

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Kadoka Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 605 Maple St W Kadoka, SD 57543	

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>40788</p> <p>Based on observation, interview, record review, and policy review, the provider failed to adhere to professional standards of care by not ensuring medications were taken by four of four observed residents (3, 9, 14, and 19) at the time those medications had been administered by one of one unlicensed medication aide (UMA) (I) and one of one licensed practical nurse (LPN) (J). Findings include:</p> <p>1. Observation and interview on 4/14/25 with resident 14 in the dining room revealed:</p> <p>*At 5:30 p.m. a blue, oval-shaped pill, and a round salmon-colored pill were in a medication cup on the dining table in front of the resident.</p> <p>*Resident 14 sat between two female residents at that table.</p> <p>-The table was located near the entrance to the kitchen and around the corner from the medication cart.</p> <p>*At 5:45 p.m. the above medications remained in the medication cup.</p> <p>-Resident 14 stated she wanted to eat something first before she had taken those pills.</p> <p>*At 6:05 p.m. the medication cup was empty.</p> <p>2. Continued observation in the dining room of resident 9 revealed:</p> <p>*At 5:35 p.m. UMA I placed a powdered substance in the resident's cup of thickened juice, and stirred it using a straw.</p> <p>-The powdered substance had not dissolved in the thickened juice and small clumps of the powder were seen inside the cup.</p> <p>*UMA I encouraged resident 9 to drink the contents of the cup, then walked back to her medication cart and continued with other residents' evening medication administrations.</p> <p>*At 6:15 p.m. the above juice glass was mostly empty. Small bits of clumped powder were seen along the inside and bottom of that cup.</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>3. Continued observation in the dining room and interview with resident 19 revealed:</p> <p>*At 5:50 p.m. resident 21 leaned over from her dining room chair and picked up a white pill from the floor.</p> <p>-She handed that pill to resident 19, who then placed it into her mouth and swallowed it.</p> <p>*Resident 19 stated that pill was just a calcium pill.</p> <p>4. Observation and interview on 4/15/25 at 7:35 a.m. with resident 3 in the dining room revealed:</p> <p>*She had picked up a medication cup on the table in front of her and drank the clear-colored substance inside that cup.</p> <p>-She had not known what she had drunk from that cup, but she thought it was medicine.</p> <p>5. Review of residents 14, 9, 19, and 3's electronic medical records revealed:</p> <p>*Resident 14's 1/23/25 Basic Interview for Mental Status (BIMS) assessment score was a 9. That indicated she had moderate cognitive impairment.</p> <p>*Resident 9's 2/28/25 BIMS assessment score was 14. That indicated he was cognitively intact.</p> <p>*Resident 19's 1/25/25 BIMS assessment score was 15. That indicated she was cognitively intact.</p> <p>*Resident 3's 2/27/25 BIMS assessment score was 9. That indicated she had moderate cognitive impairment.</p> <p>*None of the above residents had a physician's order or an assessment completed that supported their ability to have self-administered their medications.</p> <p>Interview on 4/15/25 at 3:20 p.m. with UMA I and LPN J regarding the above medication administrations revealed:</p> <p>*UMA I confirmed having left residents 14 and 19's medication cups on their tables without having ensured that those residents had taken the prescribed medications in those cups.</p> <p>*The powder UMA I had added to resident 9's thickened juice was a physician-ordered fiber supplement.</p> <p>-The resident was unable to drink the entire cup of thickened juice at one time, so she observed the juice cup periodically during the meal service to ensure the contents had all been consumed by the resident by the end of the meal service.</p> <p>*UMA I and LPN J had known resident 9 took his fiber supplement in a gummy form in the past. They felt that allowed staff to confirm the supplement was taken at the time of its administration.</p> <p>(continued on next page)</p>

