarding the missing bag of items from the BINGO store.</p> <p>*She had not written the concern down or made a progress note regarding the concern and she felt they had investigated and resolved that concern.</p> <p>*When asked about how she handled concerns she stated:</p> <p>-I would ask family if they want to officially fill out a grievance form.</p> <p>-She would not fill out a grievance form for lost clothing.</p> <p>-She had not filled out any grievance forms for concerns she had received.</p> <p>-Social services director C had filled out grievance forms.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Review of the 8/28/24 Resident Council meeting minutes revealed the following food concerns:</p> <ul style="list-style-type: none"> *The pork chops were too dry and tough. *More options for sandwiches and types of bread were requested. *Having cottage cheese on the menu more often. *Bread has been . stale. *More variety in the desserts was requested. *Less green beans and peas. <p>Review of the 9/25/24 Resident Council meeting minutes revealed the following:</p> <ul style="list-style-type: none"> *Food concerns: <ul style="list-style-type: none"> -Pork Chops have been very tough. -The ham was served . too thick to cut properly. -The Morning sausage has been too hard. *Housekeeping concern that clothing is being lost in the laundry more often. *Activity concern that four residents attending the meeting would like their nails done . *No follow-up to the concerns raised at the August resident council meeting including the steps taken to investigate the concerns, actions taken, or the resolution was provided. <p>Review of the 10/29/24 Resident Council meeting minutes revealed the following:</p> <ul style="list-style-type: none"> *Food concerns: <ul style="list-style-type: none"> -Porkchops are still pretty tough to eat . -More variety in salad dressings was requested. -A preference for shredded lettuce. -Chili that isn't so spicy . *Maintenance concern that resident 1, who attended the meeting, wants her wheelchair fixed. *Activity concern with three residents' nail care. *Nursing care concerns with morning staff and Traveling aides are not always helpful. <p>(continued on next page)</p>

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 11/8/24 at 11:32 a.m. with social services director C revealed she:</p> <ul style="list-style-type: none"> *Had worked for the past six years at the facility. *Stated there was a difference between a concern and a grievance. <ul style="list-style-type: none"> -A concern was minor and was any problem for the resident or family -A grievance would be something more major. *Stated not all concerns would amount to a grievance. *Stated the provider had not had an official grievance for the past year. *Stated resident or family concerns were discussed and forwarded to the appropriate departments but the provider did not track these concerns. <p>Further interview with social services director C regarding the provider's Resident Grievance policy revealed:</p> <ul style="list-style-type: none"> *The old, undated Resident Grievance form obtained from the admission packet at the start of the survey on 11/5/24 was the form she discussed at the time of a resident's admission. *She was not aware of the updated November 2017 Resident Grievance policy. *She agreed she was using an outdated form and she stated she would update the admission packet to include the current policy. *She confirmed they had no formal grievance tracking system. <p>7. Review of the provider's November 2017 Resident Grievance policy revealed:</p> <ul style="list-style-type: none"> *Grievance forms are available on each neighborhood. *If a resident and/or resident representative has a grievance it can be written on this form. *The form is then directed to the Social Services Office . *The facility Administrator, Social Worker, Department Supervisor or Facility Designee will respond to the resident and/or responsible party in writing in a prompt manner as to their efforts to resolve the grievance. *All grievances and facility responses will be kept on file in the Social Services Office. *Residents may express grievances at Resident Council Meetings. <p>(continued on next page)</p>

