

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40797	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/12/2026
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NAME OF PROVIDER OR SUPPLIER COLTON RETIREMENT LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 706 E. 1ST COLTON, SD 57018
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(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	<p>Compliance Statement</p> <p>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 2/10/26 through 2/12/26. Colton Retirement Living was found not in compliance with the following requirements: S096, S156, S201, S285, S295, S305, and S630.</p>	S 000		
S 096	<p>44:70:02:05 Housekeeping Cleaning Methods And Equipment</p> <p>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.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, South Dakota Assisted Living license review, care record review, and policy review the provider failed to safely secure chemicals in one of one laundry room to avoid the potential for injury or danger to the residents within the facility.</p> <p>Findings include:</p> <p>1. Observation on 2/10/26 at 2:30 p.m. of the laundry room revealed:</p>	S 096		

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

Michelle Wagner

TITLE

Administrator

(X6) DATE

03/03/2026

South Dakota Department of Health

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S 096	<p>Continued From page 1</p> <p>*The door was propped open with a doorstop, and the light was on.</p> <p>*Behind the door on the shelves were cleaning supplies which included.</p> <ul style="list-style-type: none"> -Ten bottles of Kling (a toilet bowl cleaner). -Six bottles of Fight back RTU (a disinfectant cleaner). -Seven cans of Spray Away (a glass foam cleaner). -One spray bottle of Sanibet Sanitizer (a disinfectant). -Twenty bottles of Push (a multipurpose cleaner). -Ten cans of Cide-Bet 2 (an antibacterial spray). -Six containers of disinfectant wipes. -Four bottles PH7Q Dual Concentrate cleaner (a disinfectant). -Four bottles of Deep Blue Concentrate (an ammoniated glass and surface cleaner). -Four bottles of AF79 Concentrate (a disinfectant cleaner). -Four containers of Sanibet Multi Range (a sanitizer). -Three containers of Citrus Chisel (a degreaser). <p>2. Observation on 2/11/26 at 8:17 a.m. of the laundry room revealed:</p> <p>*The door was propped open with a doorstop, and the light was on.</p> <p>*The housekeeping cart was sitting inside the room.</p> <p>*The housekeeping cart had chemicals on it which included:</p> <ul style="list-style-type: none"> -One bottle of Kling. -One spray bottle of AF79 Concentrate disinfectant cleaner. -Two Spray Away glass foam cleaner cans. -One unlabeled power spray bottle that was half full of an unclear solution. -One bottle of Drain and Trap treatment (an enzymatic cleaner to clear drains). 	S 096		

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S 096	<p>Continued From page 2</p> <p>3. Observation on 2/11/26 at 2:15 p.m. of the laundry room revealed: *The door remained propped open with a door stop and light was on. *All observed chemicals from 2/10/26 remained on the shelves. *The housekeeping cart with the previously observed chemicals remained in the room.</p> <p>4. Interview on 2/11/26 at 2:30 p.m. with certified medication aide (CMA) B revealed: *The laundry room door was open most of the time. *She was not aware that the chemicals in the laundry room needed to be locked up. *She acknowledged that the facility had severely cognitive impaired residents.</p> <p>5. Observation on 2/12/26 at 7:03 a.m. of the laundry room revealed that door was closed and locked.</p> <p>6. Observation on 2/12/26 at 9:45 a.m. of the laundry room revealed the door was open about 2 inches.</p> <p>7. Interview on 2/12/26 at 9:30 a.m. with housekeeper C revealed: *The laundry door was always open. *She stored the housekeeping cart in the laundry room. *She was told on 2/11/26 by an unidentified staff member that the laundry door needed to be locked because of the chemicals kept in there.</p> <p>8. Interview on 2/12/26 at 9:50 a.m. with administrator A revealed: *She completed direct supervision of her staff. *She said that chemicals did not need to be</p>	S 096		

South Dakota Department of Health

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S 096	Continued From page 3 locked up. *She agreed the laundry room door was usually propped open. *She was unaware that some residents had a Brief Interview of Mental Status (BIMS) assessment scores of 10 or lower which indicated their cognition was moderate to severely impaired. *She was not aware that chemical storage was a safety concern to the residents. *She was not aware the chemical storage policy stated chemicals needed to be secured from the residents. 9. Review of the provider's 7/1/25 assisted living license revealed they had the optional service license for the care of cognitively impaired residents. 10. Review of current resident care record revealed: *The current resident census was 13. *Resident 1's 11/13/25 BIMS assessment score was 9 which indicating her cognition was moderately impaired. *Resident 2's 1/31/25 BIMS assessment score was 1 indicating her cognition was severely impaired. *Resident 3's 9/2/25 BIMS assessment score was 0 indicating her cognition was severely impaired. 11. Review of the provider's revised 9/30/25 Chemical Storage Policy revealed: *"To ensure the safe storage, handling, and management of chemicals within the facility in order to protect residents, staff, and visitors from potential hazards and to remain compliant with OSHA and state regulatory requirements." *"Colton Retirement Living is committed to maintaining a safe environment by ensuring that	S 096	S 096 All chemicals have been moved to a locked closet in the hallway, see picture #1 attached. No chemicals will be stored in the laundry room going forward. The door automatically locks when it is shut. Staff and leadership team will be educated on the 'Chemical Storage Policy' to ensure everyone is complying with the rules & regulations. Staff and leadership team will ensure the door is locked at all times. Housekeeping cart is also locked in the Chemical Storage Closet and will be stored there when not in use by Housekeeper. Monthly Chemical Storage Audit form has been created and will be completed and reviewed on a monthly basis, by the leadership team, at our QAPI meeting, to ensure we are in compliance.	02/16/2026

