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
	67663	A. BUILDING: _____ B. WING _____	C 10/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD HEALTH VERMILLION DAKOTA GARDENS	126 S PLUM ST VERMILLION, SD 57069

(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 10/27/26 through 10/28/26. Sanford Health Vermillion Dakota Gardens was found not in compliance with the following requirement: S296. 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 10/27/26 through 10/28/26. The area surveyed was potential resident neglect. Sanford Health Vermillion Dakota Gardens was found in compliance.	S 000		
S 296	44:70:04:04(1-11) Personnel Training These programs must be completed within thirty days of hire for all healthcare personnel and must include the following subjects: (1) Fire prevention and response; (2) Emergency procedures and preparedness, including responding to resident emergencies and information regarding advanced directives; (3) Infection control and prevention; (4) Accident prevention and safety procedures; (5) Resident rights; (6) Confidentiality of resident information; (7) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; (8) Nutritional risks and hydration needs of residents; (9) Abuse and neglect; (10) Problem solving and communication techniques related to individuals with cognitive impairment or challenging behaviors if admitted	S 296	1. Employees B, C, D, E and F will complete Hospice education via storyboard and test before 12/12/26. The Director of Nursing identified that all other Assisted Living staff need to complete the Hospice education as well. She asked all Assisted Living staff to complete the Hospice storyboard and test before 12/12/26. Any PRN staff will complete it before their next scheduled shift. 2. New staff will complete the Hospice education storyboard and test within 30 days of hire and each staff member will complete it annually. 3. The Director of Nursing or designee will audit all new staff monthly to ensure each has completed their Hospice education for a period of one year. She will report the results of these audits monthly at the QAPI committee meeting beginning on 11/25/26 to determine any further needs. 4. 12/12/26.	12/12/26

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Theresa Schmidt — TITLE: Administrator — (X6) DATE

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S 296	Continued From page 1 and retained in the facility; and (11) Any additional healthcare personnel education necessary based on the individualized resident care needs provided by the healthcare personnel to the residents who are accepted and retained in the facility. Any personnel whom the facility determines will have no contact with residents are exempt from the training required by subdivision (8). This Administrative Rule of South Dakota is not met as evidenced by: Based on South Dakota assisted living license review, personnel file review, interview, and policy review, the provider failed to ensure that six of six sampled employees (B, C, D, E, F, and G) completed the required training topic (hospice) within thirty days of their hire date. Findings include: 1. Review of the provider's 7/1/26 assisted living license revealed they had the optional service for the care of residents who had chosen to utilize hospice services. 2. Review of employee B's personnel file revealed she was hired as a certified medication aide (CMA) on 5/4/26. There was no documentation that she had completed her training on hospice within thirty days of her hire date. 3. Review of employee C's personnel file revealed he was hired as a CMA on 2/3/26. There	S 296		

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S 296	Continued From page 2 was no documentation that he had completed his training on hospice within thirty days of his hire date. 4. Review of employee D's personnel file revealed she was hired as a CMA on 3/25/26. There was no documentation that she had completed her training on hospice within thirty days of her hire date. 5. Review of employee E's personnel file revealed she was hired as a CMA on 5/4/26. There was no documentation that she had completed her training on hospice within thirty days of her hire date. 6. Review of employee F's personnel file revealed she was hired as a CMA on 8/10/26. There was no documentation that she had completed her training on hospice within thirty days of her hire date. 7. Review of employee G's personnel file revealed she was hired as a CMA on 7/20/26. There was no documentation that she had completed her training on hospice within thirty days of her hire date. 8. Interview on 10/28/26 at 11:55 a.m. with director of nursing (DON) A revealed employees B, C, D, E, F, and G did not complete the above education within thirty days of their hire date and should have. DON A acknowledged the human resource department was responsible for ensuring each employee had completed the required training topics. The staff typically did not complete the hospice training unless the facility had a resident on hospice. If the assisted living facility had a resident who was going to be admitted to hospice, the resident would be	S 296		

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S 296	Continued From page 3 admitted to a higher level of care facility. 9. Review of the provider's 9/17/24 Competency and Mandatory Education Requirements-Enterprise policy revealed they were "responsible to provide processes for ongoing education and competency achievement. Employees are responsible to attain and maintain competency and complete mandatory education required within their specific job description." They required "organizational mandatory education. Additional mandatory education may be required at the department/clinic or the specific job level."	S 296		