

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40126	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/03/2025
NAME OF PROVIDER OR SUPPLIER CASTLEWOOD ASSISTED LIVING, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 108 WEST MAIN POST OFFICE BOX 109 CASTLEWOOD, SD 57223		
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S 000	<p>Compliance Statement</p> <p>A 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 3/26/25 through 3/27/25 and on 4/3/25. Castlewood Assisted Living, LLC was found not in compliance with the following requirements: S172, S201, S296, S305, S330, S331, and S670.</p> <p>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 from 3/26/25 through 3/27/25. The area surveyed was related to an allegation of resident abuse. Castlewood Assisted Living, LLC was found not in compliance with the following requirement: S846.</p>	S 000			
S 172	<p>44:70:02:17(6-7) Occupant Protection</p> <p>The facility shall:</p> <p>(6) Prohibit the use of a portable space heater, portable halogen lamp, household-type electric blanket, or household-type heating pad in a facility;</p> <p>(7) Ensure that any light fixture located over a resident bed, over a bathing fixture or treatment area, in a clean supply storage area, or in any medication set-up area be equipped with a lens cover or a shatterproof bulb;</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to install tube covers for the overhead lights</p>	S 172	<p>Castlewood Assisted Living will ensure resident safety by prohibiting the use of portable space heaters, portable halogen lamp, household-type electric blankets, and/or heating pad in our facility to ensure resident and staff safety by preventing fires.</p> <p>On April 19, 2025, heating pads and space heaters were removed from the facility. Residents were provided with a list of prohibited item for residents whom are residing at Castlewood Assisted Living as well as a signed acknowledgment that they have received this list.</p> <p>UMA's, Housekeeping, Nursing, & Maintenance personel have been trained on what Castlewood Assisted Living's prohibited items. Housekeeping will perform weekly room cleans and will audit each room weekly. Administration will complete weekly audits and documentation/ items while doing weekly room cleans.If/ When prohibited items are found, they will immediately brought to administration. The administration</p>		

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

Marcella Glines

TITLE Administrator

(X6) DATE

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S 172	Continued From page 1 in the pantry storage room. Findings include: 1. Observation on 4/3/25 at 1:45 p.m. revealed the pantry storage room had three four-foot long double-lamp fluorescent overhead fixtures. Four of six lamps were lacking tube covers or tube end covers. Interview on 4/3/25 at 2:00 p.m. with the administrator confirmed that finding.	S 172	"Facility must be constructed, arranged, equipped maintained, and operated to avoid injury or danger to any occupant. The extent and complexity of occupant protection precautions are determined by the services and they physical needs of any resident admitted to the facility." Facility Maintenance has replaced lens covers in dry storage on 4/20/2025.	
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 record review and interview, the provider failed to conduct fire drills as required for the period from April 2024 through March 2025 (no fire drill documentation for sleeping hours). Findings include: 1. Review of the provider's fire drill log sheets revealed fire drills were held from January 2024 through March 2025. There was no documentation that fire drills were held during sleeping hours (9:00 p.m. to 6:00 a.m.) two times during the year. Fire drills must be conducted	S 201	Castlewood Assisted Living will establish on-going preventative maintenance needed through out facility and will require daily, weekly, monthly, semi-annual, & annual documentation as maintenance is performed. Preventative maintenance log will be established by May 1st, 2025. Administration will monitor and check documentation weekly as well as perform audits on all documentation and will keep record. To ensure resident and staff safety, Admin will conduct fire drills monthly and will keep documentation of each fire drill performed. Castlewood Assisted Living will conduct fire drill during sleeping hours (between 9pm and 6am) twice a year in addition to monthly fire drills. Administration will check documentation to ensure this is being completed. Administration will also keep documentation in preventative maintenance binder along with other facility scheduled preventative maintenance logs.	

