

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  46905	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  11/19/2025
NAME OF PROVIDER OR SUPPLIER  REGENCY RETIREMENT LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE  220 W BEEBE CHAMBERLAIN, SD 57325	
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S 000	Compliance Statement  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 on from 11/18/25 through 11/19/25. Regency Retirement Living was found not in compliance with the following requirements: S201, S296, S305, S331, S670, and S685.	S 000	
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: Based on observation, testing, and interview the provider failed to maintain one of two doors to the chemical storage room (a hazardous storage room) in the southwest corridor. The door would not resist the passage of smoke and was not self-closing.  Findings include:  1. Observation and testing on 11/18/25 at 3:00 p.m. of the chemical storage room door located in the southwest corridor revealed: *The chemical storage room door was not latched into the door frame. The door could be pushed	S 201	Contractor came during visit and adjusted door so it closed correctly. Contractor will be returning to reset the door to meet proper spacing requirements allowed on the door. Manager or designated staff member will monitor door closure on a weekly basis for 4 weeks, then monthly thereafter. This will coincide with our monthly fire extinguisher audits.

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

TITLE

(X6) DATE

STATE FORM

6899

L8RX11

If continuation sheet 1 of 16

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S 201	<p>Continued From page 1</p> <p>open.</p> <p>*The door would not close and latch with the self-closing device.</p> <p>*The door could be physically forced shut but would not latch without manipulating the door.</p> <p>*When the door was closed there was a gap between the top of the door and door frame approximately a half of an inch.</p> <p>Interview on 11/18/25 at 3:30 p.m. with manager A revealed:</p> <p>*She had been made aware on 11/17/25 by a surveyor that the door was not latching with the self-closing device.</p> <p>*She was not aware of the large gap at the top of the door.</p> <p>*She agreed the door was not self-closing and would not resist the passage of smoke.</p>	S 201		
S 296	<p>44:70:04:04(1-11) Personnel Training</p> <p>These programs must be completed within thirty days of hire for all healthcare personnel and must include the following subjects:</p> <p>(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; (9) Abuse and neglect; (10) Problem solving and communication</p>	S 296	<p>Personnel training packet was updated to include all 11 required training topics. Employees whose files were pulled not meeting requirements have started the annual training and will have it completed by the end of December. This Annual Training includes all 11 required topics of education.</p> <p>New Employee packets have been updated to include all 11 topics of education so it can be completed within required timeline. Manager or designated staff member will monitor each file through audit process. Each month for the next 12 months, new hire files will be audited by manager or designated staff member for compliance in being completed within 30 days of hire date.</p> <p>Audits will be reviewed at QAPI meeting for further monitoring/discussion.</p>	1/3/26

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S 296	<p>Continued From page 2</p> <p>techniques related to individuals with cognitive impairment or challenging behaviors if admitted and retained in the facility; and</p> <p>(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:</p> <p>Based on employee file review, interview, and policy review the provider failed to ensure the required training was completed within 30 days of hire for three of three recently hired employees (C, D, and E).</p> <p>Findings include:</p> <p>1. Review of employee files revealed: *Unlicensed assistive personnel (UAP) C had been hired on 5/19/25. -She had not completed training on fire prevention and response, emergency procedures and preparedness, resident rights, incidents and diseases subject to mandatory reporting and facility's reporting mechanism, problem solving and communication techniques RT residents with cognitive impairment or challenging behaviors, and education based on the resident care needs. -She had completed training on nutritional risks</p>	S 296		

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S 296	<p>Continued From page 3</p> <p>and hydration on 8/20/25, this was not completed within 30 days of hire.</p> <p>*Kitchen employee D had been hired on 2/3/25. -She had not completed training on fire prevention and response, emergency procedures and preparedness, resident rights, incidents and diseases subject to mandatory reporting and facility's reporting mechanism, problem solving and communication techniques RT residents with cognitive impairment or challenging behaviors, and education based on the resident care needs.</p> <p>*Kitchen employee E had been hired on 6/9/25. -She had not completed training on fire prevention and response, emergency procedures and preparedness, resident rights, incidents and diseases subject to mandatory reporting and facility's reporting mechanism, problem solving and communication techniques RT residents with cognitive impairment or challenging behaviors, and education based on the resident care needs.</p> <p>2. Interview on 11/19/25 at 12:45 p.m. with manager A revealed: *She assigned the personnel training to staff upon hire and verified that staff completed it. *She agreed the staff identified above had not completed the required training within 30 days of hire. *She expected all required training to be completed within 30 days of hire and annually for all employees.</p> <p>3. Review of the provider's undated Personnel Training policy revealed: **The facility will be competent and have training in all areas. *All new employees will have orientation and training on the following areas.</p>	S 296		

