

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>80060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>02/20/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEACEFUL PINES SENIOR LIVING - MADISON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>215 10TH ST SW MADISON, SD 57042</b>		
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S 000	Compliance Statement  An initial licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted from 2/19/25 through 2/20/25. Peaceful Pine Senior Living - Madison was found not in compliance with the following requirements: S145, S169, S201, S295, and S450.	S 000			
S 145	44:70:02:12 Ventilation  Electrically powered exhaust ventilation shall be provided in all soiled areas, wet areas, toilet rooms, and storage rooms. Clean storage rooms may also be ventilated by supplying and returning air from the building's air-handling system.  This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to install exhaust ventilation for three of three storage rooms. Findings include:  1. Observation on 2/19/25 at 2:30 p.m. revealed a storage room labeled activity storage was 7 feet by 6 feet and had fifteen resident file storage boxes kept in it. The room was not equipped with mechanical exhaust ventilation.  2. Observation on 2/19/25 at 2:45 p.m. revealed the storage room at the east nurses' station was 10 feet by 7 feet and was not equipped with mechanical exhaust ventilation.  3. Observation on 2/19/25 at 3:00 p.m. revealed the kitchen pantry storage room was 10 feet by 12 feet and was not equipped with mechanical exhaust ventilation.	S 145	Executive director or designee to move out all items kept in room labeled activity storage and east nurses' station by March 14th. Existing items in storage to be relocated to room labeled storage which has a state approved exhaust system. Activity Storage room will remain empty until exhaust ventilation is added to the room.  Kitchen pantry storage to have ventilation system installed by Director of Construction for HME Companies will be completed no later than 4/6/2025.	04/06/2025	

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

TITLE

(X6) DATE

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S 145	Continued From page 1  4. Interview with the maintenance technician at the times of the above observations confirmed those conditions.	S 145		
S 169	44:70:02:17(5) Occupant Protection  The facility shall:  (5) Install an electrically activated audible alarm, if required by other sections of this article, on any unattended exit door. Any other exterior door must be locked or alarmed. The alarm must be audible at a designated staff station and may not automatically silence if the door is closed;  This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, testing, and interview, the provider failed to lock, install or maintain door alarming for two of five exterior doors (main entrance and garage G1 door). Findings include:  1. Observation on 2/19/25 at 2:50 p.m. revealed the main entrance sliding doors did not alarm when opened. There was no receptionist at the receptionist's station. There were no other staff seen in the area.  2. Observation on 2/19/25 at 3:50 p.m. revealed the entrance door to garage G1 was not locked. The garage door could be opened without alarm by an individual who might enter the garage.  3. Interview with the maintenance technician at 3:55 p.m. confirmed those conditions. He stated	S 169	Preventative maintenance technician to install locked key fob on entrance door to be completed by March 11th. 3D security will be on-site no later than 04/06/2025 to complete door locking mechanism on front door. Audits to be completed by PMT or designee daily x 1 week, weekly x 3 weeks, monthly x 3 months, quarterly x 2 and ongoing. All staff to be educated on proper entry and exit of door on March 20th at all staff meeting. This education to be completed by Executive Director.  PMT to secure garage G1 by reprogramming fob access to be completed by March 10th. Audits to be completed by PMT or designee daily x 1 week, weekly x 3 weeks, monthly x 3 months, quarterly x 2 and then yearly.	04/06/2025

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S 169	Continued From page 2  the provider used Care Predict (a resident call system, geofencing system, resident door key, and fall alert) system. The Care Predict system and the staff office locations did not meet the requirement to identify when a cognitively impaired resident might exit the building.  Neither the main entrance nor the G1 garage door could be considered monitored, locked, or alarmed.	S 169		
S 201	44:70:03:02 General Fire Safety  Each facility must be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of occupants from fire, smoke, fumes, or resulting panic during the period of time reasonably necessary for escape from the structure in case of fire or other emergency. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, the facility must conduct monthly drills to provide training for all personnel.  This Administrative Rule of South Dakota is not met as evidenced by: A. Based on observation, testing, and interview, the provider failed to maintain the natural gas generator in operating condition. Findings include:  1. Observation on 2/19/25 at 3:05 p.m. revealed the natural gas generator was located outside the mechanical room. Testing of the generator by dropping the main power switch initiated the starting of the generator. After eight seconds of attempting to run, the generator stopped.  Interview with the maintenance technician on	S 201	PMT tested generator on 2/20/2025 to ensure generator is running appropriately. Generator yearly service to be completed by Bulter Machinery on March 13th and yearly ongoing. Audits being completed by PMT or designee weekly x 3 weeks, then monthly ongoing to ensure functionality appropriate.  Flow testing scheduled for 3/14/2025. PMT to shadow Building Sprinkler while flow testing is completed for future in house flow testing to be performed by PMT quarterly. PMT or designee to audit flow test quarterly ongoing.	3/14/2025