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*If a grievance is voiced at the Resident Council Meeting involving specific departments, the grievance will be responded to directly by the respective Department Supervisor in a prompt manner as a follow-up at the next Resident Council Meeting.</p> <p>*A resident and/or responsible party may wish to personally contact the Social Services Staff or Administrator to discuss a grievance he or she might have.</p> <p>*No definitions or guidance was provided regarding the difference between a concern and a grievance.</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49958</p> <p>Based on observation, interview, record review, and the Centers for Medicaid and Medicare (CMS) Resident Assessment Instrument (RAI) Manual review, the provider failed to ensure the Minimum Data Set (MDS) assessments were coded accurately for two of two residents (23 and 32) who had a seat belt in their wheelchairs. Findings include:</p> <p>1. Observation and interview on 11/5/24 at 2:04 p.m. with resident 23 revealed:</p> <p>*She was in her room in an electric wheel chair and had a seat belt on.</p> <p>*She stated she could do most things for herself from her waist up.</p> <p>*She would do crafts and sew in her room and would help with seasonal decorating of the facility.</p> <p>Review of resident 23's electronic medical record revealed (EMR):</p> <p>*Her Brief Interview of Mental Status (BIMS) assessment dated [DATE] had a score of fifteen which indicated her cognition was intact.</p> <p>*Her MDS dated [DATE] indicated:</p> <p>-Trunk restraint was coded as not used in the chair or the bed.</p> <p>-Other was coded as Used daily.</p> <p>-An edit note, Resident uses a seat belt on her electric wheelchair. She utilizes this per her choice. She ss able to don [put on] after set up, and doff [remove] this independently. This is reassessed quarterly.</p> <p>*She had a restraint assessment completed on 10/21/24 for the use of the seat belt on her power wheelchair that indicated she could release it herself and felt safer with this on.</p> <p>*Her care plan dated 2/1/22 indicated she requested the seat belt for safety and could apply it and remove it herself.</p> <p>*That care plan also included Perform restraint assessments quarterly and as needed due to the use of my seatbelt in my electronic wheelchair.</p> <p>2. Observation and interview on 11/05/24 at 2:26 p.m. with resident 32 revealed she:</p> <p>*Had limited movement of the right arm and hand.</p> <p>*Was seated in a wheelchair with a forward-leaning posture.</p> <p>-The wheelchair had a seat belt that was not fastened.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>--The seat belt straps hung in front of the brakes on each side of the wheelchair.</p> <p>*Stated she had several falls that led to her admission to the facility, but I've been more careful and haven't fallen recently.</p> <p>*Stated she wasn't sure what the seat belt was for and did not know if she could remove it on her own because she was not wearing it.</p> <p>*Was easily distracted and changed the subject frequently.</p> <p>Observation and interview on 11/08/24 at 9:15 a.m. with resident 32 revealed she:</p> <p>*Was seated in her wheelchair and the seat belt straps hung in front of the brakes on each side of the wheelchair.</p> <p>*Was easily distracted and unable to demonstrate that she could put on or remove the seatbelt.</p> <p>*Stated, I don't know what is going on today.</p> <p>Review of resident 32's EMR revealed:</p> <p>*She was admitted on [DATE].</p> <p>*Her 10/31/24 Brief Interview for Mental Status (BIMS) assessment score was 9, which indicated she was moderately cognitively impaired.</p> <p>*Her care plan included an intervention initiated on 2/5/24, OT [occupational therapy] has put a seat belt on my wheelchair to help with positioning. I am able to put it on and remove it on my own.</p> <p>*Her care plan included an intervention initiated on 4/8/24, I have dycem [a non slip mat] in my wheelchair and have received verbal education on the importance of using the seatbelt in my wheelchair that OT previously provided. I am able to apply and remove this myself.</p> <p>*An 11/4/24 Restraint Assessment that indicated:</p> <p>-The Type of restraint considered for use: seat belt.</p> <p>-Reason restraint is considered: (describe) wheelchair positioning.</p> <p>-During what time of day would it be used? When resident is up in wheelchair.</p> <p>-How long each day? Anytime in w/c [wheelchair].</p> <p>-What is the resident/family wishes or attitude related to restraint use? Family and resident ok with safety belt.</p> <p>Review of resident 32's 10/31/24 quarterly MDS assessment, section P (Restraints and Alarms) revealed:</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*Trunk restraint was coded as not used in the chair or the bed.</p> <p>*Other was coded as Used less than daily.</p> <p>*An edit note, resident has a seatbelt that she is able to remove herself. However, she rarely uses it.</p> <p>3. Interview on 11/08/24 at 10:34 a.m. with director of nursing (DON) B revealed:</p> <p>*She confirmed two residents in the facility used seat belts.</p> <p>*Resident 23 had a seatbelt as a safety device that she used daily.</p> <p>*Resident 32 had a seat belt for safety, that she rarely used.</p> <p>*She stated, They are not being used as a restraint.</p> <p>*She assisted with the completion of the MDS assessments.</p> <p>-She confirmed the seatbelts were coded on the MDS as restraints.