

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/09/2025
NAME OF PROVIDER OR SUPPLIER PEACEFUL PINES SENIOR LIVING - BROOKINGS		STREET ADDRESS, CITY, STATE, ZIP CODE 900 20TH ST SOUTH BROOKINGS, SD 57006		
(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 An initial 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 10/9/25. Peaceful Pines Senior Living - Brookings was found not in compliance with the following requirements: S145, S165, S200, S201, S216, S296, S450, S459, S462, S465, S479, S486, and S506.	S 000		
S 145	44:70:02:12 Ventilation Electrically powered exhaust ventilation shall be provided in all soiled areas, wet areas, toilet rooms, and storage rooms. Clean storage rooms may also be ventilated by supplying and returning air from the building's air-handling system. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to ensure two of two observed storage rooms (an electrical room and an unlabeled storage room) were equipped with exhaust ventilation and one of one observed maintenance office was equipped with balanced room ventilation. Findings include: 1. Observation on 10/7/25 at 11:15 a.m. revealed the electrical room adjacent to resident room AL137 was approximately 60 square feet in area with combustible storage items. The room was not equipped with exhaust air ventilation. Return air ventilation would be acceptable for a storage room with clean storage items.	S 145	On 10/31/25 Director of Maintenance contacted Sentry, the sites electrical contractor, and requested to have exhaust fans installed in all of the locations noted in the findings 1, 2, & 3 of section S145. We are awaiting a specific install date from the vendor on these items. Findings will be reviewed at the next QAPI meeting and presented by Director of Maintenance to discuss any further follow-up.	10/31/2025 11/20/2025

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



TITLE Executive Director

(X6) DATE 11/11/2025

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S 145	Continued From page 1 2. Observation on 10/7/25 at 11:30 a.m. revealed the maintenance director's office was approximately 120 square feet in area. The room had a 6-inch by 6-inch supply air. The room was not equipped with return air ventilation providing at least 2 air changes per hour for an occupied room. 3. Observation on 10/7/25 at 12:30 p.m. revealed an unlabeled storage room approximately 80 square feet in area with combustible storage items (incontinence briefs and vinyl exam gloves). The room was not equipped with exhaust air ventilation. Return air ventilation would be acceptable for a storage room with clean storage items. 4. Interview with the maintenance director M at the time of the above observations confirmed those findings.	S 145		
S 165	44:70:02:17 Occupant Protection Each facility must be constructed, arranged, equipped, maintained, and operated to avoid injury or danger to any occupant. The extent and complexity of occupant protection precautions are determined by the services offered and the physical needs of any resident admitted to the facility. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to maintain adequate heat for two of two locations in the Memory Care (central shower and central spa) resident bathing areas.	S 165		

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S 165	Continued From page 2 Findings include: 1. Observation on 10/7/25 at 11:25 a.m. revealed the central spa and central shower rooms in the Memory Care unit had six-inch forced air supply from the heating and air-conditioning unit. That ventilation was controlled by a thermostat in the Memory Care core area. If the thermostat was not set at a temperature to prompt the unit to deliver heat, the unit would not supply any heat to the room other than that provided by the bathing water temperature. Observations of the public toilet rooms in the assisted living building and assisted living resident shower rooms revealed supplemental heat was provided in those areas with wall-mounted electric cove heaters. The lack of supplement heat in the Memory Care central spa and central shower showed a lack of equitable personal protection for the most vulnerable residents in the facility. 2. Interview with the maintenance director M at the time of the observations confirmed those conditions.	S 165	Director of Maintenance with collaboration from the Executive Director will obtain quotes to install electric cove heaters in the Memory Care spa tub room, and Assisted Living spa tub room. It is important to note that the Department of Health's findings noted on page 3 are incorrect. It currently states, 1. Observation on 10/7/25 at 11:25 a.m. revealed the central spa and central shower rooms in the Memory Care unit had six-inch forced air supply from the heating and air-conditioning unit. That ventilation was controlled by a thermostat in the Memory Care core area. If the thermostat was not set at a temperature to prompt the unit to deliver heat, the unit would not supply any heat to the room other than that provided by the bathing water temperature. Observations of the public toilet rooms in the assisted living building and assisted living resident shower rooms revealed supplemental heat was provided in those areas with wall-mounted electric cove heaters. The lack of supplement heat in the Memory Care central spa and central shower showed a lack of equitable personal protection for the most vulnerable residents in the facility. When it is only our Assisted Living spa tub room and Memory Care spa tub room that have inadequate heating. The first attempt to obtain a quote will begin on 11/10/2025. Monitoring and tracking of both verbal and written communication between vendors and the Director of Maintenance will be documented in an excel file to show our progress to completion. (Director of Maintenance contacted Sentry on 10/31/25, and requested a quote and install date for these two cove heaters. We are awaiting a specific install date from the vendor on these items.) Findings will be reviewed at the next QAPI meeting and presented by Director of Maintenance to discuss any further follow-up.	11/21/2025 11/20/2025
S 200	44:70:03:01 Fire Safety Code Requirements Each facility must meet applicable fire safety standards in NFPA 101 Life Safety Code, 2012 edition in chapter 32 or 33. An automatic sprinkler system is not required in an existing facility unless significant renovations or remodeling of greater than fifty percent of the facility occurs, provided that any existing automatic sprinkler system must remain in service. An attic heat detection system is not required in an existing facility unless significant renovations or remodeling of greater than fifty percent of the	S 200		

