

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/09/2026
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FRIENDLY HORIZONS OF THE BLACK HILLS

**7200 FREEDOM LANE
SUMMERSET, SD 57718**

(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 7/8/26 through 7/9/26. Friendly Horizons of The Blacks Hills was found not in compliance with the following requirement: S201, S296, S305, S331, S342, S485, and S506.	S 000		
S 201	44:70:03:02 General Fire Safety Each facility must be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of occupants from fire, smoke, fumes, or resulting panic during the period of time reasonably necessary for escape from the structure in case of fire or other emergency. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, the facility must conduct monthly drills to provide training for all personnel. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to continuously maintain automatic sprinklers in reliable operating condition (quarterly flow test documentation was not available, 3-yr dry system air leak test was not available, and the resident general storage room had an obstructed sprinkler). Findings include: 1. Record review on 7/9/26 at 10:15 a.m. revealed no documentation that quarterly flow testing had been performed in 2025 and 2026 as required.	S 201	Maintenance will review the findings of this survey with staff and will implement the required changes to ensure staff safety and to ensure compliance with all applicable state and local laws. Facility will update applicable forms to include a quarterly flow test. Facility will have the three-year dry system air leak test completed and recorded and will ensure this component is added to the facility fire safety policy to ensure compliance moving forward. Facility will have the obstructed sprinkler head added to the construction schedule and lowered to be free of obstruction. Program administrator will ensure tests of equipment and inspections are completed and documented at the appropriate intervals. This will be reviewed quarterly for 1 year and results will be reported to QA. This will be an ongoing process and review to ensure ongoing compliance.	8/23/26

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

TITLE

(X6) DATE

Daniel McHolm

Program Administrator

07/30/2026

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S 201	Continued From page 1 2. Record review on 7/9/26 at 10:25 a.m. revealed no documentation that the required 3-year dry system air leak test had been performed. 3. Observation on 7/9/26 at 10:40 a.m. revealed the single sprinkler in the resident general storage room was obstructed by ventilation ductwork that hung below the sprinkler discharge. 4. Interview with the program administrator A on 7/9/26 at 11:00 a.m. confirmed those findings.	S 201		
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 and retained in the facility; and (11) Any additional healthcare personnel education necessary based on the individualized	S 296	The program administrator will review the findings of this survey with staff and will provide a Job Fair for all current employees to update orientation training for all employees to include an Orientation Checklist which will include, but is not limited to, all required training noted in the list of deficiencies, which will be filed in the employees' personnel file. The program administrator will ensure that all currently employed staff, including those listed in the statement of deficiencies, receive orientation. This will be an ongoing process for all newly hired staff. The program administrator will audit and monitor orientation of staff once monthly for three months until all employees have received their orientation in full. This will be an ongoing process for all newly hired staff. Results will be given to QA until notified to stop.	8/23/26

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S 296	Continued From page 2 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 personnel file review, interview, and policy review, the provider failed to ensure the required training was completed within thirty days of hire for three of three newly hired sample employees (C, G, H). Findings include: 1. Review of registered nurse (RN) C's personnel file revealed she was hired on 9/29/25. There was no documentation that she received training on fire prevention and response, emergency procedures and preparedness, infection control and prevention, accident prevention and safety procedures, resident rights, confidentiality, incidents and diseases subject to mandatory reporting and the facility's reporting mechanism, nutritional risks and hydration, abuse, neglect, and misappropriation of resident property and funds within 30 days of her hire. 2. Review of registered medication aide (RMA) G's personnel file revealed she was hired on 2/12/26. There was no documentation that she received training on fire prevention and response,	S 296		