</p> <p>Review of the October 2023 CMS RAI Version 3.0 Manual Section P, Page P-6 revealed:</p> <p>*Trunk restraints include any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the resident cannot easily remove such as, but not limited to, vest or waist restraints or belts used in a wheelchair that either restricts freedom of movement or access to their body.</p> <p>Review of the providers' revised 1/1/24 Physical Restraint Policy and Procedure to be Least Restrictive policy revealed:</p> <p>*Physical restraints are any method or physical or mechanical device, material, or equipment attached to the resident's body that the individual cannot remove easily, which restricts freedom of movement for normal access to one's body; this includes . wheelchair belts . that cannot be released easily by their resident .</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>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.</p> <p>49958</p> <p>Based on observation, interview, record review, and job description review the provider failed to ensure the dietitian and dietary director carried out the functions of the food and nutrition services department to ensure the development and implementation of policies and procedures regarding appropriate cleaning, sanitization, and record-keeping were completed in the food and nutrition departments that included the main kitchen and four kitchenettes. Failure to ensure this oversight of the food and nutrition services department increased the potential risk of foodborne illnesses for the entire resident population who received meals that were prepared in the main kitchen and served from the kitchenettes. Findings Include:</p> <ol style="list-style-type: none"> 1. Refer to F812 2. Interview on 11/08/24 at 12:36 p.m. with dietary director (DD) E revealed: <ul style="list-style-type: none"> *She was a certified dietary manager. *She had been in her current position for two months. *She had not been aware of the regulations in nursing home kitchens. -Her previous position was not in a nursing home. *She had not seen the policies requested by the survey team until that week. *Consultant registered dietitian (CRD) H visited once a week on Thursdays. -Those visits were not recorded. --CRD H documented in residents' medical records. ---She confirmed that CRD checked-in with her during those visits. *There were no food service related audits being conducted that she was aware of. *No food service related audits had been completed since she started that she was aware of. <p>Review of the provider's undated Dietary Director Position Description revealed:</p> <ul style="list-style-type: none"> *The Dietary Director is responsible for coordinating the food service program to provide nutrition and variety within a budget. Consult with residents, staff, and dietician to ensure that therapeutic diet needs of residents are met. *The supervisor was listed as the administrator. <p>(continued on next page)</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>*Essential job responsibilities included:</p> <ul style="list-style-type: none"> -Consult with dietician as needed and directed according to state regulation and resident need. -Maintain a clean, orderly and safe kitchen environment. -Develop and implement policies and procedures in the food service program that are in compliance with food service regulations. -Adhere to and carry out all policies and procedures. <p>Review of the providers 7/17/23 Contract for Registered Dietitian Services revealed:</p> <p>*The purpose of this Agreement is to arrange for Registered Dietitian (RD) consultation and management materials for the above named facility.</p> <ul style="list-style-type: none"> -The facility listed above was a sister facility located in Sioux Falls. <p>*Responsibilities of the Consultant Dietitian included:</p> <ul style="list-style-type: none"> -Consults with Administration regarding planning of Food & Nutrition Service department policy Development, establishing goals and priorities in integrating Food & Nutrition Services into the Facility's total program. -Supports the Food & Nutrition Services Supervisor in maintaining department standards and all applicable regulations related to food procurement, receiving, storage, preparation, and service. -Assists in evaluating, developing and/or writing Food Service Policies and Procedures. -The Facility and [contract company name] shall mutually, on a periodic basis, review and approve the Food & Nutrition Services policies and establish future goals. -[Contract company name] may make recommendations to ensure quality food service and/or to comply with rules and regulations of the Federal or State governments. The Facility, however, is responsible for approving, implementing and maintaining recommendations made by [contract company name]. <p>*The contract was not signed by the current facility administrator.