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
	47202	A. BUILDING: _____ B. WING _____	C 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR ASSISTED LIVING	4120 WINFIELD CT RAPID CITY, SD 57701

(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 3/31/26 through 4/1/26. Morningstar Assisted Living was found not in compliance with the following requirements: S075, S285, S295, S296, S305, S337, S503, S506, S621, S670, and S775. 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 3/31/26 through 4/1/26. The area surveyed was potential resident abuse related to the practice of vaping (the inhalation of an aerosol [mist] created by heating nicotine, flavorings, and other chemicals using a battery-powered device). Morningstar Assisted Living was found in compliance.	S 000		5
S 075	44:70:02:01 Sanitation The facility shall be designed, constructed, maintained, and operated to minimize the sources and transmission of infectious diseases to residents, personnel, visitors, and the community at large. This requirement shall be accomplished by providing the physical resources, personnel, and technical expertise necessary to ensure good public health practices for institutional sanitation. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure the facility was maintained in a safe and sanitary manner for	S 075	All expired hand soap and hand sanitizers (ABHS) are discarded and replaced. Mislabeled soap dispenser was also labeled and now replaced with pre-labeled brand soap. New soap brand for handwashing sinks has a MSDS sheet printed and filed as well. Manager/RMA will be purchasing products rather than refilling bottles from now on, so the proper expiration dates will be on each product. Facility administrator will monitor the dates for expiration monthly for all ABHS and labeled hand soaps. Administrator will add the monitoring of dates to the monthly inspection binder that will be dated each month that is completed. This will ensure all products are safe and sanitary.	5/4/26

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Milissa Feist 5/1/26

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S 075	Continued From page 1 all residents by ensuring two of three alcohol-based hand sanitizers (ABHS) placed in common spaces within the facility were not outdated and one of one observed soap dispenser at the kitchen handwashing sink was properly labeled. Findings include: 1. Observation on 3/31/26 at 10:00 a.m. revealed there was a Purell brand ABHS pump dispenser in the entryway to the facility. The expiration date listed on that dispenser was 5/23 (May 2023). 2. Observation on 3/31/26 at 10:30 a.m. of registered medication aide (RMA) L revealed he applied a Purell brand ABHS to his hands before and after he administered the residents' medications in the dining room that morning. That ABHS pump dispenser was kept on a desktop below the medication cabinets in the dining area. The expiration date on that dispenser was 5/23. 3. Observation on 3/31/26 at 11:15 a.m. of activity aide H at the kitchen handwashing sink revealed he used the contents from an unlabeled pump dispenser near the sink to wash his hands. 4. Observation and interview on 3/31/26 at 1:00 p.m. with RMA M regarding the contents of the unlabeled pump dispenser near the kitchen handwashing sink revealed that pump dispenser was filled using a product stored in the laundry room. That product in the laundry room was confirmed by RMA M to be SoftSoap Antibacterial soap. The expiration date on that soap bottle was 8/25 (August 2025). 5. Interview on 4/1/26 at 8:30 a.m. with manager/RMA C regarding the above findings	S 075	Addendum: The administrator, as stated above, will add the monitoring of the sanitizer and soap dates to the monthly inspection binder with dates to be written down when checked. This will occur monthly and specified duration of monitoring will be from here on out, every month, all year, every year.	

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S 075	Continued From page 2 revealed she acknowledged the ABHS were expired, should have been discarded, and replaced with unexpired ABHS dispensers. She stated the soap dispenser at the kitchen handwashing sink was a Bath and Body Works brand soap. Manager/RMA C agreed that without proper labeling it was not possible to know what that soap dispenser had contained, if it was appropriate for use at the handwashing station, or whether or not it had expired. 6. Review of the provider's undated Housekeeping policy revealed it was their goal "To provide the physical resources, personnel and technical expertise necessary to ensure good public health practices for institutional sanitation."	S 075		
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, interview, and policy review, the provider failed to implement a pre-employment screening process to ensure	S 285	To complete background checks the owner of facility will personally send background check request sheets to the state on the date of the interview rather than starting date for all employees. This will insure they are placed in the office files in the time fram of 90 days. Manager/RMA will assist owner, since she is the one who does interviews. There will be a spot on the hiring packet for the background check date to be included and signed off by employee and manager. Missing background checks that were not found in days of inspection were resubmitted, received, and placed in file. Addendum: The documentation will be audited by the owner and manager/RMA. Documentation of completion will be in the packet given during hire, where manager/ RMA will write a completion date. Also, will be written on each employees file on the front, with date of background check. This will be written on every employees file by the owner. Ensures two areas for documentation to occur. These audits will occur every time an employee is hired and done within 30 days. This audit will contine from here on out.	4/21/26