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S 296	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>-Orientation to the family.</li> <li>-Normal aging process.</li> <li>-The psychological aspects of aging.</li> <li>-Communication with the visually/hearing/and speech impaired.</li> <li>-Active listening.</li> <li>-Socialization/activities.</li> <li>-Interview skills and assistance/service planning.</li> <li>-Tasks of the companion.</li> <li>-Resident rights.</li> <li>-The role of families.</li> <li>-Neighborhood development.</li> <li>-Emergency and first aid.</li> <li>-Care of cognitively impaired and dementia.</li> <li>-Infection control procedures and prevention.</li> <li>-Accident prevention and safety procedures.</li> <li>-Proper use and documentation of restraints.</li> <li>-Fire safety.</li> <li>-Confidentiality of residents' information.</li> <li>Oxygen administration.</li> <li>-Disaster preparedness.</li> <li>-Employee health and benefits, etc.</li> <li>-Ongoing in-services will be conducted.</li> </ul> <p>Attendance at in-services will be recorded for each employee and kept on file. A checklist on performance will be filled out for each employee. Evaluations will be done on each employee. They will be done with the first month of employment and annually. Wages will be adjusted at three months of employment and annually."</p>	S 296		
S 305	<p>44:70:04:05 Personnel Health Program</p> <p>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</p>	S 305	<p>Personnel who had files pulled and did not meet requirements had files updated with required information. Employee F had her health screening completed and placed in her file.</p> <p>Employee G had her screening completed upon starting at the facility, going forward they will be completed 14 days from date of hire not start date.</p>	1/3/2026

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S 305	<p>Continued From page 5</p> <p>employment including an assessment of previous vaccinations and tuberculin skin tests.</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 that the health status for communicable diseases was evaluated by a licensed health professional within 14 days of hire for two of six employees (F and G).</p> <p>Findings include:</p> <p>1. Review of employee F's file revealed: *Her date of hire was 7/12/21. *Her health evaluation was not in her personnel file.</p> <p>Review of employee G's file revealed: *Her date of hire was 9/9/23. *Her health evaluation was in her personnel file and was signed by a licensed health professional on 11/4/23. *It had not been completed within 14 days of hire.</p> <p>2. Interview on 11/19/25 at 12:45 p.m. with manager A revealed: *Registered nurse (RN) B completed the employee health evaluations for all staff upon hire. *She was unable to locate employee F's health evaluation. *She expects all employee health evaluations to be completed within 14 days of hire.</p> <p>3. Review of the provider's undated Personnel Training policy revealed: **All employees shall submit to a pre-employment training before starting employment with Kimball Retirement Living. This physical examination is to</p>	S 305	<p>Employee F had Health Evaluation completed and placed into file.</p> <p>Manager updated Employee Health Screening form to include TB and Health Screening in same packet to be started at the time of hire and completed within compliance guidelines.</p> <p>RN or designated staff member will monitor all upcoming new hires to ensure health screenings are being completed within compliance guidelines. RN or designated staff member will double check completion before filing in the employee file.</p> <p>Audits will be reviewed at QAPI meeting for further monitoring/discussion.</p>	1/3/26