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S 296	Continued From page 3 emergency procedures and preparedness, infection control and prevention, accident prevention and safety procedures, resident rights, confidentiality, incidents and diseases subject to mandatory reporting and the facility's reporting mechanism, nutritional risks and hydration, abuse, neglect, and misappropriation of resident property and funds within 30 days of her hire. 3. Review of RMA H's personnel file revealed she was hired on 1/29/26. There was no documentation that she received training on fire prevention and response, emergency procedures and preparedness, infection control and prevention, accident prevention and safety procedures, resident rights, confidentiality, incidents and diseases subject to mandatory reporting and the facility's reporting mechanism, nutritional risks and hydration, abuse, neglect, and misappropriation of resident property and funds within 30 days of her hire. 4. Interview on 7/8/26 at 3:45 p.m. with RN C revealed that she assisted the facility with the required new employee and annual trainings. RN C stated she assembled a packet containing the required training, however, she was unaware of the location of the completed training packets for RN C, RMA G, and RMA H. 5. Review of the provider's undated Employee Regulations and Training policy revealed, "The ongoing training relates directly to meeting the physical, mental, and special care needs of the residents and includes additional training as required to meet other regulatory requirements."	S 296		
S 305	44:70:04:05 Personnel Health Program	S 305		

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S 305	Continued From page 4 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. This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, and policy review, the provider failed to ensure six of six sampled employees (C, E, F, G, H, and I) were evaluated by a licensed health professional and determined to be free from communicable disease within fourteen days of being hired. Findings include: 1. Review of registered nurse (RN) C's personnel file revealed she was hired on 9/29/25. She had completed and signed her portion of the employee health record document on 9/29/25, but it was not reviewed and signed by a licensed health professional. 2. Review of dietary manager (DM) E's personnel file revealed she was hired on 12/30/22. She had completed and signed her portion of the employee health record document on 12/30/22, but it was not reviewed and signed by a licensed health professional. 3. Review of dietary aide (DA) F's personnel file revealed he was hired on 1/20/26. He had completed and signed his portion of the employee health record document on 1/20/26, but it was not reviewed and signed by a licensed health professional.	S 305	The program administrator will review the findings of this survey with staff and will implement the required changes to ensure the facility Licensed Health Professional form to assure the protection of residents. The program administrator will review and update all employee files, including those noted in the statement of deficiencies, to ensure that all employees have been evaluated by a licensed professional and the appropriate forms are on file. The facility will update the facility form to show the signature line for review is from the Clinical Care Coordinator. The program administrator will audit and monitor the employee health program once every 6 months after all existing employee files are brought into compliance. Results will be given to the QA to ensure compliance until notified to discontinue.	8/23/26

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S 305	Continued From page 5 4. Review of registered medication aide (RMA) G's personnel file revealed she was hired on 2/12/26. She had completed and signed her portion of the employee health record document on 2/12/26, but it was not reviewed and signed by a licensed health professional. 5. Review of RMA H's personnel file revealed she was hired on 1/29/26. She had completed and signed her portion of the employee health record document on 1/29/26, but it was not reviewed and signed by a licensed health professional. 6. Review of RMA I's personnel file revealed she was hired on 6/23/26. She had completed and signed her portion of the employee health record document on 6/23/26, but it was not reviewed and signed by a licensed health professional. 7. Interview on 7/9/26 at 10:45 a.m. with program administrator A revealed he was aware the employee health record document needed to be signed by a licensed health professional. They had made changes to the employee health record document when the last RN was employed and that was when they implemented the administration line and believed that was why the licensed health professional signature was not present. 8. Review of the provider's undated Employee Files policy revealed, "The Clinical Coordinator will complete the health screening and put it in the Office Manager box in the Main Office."	S 305		
S 331	44:70:04:10(1) Tuberculin Screening... Requirements	S 331		

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S 331	Continued From page 6 Tuberculin screening requirements for healthcare personnel and residents are as follows: (1) Each healthcare personnel or resident shall receive an initial individual TB risk assessment that is documented and the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within twenty-one days of employment or admission to a facility. Any two documented tuberculin skin tests completed within a twelve-month period prior to the date of admission or employment are considered two-step. A TB blood assay test completed within a twelve-month period prior to the date of admission or employment is an adequate baseline test. Skin testing or TB blood assay tests are not necessary if a new healthcare personnel or resident transfers from one licensed healthcare facility to another licensed healthcare facility within this state if the facility received documentation from the transferring healthcare facility, healthcare personnel, or resident, of the last skin or blood assay TB testing having been completed within the prior twelve months. Skin testing or TB blood assay tests are not necessary if documentation is provided by the transferring healthcare facility, healthcare personnel, or resident, of a previous positive reaction to either test. Any healthcare personnel or resident who has a newly recognized positive reaction to the skin or TB blood assay test must have a medical evaluation and a chest X-ray to determine the presence or absence of the active disease; This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, and policy review, the provider failed to ensure two of	S 331	The program administrator will review the findings of this survey with staff and assure that the Infection Control policy regarding Tuberculin screening and control is maintained per policy and all appropriate documentation is completed and filed in the appropriate location. All current staff members', including those cited in the statement of deficiencies, records will be reviewed and corrected according to the Administrative Rule and according to facility policy. The program administrator will review, audit, and monitor employee files in accordance with the Infection Control policy regarding Tuberculin prevention and control once monthly for six months and biannually thereafter and will report results to the QA. This will continue for all new admissions and employees.	8/23/26