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S 285	Continued From page 3 they did not knowingly hire any person with an abuse conviction for two of four employees (G and H). Findings include: 1. Review of personnel files revealed that employee G's hire date was 10/15/25 and employee H's hire date was 3/25/25. There was no documentation to support a background check was completed before either of these employees were hired. 2. Telephone interview on 3/31/26 at 1:30 p.m. with owner A revealed he was responsible for ensuring background checks were completed for all facility employees. He thought employees G and H's background checks were completed and in their personnel files when he assumed ownership of the facility in June 2025. The facility used an Employment Priority Checklist to ensure employee background checks were completed and placed in the employee's personnel files. He did not know why that process had failed for employees G and H. 3. Review of the provider's 1/1/08 revised Personnel Policy revealed "All newly hired employees will be subject to a background check. This will be done within 90 days of hire."	S 285		
S 295	44:70:04:04 Personnel Training The facility shall have a formal orientation program and an ongoing education program for all healthcare personnel. Ongoing education programs must cover the required subjects annually.	S 295		

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S 295	Continued From page 4 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 the required employee training was completed annually for one of one employee (F). Findings include: 1. Review of the personnel file for employee F revealed she was hired as a registered medication aide (RMA)/caregiver on 2/3/24. There was no documentation to support her required annual training for incidents and diseases subject to mandatory reporting and the facility reporting mechanism or nutritional risks and hydration was completed. 2. Interview and employee training checklist review on 3/31/26 at 1:20 p.m. with manager/RMA C revealed there was a checklist used to track employee completion of the required trainings. Review of that checklist form with manager RMA C revealed the topics of incident and disease subject to mandatory reporting and the facility reporting mechanism, and nutritional risks and hydration were not on that checklist, so employee F did not receive training on those required topics. 3. Review of the provider's undated Employee Orientation and Training policy revealed required training topics were reviewed during orientation and yearly.	S 295	Administrator has an in-service binder for all annual trainings. In the in-service binder there is listed all required annual training topics. Including incidents and diseases subject to mandatory reporting and the facility reporting mechanisms and nutritional risks and hydration. We have designated staff meetings throughout the year to completed these trainings on certain months. These topics are in the binder to be completed inthe months of August and October for all employees. These trainings were done in 2025, 2024, and 2023, by the previous administrator, for whom left, and we haveno knowledge of where those previous documents for trainings were placed. Current administrator has made a better fiiling system for all employee trainings to be placed in a designated area, along with a checklist and completion dates for all employees. This will ensure there will be documentaiton of completion for all training topics and employees annually. Addendum: Administrator will go through required training with employee F at the training for medication administration that is scheduled 5/4/26. The monitoring/ documentation for other employee's orientation training will be fixed and gone through by manager/RMA and administrator when we update the missing two required training topics that has the set complete date as 5/4/26 in S296. The same trainings for annual will be documented in the in-service binder as well. Administrator will audit the hiring packets to ensure all trainings were completed during the hiring process and will sign from here on out all employees' packets that are in their personnel files anytime we have a new hire.	
S 296	44:70:04:04(1-11) Personnel Training	S 296		

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S 296	Continued From page 5 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 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 that	S 296	Administrator and manager/RMA will go through the interview and training checklist to add the required trainings of incidents and diseases subject to mandatory reporting and the facility reporting mechanisms and nutritional risks and hydration to the packet. Together they will ensure there is these topics in the checklist that can be signed and dated by all new hire employees. As well as the training topics for employees to complete at hire. Adding these will make sure when employees work on and finish the employee training checklist, that all required trainings will be completed within 30 days of hire. Addendum: Administrator will train employees E, G, and H on their missing required training topics at the May staff meeting along with the annual training topic we go over in the month of May. Staff meeting will be set for 5/12/26. Administrator will do the two missing trainings that E, G, and H have not completed, with all staff. Same as above, there will be documentation in the hiring packet for administrator to monitor as new hires complete orientation. This will occur from here on out with every new hire.	5/12/26