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S 305	<p>Continued From page 6</p> <p>prove that staff member is in reasonably good health, able to perform the duties as are requested, and free from communicable diseases. The facility will not allow anyone to work with a communicable disease, during the period of communicability, of a reported disease which may endanger the health of our residents and our fellow employees. Any employee contracting a communicable disease shall not report for work until approved by their health care provider that they no longer have the disease, in a communicable stage."</p>	S 305		
S 331	<p>44:70:04:10(1) Tuberculin Screening... Requirements</p> <p>Tuberculin screening requirements for healthcare personnel and residents are as follows:</p> <p>(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</p>	S 331	<p>Employee G had 2 step TB test started and will be completed by facility RN by 12/15/25</p> <p>Manager updated Employee Health Screening form to include the TB and Health Screening in the same packet to be started at the time of hire and completed within compliance guidelines.</p> <p>RN or designated staff member will monitor all upcoming new hires to ensure TB tests are being completed within compliance guidelines. RN or designated staff member will double check completion before filing in the employee file.</p> <p>Audits will be reviewed at QAPI meeting or further monitoring/discussion.</p>	1/3/2026

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S 331	<p>Continued From page 7</p> <p>completed within the prior twelve months. Skin 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 employee file review, interview, and policy review, the provider failed to ensure a Tuberculosis (TB) Mantoux Test (a screening tool used to detect latent tuberculosis infection) was completed following state regulation guidelines for one of six sampled staff (G).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of employee file for unlicensed assistive personnel (UAP) G revealed: *She was hired on 9/9/23. *Her file contained a two-step TB testing form which was blank. *Her TB skin tests were not completed within 21 days of hire.</li> <li>2. Interview on 11/19/25 at 12:45 p.m. with manager A revealed: *Registered nurse (RN) B was responsible for administering the TB tests. *She expects the two-step TB testing for staff to be completed within 21 days of hire per guidelines.</li> </ol>	S 331		

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S 331	<p>Continued From page 8</p> <p>3. Review of the provider's undated Mycobacterium Tuberculosis Risk Assessment policy revealed:</p> <p>**Tuberculin screening for all employees and /or residents of Regency Retirement Assisted Living shall be as follows:</p> <ul style="list-style-type: none"> <li>-Each employee/and/or resident shall receive a two-step Mantoux skin test to establish a baseline within 14 days of employment or admission to the facility.</li> <li>-A new employee or resident who provides documentation of a positive reaction to the Mantoux skin test shall have a medical evaluation and chest x-ray to determine the presence or absence of symptoms of mycobacterium tuberculosis.</li> <li>-Each employee or resident with a history of a positive reaction to the Mantoux skin test shall be evaluated annually by a physician or nurse and a record maintained that indicates the presence or absence of symptoms of mycobacterium tuberculosis."</li> </ul>		S 331	
S 670	<p>44:70:07:07 Medication Administration</p> <p>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.</p> <p>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.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by:</p>		S 670	<p>Current UAPs are being signed up for Diabetic Training through SDBON.</p> <p>No injectable medications will be given by UAP staff until diabetic training can be completed, they need to be completed by RN until that time or the resident will have to pass assessment by facility RN and their primary care provider.</p>

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S 670	<p>Continued From page 9</p> <p>Based on interview, employee file review, job description review, and policy review, the provider failed to ensure three of three sampled unlicensed assistive personnel (UAPs) (C, F, and G) received training for injectable medication administration.</p> <p>Findings include:</p> <p>1. Interview on 11/18/25 at 2:00 p.m. with UAP C revealed:            *She was going to administer resident 1's Semaglutide (an injectable medication used to treat type 2 diabetes).            *She went to the medication storage room but, it was not available, she ordered the medication from the pharmacy and expected it to be delivered that evening.            *She was unsure if she had been trained for injectable medication administration.</p> <p>Interview on 11/18/25 at 3:00 p.m. with registered nurse (RN) B revealed:            *Resident 1 had a self-administration physician's order for her oral antacid kept at bedside and was evaluated quarterly.            *Resident 1 did not have a physician's order for self-administration of her Semaglutide and had not been evaluated for self-administration of that medication.            *She stated she did not believe resident 1 needed a self-administration physician's order or assessment to safely administer her Semaglutide because the UAP dialed the dose and handed the pen to her to inject.            *She stated, had not thought with resident 1 pushing the plunger as being self-administering even though resident 1 was injecting the medication.            *She was not sure if UAP's had been trained for</p>	S 670		