South Dakota Department of Health

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S 096	Continued From page 4 all chemicals used for cleaning, maintenance, laundry, and other operational purposes are stored, labeled and handled properly." **3. Access Control: -Only trained staff members are permitted to access and use facility chemicals. -Housekeeping carts must never be left unattended in resident-accessible areas."	S 096	Type text here	
S 156	44:70:02:15 Insect And Rodent Control The facility shall take effective measures to protect against the entrance into the facility and the breeding or presence on the premises of rodents, flies, roaches, and other vermin. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to take effective measures to protect the entrance into the facility and the breeding or presence of rodents, flies, roaches, and other vermin in one randomly observed location (Laundry room). Findings include: 1. Observation on 2/11/26 at 12:09 p.m. revealed the facility had uncontrolled access into the wall cavity in the laundry room. The washing machine outlet boxes for both washing machines had rusted to the point where a large opening into the wall cavities were present. Those openings into the wall cavities provided potential access for the breeding or presence of rodents, flies, roaches, and other vermin within the walls where chemical pest treatments could not be applied. Interview with administrator A at that same time	S 156	S 156 New water hose boxes were installed by Dells Plumbing on 2/23/2026. See picture #2 of phase 1 of the project. Phase 2 - Drywall to complete the project is scheduled to be done the week of 03/09/2026. Picture of phase 2 will be provided after the work is complete.	03/13/2026

South Dakota Department of Health

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S 156	Continued From page 5 confirmed those findings. She stated she was aware those washing machine outlet boxes were in bad shape and was meaning to replace them. She further agreed that pests could access the wall cavities in those locations due to the holes present in those boxes.	S 156		
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: A. Based on record review and interview, the provider failed to conduct the required 90-minute functional testing for all battery back-up emergency lights and Exit signs. Findings include: Record review on 2/11/26 at 11:22 a.m. revealed the facility had conducted monthly 30 second functional testing for all battery back-up emergency lights and Exit signs, but did not have documentation for performing the annually required 90-minute functional testing. Interview with administrator A at the same time as the record review confirmed those findings. She stated she was unaware of the requirement for	S 201	S 201 New audit forms will be completed to ensure the 90-minute functional testing is completed annually going forward. 30-second functional testing is completed on a monthly basis, as stated in the 'Findings'. Several new emergency lights can be seen around the facility, due to testing them and replacing them as needed over the last few years. Exit sign at the main entrance has been purchased and will be installed during the week of 03/09/2026. Picture will be provided when the work is complete.	03/13/2026

South Dakota Department of Health

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S 201	Continued From page 6 90-minute functional testing. B. Based on observation, record review, and interview the provider failed to furnish adequate exit signage at one randomly located location (main entrance). Findings include: Observation on 2/11/26 at 11:27 a.m. revealed no exit signage existed to indicate an exit path out of the main entrance. Record review of the facilities exit plan at that same time showed that door was intended to be used as an emergency exit. Interview with administrator A at the same time as the record review confirmed that finding. She stated for all the time she was the administrator, that door was used as an exit and was never equipped with an exit sign.	S 201		
S 285	44:70:04:03 Personnel The facility shall have a sufficient number of qualified personnel to provide effective and safe care. Personnel on duty must be awake at all times, except as provided in § 44:70:03:02.01. Any supervisor must be eighteen years of age or older. The facility shall make available written job descriptions and personnel policies and procedures to personnel of all departments and services. The facility may not knowingly employ any person with a conviction for abusing another person. The facility shall establish and follow policies regarding special duty or personnel on contract. This Administrative Rule of South Dakota is not met as evidenced by:	S 285		