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40788</p> <p>Based on observation, interview, record review, and facility assessment review, the provider failed to ensure:</p> <p>*One of one sampled resident (20) had been screened for post-traumatic stress disorder (PTSD) upon being admitted to the facility.</p> <p>*The implementation of a trauma informed care program.</p> <p>Findings include:</p> <p>1. Observation and interview on 4/15/25 at 10:00 a.m. with resident 20 in his room revealed he:</p> <p>*Was a well-groomed, heavy-set man who sat in his wheelchair during the interview.</p> <p>*Was never married, but he had a sister who was involved with his care.</p> <p>*Had lived in the facility for about 18 months. He wanted to live on his own again or in an assisted living facility.</p> <p>*Had a history of health conditions that included heart disease, a stroke that had affected his left side, and a fall that had caused a brain bleed.</p> <p>-Had a new diagnosis of leukemia, but he was not certain what his treatment course was.</p> <p>-Had breathing issues he attributed to the inhalation of jet fumes while he was in the military.</p> <p>*Had served during the Vietnam War on an aircraft carrier.</p> <p>-Had seen planes land on that carrier with visible signs of having been shot at by enemy fire.</p> <p>-Had not given his mother any details regarding his military assignment to protect her from worrying about him.</p> <p>-Was not recognized for his military service with a parade or a celebration when he was discharged from the service. *Confirmed he had anxiety and depression mostly related to his loss of independence. He denied the need for counseling services, but he was taking medication for those conditions.</p> <p>Review of resident 20's electronic medical record (EMR) revealed:</p> <p>*He was admitted to the facility on [DATE].</p> <p>*He was taking an anti-depressant medication once daily and an anti-anxiety medication twice daily.</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*In addition to the above diagnoses reported by the resident, he also had a history of suicidal ideations diagnosed on [DATE].</p> <p>*His 2/22/25 Brief Interview for Mental Status assessment score was 15. That indicated his cognition was intact.</p> <p>*Social services designee (SSD)/registered nurse (RN) D's 2/24/25 progress note indicated: he [resident 20] does have a history of being verbally abusive to staff and mocks other residents, this behavior has improved and this behavior is monitored. He has had occasional outbursts with staff when he becomes frustrated, none in this assessment period. [Resident 20] has been counseled and redirected with this negative behavior.</p> <p>-Resident 20 had refused mental health services. There was no mention of his past military service or potential trauma.</p> <p>On 4/15/25 at 1:50 p.m. a trauma-informed care assessment for resident 20 was requested from director of nursing (DON) B, assistant DON C, SSD/RN D, and Minimum Data Set (MDS) coordinator K.</p> <p>*They confirmed there was no such assessment completed for resident 20. They did not have a process to have assessed residents for trauma history.</p> <p>-They agreed resident 20 may have been at risk for trauma related to his military service.</p> <p>*The provider had no Trauma-Informed Care policy.</p> <p>Review of the provider's Facility Assessment last reviewed and updated in November 2024 revealed:</p> <p>*Part 2: Services and Care We Offer Based on our Residents' Needs:</p> <p>-Specific Care or Services had included: Manage medical conditions and medication-related issues causing psychiatric symptoms and behavior, identify and implement interventions to help support individuals with issues such as trauma/post-traumatic stress disorder (PTSD) .</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47780</p> <p>Based on observation, record review, interview, and policy review, the provider failed to ensure:</p> <p>*One of one low-temperature dishwasher consistently met the required minimum wash and rinse temperatures for proper sanitation.</p> <p>*Temperature monitoring and documentation was completed consistently for one of one dishwasher temperature logs.</p> <p>Findings included:</p> <p>1. Observation on 4/14/25 at 12:35 p.m. in the kitchen revealed:</p> <p>*The mechanical dishwashing machine had a label on it that read:</p> <p>-Wash Temperature 120 degrees F [Fahrenheit] minimum.</p> <p>-Rinse Temperature 120 degrees F minimum.</p> <p>*The logs for the dishwasher temperatures for April 2025 were on the counter and included:</p> <p>-Columns to record Wash/Rinse Temp/IN [initials] for each of the three mealtimes listed as Breakfast, Lunch', and Supper.</p> <p>-Each column had only one recorded temperature.</p> <p>-Those temperatures ranged from 111 to 134 degrees F.</p> <p>--Fifteen of those recorded temperatures were not at the minimum wash/rinse temperature of 120 degrees F.</p> <p>*Review of additional dishwasher temperature logs revealed:</p> <p>-For March 2025:</p> <p>- Columns to record Wash/Rinse Temp/IN for each of the three mealtimes Breakfast, Lunch', and Supper.</p> <p>-Each column had only one recorded temperature.</p> <p>-Those temperatures ranged from 103.7 to 132.3 degrees F.</p> <p>--Twenty-four of those recorded temperatures were not at the minimum wash/rinse temperature of 120 degrees F.