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S 331	Continued From page 7 six sampled employees (C and E) received a tuberculin (TB) two-step skin test or blood assay test within twenty-one days of employment or provided evidence that the employees received a negative TB test in the twelve months before employment. Findings include: 1. Review of registered nurse (RN) C's personnel file revealed she was hired on 9/29/25. There was no documentation that she was tested for TB within twenty-one days of her employment. 2. Review of dietary manager (DM) E's personnel file revealed she was hired on 12/30/22. There was no documentation that she was tested for TB within twenty-one days of her employment. 3. Interview on 7/8/26 at 1:49 p.m. with RN C revealed she did not receive a two-step TB skin test within her twenty-one days of employment. RN C and program administrator in training B also stated they were unable to locate dietary manager E's TB screening results. 4. Review of the providers undated Vaccinations/Immunizations policy revealed, "Tuberculosis test will be conducted by using the two-step Mantoux skin test method to establish a baseline." "Both test will be completed within fourteen (14) days of employment or residence."	S 331		
S 342	44:70:04:12 Memory Care Units Each facility with a memory care unit shall comply with the following provisions:	S 342		

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S 342	Continued From page 8 (1) Each physician's, physician assistant's, or nurse practitioner's order for confinement that includes medical symptoms that warrant seclusion or placement must be documented in the resident's chart and must be reviewed periodically by the physician, physician assistant, or nurse practitioner; (2) Therapeutic programming must be provided to residents by the facility and must be documented by the facility in the overall plan of care; (3) Confinement may not be used as punishment or for the convenience of the personnel; (4) Confinement and its necessity must be based on a comprehensive assessment of the resident's physical and cognitive and psychosocial needs, and the risks and benefits of this confinement must be communicated to the resident's family; (5) Each locked door must conform to § 18.2.2.2.4 and § 19.2.2.2.4 of NFPA 101 Life Safety Code, 2012 edition; and (6) Any personnel assigned to the secured unit shall have specific training regarding the unique needs of residents in that unit. At least one caregiver must be on duty on the memory care unit at all times. This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, and policy review, the provider failed to ensure staff assigned to the memory care units received the required training on the unique needs of the residents for three of three sampled employees (C, G, and H). Findings include: 1. Review of registered nurse (RN) C's personnel	S 342	The program administrator will review the findings of this survey with staff and will provide a Job Fair for all current employees to update the required Memory Care special needs training for all employees. This will include but is not limited to all required training noted in the statement of deficiencies, receive this training. This will be an ongoing process for all newly hired staff. The program administrator will audit and monitor training for staff once monthly for three months until all employees have received their training in full. This will be an ongoing process for all newly hired staff. Results will be given to QA until notified to stop.	8/23/26

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S 342	Continued From page 9 file revealed she was hired on 9/29/25. There was no documentation indicating she had received training on the unique needs of residents who reside in memory care. 2. Review of registered medication aide (RMA) G's personnel file revealed she was hired on 2/12/26. There was no documentation indicating she had received training on the unique needs of the residents who reside in memory care. 3. Review of RMA H's personnel file revealed she was hired on 1/29/26. There was no documentation indicating she had received training on the unique needs of the residents who reside in memory care. 4. Interview on 7/8/26 with RN C at 3:45 p.m. revealed that she assisted the facility with required new employee and annual training, including the specific training related to residents residing in memory care and their unique needs. RN C stated she assembled a packet containing the required training, however, she was unaware of the location of the completed training packets for RN C, RMA G, and RMA H. 5. Review of the provider's undated Employee Regulations and Training policy revealed, "The ongoing training relates directly to meeting the physical, mental, and special care needs of the residents and includes additional training as required to meet other regulatory requirements."	S 342			
S 485	44:70:06:11(1-3) ServSafe And Nutritional Needs The dietary manager, if employed, and at least one cook shall:	S 485			

