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
	80090	A. BUILDING: _____ B. WING _____	C 02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACEFUL PINES SENIOR LIVING - SPEARFISH	6800 SAINT ONGE ROAD SPEARFISH, SD 57783

(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 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 2/5/26. Areas surveyed included quality of life related to staff members who did not follow the rounding schedule for a resident and privacy related to the installation of recording devices without the residents' knowledge. Peaceful Pines Senior Living - Spearfish was found not in compliance with the following requirement: S835.	S 000		
S 835	44:70:09:09(1) Quality Of Life A facility shall provide care and an environment that contributes to the resident's quality of life, including: (1) A safe, clean, comfortable, and homelike environment; This Administrative Rule of South Dakota is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) complaint intake form, record review, interview, and policy review, the provider failed to ensure care that contributed to the quality of life for one of four sampled residents (1) was provided by three of three caregivers (D,F, and G) and two of two unlicensed medication aides (UMA) (E and H) who did not provide incontinence care. Findings include: 1. Review of SD DOH complaint intake form revealed:	S 835	PPSL care plans will be reviewed by the DON or designee to ensure that toileting cares are included and scheduled in the care plans based on the individual resident needs. To ensure immediate compliance, DON or designee will create a care plan review log, will review all care plans for current residents for toileting accuracy. This review log will be completed no later than March 19, 2026. DON, ADON or designee will implement adding every 2-hour toileting cares during waking hours to the care plan for all newly admitted Memory Care residents for a period of 1-2 weeks, allowing time to understand new resident toileting needs, and will be added to the care plan review log to ensure ongoing compliance. After the 1-2 week implementation period, the DON, ADON or designee will adjust the newly admitted resident care plan accordingly based on the resident's toileting needs. Staff education on care plans, documenting cares delivered, and the importance of toileting care timeliness will be provided during mandatory care staff meeting to be held March 19, 2026. PPSL will implement an audit process to ensure toileting cares are delivered according to each Memory Care resident's care plan. DON, ADON, or designee will run a Care History Report through the ECP EHR starting March 16, 2026; once a week for 2 weeks, then once every two weeks for an additional nine weeks, concluding with once a month through July 31, 2026.	3/19/26

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lori Konst	Executive Director	03/23/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	80090	A. BUILDING: _____ B. WING _____	C 02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACEFUL PINES SENIOR LIVING - SPEARFISH	6800 SAINT ONGE ROAD SPEARFISH, SD 57783

(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 835	Continued From page 1 *The complainant wished to remain anonymous. *A visitor expressed concerns about the care a resident had received. *The visitor saw the resident shortly after the resident was admitted to the facility and found the resident sitting in the dining room. *The resident smelled like urine. *The visitor assisted the resident to their room, and then assisted the resident to the bathroom. *The resident's brief was soaked with urine. *The resident was wearing the same clothes that the visitor had observed them in the day before. *The visitor pushed the call button for help, waited 15 minutes for a response, and eventually cleaned the resident up and helped them get dressed without the assistance from staff. 2. Record review of resident 1's electronic medical record (EMR) revealed: *She was admitted to the facility on 11/11/25. *Her diagnoses included dementia (a group of symptoms affecting memory, thinking, and social abilities) and Alzheimer's disease (a progressive disorder that affects memory, thinking, social abilities, and body functions). *She had a 12/15/25 Brief Interview for Mental Status (BIMS) assessment score of 3, which indicated her cognition was severely impaired. *Her care plan, in the "Toileting" area, instructed staff that she "Requires assistance/cueing every 2 hours for incontinent bladder. Report to nurse changes in bowel or bladder continence. Use a pull up [incontinence brief] during the day. Add an insert [incontinence pad] at bedtime only. Use barrier cream after each incontinent episode." *Her care plan indicated that she was "unable to call for help using the Emergency notification system" and staff were to "anticipate Resident needs."	S 835		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	80090	A. BUILDING: _____ B. WING _____	C 02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACEFUL PINES SENIOR LIVING - SPEARFISH	6800 SAINT ONGE ROAD SPEARFISH, SD 57783

(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 835	Continued From page 2 *Her care plan indicated the staff were to perform safety checks on her every two hours at night, and when she was "in her room independently during the day/evening." *The staff documentation from 11/11/25 through 11/12/25 indicated that she was assisted with toileting on 11/11/25 at 9:19 p.m. and not again until 11/12/25 at 6:21 p.m. 3. Review of the Sage (call light and pendant system) report that was provided revealed that she was assisted with toileting on 11/12/25 at 1:10 p.m. -There was no documentation to support that she was assisted with toileting or received incontinence care for over fifteen hours from 9:19 p.m. on 11/11/25 until 1:10 p.m. on 11/12/25. 4. Review of the staffing schedule showed five staff members (D, E, F, G, and H) were scheduled to care for residents during that time. 5. Interview on 2/5/26 at 11:20 a.m. with director of nursing (DON) B and assistant director of nursing (ADON) C revealed there was no policy that specifically addressed rounding on residents every two hours, and that it was individualized, and the frequency of rounding would be indicated in the residents' care plans. 6. Interview with DON B on 2/5/26 at 2:57 p.m. revealed: *Incontinence care, or toileting assistance, should have been provided and should have been documented. *The staff should be checking the residents' briefs and documenting toileting or incontinence care, if provided, during the residents' safety checks. *She stated, "We don't have the documentation,	S 835		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	80090	A. BUILDING: _____ B. WING _____	C 02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACEFUL PINES SENIOR LIVING - SPEARFISH	6800 SAINT ONGE ROAD SPEARFISH, SD 57783

(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 835	Continued From page 3 and if it isn't documented, it isn't done." *Both UMAs and caregivers were responsible for performing the toileting assistance and safety checks on the residents during their shifts. 7. Review of the provider's 7/21/22 Quality of Life policy revealed: *"It is of the utmost importance that HME Care and our partners provide a quality environment and high quality of life for our residents." *"HME Care will accomplish this by providing: -1. A safe, clean, comfortable, and homelike environment. -2. Maintenance or enhancement of the resident's ability to preserve individuality, exercise self-determination, and control everyday physical needs;" 5. Review of the provider's 7/15/2022 Abuse and Neglect Investigation and Reporting policy revealed: *"Neglect -the absence of the minimal services or resources required to meet basic needs. Neglect includes withholding or inadequately providing medical care and, consistent with usual care, treatment and services, food, hydration, clothing, or good hygiene. It may also include placing an individual in unsafe or unsupervised conditions."	S 835		