

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>53737</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/19/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRYSIDE INN ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>208 PRAIRIE AVE ROSHOLT, SD 57260</b>		
(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 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 11/18/25 through 11/19/25. Countryside Inn Assisted Living was found not in compliance with the following requirements: S085, S106, and S455.	S 000	This plan of correction constitutes the facility's written allegation of compliance for the deficiencies cited. However, submission of the Plan of Correction is not admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state law.	
S 085	44:07:02:03 Cleaning Methods And Facilities  The facility shall have supplies, equipment, work areas, and complete written procedures for cleaning, sanitizing, or disinfecting all work areas, equipment, utensils, and medical devices used for residents' care. Common-use equipment shall be disinfected after each use.  This Administrative Rule of South Dakota is not met as evidenced by: Based on policy review and interview the provider failed to disinfect the water pump and jets for one of one whirlpool tub after each resident use.  Findings include:  1. Review of the providers "Cleaning of Whirlpool Tub Policy and Procedure" revealed:  "Policy: It is the policy of this facility that the whirlpool will be cleaned after each resident use. Procedure: The tub will be inspected to ensure it is cleaned before resident use. In the event the tub appears not to be clean, of following and resident whirlpool bath, the following procedure will be done: *The tub will be wiped down to remove any soap	S 085	The water circulation button was replaced on December 1st, 2025. The policy and procedure was updated to reflect the new disinfection process and inservicing of this will be completed by January 1st, 2026. The administrator or designee will monitor compliance of the new practice randomly five times a week for 4 weeks, two times a week for 3 weeks, one time a week for 2 weeks, and then 1 time monthly to ensure the policy and procedure is correctly followed. The results will be forwarded to the QA committee to monitor sustained compliance.	1/3/2026

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

Hope Brandell LPN

TITLE

Administrator

(X6) DATE

12/3/2025

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S 085	Continued From page 1  scum, feces, etc. *Spray the entire tub and surrounding area with Virex. [a disinfectant] *The tub must remain wet for a MINIMUM of 10 minutes. *After 10 minutes the tub will then be wiped down and rinsed."  Interview on 11/19/25 at 3:30 p.m. with administrator A and assistant administrator B revealed: *They were not aware the water pump and jets should have been disinfected after each use. *They agreed the policy and procedure would provide a surface disinfection but did not address disinfecting the water pump and jets. *They stated the water circulation button was broken. The water pump could not be turned on to circulate disinfectant through the pumps and jets.	S 085		
S 106	44:70:02:06 Food Service  A facility of seventeen beds or more shall have a mechanical dishwasher. The facility shall have the space, equipment, supplies and mechanical systems for efficient, safe, and sanitary food preparation if any part of the food service is provided by the facility.  This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to ensure chemical sanitization level required to sanitize the dishes used for serving residents' food was monitored and documented for one of one low-temperature dish machine and for the	S 106	The policy was updated from 200 ppm to 75-100 ppm which the facility had always maintained as evidence by documentation as presented herein. Inservicing has begun. The administrator or designee will monitor compliance of the new practice randomly five times a week for 4 weeks, two times a week for 3 weeks, one time a week for 2 weeks, and then 1 time monthly to ensure the policy and procedure is correctly followed.	1/3/2026



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S 106	<p>Continued From page 2</p> <p>solution used for cleaning and disinfecting the surfaces of the kitchen.</p> <p>Findings include:</p> <p>1. Observation and interview on 11/18/25 at 11:40 a.m. with cook C in the kitchen and dish room revealed:</p> <ul style="list-style-type: none"> <li>*A low temperature dish machine in the corner of the dish room.</li> <li>*A bucket of sanitizing solution under the stainless-steel counter of the kitchen.</li> <li>*A clip board behind the kitchen door with a plastic sleeve attached to it.</li> <li>*The plastic sleeve contained two sheets of paper labeled dish machine and sanitizer.</li> <li>*9/24/25 was the last date information was recorded on the papers.</li> <li>*Cook C confirmed those sheets were supposed to be filled out to document the level of chemicals for the dish machine and the cleaning bucket.</li> <li>*Cook C stated the clipboard got covered up by other information and did not get filled out properly.</li> </ul> <p>2. Review of the provider's Dish Machine and Sanitizer log sheets from 9/1/25 through 11/18/25 revealed:</p> <ul style="list-style-type: none"> <li>*Staff had documented on both sheets from 9/1/25 through 9/24/25.</li> <li>*No documentation was completed after 9/24/25.</li> </ul> <p>3. Interview on 11/18/25 at 12:05 p.m. with assistant administrator B revealed:</p> <ul style="list-style-type: none"> <li>*Kitchen staff had test strips to test the chemicals for the dish machine and cleaning bucket.</li> <li>*He confirmed staff had not documented any chemical levels since 9/24/25.</li> </ul> <p>4. Interview on 11/18/25 at 3:45 p.m. with</p>	S 106	<p>The results of the monitoring will be forwarded to the QA committee who will recommend and implement other practice as needed to ensure sustained compliance.</p>	