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S 285	Continued From page 7 Based on personnel file review, interview, and policy review, the provider failed to implement a pre-employment screening process to ensure they did not knowingly hire any person with an abuse conviction for three of five employees (C, D, and E). Findings include: 1. Review of employee C, D, and E's personnel files revealed: *Houskeeper C's hire date was 3/13/23. *Certified medication aide (CMA) D's hire date was 3/19/23. *CMA E's hire date was 1/19/24. *There was no documentation to support a background check was completed before any of these employees were hired. 2. Interview on 2/12/26 at 9:50 a.m. with administrator A revealed: *She expected background checks to be completed with an offer of employment. *She agreed the above identified staff did not have documentation in their perswonnal file to prove a background check was completed. 3. Review of the provider's updated November 2021 Abuse, Neglect and Misappropriation of Property Prevention policy revealed: **Colton Retirement Living is an advocate against patient abuse, neglect, and/or misappropriation of property." **Screening: -All potential employees will receive a criminal background check."	S 285	S 285 Employees C, D and E now have completed background reports in their employee files. Administrator has updated her 'New Employee Checklist' form to indicate a Background Screening must be done on all new employeee, before they are offered employment, to ensure we do not hire anyone that has been convicted of abuse. New Employee Checklist Audit form has been created and will be completed and reviewed on a monthly basis, and as new employees are hired, by the leadership team, at QAPI meeting, to ensure that all background checks have been completed for new employees and that we are in full compliance.	02/16/2026
S 295	44:70:04:04 Personnel Training	S 295		

South Dakota Department of Health

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S 295	<p>Continued From page 8</p> <p>The facility shall have a formal orientation program and an ongoing education program for all healthcare personnel. Ongoing education programs must cover the required subjects annually.</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 the required annual education training was completed for one of five sampled employees (C).</p> <p>Findings include:</p> <p>1. Review of housekeeper C's employee file revealed: *She was hired on 3/13/23. *She did not complete annual education training on fire prevention and response, emergency procedures and preparedness, infection control and prevention, resident rights, incidents and diseases subject to mandatory reporting, accident prevention and safety procedures, confidentiality, abuse/neglect, problem solving and communication for cognitively impaired residents, nutritional risks and hydration, and education based on the resident care needs (i.e. hospice, tube feeding, a blind resident, personal care, language barriers, etc.).</p> <p>2. Interview on 2/12/26 at 9:50 a.m. with administrator A revealed: *She expected the employee education training to be completed within 30 days of hire and annually after that for all the staff. *She was not aware that housekeeper C did not complete the required training since she did not do direct patient care.</p>	S 295	<p>S 295 Housekeeper, and all other employees will participate in the annual education requirements set forth by the state of SD.</p> <p>Housekeeper C is planning on attending our All Staff Meeting, scheduled for 03/03/2026 to complete all the necessary education requirements to put her in compliance for the year.</p> <p>All other staff members are encouraged to attend the upcoming All Staff Meeting to complete their annual education requirements.</p> <p>Administrator can send signed & completed education forms if needed, after 03/03/2026.</p> <p>Annual Education Refresher Audit form has been created and will be completed and reviewed on a monthly basis, by the leadership team, at QAPI meeting, to ensure we are in compliance.</p>	03/03/2026

South Dakota Department of Health

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S 295	Continued From page 9 *She agreed that housekeeper C had none of the above listed annual training education completed.	S 295		
S 305	44:70:04:05 Personnel Health Program 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 employment including an assessment of previous vaccinations and tuberculin skin tests. 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 employee health evaluation for one of five employees (D) was completed and evaluated for communicable diseases by a licensed health professional within 14 days of their hire date. Findings include: 1. Review of employee D's file revealed: *Her date of hire was 3/19/23. *Her health evaluation was not dated or signed by a licensed health professional. 2. Interview on 2/12/26 at 9:50 a.m. with administrator A revealed: *The employee health evaluations were to be completed upon hire to the facility. *The nurse needed to review, sign and date the employee evaluation after a new employee was hired. *She agreed that employee D's health evaluation was not signed or dated within 14 days of her hire	S 305	S 305 Administrator reviewed all present employee files to ensure all required documentation has been completed and signed by the employee, as well, as the RN and the Administrator as needed. Employee D answered "no" to all of her health eval questions upon hire. Her health evaluation form has now been signed by our RN, Jessica Jarding. Administrator will continue to ensure all required paperwork is completed and signed within 30 days of hire date. New Employee Checklist Audit form has been created and will be completed and reviewed on a monthly basis, and as new employees are hired, by the leadership team, at QAPI meeting, to ensure that all health eval forms have been completed for all new employees and that we are in full compliance at all times.	03/03/2026

