STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43A135	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastern Star Home of South Dakota, Inc	126 W 12th Avenue Redfield, SD 57469

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 45383 49958 Based on observation, interview, record review, and policy review, the provider failed to ensure resident care plans were revised to reflect the current enhanced barrier precautions (EBP) of eight of twenty sampled residents (1, 3, 6, 19, 21, 23, 27, and 28). Findings include: Refer to F880. Interview on 7/18/24 at 11:34 a.m. with Minimum Data Set (MDS)/infection preventionist (IP) C revealed: *It was her responsibility to complete the care plans. -Care plans were completed on admission, quarterly, and whenever things change. *She expected EBP to have been on the care plans, and a sign to have been on the doors to inform staff of residents with catheters, indwelling feeding tubes, and open wounds. *She confirmed that the care plans had not been updated to indicate EBP for any residents. *She had not been aware that some resident room doors were still not marked with a sign to indicate EBP. Review of residents 1, 3, 6, 19, 21, 23, 27, and 28's care plans revealed: *They had not been revised to indicate the need for EBP. Review of the provider's 10/07/21 Care Planning policy revealed, The facility will notify the resident and/or resident representative in advance of care to be furnished . as well as changes to the plan of care.

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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(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 - Immediate jeopardy to resident health or safety Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49958 Based on observation, interview, record review, and policy review, the provider failed to maintain the dishwasher wash cycle temperature at a minimum of 120 degrees Fahrenheit per the manufacturer's manual for one of one dishwasher. Failure to ensure that increased the potential risk of foodborne illnesses for the entire resident population who received meals prepared in the kitchen. Findings include: 1. Observation and interview on 7/17/24 at 10:58 a.m. with cook G in the kitchen revealed: *The wash cycle temperatures on The Dishwashing Machine Temperature log was recorded as follows: -7/13/24 Breakfast 100 degrees Fahrenheit, dinner 112 degrees Fahrenheit, supper 108 degrees Fahrenheit. -7/14/24 Breakfast was left blank, dinner 106 degrees Fahrenheit, supper was left blank. -7/15/24 Breakfast was left blank, and dinner 115 degrees Fahrenheit, supper was left blank. -7/16/24 Breakfast was 108 degrees Fahrenheit, dinner was left blank, and supper was left blank. -7/17/24 Breakfast 105 degrees Fahrenheit. *There were 19 wash, rinse, and chemical sanitation level checks missing out of 49 opportunities. *There had been only 2 wash cycle temperatures recorded at 120 degrees Fahrenheit or higher for July. -One on 7/6/24 for 120 degrees Fahrenheit at dinner and a second on 7/8/24 for 120 degrees Fahrenheit at dinner. *Dishwasher temperatures are completed after each meal. *After the fifth wash cycle the dishwasher wash temperature reached 115 degrees Fahrenheit on the machine's external thermometer. Observation and interview on 7/17/24 at 3:34 p.m. with cook D and dietary aide F in the kitchen revealed: *A dishwasher-safe thermometer runs through the dishwasher multiple times recorded temperatures between 100 and 105 degrees Fahrenheit. *Cook D confirmed that the dishwasher machine's external thermometer read the same temperature as the thermometer that had been sent through the dishwasher with each cycle. (continued on next page)

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F 0812 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	*Dietary Aide F stated The wash temperature should be 120 degrees Fahrenheit. *The dishwasher machine had been serviced monthly by the vendor. Interview on 7/17/24 at 3:49 p.m. with administrator A revealed. *There had been no gastrointestinal illness in the past three months. *She expected dietary staff to notify the dietary manager, the maintenance department, or her when the dishwasher had low-temperature readings. *She had not been notified of any dishwasher low-temperature readings. *ECOLAB comes monthly to service the dishwasher. Review of the 2/28/24 Regular Service Call report from ECOLAB revealed: *Wash Temperature: 100 Fahrenheit. *Monitor wash temp for compliance to protect guests, reputations, and machine efficiency. *Wash temp is hitting 100 degrees. Interview on 7/18/24 7:50 at a.m. with administrator A revealed she: *Had spoke with the ECOLAB representative and had been reassured that the dishwasher is sanitizing the dishes with the chemicals. *Was aware that the manufacturer's specification stated that the wash temperature minimum was 120 degrees Fahrenheit. *Expected dietary staff to run the dishwasher until it is temping at 120 degrees before running dishes through. Notice: Notice of immediate jeopardy was given verbally and in writing on 7/18/24 at 9:10 a.m. to administrator A of the immediate jeopardy related to failure to maintain the manufacturer's specification for dishwasher wash temperatures of a minimum of 120 degrees Fahrenheit at F812. She was asked for an immediate removal plan. On 7/18/24: *At 12:19 p.m. the removal was received. *At 12:23 p.m. the removal was accepted. On 7/18/24: (continued on next page)

