

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/22/2025
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

MEADOWS ON SYCAMORE INC 130 N. SYCAMORE
SIOUX FALLS, SD 57110

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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 from 10/21/25 through 10/22/25. Meadows On Sycamore Inc was found not in compliance with the following requirements: S105, S142, S166, S352, and S835.	S 000	The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission or an agreement by the facility of the truth of the facts alleged on conclusions set forth in the statement of deficiency was executed solely because it is required by provisions of state and federal law. Without waiving the foregoing statement, the facility states that with respect to:	
S 105	44:70:02:06 Food Service Food service must be provided by a facility licensed in accordance with SDCL chapter 34-12 or food service establishment licensed in accordance with SDCL chapter 34-18 that is inspected by a local, state, or federal agency. The facility shall meet the safety and sanitation procedures for food service in §§ 44:02:07:01, 44:02:07:02, and 44:02:07:04 to 44:02:07:95, inclusive. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, policy review, and record review, the provider failed to ensure the cleanliness and safe and sanitary food service for one of one kitchen. Findings include: 1. An initial tour of the kitchen on 10/21/25 at 10:00 a.m. revealed: *A fly swatter lying on the counter in the serving window. *The floor had an overall gray hue that appeared unclean. *The front edge of the countertop surface was worn down to the white base material along the	S 105	Mandatory education was provided for cleaning to all dietary staff. Everything was deep cleaned. Paper signs removed from walls. Only laminated cleanable signs are to be hung. Dietary Manager will monitor for three months, and report to QA until in compliance. Cleaning: On Going Deep Clean of kitchen will be done, and deep cleaning sheets will be updated to include; *quarterly deep clean of kitchen floor with deck brush and Ultra 2000; *quarterly deep clean of lime building up on faucets and spigots; *monthly deep clean of ovens including the outside walls of oven, wall behind oven, floor under oven, and oven doors and knobs; *de-liming on outside of dishwasher quarterly; *deep cleaning of walls-quarterly; *monthly cleaning of the cupboard under hand washing sink *monthly cleaning of freezers;	12/6/2025

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

TITLE

(X6) DATE

STATE FORM

6399

PZPD11

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If continuation sheet 3 of 16

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S 105	Continued From page 4 *The fly swatter remained on the serving counter through the lunch meal. *Most food items were prepared in the north building and brought to the south building for the meal. The cold lunch items were prepared at the north kitchen while Cook E heated breadsticks in the south kitchen. *She was wearing gloves while taking the temperatures of the food items for the lunch meal of chef's salad with chicken. *She had one alcohol pad that she used to clean the thermometer between checking the temperature of each food item. *The chopped chicken was 38 degrees F, while the lettuce, shredded cheese, chopped tomatoes, and boiled eggs all had temperatures above 41 degrees F. *Wearing those same gloves, Cook E moved the above-temp food items to the freezer, and touched the freezer handle. *Cook E then began preparing the alternate foods by putting the plates of goulash in the microwave, touching the microwave buttons and door. *She used a napkin to remove the hot plates from the microwave. The alcohol pad had fallen on the floor, and she used that same soiled napkin to clean the thermometer she used to check the temperature of the food items on those plates. *With those same gloved hands, she placed a hamburger patty in the microwave, removed a bun from a bag, retrieved a sleeve of cheese from the refrigerator, peeled off a slice and placed it on the bun, rewrapped the cheese and returned it to the refrigerator. She removed the hamburger patty, checked its temperature, wiped the thermometer with the soiled napkin, placed the patty on the bun bottom and put the bun top on. *When asked about the handwashing and glove use procedure, she stated she was supposed to	S 105	Remodel of kitchen is overseen by Administrator. Administrator will report progress monthly to QA until completed. Other Maintenance Items-will take place after kitchen remodel. *Will divide building into hallways (North, South, East). Will replace key pad in North Hallway-thus will start with North Hall. Will fix patch wall damage, ensure baseboards are complete, remove, sand, stain, and top coat handrails and replace after paint. Touch up paint will not be effective will need to paint entire wall. Administrator will report progress to QA monthly until complete.	1/31/2026	

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S 105	<p>Continued From page 6</p> <p>items prior to bringing them from the north building to the south kitchen for meal service.</p> <p>*She was not aware that many of the lunch items the previous day were too warm to serve upon delivery to the south building.</p> <p>*She had asked staff not to use gloves when serving food.</p> <p>*She agreed that Cook E serving food with a gloved hand was inappropriate and she should have been using utensils.</p> <p>*Staff had been trained to use a clean alcohol wipe to clean the food thermometer between each temperature, and she agreed that reusing the wipe or using another item such as a soiled napkin was a food safety issue and improper procedure.</p> <p>*She agreed that a refrigerated dessert would be at an unsafe food temperature if it was placed on tables a half hour or more before meals.</p> <p>*She felt the staff knew who the plates of food in the refrigerator belonged to, so it was their practice not to put a date on them.</p> <p>*She felt that the countertops and cupboards, while worn, were down to a smooth surface and thus cleanable.</p> <p>*The freezer had been at zero degrees F on follow-up checks, and she thought someone might not have fully closed the freezer, and caused the higher reading the previous day (10/21/25).</p> <p>*She agreed that it did not appear that the freezer had been defrosted as documented to have been done in September.</p> <p>*She agreed that a fly swatter should not have been lying on the serving counter the previous day (10/21/25).</p> <p>*She agreed that the fan sitting on the three-compartment sink was a safety hazard.</p> <p>4. Interview on 10/22/25 at 11:00 a.m. with</p>	S 105		