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S 201	Continued From page 3  2/19/25 at 3:10 p.m. confirmed that finding. He stated he had never had the generator stop during a starting sequence.  B. Based on record review and interview, the provider failed to continuously maintain automatic sprinklers in reliable operating condition (quarterly flow test documentation was not available). Findings include:  1. Record review on 2/19/25 at 3:15 p.m. revealed quarterly flow testing had not been performed in the past year as required.  Interview with the maintenance technician at the time of the record review confirmed that condition. He stated the provider's sprinkler contractor only performed annual inspections.  Failure to continuously maintain the automatic sprinkler system as required increased the risk of death or injury due to fire.	S 201		
S 295	44:70:04:04 Personnel Training  The facility shall have a formal orientation program and an ongoing education program for all healthcare personnel. Ongoing education programs must cover the required subjects annually.  This Administrative Rule of South Dakota is not met as evidenced by: Based on employee file review, interview, and policy review, the provider failed to ensure education was completed on the required subjects for one of five sampled employees (D) who had completed none of the eleven personnel	S 295	Employee D was assigned courses on 3/12/2025 to be completed by 4/6/2025. ED or designee to audit training catalog for employee D by 4/6/2025 to ensure 100% compliance. All new hires to have all courses completed within 30 days of hire. ED or designee will set reminder to check Educare transcripts every 30 days for all staff compliance, then to follow annually if within compliance. ED or designee to provide education at all staff meeting to all staff regarding Educare completion annually.	4/6/2025

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S 295	<p>Continued From page 4</p> <p>training topics. Findings include:</p> <p>1. Review of employee D's personnel file revealed:</p> <ul style="list-style-type: none"> <li>*A rehire date of 12/11/24.</li> <li>*She had been rehired as a certified medication aide (CMA)/cook.</li> <li>*Her original education was completed in November of 2023.</li> <li>*There was no documentation that she had received staff training on: <ul style="list-style-type: none"> <li>-Fire prevention.</li> <li>-Emergency procedures and preparedness.</li> <li>-Infection control and prevention.</li> <li>-Accident prevention and safety procedures.</li> <li>-Resident rights.</li> <li>-Confidentiality.</li> <li>-Incidents and diseases subject to mandatory reporting and the facility's reporting mechanism.</li> <li>-Nutrition and hydration.</li> <li>-Abuse, neglect, and misappropriation of resident property and funds.</li> <li>-Problem-solving and communication techniques related to residents with cognitive impairment or challenging behaviors.</li> <li>- Identified individual resident care needs such as, but not limited to hospice, tube feeding, blindness, personal cares, and language barriers.</li> </ul> </li> </ul> <p>2. Interview on 2/20/25 at 3:30 p.m. with administrator A and assistant administrator/CMA B regarding employee D revealed:</p> <ul style="list-style-type: none"> <li>*She had originally been hired as a CMA in November of 2023 and completed her staff training.</li> <li>*She resigned in 2024.</li> <li>*She was rehired on 12/11/24 to work in the kitchen.</li> <li>*They were unaware that the training was to be completed within 30 days of hire and annually.</li> </ul>	S 295		

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S 295	<p>Continued From page 5</p> <p>*Assistant administrator/CMA B thought that once a staff member completed the training, they did not have to do it again.</p> <p>*Administrator A confirmed staff were only completing the training once.</p> <p>3. Review of the provider's 7/1/22 Personnel Orientation &amp; Training Plan policy revealed: **Personnel training. The facility shall have a formal orientation program and an ongoing education program for all healthcare personnel. Ongoing education programs must cover the required subjects annually. These programs must be completed within 30 days of hire for all healthcare employees and must include the following subjects:</p> <ol style="list-style-type: none"> <li>1. Fire prevention and response. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, monthly fire drills must be conducted to provide training for all staff;</li> <li>2. Emergency procedures and preparedness;</li> <li>3. Infection control and prevention;</li> <li>4. Accident prevention and safety procedures;</li> <li>5. Resident rights;</li> <li>6. Confidentiality of resident information;</li> <li>7. Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms;</li> <li>8. Nutritional risks and hydration needs of residents;</li> <li>9. Abuse, neglect, and misappropriation of resident property and funds;</li> <li>10. Problem solving and communication techniques related to individuals with cognitive impairment or challenging behaviors if admitted and retained in the facility, and;</li> <li>11. Any additional healthcare employee education necessary based on the individualized resident care needs provided by the healthcare employees to the residents who are accepted and retained in</li> </ol>	S 295			

