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
	67742	A. BUILDING: Legends on Lake Lorraine B. WING _____	C 09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGENDS ON LAKE LORRAINE	2815 SOUTH WESTLAKE DR SIOUX FALLS, SD 57106

(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 complaint survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted on from 9/22/25 through 9/24/25. Areas surveyed included nursing services, resident abuse and neglect, resident assessment, resident rights, and misappropriation of property. Legends on Lake Lorraine was found not in compliance with the following requirements: S352, S681, and S685.	S 000		
S 352	44:70:04:13 Resident Admissions The facility shall evaluate and document each resident's care needs at the time of admission, thirty days after admission, and annually thereafter, to determine if the facility can meet the needs for each resident. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview and policy review the provider failed to ensure an evaluation of the resident's needs was completed for one of two sampled resident (2) at the time of the resident's admission to the facility and 30 days after the resident's admission. Findings include: 1. Review of resident 2's electronic medical record (EMR) revealed: *He admitted to the facility on 2/21/25. *His admission evaluation of resident needs assessment was completed on 2/12/25. *His 30-day after admission evaluation of resident need assessment was completed on 6/12/25	S 352	Identified resident #2 30-day assessment was completed on 6/12/25. On 10/12/25, DON completed audit of all residents admitted to community. All assessments identified will be completed by 10/24/25. Education provided to RCCs on 10/12/25. To prevent reoccurrence, RCC created a tracking spreadsheet. In addition, DON will review Assessments due, 2 times monthly, ongoing. DON will report compliance to QAPI meeting monthly for 6 months.	10/24/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kyrsten Fokken

TITLE: Executive Director

(X6) DATE: 10/17/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	67742	A. BUILDING: _____ B. WING _____	C 09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGENDS ON LAKE LORRAINE	2815 SOUTH WESTLAKE DR SIOUX FALLS, SD 57106

(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 352	Continued From page 1 after he returned from a hospital stay. That was not within the required 30 days after admission timeframe. 2. Interview on 9/24/25 at 9:58 a.m. with registered use (RN)/resident care coordinator (RCC) E revealed: *She has worked for facility since 8/18/25. *She completed the evaluation of resident needs assessment for the residents. *Evaluation of resident needs assessments were to be completed upon admission, 30 days after admission, annually, and with a significant change. Interview on 9/24/25 at 2:20 p.m. with director of nursing (DON) B revealed: *She expected the evaluation of resident needs assessments to be completed on admission, 30 days after admission, annually and with a significant change. *She agreed that resident 2's 6/12/25 30 days after admission evaluation of resident needs assessment was not completed within the required 30 days after admission timeframe. 3. Review of the provider's reviewed 1/11/25 Acceptance, Retention, Discharge Policy revealed: *"Acceptance, retention, or discharge of residents from the Community is based on the reasonable expectation that the applicant's physical, medical, and social needs can be safely and effectively met by the staff." *"2. Upon admission to the facility, an Admission Nursing Evaluation will be completed to determine the abilities and limitations directly displayed by the resident." *"3. Reassessment to [of] the resident's abilities to stay in the assisted living environment can	S 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	67742	A. BUILDING: Legends on Lake Lorraine B. WING	C 09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGENDS ON LAKE LORRAINE	2815 SOUTH WESTLAKE DR SIOUX FALLS, SD 57106

(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 352	Continued From page 2 occur at any time. Nursing evaluations are completed at 30 days after admission, annual [annually], and [with a] change of condition ..."	S 352		
S 681	44:70:07:08 Medication Records And Administration Medication errors and drug reactions must be reported to the resident's physician, physician assistant, or nurse practitioner and an entry made in the resident's care record. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to ensure two of two sampled residents (1 and 4) with elevated blood sugars had nurse and physician notifications completed as ordered by the physician. Findings include: 1. Review of resident 1's electronic medical record (EMR) revealed: *A 8/4/25 physician's order to monitor resident 1's blood sugar before breakfast and dinner and to notify the nurse if the resident's blood sugar "is greater than 300 milligrams per deciliter (mg/dl), nurse to notify the physician or the on call physician." *On 9/19/25 at 4:32 p.m. resident 1 blood sugar was checked by certified medication assistant (CMA) D with a result of 340 mg/dl. *No documentation indicated the nurse had been notified of that elevated blood sugar. *No documentation indicated the physician had been notified by the nurse of that elevated blood sugar.	S 681	DON audited previous 60 days and notified PCPs of any non-reported out of parameter blood sugars. Resident Care Coordinators completed competencies for the 2 identified employees. DON or RCC will complete competencies with all medication aides by 10/31/25. PRN and staff members on LOA will have competencies completed on next worked shift. DON will check dashboard weekly for one month, then monthly for 5 months to ensure compliance. Results will be reported to QAPI monthly. QAPI committee will review results and make recommendations if further action necessary. ED attends QAPI meeting.	10/31/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	67742	A. BUILDING: _____ B. WING _____	C 09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGENDS ON LAKE LORRAINE	2815 SOUTH WESTLAKE DR SIOUX FALLS, SD 57106