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S 200	<p>Continued From page 3</p> <p>facility occurs.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by:</p> <p>A. Based on observation and interview, the provider failed to maintain the sprinkler system in one of one laundry room.</p> <p>Findings include:</p> <p>1. Observation on 10/7/25 at 10:35 a.m. revealed the laundry room had two sidewall sprinklers installed. The sprinklers were obstructed by ductwork.</p> <p>2. Interview with the maintenance director M at the time of the observations confirmed those findings.</p> <p>B. Based on record review and interview, the provider failed to continuously maintain automatic sprinklers in reliable operating condition (quarterly flow test documentation and annual fire sprinkler inspection).</p> <p>Findings include:</p> <p>1. Record review on 10/7/25 at 1:15 p.m. revealed no documentation that quarterly flow testing had been performed in 2024 and 2025 as required. The annual automatic fire sprinkler inspection had last been performed in September 2024 and was overdue.</p> <p>2. Interview with the maintenance director M at the time of the observations confirmed those findings.</p>	S 200	<p>On 10/30/25 Director of Maintenance contacted John Swenson from Xtreme Fire Protection, they are the vendor that installed the fire suppressions system. John was sent a description and pictures of the two obstructed sprinkler heads in the AL Laundry room. We are awaiting a response from the vendor on when they can schedule the work to lower those two heads.</p> <p>On 10/16/2025 the Director of Maintenance obtained a quote from Pye-Barker, our current fire safety vendor, for quarterly flow testing and annual fire sprinkler inspections. That quote was reviewed with the Executive Director on 10/28/2025. A contractual agreement will be signed no later than 11/14/2025 to secure both inspections for the 2026 season. The Director of Maintenance will coordinate with Pye Barker to complete an annual fire sprinkler inspection by 11/21/2025. The Director of Maintenance will coordinate with Pye Barker to complete a quarterly flow test by 11/21/2025.</p> <p>Findings will be reviewed at the next QAPI meeting and presented by Director of Maintenance to discuss any further follow-up.</p>	<p>11/11/2025</p> <p>11/10/2025</p> <p>11/20/2025</p>

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S 201	Continued From page 4	S 201		
S 201	<p>44:70:03:02 General Fire Safety</p> <p>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.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: A. Based on observation, testing, and interview, the provider failed to maintain two required EXITS for the second floor.</p> <p>Findings include:</p> <p>1. Observation on 10/7/25 at 9:45 a.m. revealed the second floor was accessible by assisted living residents. The second floor had one marked EXIT at the stairs to the ground floor. The corridor to the east doors for the Independent Living was a dead-end corridor in excess of 75 feet. A second EXIT is required. The east doors were not marked as an EXIT. Those doors were not installed as delayed-egress doors in compliance with LSC Chapter 7.2.1.6.1 and there was no access-controlled device in compliance with LSC Chapter 7.2.1.6.2. Those would be the only acceptable options at that location, as assisted living residents had access to that area.</p> <p>2. Interview with the maintenance director M at the time of the observation confirmed those findings. He revealed independent living residents</p>	S 201	<p>A. On 10/31/25 Director of Maintenance contacted Sentry, the sites electrical contractor, and requested to have the required exit sign on the 2nd floor installed. The same vendor was also asked to install a delayed egress maglock for the door leading from the 2nd floor hallway into the 2nd floor IL wing. We are awaiting a specific install date from the vendor on these items.</p> <p>Findings will be reviewed at the next QAPI meeting and presented by Director of Maintenance to discuss any further follow-up.</p>	<p>11/21/2025</p> <p>11/20/2025</p>

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S 201	<p>Continued From page 5</p> <p>could egress by the use of a fob. He also confirmed the doors would release upon activation of the fire alarm system.</p> <p>B. Based on observation, testing, and interview, the provider failed to maintain 90 minute fire-rated doors (doors to the independent living by the theater and second floor at the independent living area separation).</p> <p>Findings include:</p> <p>1. Observation on 10/7/25 at 9:15 a.m. revealed the 90-minute fire-rated cross-corridor doors to the independent living were held open with rubber floor wedges. The doors were also not equipped with fire-rated latching hardware.</p> <p>2. Observation and testing on 10/7/25 at 9:45 a.m. revealed the 90-minute fire-rated doors at the east end of the second floor did not properly latch when allowed to close with the door closers. The doors had a half-inch gap between them. The doors were not equipped with two points of latching required for 90-minute fire-rated doors of wood construction.</p> <p>3. Observation on 10/7/25 at 11:30 a.m. revealed the 90-minute fire-rated cross-corridor doors adjacent resident room AL131 had the thermal pin (second point of latching) extended. That would prevent the door from meeting the fire-rating requirement.</p> <p>4. Interview with the maintenance director M at the times of the observations confirmed those findings.</p> <p>C. Based on observation and interview, the provider failed to maintain corridor separation at</p>	S 201	<p>1. 10/ 0/25</p> <p>11/5/25</p> <p>2.</p> <p>3. 10/ 1/25 11/21/25</p> <p>1 1 11/1 /25 11/21/25</p>	<p>11/05/2025</p> <p>11/11/2025</p>

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S 201	<p>Continued From page 7</p> <p>required weekly visual checks, monthly load runs for 30 minutes under load along with a 5-minute cool down period, or monthly generator battery conductivity testing was completed.</p> <p>2. Observation on 10/7/25 at 9:30 a.m. revealed there was no remote annunciator for the generator located at a manned location. Interview with executive director A at the time of the observation revealed an electronic tablet had been recently installed in the mechanical room, which was not a manned location.</p> <p>F. Based on observation, testing, and interview, the provider failed to maintain the natural gas generator in operating condition (test run failure).</p> <p>Findings include:</p> <p>1. Observation and testing on 10/7/25 at 9:45 a.m. revealed the generator initiated the start sequence but stopped before 10 seconds transpired. The generator must start within 10 seconds.</p> <p>2. Interview with maintenance director M at the times of the observations confirmed those findings.</p> <p>G. Based on observation, record review, and interview, the provider failed to maintain the commercial kitchen hood as required (six month exhaust ductwork inspections).</p> <p>Findings include:</p> <p>1. Observation and record review on 10/7/25 at 1:45 p.m. revealed there was no documentation that the kitchen hood exhaust ductwork was inspected for cleanliness from the rooftop</p>	S 201	<p>10/10/2025</p> <p>10</p> <p>10/1 /25</p> <p>10/ 1/25</p> <p>2025</p>	<p>10/10/2025</p> <p>11/10/2025</p>

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S 201	Continued From page 8 ventilator down to the grease filters above the stove every six months. 2. Interview with maintenance director M at the times of the observations confirmed those findings..	S 201	Findings will be reviewed at the next QAPI meeting and presented by Director of Maintenance to discuss any further follow-up.	11/20/2025	
S 216	44:70:03:04 Fire Alarm Systems A manually operated, electrically supervised fire alarm system must be installed in each facility. This Administrative Rule of South Dakota is not met as evidenced by: A. Based on record review and interview, the provider failed to continuously maintain the fire alarm system (annual fire alarm inspection) as required. Findings include: 1. Record review on 10/7/25 at 1:25 p.m. revealed the annual automatic fire alarm inspection had last been performed in September 2024 and was overdue. 2. Interview with maintenance director M at the time of the observation confirmed that finding.	S 216	On 10/15/2025 Director of Maintenance added an annual fire alarm inspection task to our maintenance management software, TELS. On 10/16/2025 Director of Maintenance obtained a quote from Pye-Barker, our current fire safety vendor, for That quote was reviewed with the Executive Director on 10/28/2025. A contractual agreement will be signed no later than 11/14/2025 to secure both inspections for the 2026 season. The Director of Maintenance will coordinate with Pye Barker to complete an annual fire sprinkler inspection by 11/21/2025. Findings will be reviewed at the next QAPI meeting and presented by Director of Maintenance to discuss any further follow-up.	11/10/2025 11/20/2025	
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;	S 296			

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S 296	<p>Continued From page 9</p> <p>(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.</p> <p>Any personnel whom the facility determines will have no contact with residents are exempt from the training required by subdivision (8).</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on employee file review, interview, and policy review the provider failed to ensure the required training was completed within 30 days of hire for five of five recently hired employees (E, F, I, J and K).</p> <p>Findings include:</p> <p>1. Review of employee files revealed: *Cook E had been hired on 9/8/25.</p>	S 296	<p>0</p> <p>20</p> <p>Identified staff will have their education completed by 11/21/2025.</p>	11/21/2025

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S 296	<p>Continued From page 10</p> <p>-She had not completed training on fire prevention and response, emergency procedures and preparedness, infection control and prevention, accident prevention and safety procedures, confidentiality, nutritional risks and hydration, education based on the resident care needs (i.e. hospice, tube feeding, a blind resident, personal care, language barriers, etc.).</p> <p>*Cook F had been hired on 5/22/25. -She had not completed training on fire prevention and response, emergency procedures and preparedness, infection control and prevention, accident prevention and safety procedures, confidentiality, education based on the resident care needs (i.e. hospice, tube feeding, a blind resident, personal care, language barriers, etc.).</p> <p>*Culinary aide (CA) I had been hired on 8/18/25. -He had not completed training on fire prevention and response, emergency procedures and preparedness, accident prevention and safety procedures, confidentiality, nutritional risks and hydration, education based on the resident care needs (i.e. hospice, tube feeding, a blind resident, personal care, language barriers, etc.).</p> <p>*Registered nurse (RN) J had been hired on 8/4/25. -She had not completed training on infection control and prevention or nutritional risks and hydration.</p> <p>*CA K had been hired on 8/6/25. -He had not completed training on accident prevention and safety procedures, confidentiality, incidents and diseases subject to mandatory reporting and the facility's reporting mechanism,</p>	S 296		

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S 296	<p>Continued From page 11</p> <p>education based on the resident care needs (i.e. hospice, tube feeding, a blind resident, personal care, language barriers, etc.).</p> <p>2. Interview on 10/8/25 at 4:25 p.m. with executive director A revealed: *She agreed that some of the required education had not been completed by cooks E and F, CA I, RN J, and CA K within 30 days of hire. *She expected all required education to be completed within 30 days of hire for all employees.</p> <p>3. Review of the provider's 7/7/22 Personnel Orientation and Training Plan Policy revealed: *"The Administrator in collaboration with human resources (HR) performs the following activities: 1. In addition to items covered in the Employee Handbook, creates an appropriate curriculum for Orientation Program sessions that includes the following topics: -Fire prevention and response. -Emergency procedures and preparedness. -Infection control and prevention. -Accident prevention and safety procedures. -Resident rights and responsibilities. -Confidentiality of resident information. -Incidents and diseases subject to mandatory reporting and facility's reporting mechanisms. -Nutritional risks and hydration needs of residents. -Abuse, neglect, and misappropriation of resident property and funds. -Problem solving and communication techniques related to individuals with cognitive impairment or challenging behaviors if admitted and retained in the facility. -Any additional healthcare employee education necessary based on the individualized resident care needs provided by the healthcare employees</p>	S 296		

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S 296	Continued From page 12 to the residents who are accepted and retained in the facility."	S 296	Population affected by non-compliance are all Assisted Living and Memory Care residents. Beginning November 3rd, 2025, the Executive Director will conduct kitchen audits twice weekly over meal service for 6 weeks using the Department of Health's "Food Service Manager Self-Inspection Checklist" to ensure compliance across all dietetic service areas. For the first 6 weeks the audits will be completed solely by the Executive Director until the Director of Dining Services is well trained in expectations for the audits, at which point the audits will be completed dually. Following this initial 6-week period, audits will transition to a weekly schedule as a permanent process. The Executive Director will serve as the primary responsible party until consistent compliance is achieved, after which the Director of Dining Services will assume primary responsibility with continued collaboration.	11/03/2025
S 450	44:70:06:01 Dietetic Services The facility shall have an organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored, prepared, distributed, and served in a manner that is safe, wholesome, and sanitary in accordance with the provisions of § 44:70:02:06. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to follow standard food safety practices to prevent foodborne illness risks in one of one kitchen to: *Maintain a sanitary environment to store, prepare, and serve resident food. *Ensure proper hand hygiene and glove use by one of one cook (E) during meal service preparation. *Ensure the refrigerators and freezer temperatures were within the required temperature ranges. *Ensure the water temperature required to sanitize the dishes used for preparing and serving residents' food was monitored and documented for one of one high-temperature dishwasher. *Monitor and document the required chemical sanitization level of the solution used for cleaning and disinfecting the surfaces of the kitchen and serving area. Findings include: 1. Observation on 10/7/25 at 10:45 a.m. in the kitchen of the lunch meal preparation revealed: *The shelves under the food preparation	S 450	A comprehensive dietary staff meeting was held on October 15th to address the following: reinforce glove usage protocols, review temperature and sanitizer bucket chemical logs, dishwasher temperature log, dating of open beverages, vegetarian menu, serving sizes, and introduce a new daily kitchen cleaning checklist with task-specific initials for accountability. Those in attendance at the 10/15/2025 meeting were all Cooks and Prep/ Cook positions, and a signed attendance log was obtained. All dietary staff involved in the food preparation role were in attendance, with none needing to complete a makeup log. To support ongoing education and audit transparency, monthly dietary staff meetings will be held on the third Wednesday of each month at 2:00 PM, led jointly by the Executive Director and Director of Dining Services.	

