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
	69617	A. BUILDING: _____ B. WING _____	10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE ASSISTED LIVING	401 INGALLS AVE SW DE SMET, SD 57231

(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 10/7/25 through 10/8/25. The Village Assisted Living was found not in compliance with the following requirements: S215, S305, and S685.	S 000		
S 215	44:70:03:03 Fire Extinguisher Equipment Fire extinguisher equipment shall be installed and maintained to the following standards: (1) Portable fire extinguishers must have a minimum rating of 2-A:10-B:C; (2) Fire extinguisher equipment must be inspected monthly and maintained yearly; and (3) Approved fire extinguisher cabinets must be provided throughout the building with one cabinet for each 3,000 square feet or 278.7 square meters of floor space or fraction thereof. The fire resistance rating of corridor walls must be maintained at recessed fire extinguisher cabinets. The glazing in doors of fire extinguisher cabinets must be wire glass or other safety glazing material. Fire extinguisher cabinets must be identified with a sign mounted perpendicular to the wall surface above the cabinet. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, record review, and interview, the provider failed to perform monthly checks of fire extinguishers in accordance with NFPA 10 since the last annual inspection. Findings include: 1. Observation on 10/7/25 at 1:02 p.m. revealed	S 215	Unable to correct past non-compliance of missing documentations for the various fire extinguishers. This deficiency has the potential to impact all residents. The Fire Extinguisher Policy and Procedure was reviewed and updated on 10/26/25. The manager, and all those responsible for fire extinguisher checks, will be re-educated by the Administrator or designee on completing monthly inspection of fire extinguishers. The Administrator or designee will audit the completeness of fire extinguishers checks monthly for 6 months. Administrator or designee will present the audit findings at the monthly QAPI meeting for review.	11/22/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chris Hansen | TITLE: Administrator | (X6) DATE: 10/26/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	69617	A. BUILDING: _____ B. WING _____	10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE ASSISTED LIVING	401 INGALLS AVE SW DE SMET, SD 57231

(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 215	Continued From page 1 the fire extinguisher across the corridor from the administrator's office was missing documentation of its monthly inspection for the month of August 2025 on its inspection tag. Further observation that same day revealed all fire extinguishers had received an annual inspection in April of 2025, but were missing documentation of various monthly inspections for 2025 on their inspection tags. Record review revealed although every facility's extinguisher had various missing documentation of completed monthly checks on their inspection tags, the previous administrator had an inspection sheet that indicated every fire extinguisher had received monthly inspections in 2025 through the month of July. Interview with the administrator at the time of the above observations revealed she was unaware of those conditions. Further interview with the administrator at the conclusion of the survey confirmed those findings. She agreed every fire extinguisher in the facility had at least one month without documentation to support an inspection was performed.	S 215		
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.	S 305	The manager, and all staff responsible for completing the health evaluation form, will be re-educated by the Administrator, for completion and signing of the document. Employees B, E, and F will have the health evaluation forms completed by a licensed health professional. The Personnel Training Policy and Procedure was reviewed and revised on 10/26/25.	11/22/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	69617	A. BUILDING: _____ B. WING _____	10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE ASSISTED LIVING	401 INGALLS AVE SW DE SMET, SD 57231

(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 305	Continued From page 2 This Administrative Rule of South Dakota is not met as evidenced by: Based on employee personnel file review, interview, and policy review, the provider failed to ensure three of five employees reviewed (B, E, and F) were evaluated by a licensed health professional within 14 days from their hire date. Findings include: 1. Review of the sampled employees' personnel file revealed: *Licensed practical nurse (LPN) B had a hire date of 8/17/23. *Medication Aide (MA) E had a hire date of 6/2/25. *MA F had a hire date of 7/25/25. *The provider's one-page undated Employee Health form was in the above employees' personnel files that included: -Six questions regarding the employee's medical history. -A statement "I certify based upon my examination that this person appears to be free of communicable diseases detrimental to frail adults." -A line to record the "Date of Examination". -A signature line for the "Signature of Health Professional". *The Employee Health forms for the above employees were not signed or dated. *The forms indicated that employees B, E, and F had not been evaluated by a licensed health professional for a reportable communicable disease that posed a threat to others before assignment to duties or within fourteen days after employment which included an assessment of previous vaccinations and tuberculin skin tests. 2. Interview on 10/8/25 at 6:30 p.m. with administrator A revealed she agreed that health	S 305	The Administrator or designee will audit current and new employee files to ensure the health evaluation forms are complete and signed by a licensed health professional monthly for 6 months. Administrator or designee will present the audit findings at the monthly QAPI meeting for review.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	69617	A. BUILDING: _____ B. WING _____	10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE ASSISTED LIVING	401 INGALLS AVE SW DE SMET, SD 57231