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S 670	<p>Continued From page 10</p> <p>diabetes but maybe on their annual training and stated to ask manager A.</p> <p>*Physician's signed resident self-administration orders and evaluations annually.</p> <p>Interviews on 11/18/25 at 4:45 p.m. and 11/19/25 at 11:40 a.m. with manager A revealed:</p> <ul style="list-style-type: none"> <li>*UAP C had not had diabetic training.</li> <li>*UAP's did not inject the Semaglutide, but only dialed up the dose and resident 1 would inject the medication.</li> <li>*Resident 1 did not have a physician's order to self-administer her Semaglutide and had not been evaluated to safely administer her Semaglutide because she did not dial up the dose.</li> <li>*She verified that the UAP's do not have diabetic training completed, "We fell short with that training."</li> </ul> <p>2. Review of employee files revealed:</p> <ul style="list-style-type: none"> <li>*UAP C had been hired on 5/19/25.</li> <li>-There was documentation to support she had completed the unlicensed medication aide (UMA) training course on 5/22/25.</li> <li>-There was no documentation to support completion of diabetic training or competencies completed in her file.</li> </ul> <p>*UAP F had a hire date was 7/12/21.</p> <ul style="list-style-type: none"> <li>-There was documentation to support she had completed the annual unlicensed medication aide (UMA) training skills for medication administration routes for ear, eye, inhaled, nose, oral, rectal, sublingual, topical and vaginal on 12/18/24.</li> <li>-There was no documentation to support completion of diabetic training or competencies completed in her file.</li> </ul> <p>*UAP G had a hire date of 9/9/23.</p>	S 670		

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S 670	<p>Continued From page 11</p> <p>-There was documentation to support she had completed the annual unlicensed medication aide (UMA) training skills for medication administration routes for ear, eye, inhaled, nose, oral, rectal, sublingual, topical and vaginal on 12/9/24.</p> <p>-There was no documentation to support completion of diabetic training or competencies completed in her file.</p> <p>3. Review of the provider's 10/18/17 Unlicensed Assistive Personnel (UAP) job description revealed:</p> <p>**"To provide quality care for resident with caring and compassion, following regulations set forth by federal, state, and local standards."</p> <p>**Medications:</p> <p>-Administer medications, breathing treatments, skin ointments, eye drops, and other personal cares under the license of a Registered Nurse.</p> <p>-Vitals-as required/needed/ordered blood pressure, heart rate, weight, temperatures, respirations."</p> <p>4. Review of the provider's dated 2000 Requirement for Assisted Living Center policy revealed:</p> <p>**1. Regency Retirement Assisted Living will not admit or retain residents who require more than intermittent nursing care.</p> <p>*2. Regency Retirement Assisted Living will administer medications to residents that require assistance.</p> <p>-Regency Retirement Assisted Living will contact with a licensed nurse who will review resident care and condition weekly.</p> <p>-A Registered Nurse shall provide medication administration training to unlicensed assistive personnel employed by the facility who will be administering medications.</p> <p>-Unlicensed personnel will receive ongoing</p>	S 670		

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NAME OF PROVIDER OR SUPPLIER  REGENCY RETIREMENT LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE  220 W BEEBE CHAMBERLAIN, SD 57325		
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S 670	Continued From page 12  resident specific training for medication administration and annual trainings in all aspects of medication administration occurring at Regency Retirement."		S 670	
S 685	44:70:07:09 Self-Administration of Medications  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.  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.  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.   This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview and policy review the provider failed to ensure an order for self-administration of an injectable medication had been obtained from the physician, and the residents' ability to safely self-administered injectable medication had been assessed for one of one sampled resident (1).  Findings include:		S 685	Resident 1 received a self administration from her physician for medication in question, RN completed her assessment as well. Going forward until diabetic training is completed by UAP staff, all residents with injectable medications will need to have the ability to self administer the medication. This will be determined through orders from physician and RN assessment. These orders will continue to be reviewed by facility RN and residents primary care provider every 3 months or upon a significant change to residents status.  Resident education on all self administration of injectable medication will be done by RN, this will not ever be performed by the UAP staff.  Audits will be reviewed at QAPI meeting for further monitoring/discussion.