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S 450	Continued From page 13 workbenches had grey bins of small and standard-sized serving bowls stored in the upright position. Those shelves and bins were soiled with crumbs, built-up dust, and debris. *The shelf under the two-compartment sink had bowls, serving utensils, plastic containers, and a grill brush on several dried heavily soiled paper towels stored on it. That shelf had built-up dust and debris, crumbs, dried food, and water spots on it. *The floors throughout the kitchen, dishwashing area, and food storage area were heavily soiled with dirt in high-traffic areas. There were small pieces of plastic, food debris, and paper under the food storage racks, dish racks, and dishwashing area. *The walk-in refrigerator had a large black area approximately twelve inches by eight inches that appeared sticky, two small coffee creamers, and several small pieces of plastic on the floor. *The unused stove top was coated in a layer of built-up grime. *The sides of the flat-top cook surface had a dried substance of what appeared to be pancake batter or egg drippings down the right side of it. *There was a tray of uncovered desserts with whipped topping on top of the heated meal transportation cart. Those desserts remained uncovered when the cart was transported from the kitchen to the memory care unit (MCU). *The reach-in beverage refrigerator contained opened, undated containers of thickened apple juice, orange juice, a gallon of chocolate milk, a gallon of white milk, a jug of orange juice, and containers of apple and prune juice. Those beverage containers were placed on a metal cart and brought to the dining room. *The posted refrigerator, freezer, and Sani-bucket logs were incomplete. There were no posted dishwasher or kitchen cleaning logs.	S 450	Type text here The Food Service Managers Self-Inspection Checklist was created by the South Dakota Department of Health, and includes the following categories: Personal Hygiene Food and Dry Storage Large Equipment Refrigerator, Freezer, and Milk Cooler Food Handling Utensils and Equipment Hot Holding Cleaning and Sanitizing Garbage Storage and Disposal Pest Control The Director of Dining Services was provided with education on both hair and beard nets while in the kitchen on 10/10/2025. Monitoring of this will be completed during the Executive Director's weekly kitchen audit. Cook F will receive individualized education on safe food handling and serving to address the deficiencies identified in the writing. Education will be completed on 11/14/2025 with the Executive Director, and Director of Dining Services as witness. Cook E is no longer employed with Peaceful Pines. Audit findings will be reviewed at the next QAPI meeting and presented by the Executive Director to discuss any further follow-up.	10/10/2025 11/03/2025 10/10/2025 11/14/2025 11/20/2025

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S 450	<p>Continued From page 14</p> <p>*Dietary manager (DM) D had a full beard and mustache and did not wear a beard net.</p> <p>2. Interview on 10/7/25 at 10:58 a.m. with DM D in the kitchen revealed: *He felt the texture of the floors made them hard to clean. He used a power washer in the past to clean the floors, was unsure of the last time he had cleaned them with a power washer, and did not maintain cleaning logs to document completion of the kitchen cleaning tasks. *He expected the kitchen staff to sweep the floors each day, but was unsure when the floors had been swept last. The kitchen did not have a kitchen cleaning schedule or documentation of when cleaning tasks had occurred. He expected the kitchen to be cleaned by the end of each day. *DM D stated that he did not wear a beard net, was unsure how long his beard could be without requiring a beard net, and planned to shave before he returned to work the next day.</p> <p>3. Observation on 10/7/25 at 11:17 a.m. and again at 11:43 a.m. of cook E during resident meal service revealed: *The small and standard-sized serving bowls, observed above, were used to serve residents' desserts, soups, and salads. *Cook E put on a pair of gloves and with those gloved hands she: Touched carrots on a plate and moved them into a pile. -Opened the heated food transport cart and placed four plates of food on a tray inside the cart. -Moved a stack of four plates to the serving area, used utensils to place food items on the plate, and touched and moved the carrots on two of those plates in the same process described above.</p>	S 450		

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S 450	<p>Continued From page 15</p> <p>-Opened the door of the heated food transportation cart and placed those meal plates into the cart, and repeated that same process. *Cook E removed those gloves, washed her hands, put on a new pair of gloves, and began serving meals to the residents in the main dining room. With those gloved hands, she: -Removed the lids from the food items on the steam table. -Placed a stack of four plates on the serving area of the steam table. -Used utensils to place chicken, rice, and carrots on the plates. -Repeated that process until all of the residents of the dining room were served. -Touched and moved the carrots with her gloved hand, as described above, while plating at least eight of those meals before they were served to the residents.</p> <p>4. Observation and interview on 10/7/25 with cook F and cook L regarding the dishwashing area revealed: *A high-temperature dishwasher was located in the dishwashing area. That dishwasher was soiled with a layer of sticky dust and crumbs. The grease trap below the dishwasher had a thick layer of dried food matter and dust. The dishwasher door was left open in between uses. *Cook F and cook L thought that the dishwasher sanitized the dishes with a chemical sanitizer. They did not monitor or document the dishwasher's sanitizer levels. *Cook F stated that the dishwasher representative came once a month to monitor the dishwasher and test the sanitizer level. *Cook F thought that DM D cleaned and de-limed the dishwasher once a month. *Cook F "kept an eye on" the pressure and temperature gauges when she washed dishes in</p>	S 450		

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S 450	<p>Continued From page 16</p> <p>the dishwasher, but did not know what temperature the dishwasher water needed to be to clean and sanitize the dishes.</p> <p>*Cook F and cook L did not record water temperatures of the dishwasher rinse cycle when they used it.</p> <p>*Cook L used the dishwasher to clean the items used to prepare the lunch meal. The water temperature of the rinse cycle reached 170 degrees Fahrenheit (F).</p> <p>5. Interview on 10/7/25 at 12:17 p.m. with cook E and cook F revealed:</p> <p>*Cook E had worked at the facility for approximately one month. She had received training from cook F and had watched some videos.</p> <p>*Cook E stated that the videos she had watched were unrelated to food service and were about topics like dementia and caring for residents.</p> <p>*Cook E stated she knew there were many videos she still needed to watch to finish her training.</p> <p>*Cook F had worked at the facility since May 2025. She had watched videos about bedbugs and other resident care topics she felt were unrelated to food service.</p> <p>*They did not think glove use in the kitchen was covered in the videos they had watched.</p> <p>*Cook F stated she knew from her previous job that she needed to wash her hands before putting on a new pair of gloves.</p> <p>6. Observation on 10/8/25 at 10:21 a.m. of the kitchen revealed:</p> <p>*The floors remained heavily soiled, and the plastic items remained on the floor.</p> <p>*The large sticky area on the floor in the walk-in refrigerator was smaller in size but had not been removed. The creamers and plastic items remained on the floor.</p>	S 450			

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S 450	<p>Continued From page 17</p> <p>*The top of the stove and the side of the flat top grill had not been cleaned.</p> <p>*The shelves under the two-compartment sink and food preparation areas remained dirty.</p> <p>*The top of the dishwasher and the grease trap had not been cleaned.</p> <p>*The reach-in beverage refrigerator contained open, undated containers of orange juice, a gallon of chocolate milk, a gallon of white milk, a jug of orange juice, and containers of apple and prune juice. An open, undated container of thickened apple juice indicated "Discard if not used within 10 days."</p> <p>7. Observation on 10/8/25 at 11:13 a.m. of cook E and cook L while preparing residents' food revealed:</p> <p>*Cook L put on a pair of gloves. With those gloved hands, she:</p> <ul style="list-style-type: none"> -Took two slices of bread and placed them on the grill. -Opened a zip-top bag and removed several slices of cheese. -Placed most of that cheese on the bread. -Turned away from the grill, holding half of a slice of cheese and placed that cheese in her mouth. -Closed that zip-top bag, opened the refrigerator door, and placed the bag of cheese in the refrigerator. -Returned to the grill and lifted the edge of the bread to check its level of doneness. -Removed the grilled cheese sandwich from the grill with a spatula and placed her hand on the sandwich while she cut it. That sandwich was served to resident 1. <p>*Cook E put on a pair of gloves and with those gloved hands she:</p> <ul style="list-style-type: none"> *Opened the lids of the steam table. -Used utensils to put potatoes, beans, and chicken on four plates. 	S 450			

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S 450	<p>Continued From page 18</p> <p>-Opened the heated food transport cart and placed those plates on a tray inside.</p> <p>-Moved a stack of four plates to the serving area and used utensils to place food on the plates.</p> <p>-Opened the door of the heated food transportation cart and placed those plates into the cart, and repeated that process with four additional plates of resident food.</p> <p>-Took four dinner rolls off a pan, opened the heated transportation cart, and placed those rolls onto the meal plates inside. Then repeated that process with another four rolls.</p> <p>-Cook E continued to place dinner rolls on each plate she prepared and placed into the cart with those same gloved hands.</p> <p>-Cook E covered the food items on the steam table, removed her gloves, and washed her hands.</p> <p>*Cook E put on a new pair of gloves, opened the lid of the steam table, used tongs to place a piece of breaded chicken on a plate, placed that plate next to the blender, removed chicken from the bone and placed the chicken into the blender with those same gloved hands. The pureed chicken was served to resident 3.</p> <p>8. Observation and interview at 11:18 a.m. with DM D in the kitchen revealed:</p> <p>*He observed and confirmed that cook E had touched ready-to-eat dinner rolls with her unclean gloves before they were served to residents in the main dining room.</p> <p>*He expected the dietary staff to use tongs when serving dinner rolls to residents.</p> <p>*Dietary staff did not need to wear gloves while serving resident meals, but when gloves were worn, he expected the dietary staff to wash their hands before and after glove use, including when handling ready-to-eat foods.</p> <p>*He expected that beverages served to residents</p>	S 450			

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S 450	<p>Continued From page 19</p> <p>from the multi-serving containers to be dated when they were opened. He expected the thickened apple juice to be discarded within the 10 days as listed on the container. He did not know if the thickened apple juice had reached 10 days for discarding because it was not dated when it was opened.</p> <p>*He confirmed that the sanitizer concentration levels of the solution in the Sani-bucket, and the refrigerator and freezer temperature logs had not been filled out consistently. There was no way to know if the kitchen surfaces had been sanitized or if the food had been stored at the correct temperatures on those days with missing documentation.</p> <p>*DM D stated that there was no temperature log where they documented the dishwasher rinse water temperatures to ensure that the dishes had been sanitized. There was no policy that addressed how many times the dishwasher needed to be cycled to reach the required temperature. He was unsure what temperature the dishwasher's rinse water needed to be to ensure the dishes were sanitized.</p> <p>*DM D ran the dishwasher and confirmed that the dishwasher's rinse cycle reached 178 degrees F.</p> <p>9. Review of the provider's Walk-In Freezer Temperature Logs revealed:</p> <p>*The log indicated the freezer temperature was to be "0 [zero] degrees F or lower."</p> <p>*There were columns to document morning and evening temperatures, the employee's initials, and "Actions Taken."</p> <p>*In June 2025, there was no documentation for 18 out of 60 scheduled temperature checks that indicated the temperature checks were completed or if the temperatures were within the required temperature ranges.</p> <p>-37 out of the 42 documented temperatures were</p>	S 450		

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S 450	Continued From page 20 above zero. -The highest temperature documented was 12 degrees F on 6/28/25. -The time the temperature was taken was documented in the "Actions Taken" column 18 times. There were no documented actions taken when the temperatures were above zero. *In July 2025, there was no documentation for 14 out of 62 scheduled temperature checks. -36 out of the 48 documented temperatures were above zero. -The highest temperature documented was 13 degrees F on 7/27/25. -The time the temperature was taken was documented in the "Actions Taken" column 28 times. There were no documented actions taken when the temperatures were above zero. *There was no temperature log for August 2025. -There were August 2025 freezer temperatures documented on the July 2025 log. Those three temperatures were all above zero. There were no documented actions taken when the temperatures were above zero. *In September 2025, there was no documentation for 13 out of 60 scheduled temperature checks. -41 out of the 47 documented temperatures were above zero. -The highest temperature documented was 20 degrees F on 8/8/25. -The time the temperature was taken was documented in the "Actions Taken" column 22 times. There were no documented actions taken when the temperatures were above zero. *In October 2025, there was no documentation for one out of 15 scheduled temperature checks -13 out of the 14 documented temperatures were above zero. -The highest temperature documented was 10 degrees F on 7/7/25. -There were no documented actions taken when	S 450			

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S 450	<p>Continued From page 21</p> <p>the temperatures were above zero.</p> <p>Review of the provider's Walk-In Refrigerator Temperature Logs revealed:</p> <p>*The log indicated the refrigerator temperature was to be "35-40 degrees F."</p> <p>*There were columns to document morning and evening temperatures, the employee's initials, and "Actions Taken."</p> <p>*In June 2025, there was no documentation for 32 out of 60 scheduled temperature checks.</p> <p>-All documented temperatures were within the range of 35-40 degrees F.</p> <p>*In July 2025, there was no documentation for 16 out of 62 scheduled temperature checks.</p> <p>-40 out of the 46 documented temperatures were outside the range of 35-40 degrees F.</p> <p>-There were no documented actions taken when the temperatures were outside of that range.</p> <p>*There was no temperature log for August 2025.</p> <p>-There were three August 2025 refrigerator temperatures documented on the July 2025 log. Those three temperatures were outside the range of 35-40 degrees F.</p> <p>-There were no documented actions taken when the temperatures were outside of that range.</p> <p>*In September 2025, there was no documentation for 13 out of 60 scheduled temperature checks.</p> <p>-45 out of the 47 documented temperatures were outside the range of 35-40 degrees F.</p> <p>-There was no documentation of actions taken when the temperatures were outside of that range.</p> <p>*In October 2025, there was no documentation for one out of 15 scheduled temperature checks.</p> <p>-All 14 documented temperatures were outside the range of 35-40 degrees F.</p> <p>-There were no documented actions taken when the temperatures were outside of that range.</p>	S 450			

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S 450	<p>Continued From page 22</p> <p>10. Observation and interview on 10/8/25 at 2:11 p.m. with executive director A in the kitchen revealed she:</p> <p>*Confirmed the above observations of the kitchen and that the kitchen remained dirty. She expected that the kitchen would have been cleaned by the end of each day.</p> <p>*Was unaware that the refrigerator and freezer temperature logs were incomplete and that some of the recorded temperatures were out of range, but felt that the food was safe to eat.</p> <p>*Was unaware that the dishwasher had not reached the required temperature to ensure that the dishes had been sanitized.</p> <p>*Expected that DM D would have notified her or maintenance director (MD) M when the refrigerators, freezers, or the dishwasher temperatures were out of range.</p> <p>*Expected that the dietary staff would complete their required training within 30 days of hire. She was aware that not all dietary staff members had completed their required training.</p> <p>11. Observation of the walk-in refrigerator and freezer, interview, and review of the refrigerator and freezer temperature logs on 10/9/25 at 8:09 a.m. with MD M revealed he:</p> <p>*Used an infrared laser thermometer to monitor the kitchen refrigerator and freezer temperatures once a week and documented those temperatures in their electronic Technology-Enabled Life Safety (TELS) system.</p> <p>-Was unable to review or run a report of the temperatures that he had recorded in that system, but felt that the temperatures he had recorded were similar to the temperatures documented on the kitchen refrigerator and freezer logs.</p> <p>*Was unaware of the provider's policy on refrigerator and freezer temperatures.</p>	S 450			

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S 450	<p>Continued From page 23</p> <p>*Used that infrared laser thermometer to check the temperatures in the walk-in refrigerator and freezer at that time which revealed:</p> <ul style="list-style-type: none"> -The walk-in freezer temperature ranged from two to four degrees F, depending on which area of the freezer he checked. The frozen vegetables were negative 2 degrees F. -The walk-in refrigerator temperature ranged from 36 to 41 degrees F. <p>*Expected that if the refrigerator or freezer was out of temperature range, the dietary staff would notify DM D and that DM D would notify him.</p> <p>*Felt that the location of the thermometer in the refrigerator or freezer could cause the temperature to fluctuate several degrees.</p> <p>*Stated that the freezer may have needed to be defrosted.</p> <p>12. Review of the provider's Sanitizing Bucket Chemical Log revealed:</p> <ul style="list-style-type: none"> *The chemical sanitizer concentration was to have been monitored and documented three times a day with each resident meal service. *There was no indication of what concentration level was required. *In June 2025, there was no documentation of 42 out of 90 sanitizer concentration levels. -All documented concentration levels were 300 - 400 parts per million (ppm). *In July 2025, there was no documentation of 42 out of 93 sanitizer concentration levels. -Six of the 51 documented concentration levels were 100 ppm. *There was no sanitizer concentration log for August 2025. -There were five August 2025 occurrences of sanitizer concentration levels documented on the July 2025 log. Those five concentration levels were documented as 300 ppm. *In September 2025, there was no documentation 	S 450		

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S 450	<p>Continued From page 24</p> <p>of 61 out of 90 sanitizer concentration levels. -All documented concentration levels were 300 - 400 parts per million (ppm). *In October 2025, there was no documentation of eight out of 22 sanitizer concentration levels. -All documented concentration levels were 300 - 400 ppm.</p> <p>13. Interview on 10/9/25 at 9/50 a.m. with DM D regarding the dietary department revealed he: *Expected dietary staff to complete their training within 30 days of their hire. He was aware that not all of that training had been completed on time. *Had used kitchen cleaning schedules and logs in the past, but the dietary staff members had not completed those tasks so he had stopped using them. *Expected dietary staff members to monitor the sanitizer solution concentration level three times a day, once at each meal service. *Expected dietary staff members to check the refrigerator and freezer temperatures twice a day, once in the morning and once in the evening, and to document those temperatures on the posted log. Dietary members should have alerted him to temperatures that were out of range and documented the actions they took on that log.</p> <p>Review of the MD M's "Check temperatures in freezers and refrigerators" TELS log revealed: **"Potentially Hazardous Food or Time/Temperature Control for Safety foods must be maintained at or below 41 degrees F, unless otherwise specified by law." **"Frozen foods must be maintained at a temperature to keep food frozen solid." *The task was marked completed weekly from 6/4/25 through 10/4/25. *There were no documented temperatures on that log.</p>	S 450			

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S 450	<p>Continued From page 25</p> <p>14. Review of the provider's updated 8/5/22 Safety and Security policy revealed: **The facility is equipped, maintained and operated to avoid injury or danger to the residents ... **The preventative maintenance program is under the direction of [the] Maintenance Department and includes building, fixed and movable equipment items." **Employees are responsible to immediately report malfunction and hazards to Maintenance ...</p> <p>Review of the provider's updated 8/1/22 Food Service policy revealed: **The Facility will adhere to all aspects of the food service code which are applicable to assisted living facilities." *A mechanical dishwasher will be provided in the facility." -There was no additional information in the policy regarding the dishwasher.</p> <p>Review of the provider's updated 8/1/22 Food Sanitation policy revealed: **The food preparation and serving area will be cleaned and sanitized on a regular basis throughout the food preparation and serving process." **Sanitizing kills harmful bacteria and microorganisms." **Wiping cloths are clean, rinsed frequently in a sanitizing solution, and stored in [a] sanitizing solution between uses. Sanitizing solution for cloths is 1 [one] Tablespoon of bleach per gallon of water. **The dishwasher will sanitize the dishes with high temperatures."</p>	S 450		

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S 450	<p>Continued From page 26</p> <p>Review of the provider's updated 8/1/22 Food Safety policy revealed: ***It is the provider's policy to ensure that food is prepared and served in a manner that is safe ..." ***Follow the steps to food safety: (1) Clean: wash hands, utensils, and surfaces often; (2) Separate: Don't cross contaminate ..." ***Regular cleaning/sanitization of equipment, utensils and work surfaces will be performed."</p> <p>Review of the provider's updated 8/1/22 Food Handling Procedure revealed: ***The facility will ensure that food will be handled in a manner that minimizes the risk of contamination." ***Proper utensils such as spatulas and tongs, or gloves will be used to handle foods." ***When gloves are used: Wash hands before and after wearing or changing gloves ...Change gloves whenever you change activities, the type of food, or leave the work station."</p> <p>Review of the provider's updated 9/1/23 PPE: Glove Use policy revealed: ***Employees will wear gloves ...at appropriate times when handling food." ***Gloves shall be used ...at appropriate times when handling food." ***The use of gloves will vary according to the procedure involved ...When handling food." ***Handwashing is necessary before and after gloves are worn."</p> <p>Review of the provider's updated 11/11/22 Food Storage policy revealed: ***The temperature in the refrigerator will be kept between 35 and 40 degrees [F]." ***In the freezer, the temperature will be 0 [zero] degrees or less." ***Internal temperatures of all refrigerators and</p>	S 450		

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S 450	Continued From page 27 freezers in the dining room, dietary department and nourishment areas will be recorded twice daily on the refrigerator/Freezer Temperature logs." **Improper temperatures will be brought to the attention of the Head Chef and maintenance staff. The Head Chef is responsible for monitoring and validating temperature records and calibration records of thermometers." Review of the provider's updated 8/1/22 Food Transportation policy revealed: **"The facility will insure [ensure] safe practices when transporting food and beverages," **"All food items will be covered ..." Review of the provider's updated 10/20/23 Dietary Standards and Supervision policy revealed "Dietary Manager is responsible for all aspects of the food and nutrition department including but not limited to daily operations, food safety, food production, sanitization and infection control, personnel training and quality assurance." Review of the provider's 6/14/17 American Dish Service High Temp Dishmachine manufacturer's instruction manual revealed: **"There is NO CHEMICAL DISPENSER included with this model." * "Final rinse temperatures are 120F [120 degrees F] for chemical sanitizers, and 180F [180 degrees F] for hot water sanitizing."	S 450		
S 459	44:70:06:03 Nutritional Adequacy The dietetic service shall prepare food that is nutritionally adequate in accordance with the Recommended Dietary Allowances and is chosen from each of the five basic food groups listed in	S 459		

