

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A073	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2025
NAME OF PROVIDER OR SUPPLIER Sanford Chamberlain Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 300 S Byron Blvd Chamberlain, SD 57325	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Number of residents sampled:</p> <p>Number of residents cited:</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview, record review and policy review the provider failed to have physician orders for therapeutic leaves, to ensure no disruption in wound cares and scheduled medications supplies for care were available and sent with one of one sampled resident (33) who left the facility for therapeutic leave home visits. Findings include: 1. Interview on 8/13/25 at 8:43 a.m. with resident 33 revealed: *He would leave the facility for therapeutic leaves. *He made his own decisions. *He used his wheelchair for mobility. Review of resident 33 electronic medical record (EMR) revealed: *Resident 33 made his own decisions. *There was no physician's order to complete a head-to-toe assessment when he returned from therapeutic leave. *There was no physician's order for his therapeutic leave home visits *His therapeutic leave was not addressed on his care plan. *Resident 33 had the diagnoses of:- Pressure ulcer of sacral region, Shortness of breath, hypertension [high blood pressure], localized edema [swelling], pain, thrombocytopenia [low blood cells], Type 2 diabetes mellitus [insulin dependent] with foot ulcer [wound], peripheral vascular disease [narrowed blood vessels], iron deficiency anemia [not enough healthy blood cells to carry oxygen], alcohol dependence [alcohol use disorder], Insomnia [sleep disorder], Rash and other skin eruption, Methicillin resistant Staphylococcus aureus infection [bacteria resistant to antibiotics], hyperlipidemia [high levels of fat particles in the blood] , Osteomyelitis of vertebra [infection of the spine], sacral and sacrococcygeal [infection of the bone and bone marrow in the lower back] region, Gastro-esophageal reflux. *Resident 33 had physician's orders for medications including:-Albuterol sulfate inhaler (to treat difficulty breathing), amlodipine (treat blood pressure, Aldactone (helps the body get rid of excess fluid), diclofenac (used to treat swelling), aspirin (can treat pain, headaches, and swelling), calcium carbonate, (dietary supplement), clopidogrel (prevent blood clots), famotidine (reduce stomach acid), ferrous sulfate (iron supplement), folic acid (form of vitamin B), furosemide (for excess fluid), hydrocodone-acetaminophen (for pain), Lantus Solisotat insulin (regulates blood sugar), Lipitor (lowers cholesterol levels in the blood), losartan (treats high blood pressure), melatonin (regulates sleep), novolog flexpen Insulin (control high blood sugar), nystatin (antifungal medication), pantoprazole (treats acid reflux), potassium (chloride treats low blood potassium levels), lisinopril (treats high blood pressure). *Resident 33 was to receive treatments that included: Diabetic foot and nail care by charge nurse weekly, Heel lift boot to bilateral lower extremities at night, lymphedema pumps [compression device] to bilateral [both] extremities twice a day for 45 minutes, multipodus boot [a type of ankle-foot boot to treat various foot and ankle conditions] to the right lower extremities at all times, Santyl (colligenase clostridium histo) [ointment that removes dead tissue] twice a day applied to right heel, right 3rd toe, left transmetatarsal amp [amputation] site, apply twice daily then cover with dakins [Dakin's a brand of wound disinfectant] moistened gauze, ABD [gauze] pad, wrap with Kerlex [gauze bandage roll], Wear Tubi Grips [support bandage] for edema daily, weekly skin/wound assessment one [once] a day on Thursday, zinc oxide [prevent rash] one [once] a day cleanse with sage wipes [bacteria wipe] and wound cleanser and gauze. Apply Z guard [prevent skin irritation] to wound bed area. Cover with sacral bordered dressing [foam bandage]. Dakin's solution (sodium hypochlorite) [wound disinfectant] every shift, Cleanse bilateral extremities with soap and water, cleanse open areas with wound cleanser and gauze. Apply clear aide to peri wound, apply dakin's [Dakin's] 0.125 % to moistened 2x2 gauze to open areas left achilles [heel]/ankle and posterior leg. Cover with dry gauze or abd pad as needed for drainage. Secure with Kerlix and tape. Tubigrip size G from toes to new bilateral lower extremities. Apply HLB to bilateral feet when in bed. Change dressings twice daily 4th and 5th toes-apply Dakins moistened gauze, cover all with ABDs, Kerlix, Edema wear from toes to knee on bilateral extremities. Aquaphor original (white petrolatum) one [once] a day apply moderate amount topically every day to right and left lower legs and feet. Bed Bugs notify maintenance: when [resident 33] returns from leave outside of facility, notify maintenance ASAP [as soon as possible] to come check and clean belongings, wheelchair, linens, etc. for bed bugs. Interview on 8/14/25 at 12:56 p.m. with licensed practical nurse (LPN) I regarding resident 33 revealed: *She confirmed resident 33 would leave the facility for therapeutic leave home visits. *His briefs and extra clothes would be sent with him for those home visits. *She stated they did not have a physician's order to send his medications with him and his medications were not sent with him, and she did not think wound supplies were sent out with him on those leaves, but thought he could get care from another care provider while out on those visits but did not know if he did. *She was aware he had come back with maggots in his wounds one time. *She stated after that incident resident 33 would receive a shower when he returned to the facility would be assessed from head</p>		