</p> <p>Review of the provider's undated Maintenance Director Position Description revealed:</p> <ul style="list-style-type: none"> *The Maintenance Director is responsible to maintain building and grounds. *The supervisor was listed as the administrator. <p>*Essential job responsibilities included:</p> <ul style="list-style-type: none"> -Carry out the preventative maintenance program. <p>(continued on next page)</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Repair or replace damaged or broken fixtures or equipment.</p> <p>-Carry out other tasks as assigned by supervisor.</p> <p>*Knowledge Expectations included: Function and operation of kitchen appliances, office equipment maintenance equipment and grounds equipment, with ability to do minor repairs.</p> <p>*The position description review did not reveal oversight of the kitchenettes or monitoring of the kitchenette dishwasher temperatures.</p>

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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** 49958</p> <p>Based on observation, interview, record review, and policy review, the provider failed to:</p> <p>*Ensure that staff were able to verify the chemical sanitation level required to clean the main kitchen surfaces used for the preparation of residents' food. Failure to ensure that increased the potential risk of foodborne illnesses for the entire resident population who received meals prepared in the main kitchen.</p> <p>*Maintain the dishwasher sanitation rinse cycle temperature at a minimum of 180 degrees Fahrenheit per the manufacturer's manual for two of four kitchenette dishwashers. Failure to ensure that increased the potential risk of foodborne illnesses for 27 of 27 residents (1, 3, 14, 17, 18, 21, 23, 24, 25, 26, 27, 31, 34, 35, 36, 38, 39, 40, 41, 42, 44, 46, 47, 48, 49, 50, and 52) who received meals on dishware cleaned in those two kitchenettes.</p> <p>Findings include:</p> <p>1. Observation and interview on [DATE] at 11:41 a.m. during the initial tour of the main kitchen revealed:</p> <p>*There was a metal cart with visibly soiled dishes in the entryway to the kitchen located between the door and the dishwasher.</p> <p>*The floor below the sink was wet.</p> <p>*A pan marked beef for stroganoff on the counter.</p> <p>*Dietary director (DD) E stated she started in her position two months ago.</p> <p>-She indicated there had been a huge staff turnover.</p> <p>*DD E stated that the residents' food prepared for lunch had already been delivered to the neighborhoods.</p> <p>-Lunch was served starting at 11:30 a.m.</p> <p>*The beverage dispensing machine was taken apart and cleaned.</p> <p>*A red sani-bucket was on a metal cart that contained liquid and a cloth.</p> <p>*The sanitizer strip test kit was labeled expired [DATE].</p> <p>*The Diversey chlorine test strips were labeled exp [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>*A dishwasher wash and rinse log on the wall had recorded temperatures for breakfast, lunch, and dinner on [DATE].</p> <p>-No dishwasher wash or rinse temperatures had been recorded on [DATE], [DATE], [DATE] or [DATE].</p> <p>Interview on [DATE] at 12:11 p.m. with dietary aide S in the main kitchen revealed:</p> <p>*The sanitizer test strips were used for testing the contents in the 3-compartment wash sink and the sanitizer buckets.</p> <p>-They were the only test strips in the kitchen.</p> <p>*There was no log documenting when the strips had been used.</p> <p>*All dishes used in the main kitchen were put through the dishwasher.</p> <p>-It was a high-temperature dishwasher.</p> <p>*There was a log to record the dishwasher temperatures for the washing of the dishes used with each meal service.</p> <p>-The dishes for lunch had not been washed yet that day.</p> <p>Observation and interview on [DATE] at 10:45 a.m. in the main kitchen with cook T revealed:</p> <p>*She used a cloth from the red sani-bucket to wipe the counter where she had prepared fried food.</p> <p>*She rinsed the cloth in the red bucket and continued to wipe the surfaces of the items on the counter with that cloth.</p> <p>*She stated the bucket was filled every two hours or more often when dirty.</p> <p>*She stated she keeps track of her bucket and changes it at least every 2 hours but usually more often when she used it.</p> <p>*She confirmed there was no log or sticker on the bucket that indicated when it had been last changed or tested .</p> <p>*The sanitizer in the bucket was a chemical solution filled from the hose at the 3-part sink.</p> <p>*She stated, They [sani-buckets] are tested every so often.</p> <p>-She was unsure how often the sanitizer was tested .</p> <p>-She stated she did not do the testing.</p> <p>*She confirmed that it was not tested each time the bucket was filled to ensure proper sanitization.