

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40288	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/12/2026
NAME OF PROVIDER OR SUPPLIER COURTYARD VILLA ASSISTED LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 225 W 4TH ST MILLER, SD 57362			
(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 8/11/26 through 8/12/26. Courtyard Villa Assisted Living Center was found not in compliance with the following requirements: S285, S315, and S685. A complaint survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted from 8/11/26 through 8/12/26. Areas surveyed included resident rights and quality of life. Courtyard Villa Assisted Living Center was found in compliance.	S 000			
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: Based on personnel file review and interview, the provider failed to implement a pre-employment screening process to ensure they had not	S 285			

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

TITLE

(X6) DATE

Matthew

8/26/2026

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S 285	Continued From page 1 knowingly hired any person with an abuse conviction for two of five sampled employees (C and D). Findings include: 1. Review of the personnel file for employee C revealed she had been hired on 9/8/25 as a registered medication aide (RMA). There was no documentation to support that a background screen had been completed upon hire and before she provided care to residents. 2. Review of the personnel file for employee D revealed she had been hired on 5/19/25 as a RMA. There was no documentation to support that a background screen had been completed upon hire and before she provided care to residents. 3. Interview on 8/12/26 at 1:40 p.m. with registered nurse (RN) manager B regarding the employment screening process revealed all employees were to be screened for a history of abuse through a background check upon hire. She had met with administrator A and they were unable to locate records to indicate that a background check had been completed for employees C and D. It was the responsibility of the business office manager to ensure a background check was completed for newly hired employees. The business office manager employed in May and September of 2025 was no longer employed with the facility. RN B acknowledged that employees C and D should have been screened to ensure they did not have a history of abuse before they provided care to residents. The current business office manager was not available for interview at	S 285	S 285: Provider has implemented a standard new hire orientation checklist in the HR/Business Office department that includes a specific line item for new hire background checks. Provider has reviewed all employee files and completed background check verifications on all staff currently working at the facility. All New Hires will be required to have a background check completed and results returned, prior to starting their position. Provider will ensure the enforcement of policy by having all new hire orientation checklists completed by the HR Manager and then signed off on by the Administrator. Employees will not be able to start their role until sign-off has been completed by the Administrator. Any new employee checklist forms will then be reviewed at the next department leader meeting to verify all actions were completed. HR Manager will review the contents and report out on each new employee file. Minutes of the meeting will reflect a sign-off and completion of the checklist.	8/26/2026

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S 285	Continued From page 2 the time of the survey. 4. On 8/12/26 at 1:40 p.m. a policy regarding employment screenings related to abuse was requested from RN B but she stated the facility did not have one.	S 285			
S 315	44:70:04:07 Prevention And Control Of Influenza Each facility shall arrange for an influenza vaccination to be completed annually for each resident. Each resident shall be offered influenza vaccine when the resident is admitted and annually during the influenza season. Documentation of the vaccination or refusal must be recorded in the resident's care record. This Administrative Rule of South Dakota is not met as evidenced by: Based on care record review, interview, and policy review, the provider failed to document an influenza vaccination or its refusal for one of four sampled residents (1). Findings include: 1. Review of resident 1's care record revealed she admitted to the facility on 1/12/26. The immunization record obtained from the local clinic revealed that she had last received an influenza vaccination on 12/20/23. There was no documentation to support that she received or declined an influenza vaccination following her admission to the facility. 2. Interview on 8/12/26 at 1:40 p.m. registered nurse (RN) manager B revealed that the facility conducts an influenza clinic day every fall, usually	S 315	S 315: We have reviewed all current residents in the facility and have obtained and documented on the status of their influenza Immunizations upon entry or at the beginning of the previous year's influenza season. Provider has updated their policy and admission checklist to reflect the addition of verifying new resident vaccination status upon admission to the facility if admitted during the influenza season, running Oct. 1 st through March 31 st . If the new resident has not received their influenza vaccination, the provider will offer the opportunity to receive their vaccination. Provider has updated their "HCMH Inc. Resident Immunization Policy" to ensure the right procedures are followed for all new and current residents during influenza season. RN or LPN will offer influenza vaccination to all new admissions on day of admission for admissions between Oct 1 and March 31 st . Resident will be required to show proof of		8/26/2026