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S 485	Continued From page 10 (1) Successfully complete a ServSafe Food Protection Program and possess a current certificate; (2) Successfully complete the Certified Food Protection Professional's Sanitation Course offered by the Dietary Managers Association; or (3) Successfully complete equivalent training as determined by the department. This Administrative Rule of South Dakota is not met as evidenced by: Based on interview and policy review the provider failed to ensure that the dietary manager (DM) possessed a current ServSafe Food Protection Manager certificate or equivalent. Findings include: 1. Entrance conference interview on 7/8/26 at 9:15 a.m. with program administrator A revealed that the facility did not have a current DM with a ServSafe Food Protection Manager certificate. He reported that DM D's last day at the facility was 7/1/25, and DM E, who assumed the DM role on 5/26/25 had not completed the ServSafe Food Protection Manager test. 2. Review of the provider's revised 3/24/20 Food Service Manager policy revealed, "Shall have basic knowledge of cooking skills and ability to follow the State Food Guidelines."	S 485	The program administrator will review the findings of this survey with staff. The current Dietary Manager will be enrolled and complete a Serve Safe program. The program administrator will ensure that the facility maintains this certification for the Dietary Manager. This will be an ongoing process as the facility ensures it maintains compliance.	8/23/26
S 506	44:70:06:17 Required Dietary Inservice Training The person in charge of dietary services or the dietitian shall provide ongoing inservice training	S 506		

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S 506	Continued From page 11 for all healthcare personnel providing dietary and food-handling services. Training must be completed within thirty days of hire and annually for any dietary or food-handling personnel and must include the following subjects: (1) Food safety; (2) Handwashing; (3) Food handling and preparation techniques; (4) Food-borne illnesses; (5) Serving and distribution procedures; (6) Leftover food handling policies; (7) Time and temperature controls for food preparation and service; (8) Nutrition and hydration; and (9) Sanitation requirements. This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, and policy review, the provider failed to ensure that required initial dietary training was completed for one of one employee (F) within 30 days of hire and that annual required training was completed for one of one employee (E). Findings include: 1. Review of dietary manager (DM) E's personnel file revealed she was hired on 12/30/22. There was no documentation to support that she had completed the required annual dietary training on the topics of food safety, handwashing, food handling/preparation techniques, food-borne illnesses, serving and distribution procedures, leftover food handling policies, time and temperature controls for food preparation and	S 506	The program administrator will review the findings of this survey with staff and will develop and implement dietary orientation and in-service training. All current employed dietary employees will receive orientation training to include the specific topics listed in the statement of deficiencies and will ensure that continuous training occurs for all new and existing employees. The program administrator will audit and monitor training and records to assure compliance once every six months and report results to the Qa until notified to discontinue.	8/23/26

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SUMMERSET, SD 57718**

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S 506	Continued From page 12 service, nutrition and hydration, and sanitation requirements. 2. Review of dietary aide (DA) F's personnel file revealed he was hired on 1/20/26. There was no documentation to support that he had completed the required dietary training on the topics of food safety, handwashing, food handling/preparation techniques, food-borne illnesses, serving and distribution procedures, leftover food handling policies, time and temperature controls for food preparation and service, nutrition and hydration, and sanitation requirements within 30 days of his hire date. 3. Interview on 7/8/26 at 3:45 p.m. with registered nurse (RN) C revealed that she assisted the facility with the required new employee and annual training. RN C stated she assembled a packet containing the required training, however, she was unaware of the location of the completed training packets for DM E and DA F. 4. Review of the provider's undated Employee Regulations and Training policy revealed, "The ongoing training relates directly to meeting the physical, mental, and special care needs of the residents and includes additional training as required to meet other regulatory requirements."	S 506		