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Observation and interview at [DATE] at 10:50 a.m. with DD E in the main kitchen revealed she:</p> <ul style="list-style-type: none"> *Confirmed they did not have a system to test the solution in the sani-buckets to ensure the sanitizer was at the appropriate level or a method to document the testing results. *Confirmed the chlorine test strips were expired. -She stated, But that's ok because we don't use them anyway. *Stated, They [staff] weren't doing it [using the chlorine test strips] when I started. *Was unsure what the facility policy was but stated I will find out. *Confirmed that the solution was J-512 Sanitizer and stated it was a preset system so we do not have to test. *Confirmed the dishwasher was a high-temperature dishwasher. *A dishwasher log was posted on the wall. -The dishwasher log had rinse temperatures recorded over 180 degrees for [DATE] and [DATE]. <p>Observation and interview on [DATE] at 11:22 a.m. in the [NAME] Creek kitchenette with DD E revealed she:</p> <ul style="list-style-type: none"> *Transported the food from the main kitchen to the [NAME] Creek kitchenette. *Obtained dishes from the cabinet in that kitchenette. *Confirmed that those dishes were washed and sanitized in the dishwasher in the kitchenette. -Confirmed each neighborhood washed its own plates, cups, bowls, and utensils that were used for serving the residents food items. <p>Observation and interview on [DATE] at 12:09 p.m. in the [NAME] Creek dish room with CMA J revealed:</p> <ul style="list-style-type: none"> *The nursing staff was responsible for washing and sanitizing the dishes in each neighborhood. *She pre-washed the dishes in the sink and loaded them into the dishwasher. *She ran the dishwasher cycle. -The wash temperature reached 165 degrees and the rinse temperature reached 183 degrees. *She stated she did not log or record any dishwasher wash or rinse temperatures. *She stated, If that's [logging of temperatures] done it would be maintenance. <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>*She confirmed there was no dishwasher log located in the kitchenette.</p> <p>Interview on [DATE] at 3:37 p.m. with Administrator (Admin) A revealed:</p> <p>*There were no cleaning logs for the kitchen or kitchenettes.</p> <p>*He expected nursing staff to wash the dishes, to mop the floor, and to keep the area clean.</p> <p>*The neighborhood kitchenettes had not used the sani-bucket.</p> <p>-The cleaner on the kitchenette was the Q 3 disinfectant spray.</p> <p>*He confirmed that in the main kitchen, they used the sani-bucket.</p> <p>*He confirmed that they should be testing the PPM [parts per million of the sanitizer solution] for the sanitizer buckets to ensure the sanitizer was at an appropriate level.</p> <p>-He confirmed there was no record that the sanitizer had been tested .</p> <p>*He was not aware that the sanitizer test strips were expired.</p> <p>Interview on [DATE] at 4:30 p.m. with Admin A revealed:</p> <p>*The provider did not have a Dishwasher/Sanitation policy.</p> <p>*He stated we go by the manufacturer's book.</p> <p>*The provider did not have a Household/neighborhood kitchenette cleaning policy or logs.</p> <p>*The provider did not have a Kitchen equipment sanitizing/cleaning policy or logs.</p> <p>*Maintenance would have had kitchenette dishwasher temperature logs because they oversaw the kitchenette dishwashers.</p> <p>Interview and review of kitchenette dishwasher logs and dishwasher manufacturer specification on [DATE] at 4:31 p.m. with campus environmental service director (CESD) D revealed:</p> <p>*He provided a copy of the [NAME] Model LXIH-4 LHi Dishmachine specifications which included the following:</p> <p>-RINSE AND SANITATION: LXIH: Sanitation is accomplished by means of a built-in booster heater designated to raise temperature of water to a minimum of 180 degrees Fahrenheit from an incoming water temperature of 110 degrees Fahrenheit.</p> <p>*This was the information used when determining the correct dishwasher temperatures.</p> <p>*Neighborhood kitchenette dishwasher temperature logs were completed and kept by maintenance.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-Dishwasher temperatures were monitored and logged on each of the four neighborhoods about once every three weeks by maintenance.</p> <p>-He was not aware if any other staff monitored those dishwasher temperatures.</p> <p>*He kept the recorded temperatures in a notebook.</p> <p>*The dishwasher temperatures were checked and logged on [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE].</p> <p>-All of those wash temperatures were recorded between ,d+[DATE] degrees Fahrenheit.</p> <p>-All of those rinse temperatures were recorded between ,d+[DATE] degrees Fahrenheit.</p> <p>Interview on [DATE] at 7:45 a.m. with Admin A revealed:</p> <p>*He provided the survey team with a Kitchen Sanitation Policy dated ,d+[DATE].</p> <p>-He confirmed this policy included the main kitchen and the kitchenettes.</p> <p>*He provided the survey team with a Sanitizer Preparation Policy dated ,d+[DATE].</p> <p>*He confirmed they did not have a separate dishwashing policy and referred to the manufacturer information previously provided.