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S 201	<p>Continued From page 2</p> <p>monthly and the fire alarm must be sounded each month.</p> <p>2. Interview on 4/3/25 at 1:15 p.m. with the administrator confirmed those findings.</p> <p>B. Based on record review and interview, the provider failed to continuously maintain automatic sprinklers in reliable operating condition (quarterly flow testing and a 5-year internal inspection). Findings include:</p> <p>1. Review of the provider's records revealed the required quarterly flow tests had not been performed in the past year. There was no documentation that a 5-year internal obstruction inspection had been performed.</p> <p>2. Interview with the administrator at the time of the record review confirmed that condition.</p> <p>Failure to continuously maintain the automatic sprinkler system as required increases the risk of death or injury due to fire.</p> <p>The deficiency affected two of numerous required tests on the automatic sprinkler system.</p> <p>C. Based on observation, record review, and interview, the provider failed to continuously maintain the kitchen hood fire suppression system in a reliable operating condition (bi-annual inspections). Findings include:</p> <p>1. Observation on 4/3/25 at 1:25 p.m. revealed the kitchen range hood was equipped with an Ansul fire suppression system. Record review revealed the last documentation of a bi-annual inspection of the provider's Ansul system was dated 9/17/19. The system had an inspection tag</p>	S 201	<p>Automatic sprinkler inspection had been completed July 23rd, 2024 by inspector Gary Shaffner with Building Sprinkler Inc. Inspection report was submitted to BOH.</p> <p>To ensure resident and staff safety, Castlewood Assisted Living will continuously maintain the kitchen hood fire suppression system in reliable operating condition by having bi-annual inspections completed. Administration has contacted Watertown Fire & Justice to assist with establishing appropriate inspections and required maintenance is being performed as required. Inspection of Ansul fire suppression system will be by May 2nd, 2025. Facility maintenance will continue to perform preventative maintenance as well as document when services are performed to include bi-annual inspection by approved Ansul system inspector. Administrator will review preventative maintenance to ensure it is being completed as scheduled.</p>	05/02/2025

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S 201	Continued From page 3 dated November 2024. 2. Interview on 4/3/25 at 1:30 p.m. with the administrator confirmed those findings. D. Based on observation and interview, the provider failed to maintain electrical fixtures in a reliable operating condition (a recessed light fixture in the common bathing room). Findings include: 1. Observation on 4/3/25 at 1:40 p.m. revealed the recessed light fixture in the common bathing room was a dual-lamp fixture. The fixture had only one lamp in it. The second lamp socket was empty and appeared to be damaged. Electrical sockets cannot be open to the room. 2. Interview on 4/3/25 at 1:45 p.m. with the administrator confirmed those findings.	S 201	Castlewood Assisted Living will replace the recessed light fixture in the common bath room by May 1st 2025. Maintenance personnel will keep documentation on daily, weekly, monthly and annually preventative maintenance. Administration will review weekly to ensure maintenance is done Castlewood Assisted Living Maintenance technician will replace the light fixture in the common bathing room by May 1st, 2025. Castlewood Assisted Living will not allow residents to use this bathing room until light fixture has been replaced to ensure resident safety.	05/01/2025 05/01/2025
S 296	44:70:04:04(1-11) Personnel Training These programs must be completed within thirty days of hire for all healthcare personnel and must include the following subjects: (1) Fire prevention and response; (2) Emergency procedures and preparedness, including responding to resident emergencies and information regarding advanced directives; (3) Infection control and prevention; (4) Accident prevention and safety procedures; (5) Resident rights; (6) Confidentiality of resident information; (7) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; (8) Nutritional risks and hydration needs of residents;	S 296	Administrator and registered nurse will establish training program for all employees. All employees will complete training in fire prevention and response, emergency procedures and preparedness and information regarding advanced directives, infection control, accident prevention, Resident Rights, Confidentiality of resident information, incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms, nutritional risks and hydration needs of abuse and neglect, problem solving and communication techniques related to individuals with cognitive impairment, as well as any additional personal training needed. All employees will be complete this training by May 1st, 2025 and then annually. Administration will establish an employee file checklist to ensure that all training and documentation is completed. Employee files will be audited monthly by administrator..	

