STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43A038	A. BUILDING B. WING	07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTCHMAN LIVING CENTER	503 WEST PINE POST OFFICE BOX 790, PHILIP, South Dakota, 57567

(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) COMPLETION DATE
F0000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 7/14/26 through 7/16/26. Scotchman Living Center was found not in compliance with the following requirement: F658. A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 7/14/26 through 7/16/26. The areas surveyed were quality of care related to a fall with injury and residents potentially being left in soiled clothing, potential verbal abuse of residents by a staff member, and potential misappropriation of resident property. Scotchman Living Center was found in compliance.	F0000		
F0658 SS = D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, interview, and policy review, the provider failed to ensure the resident's had a prescription label on their medication bottle and that it matched the physician's order in the resident's electronic medical record (EMR) for one of one observed resident (22) who was administered magnesium glycinate that included a prescribed dose amount indicated on her medication bottle or in her EMR by licensed practical nurse (LPN) (E). 1. Observation and record review on 7/16/26 at 4:50 p.m. in the memory care unit dining room revealed LPN E administered two capsules of magnesium glycinate to resident 22. The prescription label on	F0658	The director of nursing or designee will review, revise or create necessary policies and review/ revise care plans to ensure proper medication delivery has been completed, including medication administration of the "five rights", to achieve appropriate medication administration standards by August 7th, 2026. The director of nursing or designee will ensure resident 22's magnesium glycinate medication bottle has the appropriate label with the name and dosage of the medication per the provider order by August 3rd, 2026. The director of nursing or designee will ensure staff are educated on proper mediation administration, including the "five rights" patient, medication, dose, route, time; by August 7th, 2026. The director of nursing or designee will randomly select 3 residents who have prescription medications and monitor 5 rights of medication pass, to include proper labeling of bottle per provider order weekly for 3 months.	08/10/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Maureen Cadwell	CEO	08/07/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43A038	A. BUILDING B. WING	07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTCHMAN LIVING CENTER	503 WEST PINE POST OFFICE BOX 790, PHILIP, South Dakota, 57567

(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) COMPLETION DATE
F0658 SS = D	Continued from page 2 rights" of medication delivery must be confirmed, which included the right dose of the medication. "The prescribing provider's order is used to verify the correct drug, dose, route, and time."	F0658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A038	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTCHMAN LIVING CENTER	503 WEST PINE POST OFFICE BOX 790, PHILIP, South Dakota, 57567

(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) COMPLETION DATE
E0000	Initial Comments A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted on 7/14/26. Scotchman Living Center was found in compliance.	E0000		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Maureen Cadwell	CEO	08/07/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43A038	A. BUILDING 01 - MAIN BUILI... B. WING	07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTCHMAN LIVING CENTER	503 WEST PINE POST OFFICE BOX 790, PHILIP, South Dakota, 57567

(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) COMPLETION DATE
K0000 Bldg. 01	INITIAL COMMENTS A recertification survey was conducted on 7/14/26 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Scotchman Living Center was found in compliance.	K0000		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Maureen Cadwell	CEO	08/07/2026

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
	10661	A. BUILDING: _____ B. WING _____	07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTCHMAN LIVING CENTER	503 W PINE PHILIP, SD 57567

(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/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted on 7/14/26 through 7/16/26. Scotchman Living Center was found not in compliance with the following requirement: S206.	S 000		
S 206	44:73:04:05 Personnel Training The facility shall have a formal orientation program and an ongoing education program for all healthcare personnel. All healthcare personnel must complete the orientation program within thirty days of hire and the ongoing education program annually thereafter. The orientation program and ongoing education program must include the following subjects: (1) Fire prevention and response; (2) Emergency procedures and preparedness; (3) Infection control and prevention; (4) Accident prevention and safety procedures; (5) Proper use of restraints; (6) Resident rights; (7) Confidentiality of resident information; (8) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; (9) Care of residents with unique needs; (10) Dining assistance, nutritional risks, and hydration needs of residents; (11) Abuse and neglect; and (12) Advanced directives. Any personnel whom the facility determines will have no contact with residents are exempt from training required by subdivisions (5) and (8) to (12), inclusive, of this section. The facility shall provide additional personnel education based on the facility's identified needs.	S 206	The Human Resource Director or designee will review, revise or create necessary policies to ensure all mandatory education is fulfilled within the first 30 days of hire and annually for all staff members by August 10, 2026. Staff C completed the required education on abuse, neglect, misappropriation, and mistreatment on August 2, 2026. Staff D completed the required education on reporting incidents and diseases on August 3, 2026. In addition, all staff will be reviewed by Human Services Director and will have any required training completed by August 10, 2026. The Human Resource Director or designee will ensure that required education has been fulfilled within 30 days of hire or annually and will notify the Department Director of the status of the employee throughout those first 30 days and annually of the staff that need to complete the education. The Human Resource Director or designee will provide to Department Director a report of all staff that need to complete the required education within the annual requirement. The report will also show those staff that are delinquent and will be required to complete their education prior to working. The Human Resource Director will randomly check employees monthly for 12 months and notify their Department Supervisor so that they are aware of outstanding annual assignments.	08/10/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Maureen Cadwell — TITLE: CEO — (X6) DATE: 08/07/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10661	A. BUILDING: _____ B. WING _____	07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTCHMAN LIVING CENTER	503 W PINE PHILIP, SD 57567

(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 206	Continued From page 1 This Administrative Rule of South Dakota is not met as evidenced by: Based on employee record review, interview, and policy review, the provider failed to ensure that two of three reviewed employees (C and D) completed the required annual training. Findings include: 1. Review of certified nursing assistant (CNA) C's employee record revealed she was hired on 6/23/20. There was no documentation that she completed the required annual training on abuse, neglect, misappropriation, and mistreatment. 2. Review of laundry attendant D's employee record revealed she was hired on 10/20/20. There was no documentation that she completed the required annual training on mandatory reporting of incidents and diseases. 3. Interview on 7/16/26 at 1:56 p.m. with director of nursing (DON) B regarding staff education and training revealed that she acknowledged that CNA C and laundry attendant D did not complete their required annual training. She expected the training to have been completed as required. 4. Review of the provider's 6/1/24 Compliance Training policy revealed "Compliance training is mandatory for all staff members upon joining the organization, annually and as needed thereafter." 5. Review of the provider's 6/22/22 Knowledge, Skills and Abilities policy revealed "The complexity of the health care environment requires that [the] staff in the facility participate in educational programs that ensure they have the knowledge, skills and abilities to provide	S 206	The Human Resource Director will report this data to QAPI for a 12-month period to ensure this is a practice that stays in place and in compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10661	A. BUILDING: _____ B. WING _____	07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTCHMAN LIVING CENTER	503 W PINE PHILIP, SD 57567

(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 206	Continued From page 2 individualized care promoting the health, safety and welfare of the resident population. There are competencies required by federal nursing home regulations, and other governing bodies." The policy further outlined that "All personnel who work in a long-term care facility are required to have specific knowledge and demonstrate their understanding on specific topics including: Accident and Prevention Management ... Infection Control and Prevention ... Understanding Abuse and Neglect."	S 206		