(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 305	Continued From page 3 evaluations for employees B, E, and F had not been completed by a licensed health professional. A health evaluation policy was requested on 10/8/25 at 2:00 p.m. and was not provided before the survey exit.	S 305		
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. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, record review, interview, and policy review, the provider failed to ensure three of six sampled residents (2, 3, and 4) who self-administered medications had a physician's order to self-administer those medications. Findings include:	S 685	Resident 2, 3 and 4 will receive physician orders to allow for self-administer of medications at the table. Resident 2, 3 and 4's care plan will be updated to allow for medications to be left at the table to self-administer. The Self Administering of Medications Policy and Procedure was reviewed and revised on 10/26/25. The manager, and other staff responsible for obtaining physician orders for self-administration, will be re-educated by the Administrator or designee to ensure all medication is properly dispensed. The Administrator or designee will audit medication passes to ensure medications are not left at the table without the proper physician order. The Administrator or designee will audit medication passes, proper physician orders of self-administered residents, and care plans twice a month for 3 months and monthly for 3 more months. Administrator or designee will present the audit findings at the monthly QAPI meeting for review.	11/22/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	69617	A. BUILDING: _____ B. WING _____	10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE ASSISTED LIVING	401 INGALLS AVE SW DE SMET, SD 57231

(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 4 1. Interview and observation on 10/8/25 at 8:10 a.m. with administrator A during medication administration for resident 2 revealed: *She was a certified medication aide (CMA). *She removed eight bubble-pack medication cards from the medication cart. *She removed resident 2's eight morning medications from those medication cards and placed them in a paper medication cup. *She then brought that medication cup of eight medications to resident 2, who was seated at a table in the dining room, eating her breakfast, and placed that medication cup on the table next to the resident's breakfast plate. *Administrator A did not observe resident 2 take those medications and returned to the medication cart. Review of resident 2's care record revealed: *Her Saint Louis University Mental Status (SLUMS) evaluation score completed on 1/9/25 was 27 out of 30, which indicated she had normal cognitive function. *There was no physician's order for her to self-administer the eight medications that were left by her breakfast plate that morning. *Her service plan did not indicate to leave the resident's medications at the table for the resident to self-administer. 2. Observation on 10/8/25 at 8:18 a.m. with administrator A during medication administration for resident 3 revealed: *She removed five bubble-packed medication cards from the medication cart. *She removed resident 3's morning medications and placed them in a paper medication cup. *She then brought that medication cup of five medications to the resident, who was seated at a	S 685		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	69617	A. BUILDING: _____ B. WING _____	10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE ASSISTED LIVING	401 INGALLS AVE SW DE SMET, SD 57231

(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	S 685		

table in the dining room, eating her breakfast, and placed that medication cup on the table next to her breakfast plate.
*Administrator A did not observe resident 3 take those medications before she returned to the medication cart.

Review of resident 3's care record revealed:
*Her SLUMS evaluation score completed on 8/1/24 was 15 out of 30, which indicated dementia (a group of symptoms affecting memory, thinking, and social abilities).
*There was no physician's order for her to self-administer those five medications that were left by her breakfast plate that morning.
*Her service plan did not indicate to leave the resident's medications at the table for the resident to self-administer.

3. Observation on 10/8/25 at 8:20 a.m. with administrator A during medication administration for resident 4 revealed:
*She removed two bubble-packed medication cards from the medication cart.
*She removed resident 4's morning medications and placed them a paper medication cup.
*She then brought that medication cup of two medications to the resident, who was seated at a table in the dining room, eating his breakfast, and placed that medicine cup on the table next to his breakfast plate.
*Administrator A did not observe resident 4 take those medications before she returned to the medication cart.

Review of resident 4's care record revealed:
*His SLUMS evaluation score completed on 1/25/25 was 25 out of 30, which indicated he had normal cognitive function.
*There was no physician's order for him to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	69617	A. BUILDING: _____ B. WING _____	10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE ASSISTED LIVING	401 INGALLS AVE SW DE SMET, SD 57231

(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	S 685		

self-administer those two medications that were left by his breakfast plate that morning.
*His service plan did not indicate to leave the resident's medications at the table for the resident to self-administer.

4. Interview on 10/8/25 at 3:40 p.m. with administrator A regarding leaving medications at the table for residents to self-administer revealed:
*She stated she assumed those residents were able to take those medications independently.
*She felt there was no need to observe those residents taking those medications.
*She confirmed there was no physician's order for residents 2, 3, and 4 to self-administer their morning medications.

5. Review of the provider's undated Self-Medication policy revealed:
*"A resident may self-administer drugs if the registered nurse and physician, physician assistant, or nurse practitioner have determined the practice to be safe."
*"Residents may not keep medications on their person ... without a medication order allowing for self-administration."
*"[Provider's name] will ensure [provider's name] nurse assesses all residents that wish to self-administer medications ..."
*"Additional assessments occur after 30 days and quarterly thereafter to determine if the resident's cognitive ability is still adequate to self-administer."
*"The [provider's name] nurse will address self-administration on the resident's care plan and in her weekly notes written in the resident's chart."