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S 296	<p>Continued From page 4</p> <p>(9) Abuse and neglect; (10) Problem solving and communication techniques related to individuals with cognitive impairment or challenging behaviors if admitted and retained in the facility; and (11) Any additional healthcare personnel education necessary based on the individualized resident care needs provided by the healthcare personnel to the residents who are accepted and retained in the facility.</p> <p>Any personnel whom the facility determines will have no contact with residents are exempt from the training required by subdivision (8).</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on employee file review and interview, the provider failed to ensure the required training was completed within 30 days of hire for one of five sampled employees (A). Findings include:</p> <p>1. Review of employee A's personnel file revealed: *She was hired on 3/24/23. *She had been hired as a medication aide (MA) but later transitioned into the administrator role. -She became certified as a medication aide in May 2023. *There was no documentation she had received training within 30 days of hire for: -Fire prevention and response. -Emergency procedure and preparedness. -Infection control and prevention. -Accident prevention and safety procedures.</p>	S 296		

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CASTLEWOOD ASSISTED LIVING, LLC

**108 WEST MAIN POST OFFICE BOX 109
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S 296	Continued From page 5 -Resident rights. -Confidentiality. -Incidents and diseases subject to mandatory reporting and the facility's reporting mechanism. -Nutrition and hydration. -Abuse, neglect, and misappropriation of resident property and funds. -Problem solving and communication techniques related to residents with cognitive impairment or challenging behaviors. -Education based on residents' individual identified care needs. *The "New Employee/Annual Refresher Education Checklist" in her employee file indicated a completion date of 4/1/24. Interview on 3/27/25 at 12:20 p.m. with administrator/certified medication aide A revealed she was: *Not aware that education on the required topics needed to be completed within 30 days for new employees. *Aware of the annual training requirement.	S 296		
S 305	44:70:04:05 Personnel Health Program The facility shall have a personnel health program for the protection of the residents. All personnel must be evaluated by a licensed health professional for a reportable communicable disease that poses a threat to others before assignment to duties or within fourteen days after employment including an assessment of previous vaccinations and tuberculin skin tests. This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel record review, interview, and policy review, the provider failed to ensure four of	S 305	Registered Nurse will review all employee files and determine which employees need to complete the reportable communicable disease screening as well as employee TB screenings to ensure resident and staff are free from communicable diseases. This will be completed by May 1st, 2025. Administration will audit all employee files monthly to ensure this is completed within allowed time frame.	

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S 305	<p>Continued From page 6</p> <p>five sampled employees (A, C, D, and E) were evaluated by a licensed health professional within 14 days from their start of employment. Findings include:</p> <ol style="list-style-type: none"> 1. Review of employee A's personnel record revealed: *She was hired on 3/24/23. *She had been evaluated by a licensed health professional on 5/7/24. -This was outside of the fourteen day requirement. 2. Review of employee C's personnel record revealed: *He was hired on 6/6/24. *The evaluation form had been completed by the employee on 6/10/24 but it had not been reviewed or signed by a licensed health professional. 3. Review of employee D's personnel record revealed: *She was hired on 3/6/25. *The evaluation form had been completed by the employee on 2/26/25 but it had not been reviewed or signed by a licensed health professional. 4. Review of employee E's personnel record revealed: *She was hired on 4/4/24. *The evaluation form had been completed by the employee on 4/4/24 but it had not been reviewed or signed by a licensed health professional. <p>Interview on 3/27/25 at 12:20 p.m. revealed administrator/certified medication aide A was not aware a licensed health professional, such as the licensed nurse, was to review and sign the health</p>	S 305	<p>Registered Nurse will review all employee files and determine which employees need to complete the reportable communicable disease screening as well as employee TB screenings to ensure resident and staff are free from communicable diseases. This will be completed by May 1st, 2025. Administration will audit all employee files monthly to ensure this is completed with in allowed time frame.</p>		

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S 305	Continued From page 7 evaluation form for new employees within 14 days of their hire. The provider's undated Infection Control policy did not address the evaluation of new employees for communicable diseases.	S 305		
S 330	44:70:04:10 Tuberculin Screening... Requirements Each facility shall develop criteria to screen healthcare personnel and residents for Mycobacterium tuberculosis (TB) based on the Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. Each facility shall establish policies and procedures for conducting TB risk assessment that include the key components of responsibility, surveillance, and containment. The frequency of repeat screening depends upon annual facility risk assessment results. Any resident identified as asymptomatic upon admission as short stay or anticipated stay of thirty days or less is not required to have a tuberculin skin test or a TB blood assay test. This Administrative Rule of South Dakota is not met as evidenced by: Based on interview and policy review, the provider failed to ensure an annual tuberculosis (TB) risk assessment had been completed for the facility. Findings include: 1. On 3/26/25 at 10:15 a.m. this surveyor presented administrator/certified medication aide A with a list of requested documents which included the facility's annual TB risk assessment.	S 330	Castlewood Assisted Living will update the facility infection control policy and procedures to include TB risk assessment being completed annually, specifically on April 1st of every year as well as needed as cases in the country arise. Castlewood Assisted Living will keep TB risk assessment at the nurses station in "Infection Control" binder. This has been completed on May 1st 2025. Administration will perform quarterly audit on to ensure that this policy is being enforced.	

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S 330	Continued From page 8 Interview on 3/27/25 at 11:40 a.m. with registered nurse B regarding the provider's TB risk assessment revealed she was: *Responsible for infection control at the facility. *Not aware of the requirement for the completion of an annual TB risk assessment. Review of the provider's undated Infection Control policy revealed it did not address TB screening or surveillance.	S 330		
S 331	44:70:04:10(1) Tuberculin Screening... Requirements Tuberculin screening requirements for healthcare personnel and residents are as follows: (1) Each healthcare personnel or resident shall receive an initial individual TB risk assessment that is documented and the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within twenty-one days of employment or admission to a facility. Any two documented tuberculin skin tests completed within a twelve-month period prior to the date of admission or employment are considered two-step. A TB blood assay test completed within a twelve-month period prior to the date of admission or employment is an adequate baseline test. Skin testing or TB blood assay tests are not necessary if a new healthcare personnel or resident transfers from one licensed healthcare facility to another licensed healthcare facility within this state if the facility received documentation from the transferring healthcare facility, healthcare personnel, or resident, of the last skin or blood assay TB testing having been completed within the prior twelve months. Skin	S 331	Registered Nurse will review all employee files and determine which employees need to complete the reportable communicable disease screening as well as employee TB screenings to ensure resident and staff are free from communicable diseases. This will be completed by May 15th, 2025. Administration will establish an employee file checklist as well as audit all employee files monthly to ensure this is completed with allowed time frame. Castlewood Assisted Living will update Infection control policy to include mandatory TB screenings before employee begins orientation/.training and no longer than 14 days after hire. This policy and procedure will also include the requirement for newly admitted residents to have TB test completed no longer than 14 days after admission.	

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S 331	<p>Continued From page 9</p> <p>testing or TB blood assay tests are not necessary if documentation is provided by the transferring healthcare facility, healthcare personnel, or resident, of a previous positive reaction to either test. Any healthcare personnel or resident who has a newly recognized positive reaction to the skin or TB blood assay test must have a medical evaluation and a chest X-ray to determine the presence or absence of the active disease;</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel record review, interview, and policy review, the provider failed to ensure four of the five sampled employees (A, C, D, and E) had received the two-step tuberculin (TB) skin test within twenty-one days of their employment. Findings include:</p> <p>1. Review of employee A's personnel record revealed: *She was hired on 3/24/23. *The documentation in her record revealed she had received the TB skin test on 5/7/24 and 5/21/24. -This was outside of the twenty-one day requirement.</p> <p>2. Review of employee C's personnel record revealed: *He was hired on 6/6/24. *There was no documentation of the administration of a TB skin test.</p> <p>3. Review of employee D's personnel record revealed: *She was hired on 3/6/25. *There was no documentation of the</p>	S 331		

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S 331	Continued From page 10 administration of a TB skin test. 4. Review of employee E's personnel record revealed: *She was hired on 4/4/24. *There was no documentation of the administration of a TB skin test. Interview on 3/27/25 at 12:20 p.m. with administrator/certified medication aide A regarding TB screening revealed: *She was aware of the requirement for residents and staff to be screened within twenty-one days of their admission or hire. *Registered nurse B or the clinic staff would conduct the TB testing/screenings. *She was not aware this was incomplete in the above personnel records. Review of the provider's undated Infection Control policy revealed it did not address TB testings or screenings.	S 331		
S 670	44:70:07:07 Medication Administration A registered nurse shall provide medication administration training pursuant to § 20:48:04.01 to any unlicensed assistive personnel employed by the facility who will be administering medications. Unlicensed assistive personnel shall receive initial and ongoing resident specific training for medication administration and annual training in all aspects of medication administration occurring at the facility. This Administrative Rule of South Dakota is not met as evidenced by:	S 670	Castlewood Assisted Living Registered Nurse will provide medication training to all unlicensed assistive personnel at hire and annual training in all aspects of medication administration occurring at the facility to ensure resident medication administration safety. Administrator will establish employee file check list and will audit employee files monthly. Administration will document employee training file audits in facility preventative maintenance binder.	

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S 670	<p>Continued From page 11</p> <p>Based on employee personnel record review, interview, policy review, and job description review, the provider failed to ensure:</p> <p>*One of four sampled certified medication aides (CMA) employee (A) had received an annual competency for medication administration by a registered nurse (RN).</p> <p>*Three of four sampled CMA employees (C, D, and E) had received a competency evaluation for medication administration upon hire by an RN. Findings include:</p> <p>1. Review of employee A's personnel record revealed: *She had been hired on 3/24/23. *She had received her medication aide certification in May 2023. *A medication administration competency evaluation was completed on 5/5/23. *There was no documentation she had received an annual competency evaluation or training in 2024.</p> <p>2. Review of employee C's personnel record revealed: *He had been hired as a CMA on 6/6/24. *There was no documentation he had received an initial medication administration evaluation for competency.</p> <p>3. Review of employee D's personnel record revealed: *She had been hired as a CMA on 3/6/25. *There was no documentation she had received an initial medication administration evaluation for competency.</p> <p>4. Review of employee E's personnel record revealed: *She had been hired as a CMA on 4/4/24.</p>	S 670			

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NAME OF PROVIDER OR SUPPLIER CASTLEWOOD ASSISTED LIVING, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 108 WEST MAIN POST OFFICE BOX 109 CASTLEWOOD, SD 57223			
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S 670	<p>Continued From page 12</p> <p>*There was no documentation that she had received an initial medication administration evaluation for competency.</p> <p>Interview on 3/27/25 at 12:20 p.m. with administrator/CMA A revealed:</p> <p>*The medication aides had recently completed a written test as part of their medication administration training.</p> <p>-She did not identify a date that training took place or locate a copy of the tests during the interview.</p> <p>*She stated registered nurse B had not completed an initial or annual competency for the medication aides.</p> <p>-Administrator/CMA A was unaware of the requirement.</p> <p>Review of the provider's undated Medication Aide policy revealed:</p> <p>*"3. An evaluation will be done in 30 days and annually."</p> <p>*"4. Yearly in-services will be conducted covering Medication Administration."</p> <p>Review of the provider's undated job description for the licensed nurse did not address the training and evaluation of medication aide competency.</p>	S 670			
S 846	<p>44:70:09:10(1-4) Grievances</p> <p>The grievance process must include the facility's efforts to resolve the grievance and documentation of:</p> <p>(1) The grievance;</p> <p>(2) The names of the persons involved;</p> <p>(3) The disposition of the matter; and</p> <p>(4) The date of disposition.</p>	S 846	<p>Castlewood Assisted Living will establish a facility grievance procedure to include the grievance, the name of the persons involved, the disposition of the matter and the date of disposition. The Castlewood Assisted Living grievance procedure will explain how residents and staff are to properly file a grievance and who to go to if staff, residents, or family need to file a grievance. Castlewood Assisted Living will have this procedure reviewed by regional administrator and will provide all residents and staff with this procedure by May 5th 2025.</p>		

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S 846	<p>Continued From page 13</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) complaint intake review, care record review, interview, and policy review, the provider failed to ensure a resident's grievance had been documented to include the event and resolution for one of one resident (1). Findings include:</p> <p>1. Review of the SD DOH's 3/18/25 complaint intake involving resident 1 revealed: *The local sheriff's office had received a report that a resident [1] thought staff were trying to poison him. *Resident 1 had stated to them: -Certified medication aide (CMA) F poured rubbing alcohol into a cup instead of water. -Once he tasted the liquid, he spit it out. *The CMA was no longer employed at the facility.</p> <p>Review of resident 1's care record revealed: *He was admitted to the facility on 9/11/10. *His diagnoses included diabetes mellitus type II, hypertension, chronic obstructive pulmonary disease, depression, post-traumatic stress disorder, and history of a traumatic brain injury. *Review of his 2/14/25 through 2/21/25 progress notes revealed: -On 2/14/25 at 9:06 p.m. administrator/CMA A documented, "Received a text message from [CMA F] accusing this resident of accusing [CMA F] of 'poisoning' this resident when [CMA F] gave this resident [his] noon medication. [CMA F] text this admin [administrator] saying [CMA F] gave medication to this resident and this resident started saying to other residents that this resident was poisoned and asked other residents if [CMA F] tried to poison them too. [CMA F] text this admin that this resident was not being honest and</p>	S 846		

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S 846	Continued From page 14 that [CMA F] had given him water only when passing this residents [resident's] meds." -On 2/15/25 at 7:31 a.m. administrator/CMA A documented, "...This resident has a history of anxiety and sometimes believes untrue things. This admin has worked with this resident for 1.5 years and this resident seems to cycle through the same complaints. Accusing UMAs [CMAs] of being poisoned is not one of them [those complaints]. So this admin watched the camera footage from the day that [CMA F] worked and watched the noon med pass. It was evident that [CMA F] poured rubbing alcohol into a medicine cup, walked away from the med cart, came back to the med cart then proceeded to pour water into the med cup that still contained the rubbing alcohol. She then punched [resident 1's] medication into a med cup and then grabbed the cup of rubbing alcohol and water then brought it over to this resident who was sitting at his place at the dining room table. [Resident 1] took the medication along with the rubbing alcohol and water. I could see that this resident reacted and got up to the handwashing sink. The resident was given another cup that appeared to be water." -On 2/15/25 at 10:41 a.m. administrator/CMA A documented, "...this admin spoke with this resident who informed this admin that [CMA F] had given this resident 'poison' when giving this resident his noon medication. This resident told this admin that [CMA F] told this resident to 'not say anything or I will lose my job'. [CMA F] was placed on suspension on 2/15/25 at 6 am [6:00 a.m.]. This admin came to [the] facility to talk with [CMA F] and get [CMA F] version of events. At first [CMA F] told this admin that this resident was lying. When this admin told [CMA F] that this admin had watched the camera footage and could see that [CMA F] had given this resident rubbing alcohol, [CMA F] confessed that she	S 846			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CASTLEWOOD ASSISTED LIVING, LLC

**108 WEST MAIN POST OFFICE BOX 109
CASTLEWOOD, SD 57223**

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S 846	<p>Continued From page 15</p> <p>might have given this to him on accident. Admin placed [CMA F] on suspension until further notice. RN [registered nurse] notified. Family notified. Doctor was notified as well."</p> <p>-On 2/18/25 at 4:00 p.m. registered nurse (RN) B documented, "VSS [vital signs stable], assessed throat and it is mildly pink but patient is also a heavy smoker, he gets excited when he tells RN what happened...patient drank roughly 1-2 oz [ounces] of water mixed with alcohol, rubbing alcohol was moved to [the] wound cart and instructed staff that it can not be on med [medication] cart or sitting anywhere. No injuries or side effects noted."</p> <p>-On 2/21/25 at 12:48 p.m. administrator/CMA A documented, "...[CMA F] was terminated after reviewing incident that [CMA F] had accidentally given this resident rubbing alcohol to resident instead of water when giving the resident [his] medication. [CMA F] stated that this was a mistake and [CMA F] didn't mean to give the resident rubbing alcohol. Employee was terminated due to not being honest with admin or RN after being asked about the incident."</p> <p>Interview on 3/26/25 at 4:00 p.m. with administrator/CMA A and RN B regarding resident 1 revealed:</p> <p>*Their recall of events coincided with what had been documented in the progress notes above.</p> <p>*Resident 1's physician was informed and advised that the issue be treated as a medication error.</p> <p>*An incident report was not submitted to the SD DOH as this event was determined to be a medication error and not abuse or neglect.</p> <p>*They had reported the event to their regional administration.</p> <p>*Outside of the progress notes there was no additional documentation of the event including</p>	S 846		

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S 846	<p>Continued From page 16</p> <p>follow-up with the resident and the details of education provided to staff.</p> <p>Interview on 3/27/25 at 12:20 p.m. with administrator/CMAA regarding the event confirmed that no additional documentation of the event was available.</p> <p>Review of the provider's undated Grievance policy revealed it did not address if a resident grievance and its response was to be documented in writing.</p>	S 846			