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S 685	<p>Continued From page 13</p> <p>1. Review of resident 1's medical record (MR) revealed:            *She was admitted on 3/31/25.            *Her 8/12/25 Brief Interview for Mental Status (BIMS) assessment score was 15 indicating she was cognitively intact.            *She had a physician's order dated 6/26/25 for Semaglutide 1 milligram (MG)/0.75 milliliter (ML) inject 1 MG under skin weekly for Diabetes Mellitus type 2 (a condition involving disruptions in how the body regulates blood sugar).            *She had a self-administration of medication assessment completed on 7/16/25 for self-administration of Antacid 500 mg chew 2 tablets by mouth every six hours at bedside as needed for stomach by registered nurse (RN) B.            *Her primary care provider (PCP) signed the order and assessment on 7/17/25 for the self-administration of the Antacid tablets.            *There were no other medications listed to be self-administered by resident 1 on the assessment and no additional orders by the physician.            The self-administration of medication assessment had been reviewed by RN B on 8/11/25 and 11/18/25 with no changes to the assessment.            *Resident 1's medication administration record for November 2025 had documentation of Semaglutide administration being completed on 11/4/25 by UAP C, on 11/11/25 by UAP F and on 11/18/25 UAP C. The documented dose was unavailable.</p> <p>2. Interview on 11/18/25 at 2:00 p.m. with unlicensed assistive personnel (UAP) C revealed:            *She was going to administer resident 1's Semaglutide.            *She went to the medication storage room but, it was not available, she ordered the medication</p>	S 685		

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S 685	<p>Continued From page 14</p> <p>from the pharmacy and expected it to be delivered that evening.</p> <p>*She was unsure if the resident 1 had a physician's order to self-administer the Semaglutide.</p> <p>*She was unsure if resident 1 had been assessed by the nurse to safely administer her own Semaglutide.</p> <p>Interview on 11/18/25 at 3:00 p.m. with RN B revealed:</p> <p>*Resident 1 had a self-administration physician's order for her oral antacid kept at bedside and was evaluated quarterly.</p> <p>*Resident 1 did not have a physician's order for self-administration and had not been evaluated for self-administration of her Semaglutide medication.</p> <p>*She stated she did not believe resident 1 needed a self-administration physician's order or assessment to safely administer her Semaglutide because the UAP dialed the dose and handed the pen to her to inject.</p> <p>*She stated, had not thought with resident 1 pushing the plunger as being self-administering even though resident 1 was injecting the medication.</p> <p>*She was not sure if UAP's had been trained for diabetes but maybe on their annual training and stated to ask manager A.</p> <p>*Physician's signed resident self-administration orders and evaluations annually.</p> <p>Interviews on 11/18/25 at 4:45 p.m. and 11/19/25 at 11:40 a.m. with manager A revealed:</p> <p>*UAP C had not had diabetic training.</p> <p>*UAP's did not inject the Semaglutide, but only dialed up the dose and resident 1 would inject the medication.</p> <p>*Resident 1 did not have a physician's order to</p>	S 685		

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S 685	<p>Continued From page 15</p> <p>self-administer her Semaglutide and had not been evaluated to safely administer her Semaglutide because she did not dial up the dose.</p> <p>*She verified that the UAP's do not have diabetic training completed, "We fell short with that training."</p> <p>3. Review of the provider's undated Self-Administering of Medications policy revealed:</p> <p>**A resident with the cognitive ability to understand may self-administer medications. The self-administration assessment shall be completed by an RN, physician, physician assistant or nurse practitioner on all residents requesting self-administration of medication. A resident may self-administer drugs if the RN and physician, physician assistant, or nurse practitioner have determined the practice to be safe. If a resident is permitted to self-administer medications. The resident is responsible to safely and correctly administer the medication. No resident may keep medications on their person or in their room without a medication order allowing for self-administration ..."</p> <p>**At least every three months, the RN, the physician, physician assistant, or nurse practitioner shall evaluate and record the continued appropriateness of the resident's ability to self-administer medications."</p>	S 685		