

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10731	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/11/2023
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NAME OF PROVIDER OR SUPPLIER
JUDY'S ASSISTED LIVING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
1308 SUNDANCE CIRCLE
BELLE FOURCHE, SD 57717

(M) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X4) COMPLETE DATE
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, was conducted on 9/11/23. The area surveyed included abuse. Judy's Assisted Living Center was found not in compliance with the following requirement: S030.	S 000		
S 030	44:70:01:07 Reports Each facility shall submit to the department through the online reporting system, the pertinent data necessary to comply with the requirements of all applicable statutes and administrative rules. Each facility shall report any incident or event involving an attempted suicide or any reasonable cause to suspect abuse or neglect of any resident by any person within 24 hours of becoming informed of the alleged incident or event. The facility shall report each incident or event orally or in writing to the Department of Human Services, to a law enforcement officer, or to the state's attorney of the county in which the facility is located. The facility shall report each incident or event to the department within 24 hours, conduct a subsequent internal investigation, and provide a written report of the results to the department within five working days after the event. Each facility shall report to the department within 48 hours of the event any death resulting from other than natural causes that originated on facility property such as an accident or suicide. The facility shall conduct a subsequent internal investigation and provide a written report of the results to the department within five working days after the event.	S 030	S 030 Any alleged sexual abuse incident will be reported to the SD DOH within 24 hours and a documented investigation of that incident will be submitted to the department within 5 business days after the event. Alleged incidents will be monitored by the manager and reported to the administrator daily and as needed for 6 months and as needed. Administrator or manager will educate all staff regarding the process for identification and notification of reportable events. On a weekly basis for 6 months and until substantial compliance is achieved, the Administrator will review documentation completed by the manager for all reportable events to ensure timely notification was made to appropriate individuals and agencies in accordance with state regulations and a thorough and timely investigation was completed of that event according to state regulations.	10-05-23 9/13/23

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

Judy Richardson Admin

TITLE
10/09/23

(X4) DATE

STATE FORM

125011

If continuation sheet 1 of 4

Judy Richardson Admin

10/13/23

OCT 13 2023

DLC

South Dakota Department of Health

TYPE AND NUMBER OF DEFICIENCIES AND NATURE OF CORRECTIONS	(A) PROVIDER(S), SUPERVISOR(S) AND OCCASIONAL NUMBER 10731	(B) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(C) DATE SURVEY COMPLETED C 09/11/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LONG TERM ASSISTED LIVING CENTER

1303 SUNDANCE CIRCLE
 BELLE FOURCHE, SD 57717

DEFICIENCY PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE COMPLETE
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S 000 Continued From page 1

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Each facility shall report a missing resident to the department within 48 hours of the event. The facility shall conduct a subsequent internal investigation and provide a written report of the results to the department within five working days after the event.

Each facility shall also report to the department, as soon as possible any fire, injury or death occurs; any partial or complete evacuation of the facility resulting from natural disaster, or any loss of utilities, such as electricity, natural gas, telephones, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than 24 hours.

Each facility shall notify the department of any anticipated closure or discontinuation of service at least 30 days in advance of the effective date.

Each facility shall report to the department within 24 hours any unsafe water samples for pools, spas, or drinking water.

This Administrative Rule of South Dakota is not met as evidenced by:

Based on interview, review of a South Dakota Department of Health (SD DOH) Complaint Intake Information report, and policy review, the provider failed to report and investigate a sexual abuse allegation involving one of one sampled resident (A) according to the requirements. Findings include:

1. Review of the 8/25/23 SD DOH Complaint Intake Information report revealed:

South Dakota Department of Health

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NAME OF PROVIDER OR SUPPLIER JUDY'S ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1308 SUNDANCE CIRCLE BELLE FOURCHE, SD 57717
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 030	<p>Continued From page 2</p> <p>*A complainant had called the SD DOH on 8/28/23 at 9 25 a.m. and reported she had been sexually abused by resident 1 on 8/27/23 while working at the assisted living center (ALC). -The complainant had terminated her employment with the ALC immediately following the 8/27/23 incident. *The SD DOH had called administrator/registered nurse (RN) A on 8/28/23 after the phone conversation with the complainant. Administrator/RN A: -Was made aware of the 8/27/23 alleged incident between the complainant and resident 1 by another ALC staff member shortly after it had occurred. -Had not yet reported that alleged incident to the SD DOH. -Was reminded during the 8/28/23 phone call with the SD DOH she was expected to complete and submit an on-line Event Reporting form regarding that 8/27/23 alleged incident. *The SD DOH had called administrator/RN A on 8/31/23 and again reminded her on that date to complete and submit an on-line Event Reporting form regarding the 8/27/23 incident. *Administrator/RN A's completed on-line Event Reporting form was not received in the incident reporting portal until 9/3/23 at 12:31 p.m. -That was seven days after she had become aware of the alleged sexual abuse incident.</p> <p>Interview and review of the 8/28/23 SD DOH Complaint Intake Information report with administrator/RN A and manager B revealed they both *Confirmed the 8/27/23 sexual abuse allegation had not been reported according to requirements. -Had not considered the allegation credible based on their combined knowledge of both the complainant and resident 1.</p>	S 030		

South Dakota Department of Health

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NAME OF PROVIDER OR SUPPLIER JUDY'S ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1308 SUNDANCE CIRCLE BELLE FOURCHE, SD 57717
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S 030	<p>Continued From page 3</p> <p>*Confirmed a documented investigation of that allegation had not been submitted to the SD DOH according to the requirements despite more than one reminder from that department to complete and submit the on-line report.</p> <p>-Manager B had difficulties with the on-line reporting portal but had not contacted the department for assistance.</p> <p>*It was their shared responsibility to have ensured the 8/27/23 alleged sexual abuse incident had been reported to the SD DOH within 24 hours and a documented investigation of that incident had been submitted to the department within five business days after the event.</p> <p>Review of the undated Incident policy revealed: **Any incidents involving staff/resident will be reported to SD DOH within 24 hours." *The policy made no mention of submitting investigation findings to the SD DOH within five business days after an incident.</p>	S 030		

South Dakota Department of Health

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NAME OF PROVIDER OR SUPPLIER JUDY'S ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1308 SUNDANCE CIRCLE BELLE FOURCHE, SD 57717
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{S 000}	<p>Compliance Statement</p> <p>A revisit survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers was conducted on 10/27/23 for deficiencies cited on 9/11/23. All deficiencies have been corrected, and no new noncompliance was found. Judy's Assisted Living Center is in compliance with all regulations surveyed.</p>	{S 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE