| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 80045 | A. BUILDING: _____ B. WING _____ | 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE VILLAGE OF HARMONY HILL, INC | 2533 PRAIRIE PARK TRAIL SE WATERTOWN, SD 57201 |

| (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 000 | Compliance Statement<br><br>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 10/22/24 through 10/23/24. The Village Of Harmony Hill, Inc., was found not in compliance with the following requirements: S096, S165, S200, and S685. | S 000 | Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of the deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. | |
| S 096 | 44:70:02:05 Housekeeping Cleaning Methods And Equipment<br><br>Equipment and supplies shall be provided for cleaning of all surfaces. Such equipment shall be maintained in a safe, sanitary condition. Hazardous cleaning solutions, chemicals, poisons, and substances shall be labeled, stored in a safe place, and kept in an enclosed section separate from other cleaning materials.<br><br>This Administrative Rule of South Dakota is not met as evidenced by:<br>Based on observation, interview, and policy review, the provider failed to secure cleaning chemicals in a safe manner in one of one memory care (Hope Terrace) kitchen. Findings include:<br><br>1. Observation on 10/22/24 at 3:35 p.m. in Hope Terrace neighborhood revealed:<br>*A large open kitchen extending into the lounge area.<br>*Several residents were located in that area. | S 096 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Krista Beauchamp KBeauchp 11/8/2024

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 80045 | A. BUILDING: _____ B. WING _____ | 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE VILLAGE OF HARMONY HILL, INC | 2533 PRAIRIE PARK TRAIL SE WATERTOWN, SD 57201 |

| (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 096 | Continued From page 1<br>*Two staff members were not always present in that area.<br>*A sink was located in the kitchen area.<br>-On the counter by the sink was a gallon jug with a pump dispenser containing Pantastic detergent for pots and pans.<br>-Below the sink inside of the unlocked cupboard were three one-gallon jugs containing a rinse solution, a lyme away solution, and detergent. These three jugs had a tube inserted into the top of each jug which lead to the dishwasher.<br>--The product labels of the three on-gallon jugs indicated the contents were harmful to an individual if ingested.<br><br>Continued observation on 10/22/24 at 4:01 p.m. in Hope Terrace kitchen revealed:<br>*A hand washing sink.<br>-On the counter next to the sink was a green plastic pail with "Detergent" written on the side of it.<br>-Inside of that bucket was a soapy water mixture with rags.<br>*Interview at that time with certified medication aide (CMA) C regarding the above observation revealed:<br>-The green bucket contained Smart Sink and Surface Cleaner Sanitizer.<br>-The staff would change the sanitizer solution in the green bucket every four hours.<br>-The green sanitizer bucket always sat on the counter next to the sink.<br>-Staff members were not always present when residents were in the kitchen and lounge areas.<br>-The cupboard below the sink containing the three one-gallon containers had never been locked.<br><br>Interview on 10/22/24 at 4:35 p.m. with administrator A regarding the above observations | S 096 | 1. All residents, staff and visitors were identified for correction. No negative outcomes noted. Immediate staff education was provided on 10/23/24 to all clinical and dietary staff on the storage of chemicals and cleaning solutions.<br><br>2. On 10/22/24, a lock was installed on the cabinet below the sink and the Pantastic was placed in a secured location. The green bucket with the cleaning solution was emptied. The memory care unit was further assessed to ensure that all chemicals were appropriately stored. Directed staff in-service to include the review of the Procurement and Storage of Equipment Products and Supplies Policy to ensure all chemical and cleaning solutions are secured was completed on 11/5/24 with all staff. The memory care nurse manager or designee will complete audits weekly x4, biweekly x2 and monthly x1 to ensure chemicals are properly secured and report to the QAP committee to determine need for continued auditing.<br><br>4. Date of Compliance: | 11/5/24 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 80045 | A. BUILDING: _____ B. WING _____ | 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE VILLAGE OF HARMONY HILL, INC | 2533 PRAIRIE PARK TRAIL SE WATERTOWN, SD 57201 |

| (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 096 | Continued From page 2<br>revealed she agreed chemicals should be secured on the memory care unit to ensure the safety of the residents with cognitive impairment.<br><br>Interview on 10/23/24 at 8:30 a.m. with administrator A regarding the green detergent bucket revealed director of dietary services B had informed her the contents of the green detergent bucket was soapy water.<br><br>Review of the provider's undated Procurement and Storage of Equipment Products and Supplies policy revealed:<br>*Storage:<br>-"5. Ensure that all products (chemicals and disinfectants) are labeled and stored in a manner that eliminates risk of improper use, contamination, inhalation, skin contact or personal injury." | S 096 | | |
| S 165 | 44:70:02:17 Occupant Protection<br><br>Each 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 offered and the physical needs of any resident admitted to the facility.<br><br>This Administrative Rule of South Dakota is not met as evidenced by:<br>Based on observation, interview, and policy review, the provider failed to ensure one of one main door exits (Door A) was monitored and maintained at all times. Findings include: | S 165 | | |

South Dakota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 80045 | A. BUILDING: _____ B. WING _____ | 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE VILLAGE OF HARMONY HILL, INC | 2533 PRAIRIE PARK TRAIL SE WATERTOWN, SD 57201 |

| (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 165 | Continued From page 3<br><br>1. Interview on 10/22/24 at 9:30 a.m. with administrator A revealed the facility's current census was sixty-three residents. Of the sixty-three residents sixteen residents resided in the memory care unit neighborhood and forty-seven residents resided in the other three neighborhoods. She confirmed there were residents who were cognitively impaired that lived on the other three neighborhoods.<br><br>2. Observation and interview on 10/22/24 at 10:45 a.m. in the Harvest View neighborhood revealed an exit door leading to the outside of the building. Interview at that time with business office manager D revealed:<br>*The door leading to the outside of the building was Door A.<br>-Door A had been considered the main entrance into the building.<br>*Door A was unlocked Monday through Friday from 8:00 a.m. through 5:30 p.m., otherwise it was locked the remainder of the time.<br>*All the other exit doors in the building were locked at all times.<br>*Staff, family members, and some of the residents knew the door code to get into the building.<br>*She was not always at the desk in the main entrance area.<br>-If she was gone there was a sign with a phone number on the welcome desk anyone could call for assistance.<br>*She confirmed there were times throughout the day when the main entrance door had not been monitored.<br>*If there was an issue with a resident they could "look back on the cameras."<br><br>Observation on 10/22/24 from 4:09 p.m. through 4:22 p.m. of the main door entrance A revealed: | S 165 | 1. All residents, staff and visitors were identified for correction. No negative outcomes noted.<br><br>2.Door A was locked on 10/30/24 to include the hours of 8am-530pm. Signage has been posted on the outside door to provide guests information on entering the community. A community specific security and access policy plan was created. A directed in-service was completed on 11/5/24 with education provided to all staff regarding the security and access policy plan and ensuring that all exits are secure. Weekly audits x4, biweekly x2 and monthly audits x1 will be completed by the Business office Supervisor or designee to ensure that the door is locked and report to the QAPI committee to determine need for continued auditing.<br><br>3. Date of Compliance: | 11/5/2024 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 80045 | A. BUILDING: _____ B. WING _____ | 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE VILLAGE OF HARMONY HILL, INC | 2533 PRAIRIE PARK TRAIL SE WATERTOWN, SD 57201 |

| (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 165 | Continued From page 4<br>*At 4:09 p.m. there was not a staff member monitoring the door.<br>-A visitor exited the door and there was no alarm that sounded and no staff member came to check on the door.<br>*At 4:22 p.m. no staff member had been monitoring the door the entire observation time.<br><br>3. Interview on 10/22/24 at 4:35 p.m. with administrator A regarding main entrance door A revealed they did not have the front entrance door monitored all of the time.<br><br>4. Observation on 10/23/24 at 9:22 a.m. revealed there was no staff member monitoring entrance door A.<br><br>5. Interview on 10/23/24 at 2:00 p.m. with administrator A regarding the main entrance door confirmed the front entrance door was not alarmed when unlocked.<br><br>6. Review of the provider's 1/8/24 Building Security and Access Management Plan policy revealed:<br>*Monitoring and Surveillance:<br>-"Doors:<br>--Limiting Access-It is highly recommended that the SLC has a schedule for locking entrance doors at an hour that makes sense for the SLC.<br>--Some communities have a system where visitors can use a phone or other device to buzz into an apartment and the resident in return can, in turn, unlock the door from his or her apartment.<br>--The communities with such systems can limit access around the clock if desired.<br>-other communities staff a welcome desk for all or a portion of each 24-hour day to greet visitors and to control access.<br>--The main thing is to have local procedures in | S 165 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 80045 | A. BUILDING: _____ B. WING _____ | 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE VILLAGE OF HARMONY HILL, INC | 2533 PRAIRIE PARK TRAIL SE WATERTOWN, SD 57201 |

| (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 165 | Continued From page 5<br>place that meet the needs of residents and the visitors for adequate access while providing a reasonable level of security for residents, guest and staff."<br>-"Alarming:<br>--Procedures for testing and monitoring alarm systems should be included in the development of the plan." | S 165 | | |
| S 200 | 44:70:03:01 Fire Safety Code Requirements<br><br>Each facility must meet applicable fire safety standards in NFPA 101 Life Safety Code, 2012 edition in chapter 32 or 33. An automatic sprinkler system is not required in an existing facility unless significant renovations or remodeling of greater than fifty percent of the facility occurs, provided that any existing automatic sprinkler system must remain in service. An attic heat detection system is not required in an existing facility unless significant renovations or remodeling of greater than fifty percent of the facility occurs.<br><br>This Administrative Rule of South Dakota is not met as evidenced by:<br>Based on observation, testing, and interview, the provider failed to install or maintain delayed egress doors at the five of six exterior exits. Doors were locked to prevent egress. Findings include:<br><br>1. Observation on 10/22/24 at 1:30 p.m. revealed five of six exterior doors in the assisted living were locked against egress. Testing the doors revealed a delayed egress lock was not provided as required by 32.2.2.5 of the 2012 Life Safety Code. Interview with administrator A and maintenance technician H at the time of the | S 200 | 1. All residents, staff and visitors were identified for correction. No negative outcomes noted.<br><br>2. An audit was completed on 10/24/24 which identified the 9 exit doors that require egress locks. The egress locks are scheduled to be placed before 12/7/24 by Securitas Heathcare. A directed staff in-service was held on 11/5/24 providing education on the purpose of the egress locks. Staff were educated that the fire alarm system does release the locks on all doors. Upon completion of the installation of the locks an audit will be completed by the Senior Living Administrator or designee weekly x4, biweekly x2 and then monthly x1 to ensure that the egress locks are all functioning properly and report to the QAPI committee to determine need for continued auditing.<br><br>3. Date of Compliance: | 12/7/2024 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 80045 | A. BUILDING: _____ B. WING _____ | 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE VILLAGE OF HARMONY HILL, INC | 2533 PRAIRIE PARK TRAIL SE WATERTOWN, SD 57201 |

| (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 200 | Continued From page 6<br>observations and testing confirmed those conditions. Neither was aware of the requirement for the ability to exit by a delayed egress function. | S 200 | 1. All residents, staff and visitors were identified for correction. No negative outcomes noted. | |
| S 685 | 44:70:07:09 Self-Administration of Medications<br><br>A resident with the cognitive ability to safely perform self-administration, may self-administer medications. At least every three months, a registered nurse, or the resident's physician, physician assistant, or nurse practitioner shall determine and record the continued appropriateness of the resident's ability to self-administer medications.<br>The determination must state whether the resident or healthcare personnel is responsible for storage of the medication and include documentation of its administration in accordance with this chapter.<br>Any resident who stores a medication in the resident's room or self-administers a medication, must have an order from a physician, physician assistant, or nurse practitioner allowing self-administration.<br><br>This Administrative Rule of South Dakota is not met as evidenced by:<br>Based on observation, record review, interview, and policy review the provider failed to ensure a self-administration of medication assessment was completed and a physician order was obtained for two of four sampled residents who self-administered their medications. Findings include:<br><br>1. Observation on 10/23/24 at 8:13 a.m. with resident 13 in her room revealed: | S 685 | 2.Assessment for resident 8 was completed on 10/30. The resident was assessed to not be able to self administer her own medication.<br>An assessment for resident 13 was completed on 10/25. Physician orders for supervised self administration of eye drops for resident 13 was obtained in addition to the service plan being updated. All residents were assessed and were in compliance. Directed staff in-service which included the review of the Self Administration of Medications Policy was completed on 11/5/24 with all Medication Aids.<br><br>3. Assisted living residents who will be self administering or supervised self administering their medications will be assessed by a nurse prior to self administering medications and re-assessed for continued appropriateness of self administration per state regulations. Senior Living Administrator or designee will self administration evaluations monthly x3 and report to QAPI committee to determine need for continued auditing.<br><br>4. Date of Compliance: | 11/5/2024 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 80045 | A. BUILDING: _____ B. WING _____ | 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE VILLAGE OF HARMONY HILL, INC | 2533 PRAIRIE PARK TRAIL SE WATERTOWN, SD 57201 |

| (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 685 | Continued From page 7<br><br>*Certified medication aide (CMA) G handed a bottle of Dorzolamide HCl-Timolol 2-0.5% (an eye drop used to treat glaucoma) to resident 13.<br>*Resident 13 gently pulled down her eyelid and instilled one drop in each eye then handed the medication back to CMA G to be placed back in the medication cart.<br>-It was indicated this was the usual process followed for her eye drops.<br><br>Review of resident 13's care record revealed:<br>*She had been prescribed the eye drop identified above to be given twice daily on 9/26/23.<br>*She was also prescribed a second eye drop for glaucoma to be administered twice daily along with an as needed eye drop for dryness.<br><br>Interview with assisted living manager/registered nurse (RN) E on 10/23/24 at 11:18 a.m. regarding resident 13's eye drops revealed:<br>*The staff had indicated to her that the resident did not like having her face touched and the process was to hand the eye drop to the resident.<br>*She had not realized that a self-administration assessment should have been completed for the eye drops.<br><br>2. Review of resident 8's care record revealed:<br>*On 6/19/24 she had been prescribed Ozempic (a medication to lower blood sugar) 8 milligrams (mg)/3 milliliters (ml) to be administered at 2 ml every week.<br>-This was administered through a subcutaneous (under the skin) injection.<br><br>Interview on 10/23/24 at 10:15 a.m. with memory care manager/RN F regarding resident 8's medication revealed:<br>*Resident 8 had been on the injectable medication for approximately six months. | S 685 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 80045 | A. BUILDING: _____ B. WING _____ | 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE VILLAGE OF HARMONY HILL, INC | 2533 PRAIRIE PARK TRAIL SE WATERTOWN, SD 57201 |

| (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 685 | Continued From page 8<br>*She acknowledged that the medication was handed to the resident to be administered by subcutaneous injection.<br>*A self-administration assessment had not been completed to ensure she could safely and effectively complete the injection process.<br><br>3. Interview on 10/23/24 at 12:38 p.m. with administrator A regarding the medications for residents 13 and 8 revealed that it was her expectation that if the residents were performing assisted self-administration that a self-administration evaluation of medications be completed every three months and a physician order obtained.<br><br>Review of the provider's 9/17/24 Self-Administration of Medications - Assisted Living policy revealed:<br>*"Provider's orders will be obtained and documented in the medical record for the ALC resident who chooses to self-administer medications."<br>*"ALC residents who will be self-administering medications will be assessed by a nurse prior to self-administering medication and re-assessed for continued appropriateness of self-administration per state regulations." | S 685 | | |