</p> <p>*He stated the dietitian would be at the facility today [DATE].</p> <p>Observation and interview on [DATE] at 8:12 a.m. with consulting registered dietitian (CRD) H in the main kitchen revealed she:</p> <p>*Visited the facility once a week on Thursdays.</p> <p>*Documented her visits with individual residents in their charts.</p> <p>*Checks-in with DD E when she visited.</p> <p>-She did not document those check-ins.</p> <p>-They also communicated through email.</p> <p>*Was not conducting any current audits in the kitchen.</p> <p>-Was unable to recall if she had completed any audits recently, I would have to check my email.</p> <p>-Confirmed there were no written audits completed.</p> <p>*Stated, There is a cleaning schedule for the kitchen.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-Stated she would provide a copy of that cleaning schedule to the survey team.</p> <p>--A cleaning schedule was not provided by the end of the survey.</p> <p>*Was not familiar with the procedures of sanitizing in the kitchen and agreed that we should include DD E in the interview.</p> <p>Continued observation and interview on [DATE] at 8:18 a.m. with CRD H and DD E in the main kitchen revealed:</p> <p>*DD E demonstrated the use of the sani-bucket.</p> <p>-She confirmed the new test strips were not expired.</p> <p>-There was a new log sheet for recording when the sanitizer solution was filled or tested .</p> <p>-She confirmed that the sanitization level in the sani-bucket was 200 PPM.</p> <p>-That had been documented on the log in the kitchen when it had been filled that morning.</p> <p>*DD E confirmed the main kitchen dishwasher temperatures were logged with each meal service three times a day.</p> <p>*DD E was unsure if there was a policy on the frequency of checking the dishwasher temperatures.</p> <p>*DD E confirmed that the dishes used by the residents including plates, bowls, cups, and utensils were washed and sanitized in each of the four neighborhoods.</p> <p>*DD E was unsure how frequently the neighborhood dishwasher wash and rinse temperatures should have been monitored.</p> <p>*CRD H stated she expected it would have been the same frequency as the main kitchen.</p> <p>*DD E stated that maintenance oversees the neighborhood kitchenettes, and any dishwasher temperature logs could be requested from that department.</p> <p>-CRD H and DD E were not aware of what frequency maintenance checked the kitchenette dishwasher temperatures.</p> <p>*When asked how they could ensure that dishes were sanitized in the neighborhood kitchenettes, DD E stated, I couldn't.</p> <p>*CRD H and DD E were not familiar with the procedures of sanitizing dishes in the neighborhood kitchenettes and agreed that we should include maintenance in the interview.</p> <p>Observation and interview on [DATE] at 8:39 a.m. in the [NAME] Way kitchenette with CRD H, DD E, CESD D, and maintenance staff U revealed:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>*A sign on the dishwasher indicated This is a sanitizer. Not a dishwasher.</p> <p>-Maintenance staff U confirmed that the machine is both a dishwasher and a sanitizer and the sign was inaccurate.</p> <p>-She stated that the dishes are prewashed before putting them in the machine to reduce the food particles in the machines.</p> <p>*Maintenance staff was responsible for overseeing the dishwashers for proper functioning in the kitchenettes.</p> <p>*The dishwasher had an E7 code displayed.</p> <p>-Maintenance staff U stated the code indicated the dishwasher was out of soap.</p> <p>--She changed the soap and reset the machine.</p> <p>*Maintenance staff U stated she checked the dishwashers Every day I am here.</p> <p>-She did not keep a log or record those checks.</p> <p>-She stated she looked at the temperature on the digital display of the dishwasher and as long as it is 150 or above it's good.</p> <p>-When the temperature was below 150 degrees Fahrenheit, she would reset the machine.</p> <p>-There was no need to run the dishwasher through a cycle to check the rinse temperature during those checks, because it's always hot enough.</p> <p>*Maintenance staff U ran the dishwasher.</p> <p>-On the first cycle the wash temperature reached 164 degrees Fahrenheit, and the rinse temperature reached 180 degrees Fahrenheit.</p> <p>*Maintenance staff U stated she expected staff to alert her right away if there were any problems with the dishwashers.</p> <p>Observation and interview on [DATE] at 8:52 a.m. in the Cottonwood Court kitchenette with CRD H, DD E, CESD D, and maintenance staff U revealed:</p> <p>*Maintenance staff U ran the dishwasher.</p> <p>*On the first cycle the wash temperature reached 165 degrees Fahrenheit, and the rinse temperature reached 177 degrees Fahrenheit.</p> <p>*A sign in the kitchenette indicated that plates, bowls, and cups were to be sanitized twice and utensils were to be sanitized three times.