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S 296	Continued From page 6 the required employee training was completed within 30 days of hire for three of three employees (E, G, and H). Findings include: 1. Review of the personnel files for employees E, G, and H revealed employee E was hired as a registered medication aide (RMA)/caregiver on 2/2/26, employee G was hired as a caregiver on 10/15/25, and employee H was hired as an activity aide on 3/25/25. There was no documentation to support their required training for incidents and diseases subject to mandatory reporting and the facility reporting mechanism or nutritional risks and hydration was completed within 30 days of their hire dates. 2. Interview and employee training checklist review on 3/31/26 at 1:20 p.m. with manager/RMA C revealed there was a checklist used to track employee completion of required trainings. Review of that checklist form with manager/RMA C revealed the topics of incident and disease subject to mandatory reporting and the facility reporting mechanism, and nutritional risks and hydration were not on that checklist so employees E, G, and H did not receive training on those required topics. 3. Review of the provider's undated Employee Orientation and Training policy revealed training topics reviewed during orientation and yearly training included "8. Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms" and "11. Dietary regulations and procedures."	S 296		

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S 305	Continued From page 7	S 305	The facilities RN will complete health evaluations of new hires within 14 days of hire and by no one else. Owner will add this task to the RN's job description on file and RN will re-sign, so that she is aware of job description change. Manager/RMA and RN will correspond that these evaluations are completed within 14 days of hire. Manager/RMA will monitor the completion of the evaluations, so that they will not be missed. RN is now aware of the evaluations of new hires and that they shall be done within 14 days of hire and no later. This way will ensure facilities employees are evaluated by a licensed health professional for freedom from communicable diseases within 14 days of hire. Addendum: The manager/RMA will monitor with every new hire. Manager will continue to monitor that these are completed from here on out within 14 days for every new hire. This will be part of the hiring packet complete dates she has as well.	4/30/26
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. 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 four of four sampled employees (E, F, G, and H) were evaluated by a licensed health professional and determined to be free of communicable diseases within fourteen days of being hired. Findings include: 1. Review of personnel files revealed employee E's hire date was 2/2/26, employee F's hire date was 2/3/24, employee G's hire date was 10/15/25, and employee H's hire date was 3/25/25. Employees G and H were not evaluated by a licensed health professional and determined to be free of communicable diseases within 14 days of their hire dates. Employee E and F's health evaluations were not completed by a licensed health professional. 2. Interview and telephone interview on 4/1/26 at 1:40 p.m. with owner A, administrator/registered medication aide (RMA) B, and manager/RMA C revealed the above findings were confirmed. Owner A had assumed ownership of the facility in	S 305		

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S 305	Continued From page 8 June 2025. Registered nurse (RN) I worked as the facility nurse for about eight months. Owner A did not know that RN I was not completing the employee health evaluations, but she should have been. 3. Review of the provider's undated Employee Health Program policy revealed "All personnel will be evaluated by a licensed health professional for freedom from reportable communicable disease."	S 305		
S 337	44:70:04:11 Care Policies Each facility shall establish and maintain policies, procedures, and practices that follow accepted standards of professional practice to govern care, and related medical or other services necessary to meet the residents' needs. This Administrative Rule of South Dakota is not met as evidenced by: Based on care record review, interview, and job description review, the provider failed to follow professional standards for ensuring physician-ordered medications were available for administration to one of one sampled resident (3). Findings include: 1. Review of resident 3's care record revealed he was admitted to the facility on 3/12/26. He was transferred to the assisted living center (ALC) from a skilled nursing facility (SNF). His diagnoses included a history of brain bleeds, diabetes, essential hypertension (high blood pressure), and depression. Resident 3's March 2026 medication	S 337	Owner will review job description with RN. The admnistrator/RMA will be added as a second point of contact to ensure medications are being administered and are availabe as needed and as they are prescribed by the provider. To ensure that a resident does not arrive to the facility without the needed and prescribed medications, the owner added to the admissions requirements for residents and families, that before they can be admitted to Morningstar Assisted Living that all medications must be readily available to be administered before being in the facility. This will make sure all prescriptions are filled and are going to be sent to us from any previous location before they are admitted. Resident 3 has received both hypertension medications and they have been administered since 4/8/26. Addendum: Owner as said above will add a policy into Admissions Requirements that states that all prescribed medications must be readily available to be administered before being admitted into the facility. RN of the facility willl go through with staff the new expectations concerning medication availability during the scheduled medication training on 5/4/26. MAR monitoring will be done by administrator and RN. Job description	5/4/26

