

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Flandreau Santee Sioux Tribe Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 909 Jones Dr Flandreau, SD 57028	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on observation and interview, the provider failed to ensure two of two medication carts had not contained expired medications that were available for administration to residents. Findings include: 1. Observation on 8/7/25 at 10:11 a.m. of the medication cart on the green wing revealed it contained: *Fifty tablets of Tylenol 325 milligrams (mg) that had expired in June 2025. *Twenty-five tablets of Carbidopa/Levodopa (medication to help treat Parkinson's disease symptoms) 25/100 mg that had expired in June 2025 *Twenty-nine tablets of Diphenhydramine (allergy medication) 25 mg that had expired in July 2025. 2. Observation and interview with registered nurse (RN) H immediately following the above observation of expired medications in the med carts revealed she: *Agreed that the above medications had expired. *Stated the night nursing staff should have been checking the medication carts for expired medication and removed for potential administration to residents. 3. Observation on 8/7/25 at 10:25 a.m. of the medication cart on the blue wing revealed twenty tablets of Gabapentin (medication to treat nerve pain) 600 mg had expired 8/2/25. 4. Interview and observation with certified medication aide (CMA) I immediately following the above observation of expired medication revealed: *She agreed that medication had expired. *The night nursing staff should have been checking the medication carts for expired medication and removed them from the medication cart. 5. Interview on 8/7/25 at 1:30 p.m. with director of nursing (DON) B regarding the observed expired medications revealed: *The night nursing staff should have been checking the medication carts for expired medication and removed them from the medication carts. *DON B did not have a night shift check list of tasks to complete that included checking the medication carts for expired medication. DON B was requested to provide a policy on expired medication. DON B stated the facility did not have a policy on expired medication.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</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** Based on observation, interview, record review, and policy review, the provider failed to follow food safety standards by not having monitored and documented food temperatures for 40 of 192 meals served to residents from 5/1/25 through 8/3/25. Findings include:1. Observation and interview on 8/5/25 at 10:15 a.m. with cook E in the kitchen revealed:*A three-ring binder on top of the steam table labeled dinner temp book.*Cook E stated kitchen staff were to document food temperatures in the temp book.*He stated there was a temp book for breakfast, dinner, and supper.*He knew food had to be heated to certain temperatures.*He agreed there were some food temperatures that were not documented in the dinner temp book. Review of the breakfast, dinner, and supper food temperature books from 5/1/25 through 8/3/25 revealed 40 of 192 meals served to residents did not have documentation to support the temperatures of the foods served to the residents had been checked for safety before being served. Interview on 8/6/25 at 10:31 a.m. with certified dietary manager (CDM) D regarding food temperature checking and documentation revealed:*She was a contracted certified dietary manager.*She knew there were undocumented resident meal temperatures in the temp book.*The cooks were responsible for checking and documenting food temperatures of the residents' meals.*She stated that no food temperature documentation meant there was no proof food was heated to the proper temperature before being served to the residents.*She agreed food temperature documentation was not being completed for every meal and without that documentation, there was no way to prove foods were heated to the proper temperature before serving to the residents. Interview on 8/7/25 at 3:40 p.m. with administrator A regarding food temperature checking and documentation revealed:*She was a contracted interim administrator that started in June 2025.*Staff should have documented food temperatures for every meal to ensure food quality and safety standards were met.*She agreed that the dietary staff were not completing food temperature documentation for those resident meals.Review of the provider's 2/13/23 Food Preparation and Service policy revealed:*Food and nutrition services employees [at] Flandreau [NAME] Sioux [NAME] Care Center prepare and serve food in a manner that complies with safe food handling practices.*6. The following internal cooking temperatures/times for specific foods are reached to kill or sufficiently inactivate pathogenic microorganisms:-145 degrees for 15 seconds.--Raw eggs cooked for immediate service.--Fish (except as listed below).--Meat (except as listed below).--Commercially raised game animals, rabbits.-155 degrees for 15 seconds.--Ground meat (beef, pork).--Ground fish.--Raw eggs held for service.--Comminuted meat, fish, or commercially raised game animals.--Injected or mechanically tenderized meat.--Ratites (ostrich, [NAME] and emu).-165 degrees for 15 seconds.--Wild game animals.--Poultry.--Stuffed fish, meat, pork, pasta, ratites, & poultry.--Stuffing containing fish, meat, ratites & poultry.</p>		