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>*On the second cycle the wash temperature reached 165 degrees Fahrenheit, and the rinse temperature reached 177 degrees Fahrenheit.</p> <p>*On the third cycle the wash temperature reached 162 degrees Fahrenheit, and the rinse temperature reached 174 degrees Fahrenheit.</p> <p>-Those temperatures were confirmed by maintenance staff U, CRD H, DD E, and CESD D.</p> <p>*A copy of the posted sign was requested in the absence of a policy and was not provided by the end of the survey.</p> <p>*CESD D confirmed the last time the kitchenette dishwasher temperatures were checked and recorded was on [DATE].</p> <p>Observation and interview on [DATE] at 8:58 a.m. in the Maple Valley kitchenette with CRD H, DD E, CESD D, and maintenance staff U revealed:</p> <p>*Maintenance staff U ran the dishwasher.</p> <p>*On the first cycle the wash temperature reached 160 degrees Fahrenheit, and the rinse temperature reached 179 degrees Fahrenheit.</p> <p>*On the second cycle the wash temperature reached 166 degrees Fahrenheit, and the rinse temperature reached 179 degrees Fahrenheit.</p> <p>*On the third cycle the wash temperature reached 167 degrees Fahrenheit, and the rinse temperature reached 177 degrees Fahrenheit.</p> <p>-Those temperatures were confirmed by maintenance staff U.</p> <p>Observation on [DATE] at 9:15 a.m. of maintenance U revealed she walked from Cottonwood Court through the common area outside of the conference room carrying what appeared to be a cordless drill/screwdriver.</p> <p>Interview on [DATE] at approximately 10:00 a.m. with Admin A regarding the dishwasher temperatures revealed:</p> <p>*He requested that the surveyor return to recheck the temperatures of the dishwasher.</p> <p>*He stated the dishwashers had been calibrated and had temped them and they were at the correct temperature.</p> <p>Interview on [DATE] at 9:45 a.m. with CRD H revealed:</p> <p>*She provided the survey team with a 2013 [NAME] & Associates Sanitation of Dishes/Dish Machine policy.</p> <p>-This policy had not been provided earlier.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>*She stated that this was the regulation that they followed regarding dishwasher temperatures.</p> <p>Review of the 2013 [NAME] & Associates Sanitation of Dishes/Dish Machine policy revealed:</p> <p>*High Temperature Dishwasher Wash Temperature ,d+[DATE] degrees Fahrenheit, Final Rinse Temperature or Sanitization 180 degrees Fahrenheit.</p> <p>Notice:</p> <p>On [DATE] at 8:58 a.m., immediate jeopardy was identified related to failure to maintain the manufacturer's specification for the dishwashers' rinse cycle temperatures of a minimum of 180 degrees Fahrenheit at F812.</p> <p>Notice of immediate jeopardy was given verbally and in writing on [DATE] at 11:55 a.m. to Admin A and director of nursing B of the immediate jeopardy related to failure to maintain the manufacturer's specification for dishwasher rinse cycle temperatures of a minimum of 180 degrees Fahrenheit at F812. They were asked for an immediate removal plan. The current resident census was 52.</p> <p>Interview on [DATE] at 1:18 p.m. with Admin A and the survey team coordinator revealed:</p> <p>*He requested to speak with the survey team coordinator.</p> <p>*He stated he felt like this was certainly tag worthy but from an immediate jeopardy perspective I feel like that is incredibly out of proportion.</p> <p>*He stated, Within five minutes of that temperature being off, it was corrected.</p> <p>*He stated, I would completely understand a tag associated with that, and for corrective action and for not documenting it.</p> <p>*He stated he understood the deficiency was warranted but was concerned with the repercussions from an IJ severity deficiency.</p> <p>*The survey team coordinator asked about the IJ removal plan and stated the team needed to review the provider's IJ removal plan to continue with the process.</p> <p>On [DATE]:</p> <p>*At 1:31 p.m. the removal was received.</p> <p>*At 2:17 p.m. the removal was accepted.</p> <p>On [DATE]:</p> <p>*At 4:06 p.m. while on-site the survey team verified the immediacy was removed.</p> <p>Plan:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Survey [DATE] Removal Plan</p> <p>After evaluation and meeting with the survey team, the recipients who could have suffered from this situation are the residents at [NAME] Home [NAME] on Maple Valley and Cottonwood Court as those were the neighborhoods that had temperature readings below 180 degrees.</p> <p>Neighborhood Dish Machine POC [plan of correction]:</p> <p>On [DATE], the Environmental Services Director calibrated the dish machines on all neighborhoods to increase the temperature of the rinse cycle. Both dish machines on Cottonwood Court and Maple Valley did reach the required temperature of 180 degrees before recalibration. All rinse cycles reached at least 180 degrees F [Fahrenheit] after changes made.