South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: B. WING 11034 03/07/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 413 E FAIRLANE DRIVE HEARTLAND SENIOR LIVING-RUSHMORE, LLC RAPID CITY, SD 57701 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 S 000 Compliance Statement A complaint survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers. The desk review survey was conducted from 2/4/25 through 3/7/25 of the information obtained from the provider. Areas surveyed included licensed bed capacity and use of requirement equipment for operation. Heartland Senior Living - Rushmore, LLC was found not in compliance with the following requirements: S010 and S1039. S 010 44:70:01:04 Bed Capacity S 010 Acknowledge building was over capacity, multiple notices were sent out to families for higher LOC and The department shall establish the bed capacity non-payment. No moves were made as a result of of each facility pursuant to the physical plant and letters due to payor sources, or lack of. 2 of the 3 space provisions of this article. The resident rooms that are double rooms were couples, and or e census may not exceed the bed capacity for of the rooms each resident had own separate which the facility is licensed. A request by the bedroom. Though facility is now closed, in future, we facility for an adjustment in bed capacity because will not accommodate or accept reasons related to of change of purpose or construction shall be financial difficulties, to assure we remain in building approved by the department before any changes compliance with state regulations versus patient care are made. Acknowledge patient care and quality of life was chosen over state regulation of generator and generator decision was purposely delayed until This Administrative Rule of South Dakota is not facility could fiscally sustain the expense. Facility will met as evidenced by: be closed officially 3/31/25 Based on assisted living license review, electronic mail (e-mail) communication, review of the resident roster, and interview, the provider failed to ensure the census did not exceed the number of beds identified on their license. Findings include: 1. Review of the provider's Assisted Living Center license revealed they were licensed for 16 beds. 2. Review of the e-mail communication between South Dakota Department of Health (SD DOH)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jesika Floyd

STATE FORM

TITLE
Owner/Administrator

(X6) DATE

3/27/25

PRINTED: 03/19/2025 FORM APPROVED South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_\_ C 11034 B. WING 03/07/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 413 E FAIRLANE DRIVE HEARTLAND SENIOR LIVING-RUSHMORE, LLC RAPID CITY, SD 57701 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) S 010 S 010 Continued From page 1 and administrator A revealed: \*An 11/29/24 email from administrator A that requested an increase in beds for their facility from 16 to 19. \*An onsite visit was conducted on 12/3/24 and a follow-up email was sent on 12/4/24 by the life safety surveyor that advised the facility on what they would need to complete for the license increase to be granted. -Informed space would be adequate and they would need to adhere to several regulations. -- A portion of the Administrative Rule South All privacy and integrity related "space" 12/20/24 Dakota (ARSD) 44:70:02:18 was highlighted accommodations were Completed, curtain was up in stating, "Each resident shall have for use in the the room not shared by a couple, each resident had assigned room a bed, a bedside stand, and a their own closet in this room. The Couples shared chair appropriate for the needs and comfort for closet and dressers per family set up. Facility will be the resident." closed officially 3/31/25 -- A portion of the ARSD 44:70:10:32 was highlighted stating, "A facility with 17 beds or larger shall be equipped with an emergency electrical service that includes an automatic generator set and automatic transfer switches serving emergency panels." \*Administrator A e-mailed the life safety surveyor on 12/19/24 indicating, "...yes such accommodations can be made and privacy curtains have been ordered, we have the closets Acknowledge the generator requirement was not met, as a 97% Medicaid payor \*Administrator A e-mailed the life safety surveyor rate, and facility had yet to be paid from again on 12/24/24 asking what additional action SD Medicaid for 5 months of operation need to be taken to increase the number of beds

STATE FORM

on their license.

-The life safety surveyor responded on 12/26/24

stating, "In order to license a building with more

than 16 residents, you must comply with ARSD

\*A 1/27/25 e-mail from Administrator A revealed that they had researched the cost of a generator and it was not economically feasible for them.

44:70:10:32 regarding installation of an emergency electrical generator."

689

E03U11

If continuation sheet 2 of 5

on 12/4/25. This facility combined was

occupancy in the state as of 12/13/24.