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S 337	Continued From page 9 administration record (MAR) indicated a physician's order for the resident to be administered 10 milligrams (mg) of Lisinopril for hypertension one time daily and 12.5 mg of carvedilol for hypertension two times daily. Resident 3 was not administered either of those medications since he was admitted to the ALC. The reason for neither medication being administered to the resident was documented on his MAR as being "out" and "on order." 2. Interview on 4/1/26 at 10:30 a.m. with registered nurse (RN) I regarding the above hypertension medications for resident 3 revealed she was aware those medications were not administered to the resident since his admission to the ALC. The transferring SNF did not send any of resident 3's medications with him when he was transferred to the ALC. It was RN I's understanding that the pharmacy did not fill resident 3's hypertension medications because "it was too soon for them to be refilled." RN I thought those medications would be eligible for refilling and sent to the ALC on or around 4/6/26. There was no plan for the resident to receive a temporary supply of his hypertension medications until that time. RN I stated resident 3's wife was aware that the resident was not receiving his hypertension medications. She was given the option to pay for those medications herself, but she declined. RN I was not sure if the resident's medical provider was aware that the resident was not being administered his hypertension medications. She did not speak with the pharmacy regarding other options to ensure the hypertension medications could be made available to administer to resident 3. She stated, "I can own [that I should have had] that conversation [with the pharmacy]."	S 337	for administrator will be revised to add administrator as second point of contact to monitor MAR. This will occur from here on out as well, and will be monitored monthly and when administrator/RMA is doing med passes during the week each week. Documentation of monitoring will be done if there is an issue in availability and will be kept in RN nursing notes. Addendum II: The RN will have documentation in her notes stating if and why the pharmacy will not refill or send medications and the steps we are taking. Formal monitoring includes immediate admission review of all ordered medications for availability. Communication with pharmacy, provider, and family when issues arise as well as thorough documentation of barriers and interventions.	

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S 337	Continued From page 10 3. Interview and telephone interview on 4/1/26 at 1:55 p.m. with owner A, administrator/registered medication aide (RMA) B, and manager/RMA C revealed they were aware resident 3 was not administered his two prescribed hypertension medications since he was admitted to the facility on 3/12/26. There was no collaboration between them, RN I, the resident's medical provider, or the pharmacy to identify an interim plan whereby resident 3's hypertension medications could be made available and administered to the resident as ordered by his medical provider to mitigate his risk for an adverse medical event. 4. Review of the provider's updated September 2025 RN Job Description revealed "The RN will oversee the medications and health of each resident." Responsibilities and duties of the RN included "Communicating with doctors in the best interest of the residents."	S 337		
S 503	44:70:06:16(1-3) Person In Charge Of Dietary Services The person in charge of dietary services shall possess a current certificate from: (1) A ServSafe Food Protection Course; (2) The Certified Food Protection Professional's Sanitation Course from the Dietary Managers Association; or (3) Equivalent training as determined by the department.	S 503	The facility administrator/RMA is enrolled in the ServSafe Food Protection course for dietary managers. Enrolled on 4/22/26. The course will have a completion date and exam date on 5/5/26. This will insure that facility will have a full-time staff member that has ServSafe certification rather than the part-time consultant.	5/10/26