</p> <p>Beginning [DATE], a dish machine temperature log was implemented on all neighborhood dish machines.</p> <p>IDT [interdisciplinary team] reviewed and revised the policy and procedures related to dish machine temperature logs and the sanitation of dishes/dish machines on [DATE].</p> <p>Beginning [DATE], all staff responsible for using the neighborhood dish machines will be educated on the policies and procedures related to the dish machine temperature log and the sanitation of dishes/dish machines. All nursing and dietary staff will be educated on this policy by [DATE] via personal in-service. [Admin A initials] [DATE].</p> <p>Beginning [DATE], all staff responsible for using the neighborhood dish machines will be educated that if the dish machines do not reach 180 degrees F, they are to contact the Environmental Services Director.</p> <p>Beginning [DATE], the Dietary Director, or designee, will audit the dish machine temperature logs. Audits will be daily for four weeks and weekly for two more months.</p> <p>The Dietary Director or designee will present the findings of the audit to the QAPI [Quality Assurance and Performance improvement] committee at their quarterly meeting for review and recommendation.</p> <p>The immediate jeopardy was removed on [DATE] at 4:06 p.m. after verification that the provider had implemented their removal plan. After the removal of the immediate jeopardy, the scope and severity of the citation level was F with guidance from the long-term care advisor for the South Dakota Department of Health.</p> <p>The current resident census was 52.</p> <p>Review of the provider's [DATE] Kitchen Sanitation Policy revealed:</p> <p>*Purpose: To establish responsibilities for maintaining a clean and sanitary kitchen environment.</p> <p>*Responsibilities:</p> <p>-Dietary Director</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER Bethany Home - Brandon		STREET ADDRESS, CITY, STATE, ZIP CODE 3012 E Aspen Blvd Brandon, SD 57005	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>--Establish and maintain sanitary standards of cleanliness and food handling practices.</p> <p>--Ensure proper maintenance, operation and cleaning of all equipment.</p> <p>-Environmental Services:</p> <p>-- Preventative maintenance will be performed on equipment in the Nutrition Service Department.</p> <p>*Equipment Maintenance:</p> <p>-All equipment used by Nutrition Services meets standards of the State Department of Health</p> <p>-The dishwasher is maintained and operated according to manufacturer's instructions. Hot water dish machines need to run at at 155 degrees for wash cycle and minimum of 180 degrees for rinse cycle.</p> <p>-Temperature/appropriate sanitation levels are checked & recorded daily.</p> <p>-All work surfaces and utensils are cleaned and sanitized after each use.</p> <p>-Cleaning schedules are posted & include frequency, position responsible & off when completed.</p> <p>Review of the provider's [DATE] Sanitizer Preparation Policy revealed:</p> <p>*Purpose: Established the procedure to test sanitation solution for surface cleaning.</p> <p>*Prepare the sanitizer bucket according to the manufacturer's recommendation.</p> <p>*Check expiration date on test strip canister to ensure they are not expired.</p> <p>*Log what results are given by the test strip.</p> <p>49238</p> <p>2. Observation on [DATE] at 11:30 a.m. of resident 25 being served lunch revealed:</p> <p>*Hospice certified nursing assistant (CNA) V assisted her to eat a sandwich.</p> <p>-She assisted with her bare hands giving her bites off the sandwich.</p> <p>-She then began cutting the sandwich with a fork and fed her bites from the fork but went back to handling the sandwich with her bare hands.</p> <p>Interview on [DATE] at with CNA V revealed she did not use gloves when she assisted residents to eat. She stated she would wash her hands or use hand sanitizer.</p> <p>Interview on [DATE] at 2:35 p.m. with director of nursing (DON) B revealed that CNA V should have worn gloves when handling the ready to serve sandwich. She stated she would have had the same training as her CNAs for handling ready to serve foods.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 3:00 p.m. with DON B regarding orientation of a Hospice nursing assistant revealed they would shadow with one of her CNAs for one day. She did not have anything in writing or have them sign anything.</p> <p>Interview on [DATE] at 11:57 p.m. with CNA V revealed:</p> <p>*She stopped this surveyor in the hall and stated, I should have worn gloves when handling resident 25's sandwich, I can't believe I did that. she stated she had more training yesterday [DATE].</p> <p>Review of the provider's General Food Preparation and Handling policy dated [DATE] revealed, 5. Equipment f. Use tongs or other serving utensils to serve breads or other items. Never touch food directly with bare hands.</p>		