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S 305	Continued From page 10 date. 3. Review of the provider's undated Employee Health policy revealed: *"Prohibit employees with communicable disease or with infected skin lesions from direct contact with residents or their food." - "4. Employees with skin eruptions, infected wounds, or communicable diseases will be evaluated by the Employee Health Nurse or Infection Preventionist before returning to work."	S 305	Type text here	
S 630	44:70:07:04 Storage And Labeling Of Medications All medications must be stored in a well illuminated, locked storage area that is well ventilated, maintained at a temperature appropriate for medication storage, and inaccessible to residents and visitors at all times. Medications suitable for storage at room temperature must be maintained between fifty-nine and eighty-six degrees Fahrenheit, or between fifteen and thirty degrees centigrade. Medications that require refrigeration must be maintained between thirty-six and forty-six degrees Fahrenheit, or between two and eight degrees centigrade. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure medications stored in two of three medication carts were not accessible to unauthorized staff or visitors according to the provider's policy. Findings include:	S 630		

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S 630	<p>Continued From page 11</p> <p>1. Observation on 2/10/26 at 10:45 a.m. at the nurse's station revealed: *The medication cart keys were sitting on the top of one of the medication carts. *Two of the three medication carts were unlocked. *Certified medication aide (CMA) B was sitting at the front desk with her back to the unlocked medication carts.</p> <p>2. Observation on 2/10/26 at 11:30 a.m. at the nurse's station revealed: *CMA B was in the kitchen preparing and serving the lunch meal to the residents. *The medication cart keys were sitting on top of one of the medication carts. *Two of the three medication carts were unlocked.</p> <p>3. Observation on 2/10/26 at 1:10 p.m. at the nurse's station revealed: *CMA B was in the dining room area assisting resident 3. *The medication cart keys were sitting on the front desk counter. *Two of the three medication carts were unlocked.</p> <p>4. Observation on 2/11/26 at 7:00 a.m. at the nurse's station revealed: *Two of the three medication carts were unlocked. *The medication cart keys were sitting on the top of one of the carts. *There was one visitor, and three residents sitting in the dining room area.</p> <p>5. Observation on 2/11/26 at 7:27 a.m. with CMA B in the nurse's station revealed: *One unlocked medication cart contained two</p>	S 630		

South Dakota Department of Health

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S 630	<p>Continued From page 12</p> <p>controlled medications (medications with risk for abuse and addiction) which included: -One 50 mg (milligram) capsule of Pregabalin (a neuropathic pain agent). -Thirty 50 mg Tablets of Tramadol (a pain medication).</p> <p>6. Interview on 2/11/26 at 7:25 a.m. with CMA B revealed: *She was not aware the medication carts needed to always be locked. *She always left the keys to the medication carts sitting on the medication cart.</p> <p>7. Observation on 2/12/26 at 7:31 a.m. of CMA F in the nurse's station revealed: *She prepared resident 4's morning medications. *She went to give resident 4 her morning medications and left the medication cart unlocked and unattended.</p> <p>8. Observation on 2/12/26 at 7:31 a.m. of CMA F in the nurse's station revealed: *She prepared resident 5's morning medications. *She went to give resident 5 his morning medications and left the medication cart unlocked and unattended.</p> <p>9. Interview on 2/12/26 at 8:09 a.m. with CMA F revealed: *She agreed the medication cart needed to be locked when it was not being used or when she was not directly by the medication cart. *She acknowledged that the dining room are was away from the medication cart. *She did not lock the medication cart when she went to administer medications to residents 4 and 5.</p> <p>10. Interview on 2/12/26 at 9:50 a.m. with</p>	S 630		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40797	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/12/2026
NAME OF PROVIDER OR SUPPLIER COLTON RETIREMENT LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 706 E. 1ST COLTON, SD 57018		
(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 630	Continued From page 13 administrator A revealed: *When asked if controlled medications needed to be locked in a secure location, she stated, "kind of." *The medication carts were in the nurse's station. *She was aware that the medication storage policy stated that medication carts needed to be locked. *The nurses were in the building once a week, sometimes every other week. *She completed direct supervision of the staff daily. *She expected the medication carts to be locked when not being used, and for the staff who were working to have the keys on them. 11. Review of the provider's undated Medications-Control policy revealed: **Objective: To insure [ensure] proper ordering, storage and disposal of resident medications." **2. The facility will have proper storage of prescribed medications which is inaccessible to residents or visitors."	S 630	S 630 All Staff Meeting is scheduled for all employees on 03/03/2026. During this time, all staff members will be properly trained on the requirements of storing all medications here at the facility. All employees will review and sign the "Storage & Labeling of Medications" policy after we review and discuss as a team. All medications here at our facility will be locked in the medication cart and inaccessible to the residents/visitors at all times. Failure to comply with this policy will result in a written warning with possible termination. Administrator will be conducting random checks on a dailt basis, to ensure all staff members are following the rules set in place. All future employees will be trained to ensure they are complying with our 'Properly Storing & Labeling Medications' policy. All staff members will review, complete and sign their annual medication aide requirements during our meeting on 03/03/2026. Medication Storage Audit form has been created and will be completed and reviewed on a monthly basis, by the leadership team, at QAPI meeting, to ensure we are in compliance.	03/03/2026