Facility will be closed officially 3/31/25

largest Medicaid assisted living bed

PRINTED: 03/19/2025 FORM APPROVED South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ C B. WING 11034 03/07/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 413 E FAIRLANE DRIVE HEARTLAND SENIOR LIVING-RUSHMORE, LLC RAPID CITY, SD 57701 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 010 S 010 Continued From page 2 \*SD DOH requested their census in each of their occupied buildings on 1/31/25. -Administrator A responded on 2/4/25 that there were 19 residents who resided in the building. 3. Review of the resident roster for the building revealed: \*The census was 16 on 12/10/24. \*The following residents were admitted from neighboring buildings on the campus after 12/10/24: -Resident 1 on 12/11/24. -Resident 2 on 1/7/25. -Resident 3 on 1/9/25. 4. Interview on 2/4/24 at 10:29 a.m. with administrator A by telephone revealed: \*She acknowledged there were 19 residents in the building. \*They were attempting to discharge several residents who were determined to be over the level of care but were having difficulty with placement. S1039 In the event of electrical outage, S1039 44:70:10:32 Electrical Distribution System emergency lighting to all areas are 7/31/24 backed up via battery in the event of A facility with 17 beds or larger shall be equipped electrical outage, as well as fire with an emergency electrical service that includes alarm system, call light system. EP an automatic generator set and automatic plan included cell phones of staff, transfer switches serving emergency panels. A

facility with 17 beds or larger shall have automatic

emergency lighting for each exit way, staff work

department, medication room, room where main

room, and exterior lighting serving required exits. A facility with 17 beds or larger shall have automatic emergency power for the fire alarm system, electrical receptacle servicing computers

areas, dining room, medication room, dietary

entrance electrical panels are located, boiler

3/31/25

and data usage on computers that

up computer batteries in storage.

Facility will be closed officially

would not require electricity with back

South Dakota Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ C B WING 03/07/2025 11034 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 413 E FAIRLANE DRIVE HEARTLAND SENIOR LIVING-RUSHMORE, LLC RAPID CITY, SD 57701 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S1039 S1039 Continued From page 3 containing resident care records, telephone system, door alarms, and staff call system. This Administrative Rule of South Dakota is not met as evidenced by: Based on review of electronic mail (e-mail) communication, resident roster review, and interview, the facility failed to ensure an automatic generator was installed when more than seventeen residents resided in the facility. Findings include: 1. Review of email communication between South Dakota Department of Health (SD DOH) and administrator A revealed: \*An 11/19/24 email from administrator A that requested an increase in beds for their facility from 16 to 19. \*An onsite visit was conducted on 12/3/24 and follow-up email sent on 12/4/24 by the life safety surveyor that advised the facility on what they would need to complete for the license increase to be granted. -Informed space would be adequate and they would need to adhere to several regulations. -- A portion of the Administrative Rules South Dakota (ARSD) 44:70:10:32 was highlighted stating, "A facility with 17 beds or larger shall be equipped with an emergency electrical service that includes an automatic generator set and automatic transfer switches serving electrical panels. \*Administrator A emailed the life safety surveyor on 12/24/24 asking what additional action needed to be taken to increase the number of beds on their license. -They had complied with the addition of furniture and privacy curtains.

-LSC responded on 12/26/24 stating, "In order to license a building with more than 16 residents,

FORM APPROVED South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING 11034 03/07/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 413 E FAIRLANE DRIVE HEARTLAND SENIOR LIVING-RUSHMORE, LLC RAPID CITY, SD 57701 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S1039 Continued From page 4 S1039 you must comply with ARSD 44:70:10:32 regarding installation of an emergency electrical generator." \*On 1/27/25, administrator A revealed that they One resident remains in the building, had researched the cost of a generator and it was and the building will be vacant not an economically feasible option. 3/31/25. Will be officially closed. \*SD DOH requested their census in each of their occupied buildings as of 1/31/25. -Administrator A responded on 2/4/25 that there were 19 residents located in the building. 2. Review of the resident roster for the building revealed: \*The census was 16 on 12/10/24. \*The following residents were admitted from neighboring buildings on the campus after 12/10/24. -Resident 1 on 12/11/24. -Resident 2 on 1/7/25. -Resident 3 on 1/9/25. 3. Interview on 2/4/25 at 10:29 am, with administrator A by telephone revealed she acknowledged there were 19 residents in the building.