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S 503	Continued From page 11 This Administrative Rule of South Dakota is not met as evidenced by: Based on interview and policy review, the provider failed to ensure a dietary manager and at least one employed cook had completed and possessed a current ServSafe Food Protection Program certificate. Findings include: 1. Entrance conference interview on 3/31/26 at 8:00 a.m. with manager/registered medication aide (RMA) C revealed that administrator/RMA B was responsible for the facility's food service program. Food services consultant (FSC) K provided 16 hours of monthly consultative services to the facility. He possessed a current ServSafe Food Protection Program certificate. Several employees performed both food service tasks and resident caregiving. None of those employees possessed a current ServSafe Food Protection Program certificate. 2. Interview and telephone interview on 4/1/26 at 1:45 p.m. with owner A, administrator/RMA B, and manager/RMA C revealed the above findings were confirmed. Owner A and administrator/RMA B were responsible for ensuring a dietary manager and at least one cook had completed and possessed a current ServSafe Food Protection Program certificate, but that did not occur. 3. Review of the provider's revised 8/5/09 Food Service and Maintenance policy revealed "There will be a ServSafe Certified person on staff in the facility."	S 503		

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S 506	Continued From page 12	S 506		
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 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 required annual dietary inservice training (food safety, handwashing, food handling/preparation techniques, food-borne illness, serving and distribution procedures, leftover food handling, documentation of temperature controls for food preparation and service, nutrition and hydration, and sanitation requirements) was completed by three of three sampled employees (B, C, and D). Findings include: 1. Entrance conference interview on 3/31/26 at	S 506	With administrator being ServSafe certified, administrator will be responsible for making the required dietary in-service training for all employees. Administrator will provide the required training program to all new hires within thirty days of hire, as well as all employees annually. The dietary in-service training will be added to the list in the in-service binder already in the administrator's routine. It will include all topics with completion dates, to ensure proper documentation. This training will also be added to interiew and employee training requirements for all new hires as well as completion dates for those as well to ensure that they are completed within 30 days of hire. Addendum: The required dietary training will occur on 5/8/26 with current dietary manager employee. For the new process for when administrator will be handling all required dietary trainings annually and with new hires, will be monitored by owner annually and when there are new hires from here on out. Owner will update policy regarding the expectation for completing this training within 30 days of hire and also annually.	5/10/26

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S 506	Continued From page 13 8:00 a.m. with manager/registered medication aide (RMA) C revealed the facility did not have dedicated food service employees. Some employees performed both food-handling tasks as well as resident caregiving, including herself, administrator/RMA B, and caregiver D. Manager/RMA C stated the facility did not provide dietary inservice training for food-handling employees. 2. Review of administrator/RMA B, manager/RMA C, and caregiver D's personnel files revealed they did not have annual dietary inservice training (food safety, handwashing, food handling/preparation techniques, food-borne illness, serving and distribution procedures, leftover food handling, documentation of temperature controls for food preparation and service, nutrition and hydration, and sanitation requirements) completed. 3. Interview and telephone interview on 4/1/26 at 1:45 p.m. with owner A, administrator/RMA B, and manager/RMA C revealed the above finding was confirmed. It was administrator/RMA B's responsibility to ensure all food-handling employees had completed the required dietary inservice training within 30 days of hire and annually, but that did not occur. 4. Review of the provider's updated 8/5/09 Food Service and Maintenance policy revealed "Staff will be inserviced yearly by the ServSafe Certified staff person on the following information: food safety, handwashing, food handling and preparation techniques, foodborne illnesses, serving and distribution procedures, leftover food handling policies, time and temperature controls for food preparation and service, nutrition and hydration and sanitation requirements."	S 506		

South Dakota Department of Health

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S 621	44:70:07:03 Medication Therapy Reviewed Monthly The pharmacist shall report potential drug therapy irregularities and make recommendations for improving the drug therapy of the resident to the resident's physician, physician assistant, or nurse practitioner, the facility's licensed nurse, and the administrator. The pharmacist shall document the review by preparing a monthly report of the potential irregularities and recommendations. The administrator shall retain the report in the assisted living center. 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 ensure two of two sampled residents (1 and 2) had their drug regimens reviewed and documented by a pharmacist for the previous two months (February 2026 and March 2026) and that the pharmacist provided a documented monthly report of potential drug irregularities and recommendations that were identified during their monthly drug regimen reviews. Findings include: 1. Review of residents 1 and 2's care records revealed there was no documented monthly drug regimen review completed by consultant pharmacist J for February 2026 and March 2026. 2. Interview on 4/1/26 at 9:00 a.m. with manager/registered medication aide (RMA) C	S 621	Owner consulted with RN. RN and the pharmacist (employee J) consulted and both agreed they will complete and keep logs of communications between each other. These records will be kept by RN in her nurses' notes. This way there is record of the two communicating about the drug regimen reviews. The logs and communications between each other will help document any irregularities and the pharmacist recommendations every month. Owner spoke and requested that if the pharmacy consultant is unable to complete a monthly review that other accomodations must be arranged by pharmacist and that notice is given. RN will monitor that monthly regimens are completed each month. Addendum: Communications between RN and pharmacist will be kept on premises in each residents file. Administrator will add the monitoring to monthly inspections to check on the documentation of their communications which will happen each month from here on out. RN will respond in writing on the log with the date she reviewed. Owner will update policy to reflect on the new procedures for the med review process as stated above.	5/10/26

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S 621	Continued From page 15 revealed she did not know if consultant pharmacist J had completed the drug regimen reviews in February 2026 or March 2026 for all the residents. 3. Telephone interview on 4/1/26 at 9:15 a.m. with consultant pharmacist J revealed she was an independent pharmacist consultant. She did not complete monthly drug regimen reviews for the assisted living center's (ALC) residents in February 2026 or March 2026 because she had surgery. She made no arrangements to have another pharmacist complete those monthly reviews in her absence. Consultant pharmacist J stated it was not her usual practice to document a monthly report of potential drug irregularities or recommendations that she identified during her drug regimen reviews. She wrote down any of her concerns on a piece of paper that she left on manager/RMA C's desk at the conclusion of her reviews. The facility was responsible for following up with residents' medical providers regarding those concerns. 4. Telephone interview on 4/1/26 at 10:15 a.m. with registered nurse (RN) I revealed consultant pharmacist J left her hand-written notes regarding drug irregularities and recommendations after her monthly drug regimen reviews. The hand-written notes were not a part of the resident's care record. It was RN I's responsibility to follow-up on these notes with a resident's medical provider. A medical provider's response to the drug irregularities and recommendations communicated to them by RN I was not consistently documented in the residents' care records.	S 621		

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S 621	Continued From page 16 5. Interview and telephone interview on 4/1/26 at 2:00 p.m. with owner A, administrator/RMA B, and manager/RMA C revealed owner A stated he was not aware pharmacy consultant J did not complete residents' February 2026 and March 2026 drug regimen reviews. Owner A agreed there was no expectation for pharmacist consultant J to provide a documented monthly report of potential drug irregularities and recommendations that resulted from her monthly drug regimen review. There was no documentation in the residents' records that indicated RN I had followed up with the residents' medical providers or the medical providers' responses to reported drug irregularities or pharmacist recommendations. 6. Review of the provider's undated Medication Administration policy revealed "The pharmacist must review the drug regimen of each resident at least monthly for all residents who require administration of meds. The pharmacist must review the resident's diagnosis, drug regimen and any pertinent lab and dietary considerations. The pharmacist must report potential drug therapy irregularities and make recommendations for improving the drug therapy to the director and physician. The pharmacist must document the review by preparing a monthly report of the potential irregularities and recommendations. The director must retain the report in the facility."	S 621		
S 670	44:70:07:07 Medication Administration A registered nurse shall provide medication administration training pursuant to § 20:48:04.01 to any unlicensed assistive personnel employed by the facility who will be administering	S 670		

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S 670	Continued From page 17 medications. Unlicensed assistive personnel shall receive initial and ongoing resident specific training for medication administration and annual training in all aspects of medication administration occurring at the facility. This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, and job description review, the provider failed to ensure three of three sampled registered medication aides (RMA) (B, C, and F) had received an annual competency evaluation or training for medication administration by a registered nurse (RN) and one of one sampled RMA (E) had received a competency evaluation or training for medication administration by an RN upon her being hired for that position. Findings include: 1. Review of RMA B's personnel file revealed she was hired on 2/14/23 and RMA F was hired on 2/3/24. There was no documentation they had received an annual medication administration competency evaluation or training by a RN in 2025. 2. Review of RMA E's personnel file revealed she was hired on 2/2/26. There was no documentation she had received an initial medication administration competency evaluation or training by a RN. 3.Interview and telephone interview on 4/1/26 at 10:15 a.m. with RN I and manager/RMA C revealed RN I has been the facility nurse since June 2025. She knew RMA medication	S 670	RN will complete annual training for all RMA's. Medication administration training will be performed by RN employed by the facilty on 5/4/26 and annually. Facility administrator will review the list of required trainings in the in-service binder to monitor that all training is completed yearly. In-service trainings will be dated to ensure that all is completed annually. Addendum: RN will follow the state curriculum on medication administration for training and renewals annually. She will complete this training for all RMAs on 5/4/26 and annually from here on out and with new med aides. RN verified that all med aides are currently registered and active through the South Dakota registry and will complete their annual training on 5/4/26 by the RN instructor (employee I).	5/4/26

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S 670	Continued From page 18 administration competency evaluations and/or training for new and existing RMAs were her responsibility according to her job description, but she did not complete any RMA medication administration evaluations or training since she was hired at the facility. Manager/RMA C confirmed neither RN I or the previous facility RN had completed an annual medication administration competency or training for her in the past year. 4. Review of the provider's revised September 2025 RN Job Description revealed the responsibilities and duties of that position included performing "annual med aide [RMA] training." There was no expectation on that job description that the RN was to complete an initial competency medication administration evaluation or training for newly hired RMAs.	S 670		
S 775	44:70:09:02 Facility To Inform Resident Of Rights Prior to or at the time of admission, a facility shall inform the resident, both orally and in writing, of the resident's rights and of the rules governing the resident's conduct and responsibilities while living in the facility. The resident shall acknowledge in writing that the resident received the information. During the resident's stay the facility shall notify the resident, both orally and in writing, of any changes to the original information. 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 acknowledgement of receipt for a copy of the resident's rights was signed and dated by three of	S 775	The facility manager will print and complete two copies of signed Resident Rights. Family or able resident will sign both copies that manager will then leave in each residents file in our facility and give other copy to resident and family to have. This will be in addition to the practice already in place of supplying a copy to resident and family upon admission. Facility administrator will monitor that a signed copy of Resident Rights is put into their file. All current residents now have a newly signed Resident Rights copy in each of their files that were handed out by facility manager to ensure all files have the proper papers. Addendum: The administrator will review the resident files for the signed resident rights, every time we admit a new resident. This process will occur from here on out and is continual. Administrator reviewed all files and manager has a completed and signed resident rights in every file as of now.	4/18/26

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S 775	Continued From page 19 three sampled residents (1, 2, and 3) and one of one closed care record sampled resident (4) or their representatives. Findings include: 1. Review of residents 1, 2, and 3's care records revealed resident 1 was admitted to the facility on 11/3/25, resident 2's admission date was 8/4/25, and resident 3's admission date was 3/12/26. There was no documentation that the residents or their representative had signed an acknowledgement that they had received a copy of the resident's rights before, or at the time of their admission to the facility. 2. Review of resident 4's closed care record revealed she was admitted to the facility on 4/9/24 and discharged on 2/9/26. There was no documentation that indicated she or her representative signed an acknowledgement that she had received a copy of the resident's rights before, or at the time of her admission to the facility. 3. Interview on 4/1/26 at 9:00 a.m. with manager/registered medication aide (RMA) C revealed a resident rights form was provided to and reviewed with a resident or their representative before, or at the time of their admission to the facility. The provider's admission process did not include having the resident or their representative acknowledge, in writing, their receipt of that resident rights information. 4. Review of the provider's undated Resident Rights policy revealed before, or at the time of a resident's admission, the facility was expected to inform the resident both orally and in writing, of their resident rights. "The resident must	S 775		

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S 775	Continued From page 20 acknowledge in writing that they received the information."	S 775		