</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 - Many</p>	<p>*For February 2025:</p> <ul style="list-style-type: none"> -Columns to record Wash/Rinse Temp/IN for each of the three mealtimes Breakfast, Lunch', and Supper. -Each column had only one recorded temperature. -Those temperatures ranged from 97 to 130.5 degrees F. --Eighteen of those recorded temperatures were not at the minimum wash/rinse temperatures of 120 degrees F. <p>*For January 2025:</p> <ul style="list-style-type: none"> -Columns to record Wash/Rinse Temp/IN for each of the three mealtimes Breakfast, Lunch', and Supper. -Each column had only one recorded temperature. -Those temperatures ranged from 85 to 137.8 degrees F. --Twenty-five of those recorded temperatures were not at the minimum wash/rinse temperatures of 120 degrees F. <p>2. Observation and record review on 4/14/25 at 12:45 p.m. in the kitchen revealed:</p> <p>*The dishwasher temperature monitoring sheets had several unrecorded temperatures that included:</p> <ul style="list-style-type: none"> -April 2025 had 7 unrecorded temperatures out of 40 opportunities. -March 2025 had 15 unrecorded temperatures out of 93 opportunities. -February 2025 had 36 unrecorded temperatures out of 84 opportunities. -January 2025 had 32 unrecorded temperatures out of 93 opportunities. <p>3. Interview on 4/14/25 at 12:53 p.m. with dietary manager (DM) E revealed:</p> <ul style="list-style-type: none"> *She had been employed with the facility as the DM since 7/29/24. *She knew about the low temperatures of the dishwasher since she had started as the dietary manager. *She had called the service department from whom they leased the dishwasher, he came to the facility four times to service the dishwasher and was able to get the rinse and wash temperatures to a minimum of 120 degrees F. <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 - Many</p>	<p>-He had been coming to the facility to service the dishwasher and had told the facility they needed a holding tank.</p> <p>-She was unsure of when maintenance had installed the holding tank.</p> <p>*She agreed there were several unrecorded temperatures on the dishwasher temperature logs.</p> <p>*She had tried to check the dishwasher temperature logs monthly but had gotten busy and forgotten to check them.</p> <p>4. Observation and interview on 4/15/25 at 8:13 a.m. in the kitchen with dietary staff G revealed:</p> <p>*She stated she was running the dishwasher to see what the thermometer read.</p> <p>-It had read 117 degrees F for the wash temperature, she did not wait for the thermometer to read the rinse temperature.</p> <p>*She stated she had to run the dishwasher again to get the thermometer to read 120 degrees F or above.</p> <p>*On the second cycle, the wash temperature was 123 degrees F, and the rinse temperature was 127 degrees F.</p> <p>5. Interview on 4/15/25 at 8:25 a.m. with maintenance manager F revealed he had installed the holding tank on 1/7/25.</p> <p>6. Interview on 4/15/25 at 9:20 a.m. with chief operating officer (COO) A regarding the low dishwasher temperature readings revealed:</p> <p>*She thought the holding tank that was installed on 1/7/25 had fixed the problem.</p> <p>*She expected the kitchen staff to have notified the DM of the dishwasher low temperature readings.</p> <p>*She had talked to the service department that they leased the dishwasher from, and they discussed options if the temperature problem did not resolve.</p> <p>*She confirmed there had been no gastrointestinal outbreak in the facility.</p> <p>7. Interview on 4/15/25 at 4:45 p.m. with dietary staff H regarding the low dishwasher temperature readings revealed she:</p> <p>*Had written temperatures on the dishwasher temperature log below 120 degrees F.</p> <p>*Stated she knew the dishwasher temperature needed to be 120 degrees F or above.</p> <p>*Did not notify the dietary manager of the low dishwasher temperature readings.</p> <p>8. Review of the provider's 11/1/23 Dish Machine Temperature Log policy revealed:</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 - Many</p>	<p>OBJECTIVE: Dishwashing staff will monitor and record dish machine temperatures to ensure proper sanitizing of dishes.</p> <p>Procedure:</p> <ul style="list-style-type: none"> *1. The dishwashing staff will be provided a log for daily temperature tracking. *2. The food service manager will train dishwashing staff to monitor [the] dish machine temperature throughout the dishwashing process. *3. Staff will be trained to record dish machine temperatures. *4. Dishwashing staff will be trained to report any problem with the dish machine to the food service manager as soon as they occur. *5. The food service manager will assess any dish machine problems and take action to assure sanitation of dishes.