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F 0812 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	*At 1:00 p.m. while on-site the survey team verified the immediacy was removed. Plan: 1. Dietary staff were instructed to use paper plates and bowls and to use the three-compartment sink for cleaning and sanitizing of all utensils/pots/pans, etc. that are not disposable. (7/17/2024 prior to supper meal). 2. Administrator met with Dietary staff on both 7/17/2024 (prior to supper meal) and 7/18/2024 (prior to morning preparation) and reviewed the policy and procedure on the use of the three-compartment sink as well as instructions located above the three-sink area. 3. Administrator spoke with the representative from ECO Lab ([Name]) on 07/17/2024 concerning this noncompliance. Recommendation to install a booster water heater to our current dishwasher unit. (This dishwasher unit is rented and maintained from ECO Lab). 4. Administrator spoke with [Name] ([Name] Heating and Cooling) on 07/17/2024 following the phone call with [Name] from ECO Lab and arranged for a service call to be completed on 07/18/2024 to complete wiring for the installation of the booster water heater. 5. [Name] Heating and Cooling presented to facility at 1020 on 07/18/2024. Conversation was held with [Name] from [Name] Heating and Cooling and [Name] from ECO Lab via phone. [Name] from ECO Lab and [Name] from [Name] Heating and Cooling will be installing the booster water heater on 7/19/2024 in the am. 6. Administrator completed and implemented new Dishwasher Temperature Policy and Low-Temperature Dishwasher Chart on 07/18/2024. 7. Dietary Staff mandatory education will be held on 07/18/2024 to review the Dishwasher Temperature Policy and Procedure as well as the Low-Temperature Dishwasher Chart. 8. Daily audits to ensure compliance with the dishwasher temperature will be completed by this Administrator x 30 days and will report findings to the QAPI Committee. Following 30 days of continuous compliance daily audits will change to weekly audits x 3 months. The continuation of audits will be reviewed monthly during QAPI Committee meetings. The immediate jeopardy was removed on 7/18/24 at 1:00 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. Review of the ECOLAB Installation & Operation Manual revealed: *Temperatures: WASH---*F [degrees Fahrenheit] (MINIMUM) 120 Review of the providers November 1, 2017 Cleaning Dishes Policy revealed: *Dishes and cookware will be washed and sanitized after each meal. (continued on next page)

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F 0812 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	*Current dishwasher is a chemical sanitizing machine; temperature needs to be between 90 and 110 degrees. PPM [parts per million of chemical sanitizer solution] will be check[ed] using test strips three times daily during heavy use and must read between 50-[and] 100 PPM. *The facility policy did not accurately reflect the manufacturer's specification for maintaining the minimum wash temperature.

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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. 45383 Based on observation, interview, and policy review the provider failed to ensure: *One of one sampled resident (10) who was on precautions for Clostridium Difficile (C-Diff) had their room cleaned with bleach by one of one housekeeping staff (K). *Eight of eight sampled residents (1,3,6,19,21,23,27, and 28) had been placed on enhanced barrier precautions (EBP). 1. Observation of resident 10's door to her room revealed there was a red P and a drawered storage container that contained personal protective equipment (PPE). Interview on 7/16/24 at 9:00 a.m. with medication aide/certified nursing assistant (CNA) M regarding precautions for resident 10 revealed she had C-Diff. Interview on 7/16/24 at 9:30 a.m. with housekeeper K regarding the cleaning of resident 10's room revealed she: *Had used Lysol to clean the top of surfaces and sprayed into sinks. *Had used AF79 concentration for cleaning the toilets. *Had pH7 ultra had been used to clean the room floors. *Would have used pH7Q Dual to clean up any bodily fluids. Interview on 7/16/24 at 10:15 a.m. with licensed practical nurse (LPN) L regarding resident 10's C-Diff revealed: *Resident 10 had been taking an antibiotic for her infection, but was not currently taking one. Interview on 7/16/24 at 10:57 a.m. with Minimum Data Set (MDS)/infection preventionist (IP) C regarding the cleaning of a room with a resident on C-Diff precautions revealed: *She was not aware that housekeeping had not cleaned with bleach. *They discuss precautions in the morning meeting. *She had not been aware of the need for enhanced barrier precautions for residents with catheters, indwelling feeding tubes, and open wounds. Interview on 7/16/24 at 11:23 a.m. with housekeeper K regarding education on cleaning resident rooms with C-Diff precautions revealed: *She had not received any education before today on using bleach to clean the rooms. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	*She had worked here for almost two years. Observation and interview on 7/16/24 at 8:16 a.m. with resident 21 while seated in her recliner revealed she had a catheter due to her not being able to pee. *There had not been any signage on her room to indicate EBP. Interview on 7/16/24 at 10:16 a.m. with LPN L regarding residents with open wounds requiring dressing changes revealed resident 3 had a daily dressing change and resident 27 had dressing changes twice a day. Observation on 7/16/24 at 10:30 a.m. of resident 3 and 27's doors revealed there had not been any signage indicating EBP. Observation on 7/16/24 at 2:14 p.m. of resident 1 while lying in her bed and LPN L administering medication via her feeding tube revealed: *Resident 1 had any signage on her door to indication EBP. *LPN L had worn PPE while administering medication to resident 1. 49958 2. Observation and interview on 7/16/24 at 9:24 a.m. with resident 23 revealed: *She had a urinary catheter and wore a leg bag. *Nursing staff assisted her with her catheter. -She stated, They wear gloves but not a gown. *There had not been any signage on the door that indicated EBP. Observation on 7/16/24 at 10:19 a.m. with resident 19 revealed: *A urinary catheter bag was hung from the night table drawer. *There had not been any signage on the door that indicated EBP. Observation on 7/16/24 at 2:07 p.m. with resident 28 revealed: *A urinary catheter bag in a basin on the floor next to his recliner. *There had not been any signage on the door that indicated EBP. Observation and Interview on 7/16/24 at 2:18 p.m. with resident 6 revealed: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	*She had seen the physician today for sores, like fever blisters on her right lower leg that were open areas. *She stated that staff had worn gloves but not gowns when they assisted her. *There had not been any signage on the door that indicated EBP. 3. Review of the provider's January 2024 Management of C. [Clostridium] Difficile Infection revealed: *Housekeeping staff shall adhere to standard and contact precautions. *Perform daily cleaning of the resident's room and high touch surfaces using bleach wipes or bleach/water ratio solution (3/4 cups bleach to 1 gallon of water). Review of the provider's July 2023 Indwelling Catheter Care policy revealed: *Implement EBP and apply gloves and gown. Review of the provider's July 2024 Tube Feeding policy revealed: *Implement Enhanced Barrier Precautions.