(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 681	Continued From page 3 2. Review of resident 4's EMR revealed: *A 8/8/25 physician order to monitor resident 4's blood sugar before breakfast and dinner and to notify the nurse if the resident's blood sugar "is greater than 400 mg/dl or less than 70 mg/dl, nurse to call the physician." *On 9/19/25 at 9:41 a.m. resident 4's blood sugar was checked by CMA F with a result of 445 mg/dl. *No documentation indicated the nurse had been notified of the elevated blood sugar. *No documentation indicated the physician had been notified by the nurse of the elevated blood sugar. Interview on 9/24/25 at 8:00 a.m. with CMA C regarding checking resident's blood sugar revealed: *A CMA was able to check a resident's blood sugar. *A blood sugar not within the resident's acceptable range was to be reported to the nurse. *A note in the comment area of the blood sugar task was to be completed to indicate the nurse had been notified. Interview on 9/24/25 at 12:30 p.m. with licensed practical nurse (LPN) H regarding resident 1's elevated blood sugar revealed: *She had been the nurse assigned to resident 1 on 9/19/25. *She was not aware resident 1 had an elevated blood sugar on 9/19/25. *She had not reviewed resident 1's documented blood sugars and relied on the CMAs to notify her of resident's elevated blood sugars. *LPN H agreed there was no documentation in resident 1's EMR that the nurse was notified by	S 681		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	67742	A. BUILDING: _____ B. WING _____	C 09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGENDS ON LAKE LORRAINE	2815 SOUTH WESTLAKE DR SIOUX FALLS, SD 57106

(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 681	Continued From page 4 CMA of the elevated blood sugar. *She had not notified the physician of the elevated blood sugar. Interview with director of nursing (DON) B regarding residents' elevated blood sugars revealed: *She expected the staff who checked resident's blood sugar to report the elevated blood sugar to the nurse and enter a note that the nurse had been notified in the resident's EMR. *She expected the nurse to notify the physician of resident's elevated blood sugar as ordered and to enter a note that the physician was notified in the resident's EMR. *DON B did not have blood sugar competencies for CMA F or CMA C to be reviewed.	S 681	Self – Administration of medication assessment on identified resident #3 was completed on 7/21/25 and 10/15/25. DON completed audit of all residents that self-administer medications on 9/21/25. Identified self-admin assessments will be completed by 10/24/25. DON met with RCCs to reeducate on self-admin procedure 10/12/25. Self-Admin assessment service added to service agreement for new admissions to ensure self-admin assessments are complete. To prevent reoccurrence, RCC created a tracking spreadsheet. DON will monitor compliance by auditing 2 times monthly ongoing. DON will report audit findings to QAPI monthly ongoing for 6 months. QAPI committee will review results and made recommendations as necessary. ED attends QAPI meeting.	10/24/25
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 assistant, or nurse practitioner allowing self-administration.	S 685		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	67742	A. BUILDING: _____ B. WING _____	C 09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGENDS ON LAKE LORRAINE	2815 SOUTH WESTLAKE DR SIOUX FALLS, SD 57106

(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 685	Continued From page 5 This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview and policy review the provider failed to ensure the resident's ability to safely self-administer medications for one of one sampled resident (3) who self-administered medications was assessed quarterly. Findings include: 1. Review of resident 3's electronic medical record (EMR) revealed: *He admitted to the facility on 1/31/23. *His 8/16/25 Saint Lewis University Mental Status (SLUMS) evaluation score was 22 out of 30, which indicated his cognition was mildly impaired. *His self-administration of medication assessments were completed on 10/16/23 and 2/18/25 since his admission. *There were no other self-administration of medication assessments in his EMR. *He had a 10/3/23 physicians order for medication self-administration with the nurse to set up a weekly medication box. *On 2/19/25 his physician ordered: -"Resident may self-administer Ozempic (for blood sugar control) 1 mg subcutaneous once weekly." -"Resident may self-administer daily insulin." -"Staff to administer residents' daily medications each morning and evening. Resident may administer 2:00 p.m. oxybutynin 9for bladder muscle relaxation) 5 mg dose." -"Resident cannot administer pill packs." 2. Interview on 9/23/25 at 9:50 a.m. with licensed practical nurse (LPN) H revealed:	S 685		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	67742	A. BUILDING: _____ B. WING _____	C 09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGENDS ON LAKE LORRAINE	2815 SOUTH WESTLAKE DR SIOUX FALLS, SD 57106

(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 685	Continued From page 6 *Medication boxes for resident's self-administered medications were to be set up by the nurse for residents weekly and signed off as completed by the nurse. *The resident must have a self-administration medication assessment completed and a physician's order to self-administer medications. Interview on 9/24/25 at 9:58 a.m. with registered nurse (RN)/ resident care coordinator (RCC) E revealed: *Self-administration of medication assessments were to be completed quarterly for residents who self-administered medications. *Floor nurses were to put medications into weekly medication boxes for medications that were self-administered by the residents. Interview on 9/24/25 at 2:20 p.m. with director of nursing (DON) B revealed: *Self-administration of medication assessments were to be completed quarterly for residents who self-administered medications. *She agreed resident 3's self-administration of medication assessments were not completed quarterly. 3. Review of the provider's reviewed 5/15/25 Self-administration of medications policy revealed: *"A resident with the cognitive ability to safely perform self-administration [of medications], may self-administer medications." *"1. 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."	S 685		