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			vaccination if received prior to admission or document declination in the residents medical record with signed declination form. Vaccination status will be furnished to administrator for review within 1 week of new admission	
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S 315	Continued From page 3 in October. On that day, a nurse comes over from the attached medical clinic and provides the influenza vaccine to all residents that choose to be vaccinated. Resident 1 had been admitted after the date that vaccinations had been given to residents at the facility. RN manager B acknowledged that resident 1 had been admitted during the influenza season. Resident 1 had not been offered the influenza vaccine following her admission to the facility and should have been. 3. Review of the provider's 3/1/26 Resident Immunization policy revealed, "Residents will be offered an influenza vaccination at admission and annually within influenza season October 1st - March 31st unless it is medically contraindicated. The resident and/or their representative have the right to refuse immunization."	S 315		
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	S 685	<u>S 685:</u> All residents who are able to self-administer medications as defined by SD 44:70:07:09, have been reviewed and new orders from their providers have been given and documented in their medical record. The provider has updated their HCMH Inc. Self-Administration of Medications policy and process to reflect the requirements of SD 44:70:07:09.	8/26/2026

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S 685	Continued From page 4 assistant, or nurse practitioner allowing self-administration. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, care record review, interview, and policy review, the provider failed to ensure two of four sampled residents (2 and 4) had a physician's order and assessment completed determining their ability and allowing them to self-administer a medication. Findings include: 1. Observation on 8/12/26 at 8:40 a.m. with licensed practical nurse (LPN) E and resident 2 revealed that LPN E cleaned a Lantus (long-acting) insulin pen, placed a new needle on the pen, primed the pen, and dialed up the prescribed ten units. The pen was handed to resident 2 along with an alcohol swab. The resident used the alcohol swab on her left lower abdomen and injected the medication before handing the pen back to LPN E. 2. Review of the care record for resident 2 revealed that she admitted to the facility on 5/5/25. Her diagnoses included type II diabetes mellitus (a condition involving disruptions in how the body regulates blood sugar), unspecified dementia (a group of symptoms affecting memory, thinking, and social abilities), and tremors (uncontrollable shaking of the limbs). Resident 2's self-administration of medication assessment completed on 5/7/26 had identified the resident was only able to self-administer cough drops and analgesic throat spray. The assessment did not address her insulin. The	S 685	RN or Nurse Manager will audit MARs, physician orders, and quarterly self-administration assessments of all residents utilizing any form of self-administration monthly for 3 months and quarterly moving forward for one year. Audit data will be delivered directly to the facility administrator to review compliance at monthly department leader meetings.	
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S 685	Continued From page 5 review of the physician orders revealed there was not an order for resident 1 to self-administer the insulin. 3. Review of the care record for resident 4 revealed that she admitted to the facility on 3/14/25. Her diagnoses included left side hemiplegia (partial paralysis on one side of the body), chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breath), and constipation. Resident 4 had been prescribed a bisacodyl suppository (a stimulant laxative medication inserted in the rectum) 10 milligrams, as needed daily for constipation. The note in the care record for the medication stated, "Resident likes to do them herself. Supp [suppository] and KY jelly [lubricant] in bottom drawer of cart." A physician order was written on 5/14/26 for the suppository but it did not address that the medication was able to be self-administered. A self-administration of medication assessment was completed on 5/19/26 and it only stated that she was able to self-administer cough drops. The assessment did not address the bisacodyl suppository. 4. Interview on 8/12/26 at 1:40 p.m. with registered nurse (RN) manager B regarding self-administration of medication assessments revealed had been responsible for completing them. RN manager B was not aware that the resident administering insulin into her abdomen was considered self-administration as the staff observed her complete the task. RN manager B had not seen the medication note for resident 4 that indicated the resident wanted to administer the medication to herself once it was provided by the staff. She acknowledged that this had not been included on her self-administration of medication assessment and should have been.	S 685	
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S 685	Continued From page 6 5. Review of the provider's undated Self Administration of Medication policy revealed, "Every three months or after a significant change, the nurse manager or physician will determine the appropriateness of the resident continuing to self-administer medications."	S 685		
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