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S 105	Continued From page 8 and mop the mop room, scrub floors under dishwasher, clean inside 3-compartment sink, wipe wall with clipboard, and complete missed cleaning. *Uncompleted September 2025 tasks included clean jelly cabinet, scrub out 3-compartment sink. *The October cleaning schedule was requested, but was not provided as it was not yet complete per dietary manager B. Review of the dietitian's monthly kitchen walk-through reports for January 2025 through September 2025 revealed: *Meal temperatures were not recorded 100% of the time in January 2025, March 2025, May 2025, June 2025, July 2025, and August 2025. *Food with a resident's name but no date was noted in February 2025, March 2025, June 2025, and July 2025. Review of the provider's hand-washing procedure policy revised on 5/11/2015 revealed: *"Gloves are used for direct food or resident contact. Hands are washed as follows:" -Before and after wearing gloves. -Before and after eating or handling food. -Before engaging in food preparation. -During food preparation, as often as necessary to remove soil contamination. Review of the provider's dietary services storage of leftovers policy revised on 10/20/2015 revealed "Store leftovers in approved containers i.e. plastic seamless containers."	S 105		
S 142	44:70:02:11.01 Water Supply -- Control Of Legionella Each water supply system in a facility, must	S 142		

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S 142	Continued From page 10 part per million. Failure to ensure a hot water temp of one hundred twenty-five degrees Fahrenheit or a residual free chlorine level of one part per million does not ensure control of legionella in water systems. Further Interview with maintenance director C at the same time revealed he conducts all maintenance for both the 130 N Sycamore Ave and the 146 N Sycamore Ave buildings, so that same condition would also exist at the other building.	S 142		
S 166	44:70:02:17(1-2) Occupant Protection The facility shall: (1) Develop and implement a written and scheduled preventive maintenance program; (2) Provide securely constructed and conveniently located grab bars in all toilet rooms and bathing areas used by residents; This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, record review, and interview the facility failed to develop and implement a written and scheduled preventive maintenance program. 1. Observation and interview beginning at 11:23 a.m. on 10/21/25 revealed when maintenance director C was asked for his maintenance logs, he had stated he would need a bit of time to find those documents and provide them. When asked again for maintenance logs at 12:48 p.m. the maintenance director C revealed he was unable	S 166	Written and scheduled preventive maintenance program has been completed. Maintenance logs include daily, weekly, monthly, and yearly. *Logs include checking water temps in the farthest point from the hot water heater. *Administrator will review logs monthly. Administrator will report findings to QA monthly.	11/1/2025

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S 352	Continued From page 12 Findings include: 1. The review of records for resident 1 revealed that she admitted to the facility on 8/19/24. Her admission evaluation was completed on 8/20/24 and her 30-day evaluation was completed on 9/19/24. When interviewed on 10/22/25 at 2:30 p.m., administrator A provided a copy of resident 1's assessment dated 9/19/24 and stated "we're behind." Licensed practical nurse G had completed the assessments. No additional assessment was provided.	S 352		
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 observation and interview, the provider failed to provide a safe, clean, comfortable, and homelike environment throughout the facility. Findings include: 1. Observations throughout the 10/21/25 through 10/22/25 survey of the building revealed: *The carpet in the dining room and down all the hallways appeared soiled and discolored. -It had many small and large stained areas. -The carpet in the dining room had black tape	S 835		

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S 835	<p>Continued From page 14</p> <p>Interview on 10/22/25 at 9:15 a.m. with maintenance director C regarding the above observations revealed:</p> <ul style="list-style-type: none"> *He worked a combination of 40 hours a week between the north building and the south building. *He did not have a preventative maintenance plan. *He did not document when he had completed projects in the facility. *He had shampooed the carpet a month ago but had not documented it. *He put black tape over parts of the carpet. *The carpet was only three years old. *All the doors in the building had veneer peeling around the door handles. *He had replaced the floor stripping on the north side of the carpet in the dining room but needed to replace the east side. *He stated "You can only do so much." <p>Interview on 10/22/25 at 11:20 p.m. with wing aide (POOL) D regarding the above observations revealed:</p> <ul style="list-style-type: none"> *She worked the morning shift from 6:00 a.m. through 2:30 p.m. *She worked two days a week. *The evening shift certified medication aide or resident aide was responsible for cleaning on the weekends. *She vacuumed every day when she was in the building. *She felt the carpets were cleaned all the time. *The residents spilled a lot. *She cleaned the carpets every two weeks in the hallways. *The overnight shift cleaned the dining room carpet. *Maintenance shampooed the carpets every month. 	S 835		