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<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>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and policy review the provider failed to follow standard food safety practices, maintaining sanitary conditions in the kitchenette on [NAME]-wing, and processes to prevent foodborne illnesses for: *One of one cook (H) who had not worn gloves or performed hand hygiene (handwashing) while serving one of one sampled resident's (4) food items to prevent foodborne illnesses. Findings include: 1. Observation on 8/14/25 at 8:15 a.m. with cook H while preparing a meal for resident 4 in the kitchenette of [NAME]-wing revealed he: *Did not wash his hands or put on gloves. With his bare hands, he removed a Ziploc bag of frozen sausage links out of the refrigerator freezer and placed them on a plate. *Touched the panel of the microwave to enter a cook time and put the plate with the sausage links in the microwave. *Took one raw egg, broke it open into a frying pan on the stove top. *Touched the top surface of the plate he placed the food on. *Touched the spatula on the counter. *Touched a dirty towel that was on the counter. *Touched his eyeglasses that he was wearing. *Removed the plate with the sausage links from the microwave. *Removed the cooked egg from the frying pan, with the same spatula he had touched the counter with and placed it onto the plate. *Did not check the temperature of the sausage or the egg. *Removed two slices of bread from a bagged loaf of bread. *Placed those two slices of bread into the toaster and touched the toaster knob to toast the bread. *Removed the 2 slices of toasted bread and buttered them with a knife. *Served resident 4 that plate of food. *He did not wear gloves or wash his hands at any time during the above observation. Observation on 8/14/25 at 8:20 a.m. of the dining area on [NAME]-wing revealed: *An opened tub of butter without a lid on it. A large butter knife was resting on top of it the butter tub, and both contained a significant amount of food crumbs. *There were several uncovered 8-ounce cups of milk and juice sitting on a serving cart that were open. Several residents and staff were observed entering and exiting the areas where they were. Interview on 8/14/25 at 8:17 a.m. with Registered Nurse (RN) K revealed: *Residents could choose what they would like to eat for breakfast. -He indicated that the kitchen cooking staff would make resident requests for foods such as fried eggs, sausage, and toast. Interview on 8/14/25 at 8:41 a.m. with cook H revealed he: *Had not used gloves or completed hand hygiene while he prepared the breakfast food items for resident 4. *Should have used gloves and hand hygiene while preparing meals in the kitchenette. *Had not checked the temperature of the sausage links and the egg prior to serving them to the resident, but he should have. Further interview and observation on 8/14/25 at 8:47 a.m. with cook H in the kitchenette of [NAME]-wing revealed he: *Verified the internal temperature of the Malt O Meal hot cereal was 185-degrees Fahrenheit (F) and the internal temperature of the eggs was 162-degrees F. Those foods were in metal bins on the serving cart warmer. -Documented those temperatures on the food service temperature log for [NAME] kitchen. -Verified he had not temp checked the temperatures of the Malt O Meal hot cereal or the eggs when they were delivered from the main kitchen at 7:00 a.m. -Verified the temperature of the hot Malt O Meal cereal and the eggs had not been checked prior to being served to the residents. *He indicated the uncovered cups of milk and juice without lids sitting on the serving cart, were to be served to residents who had not yet had their breakfast. -Those had been sitting uncovered at room temperature since 7:30 a.m. Interview on 8/14/25 at 8:54 a.m. with nursing assistant (NA) F revealed: *The residents on [NAME] wing were assisted to the dining room starting at 7:00 a.m. *She had indicated that there had not been any residents who had been sick with any gastrointestinal symptoms. Interview on 8/14/25 at 9:10 a.m. with director of nursing (DON) B revealed: *He expected dietary cook H wear gloves and to completed hand hygiene while preparing and serving food to residents. Interview on 8/14/25 at 9:30 a.m. with dietary manager E revealed: *She expected the dietary staff to wear gloves and to complete hand hygiene while preparing food for the residents. *She expected the dietary staff to check the food temperatures before they were served to residents to ensure they were within the safe temperature ranges. Interview on 8/14/25 at 9:49 a.m. with resident 4 revealed: *He confirmed that cook H had made him one fried egg, 3 sausage links, and toast with butter on it for breakfast. -He stated, It tasted fine. Interview on 8/14/25 at 10:50 a.m. with administrator A and business office manager (BOM) J revealed: *They felt improper hand hygiene and glove use by staff was a major concern. *They had indicated that they had already spoken with dietary cook H and all the staff who had been working in the main kitchen about improper hand hygiene and glove use. Interview on 8/14/25 at 3:48 p.m. with quality measures control program/infection preventionist (IP) G revealed the facility had an infection prevention and control program that included specific policies for hand washing and</p>		