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S 295	Continued From page 6 the facility."	S 295			
S 450	<p><b>44:70:06:01 Dietetic Services</b></p> <p>The facility shall have an organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored, prepared, distributed, and served in a manner that is safe, wholesome, and sanitary in accordance with the provisions of § 44:70:02:06.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to maintain a safe and sanitary food service environment in one of one kitchen related to: *Ongoing monitoring of the best if used by dates of food items in one of one walk-in refrigerator and one of one reach-in refrigerator. *Hand hygiene and glove use by one of one dietary aide (E) during meal service preparation. Findings include:</p> <p>1. Observation on 2/19/25 at 10:20 a.m. during the initial kitchen tour revealed: *A reach-in refrigerator contained a gallon of non-fat milk with a best by date of 2/16/25 that was labeled opened 2/10/25. *A walk-in refrigerator contained: -A gallon of non-fat milk with a best by date of 2/16/25 that was labeled opened 2/17/25. -One dozen grade A large eggs with a best by date of 1/31/25.</p> <p>2. Observation on 2/19/25 at 11:55 a.m. in the kitchen revealed: *Resident care associate (RCA)/dietary aide E had gloves on both hands.</p>	S 450	<p>All items identified as expired were discarded by Feb 19th by DDS. Audit of expired foods to be completed by DDS or designee daily ongoing. ED or DDS to educate staff that work in the kitchen regarding appropriate policies of dating and discarding on March 20th at all staff meeting. Policy education will highlight first in, first out, utilizing food items in which have older best by date. Inventory to be audited by DDS or designee at all truck deliveries twice weekly and ongoing.</p> <p>All staff were educated specific to gloving and hand washing policy identified by HME care on March 20th by DDS and ED. DDS or designee will audit each meal daily for 4 weeks. After 100% compliance audits will be done three times weekly to ensure compliance with proper glove usage.</p> <p>On 3/12/2025 ED or DDS will communicate to RCA/dietary aide E specifically on education of hand washing policy to ensure RCA practices effective hand washing to prevent the spread of infections. Employee will wash their hands before, during, and after preparing food and before and after gloving.</p>	03/20/2025	

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S 450	<p>Continued From page 7</p> <p>*She retrieved a tray from the shelf and placed ten small Styrofoam plates on the tray. *She removed her gloves and threw them away. *Without washing her hands, she put on a new pair of gloves. *She opened an individual single-serve package of pumpkin swirl loaf cake. *She used those same gloved hands to remove the cake from the package and placed it on the Styrofoam plate. *She repeated that same process for all ten plates. *She removed those gloves and put a new pair of gloves on, again without washing her hands. *She got out another tray and repeated that same process for placing the cakes on the Styrofoam plates. *She removed her gloves, loaded the dishwasher, and then washed her hands.</p> <p>3. Interview on 2/19/25 at 12:30 p.m. with RCA/dietary aide E regarding glove use and hand washing revealed: *She was not sure how often she should wash her hands when using gloves. *She agreed she should have washed her hands between glove uses and when she was done using gloves.</p> <p>4. Interview on 2/20/25 at 10:30 a.m. with dietary manager C regarding food best by dates and hand hygiene/glove use revealed: *She was not sure who put the carton of eggs in the walk-in refrigerator. *Those eggs were not from the vendor they ordered from. *The staff had been instructed to look for outdated products on a weekly basis. *She agreed the milk and eggs were past the best by dates and should have been discarded.</p>	S 450		

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S 450	<p>Continued From page 8</p> <p>*Staff were educated during orientation and annually on appropriate glove use and hand hygiene.</p> <p>*Her expectation was that staff would follow the policy for glove use and hand hygiene.</p> <p>5. Review of the provider's updated 11/11/22 Food Storage policy revealed: *"The facility will use the principle of "first-in, first-out" in all areas of food storage for rotation of food items." *"Foods that have been opened or prepared will be placed in an enclosed container, dated and labeled." *"Expiration dates will be constantly monitored, and foods and fluids that have expired will be discarded."</p> <p>6. Review of the provider's updated 3/21/22 Hand Hygiene policy revealed: *"The facility practices effective handwashing to prevent the spread of infections." *"Employees must wash their hands before, during, and after preparing food." *"Before and after gloving."</p>	S 450			