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S 106	<p>Continued From page 3</p> <p>administrator A revealed:</p> <p>*She confirmed the dish machine was a low-temperature dish machine that used chemicals to sanitize the dishes, and the sanitizer bucket was used to wipe down the counter and equipment.</p> <p>*She agreed the documentation had not been completed since 9/24/25.</p> <p>*Her expectation was the dietary staff would document the levels daily.</p> <p>5. Review of the provider's undated Food Service Safety and Sanitation policy revealed:</p> <p>***"Dish Machine."</p> <p>***"Dietary staff are to check the chlorine levels each morning by dipping a chlorine test paper strip for one second (in a drip of water) immediately after the first run of the day."</p> <p>***"Dietary staff are to check the chlorine levels to ensure they are in the 75-100 range by color matching the appropriate levels."</p> <p>***"Dietary staff are to document the level number on the Dish Machine tracking sheet."</p> <p>***"If not within the 75-100 range, staff are to notify the administrator."</p> <p>6. Review of the provider's undated Food Service Safety and Sanitation policy revealed:</p> <p>***"Sanitizing Solution."</p> <p>***"Per the manufacturer's instruction of the Proforce Sanitizer, the perimeters of the solution strength should be in the 75-100 ppm quaternary ammonia range."</p> <p>***"Dietary staff are to add 4 squirts of the premeasured Proforce Sanitizer to one gallon of water (or 2 squirts to 1/2 gallon)."</p> <p>***"Dietary staff are to check the quaternary ammonia range each morning using the quaternary ammonia test strips, by dipping the strips for 10 seconds in the sanitizer/water"</p>	S 106		



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S 106	Continued From page 4  solution." **Dietary staff are to ensure the test strip color matches the appropriate levels and adjust as needed, and document on the sanitation sheet located in the kitchen." **Dietary staff are to change out the solution two more times each day per the schedule."	S 106		
S 455	44:70:06:02 Food Safety  Hot foods must be held at or above 135 degrees Fahrenheit or 57.2 degrees centigrade and served promptly after being removed from the temperature holding device. Cold foods must be held at or below 41 degrees Fahrenheit or 5 degrees centigrade and served promptly after being removed from the holding device.  This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review the provider failed to follow food safety standards by not having monitored and documented food temperatures prior to serving by one of one cook (C).  Findings include:  Observation and interview on 11/18/25 at 11:40 a.m. with cook C revealed: *The menu called for spaghetti and green beans. *She used a food thermometer to check the temperature of the noodles. *She sanitized the thermometer and checked the temperature of the green beans. *This surveyor requested to look at the food temperature log.	S 455	Food temps have been and will continue to be taken prior to serving as evidence by documentation herein. A form was created for documentation purposes and inservicing has begun. The administrator or designee will monitor compliance of the new practice randomly five times a week for 4 weeks, two times a week for 3 weeks, one time a week for 2 weeks, and then 1 time monthly to ensure the policy and procedure is correctly followed. The results of the monitoring will be received by the QA committee who will recommend and/or implement other practice as needed to ensure continued compliance.	1/3/26

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S 455	<p>Continued From page 5</p> <p>*Cook C stated she did not have a food temperature log.</p> <p>*She confirmed they do not document the temperature of any of the food served to the residents.</p> <p>Interview on 11/18/25 at 3:45 p.m. with administrator A revealed confirmed food temperatures were not being documented for any meals.</p> <p>Review of the provider's October 2012 Minimizing Foodborne Illness policy revealed:</p> <p>**"Control the time and temperature of food."</p> <p>**"Make sure food is received and stored at the correct temperature."</p> <p>**"Minimize the amount of time food is in the Temperature Danger Zone (41 to 140 F) it should never exceed 4 hours."</p> <p>**"Cook food to the correct internal temperature."</p> <p>**"Hold hot food above 140F and cold food at or below 41F."</p> <p>**"Cool food correctly."</p> <p>**"Reheat food to 165F within the correct time period."</p> <p>**"Monitor temperatures and record the information on temperature logs."</p>	S 455		