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S 459	<p>Continued From page 28</p> <p>Dietary Guidelines for Americans 2020-2025, United States Department of Agriculture, in accordance with consideration for individual needs and reasonable preferences.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, menu review, record review, and policy review, the provider failed to ensure adequate portions were served according to the menu for two of two observed meals. Findings include:</p> <p>1. Observation and interview on 10/7/25 at 11:18 a.m. in the kitchen, while cook E prepared lunch meals to serve to the residents in the memory care unit (MCU) revealed: *Cook E prepared four plates of food at a time and placed those plates of food in the heated transportation cart for the residents in the MCU. *Each plate contained one piece of chicken in an orange sauce, one level blue spoodle of carrots, and one blue level scoop of rice. *Those plated portions appeared small. *Cook E stated that all residents in the MCU received the same food quantity and items, except one resident (resident 1), who was a vegetarian. *Cook E prepared resident 1 a plate of food that contained a garden salad in a bowl and one level blue spoodle of carrots. As cook E placed those items into the heated transportation cart, the surveyor asked if any additional foods would be served to resident 1 for that meal. *Cook E stated that she was unsure if resident 1 could have the rice, because it may have been prepared with a chicken stock. *Cook F stated that resident 1 could have the</p>	S 459	<p>The population affected are all Assisted Living and Memory Care residents. Beginning November 3rd, 2025, the Executive Director and Director of Dining Services will conduct kitchen audits twice weekly for 6 weeks then transition to weekly audits as a permanent process, in accordance with ID prefix tag S 450 plan of correction notes. These audits will monitor compliance with appropriate serving sizes based on written menus, including verification that small portion requests from cognitively impaired residents are supported by physician orders, coordinated via email between the Director of Dining Services and Director of Nursing. Audits will occur during meal service to observe portioning practices. A signed vegetarian menu for resident 1 was obtained from the Registered Dietician on October 10th, 2025, posted in the kitchen, and reviewed with cooks; resident 1's preferred foods are now stored in a designated section for easy access. Education on these topics—including serving sizes, vegetarian menu adherence, and small-portion protocols—will be provided during the November 19th Dietary Staff Meeting. An attendance log will be signed at the November 19th Dietary Staff meeting. A makeup binder for dietary staff that miss the meeting will be required for their review before their next working shift. The Executive Director and Director of Dining Services will collaborate to ensure compliance, with weekly Tuesday 1:1 meetings to review audit findings, address any non-compliance, and document corrective actions available for Department of Health review upon request</p> <p>Audit findings will be reviewed at the next QAPI meeting and presented by the Executive Director to discuss any further follow-up.</p>	<p>11/03/2025</p> <p>11/19/2025</p> <p>11/20/2025</p>

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S 459	<p>Continued From page 29</p> <p>rice, and a blue level scoop of rice was added to her plate.</p> <p>*After the meal cart, containing resident 1's lunch meal, was transported to the MCU, the surveyor asked what protein resident 1 would receive. Dietary manager (DM) D asked cook F to deliver cottage cheese to the MCU for resident 1. Cook F stated that there was no cottage cheese in the main kitchen. DM D stated he thought that the MCU kitchenette might have cottage cheese and went to the MCU to check for cottage cheese. DM D returned to the kitchen and stated that the MCU kitchenette had cottage cheese, and that was provided to resident 1 as her protein for that meal.</p> <p>2. Observation on 10/7/25 at 11:43 a.m. in the kitchen revealed cook E used the same serving utensils observed above to serve lunch meals to the residents in the main dining room.</p> <p>3. Observation on 10/8/25 at 11:13 a.m. of cook E and cook L while preparing plates of lunch meals for the MCU revealed:</p> <p>*Cook E prepared four plates of food at a time and placed those plates of food in the heated transportation cart for the residents in the MCU.</p> <p>*Each plate contained one piece of fried chicken, one level blue spoodle of green and yellow beans, one grey level scoop of potatoes, and a dinner roll.</p> <p>*Those plated portions appeared small.</p> <p>*Resident 1 was provided a garden salad, one level blue spoodle of green and yellow beans, one level green scoop of potatoes, and a grilled cheese.</p> <p>4. Observation interview on 10/8/25 at 11:35 a.m. with DM D in the kitchen revealed:</p> <p>*He confirmed that the blue handled spoodle,</p>	S 459			

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S 459	<p>Continued From page 30</p> <p>used to serve the green and yellow beans, was a 2-ounce (oz) serving and that the serving size for vegetables was to be 4 oz.</p> <p>*He confirmed that the green scoop, used to serve the potatoes, was a 2.66 oz serving and that the potatoe serving size was to be 4 oz.</p> <p>*The residents in the MCU had been served half the portion of vegetables and a smaller-than-recommended serving of potatoes.</p> <p>*He provided cook E a 4-oz spoodle and a 4-oz scoop to complete the meal service for residents in the main dining room.</p> <p>5. Review of the provider's posted "Disher's" scoop and spoodle size chart and menu portion sizes revealed:</p> <p>*The "#16" blue handled spoodle and scoop was a 2-oz serving.</p> <p>*The "#12" green handled spoodle and scoop was a 2.66 oz serving.</p> <p>*The serving size for the rice pilaf served on 10/7/25 was to be "#8 scoop or ½ cup [4oz]."</p> <p>-The residents had been served a 2-oz portion.</p> <p>*The serving size of the potatoes served on 10/8/25 was to be "4oz spdl [spoodle]."</p> <p>-The residents had been served a 2.66 oz portion.</p> <p>*The vegetables served on 10/7/25 and 10/8/25 were to be "4oz spdl [spoodle]."</p> <p>-The residents had been served a 2-oz portion.</p> <p>6. Interview on 10/8/25 at 3:15 p.m. with registered dietitian G revealed:</p> <p>*Her role as the consultant dietitian was to oversee the clinical aspect of the provider's nutrition services and to ensure the residents' nutritional needs were met.</p> <p>*Her role was as a remote provider of dietitian services, and she had not been to the facility.</p> <p>*She provided and approved menus with input</p>	S 459			

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S 459	<p>Continued From page 31</p> <p>from DM D. Those menus indicated the appropriate serving sizes of each food item to be served to the residents to meet their nutritional needs.</p> <p>*She expected that DM D would oversee the serving of the residents' meals and ensure that the appropriate serving sizes were provided.</p> <p>*She was unaware that the residents had been served smaller portions than recommended on 10/7/25 and 10/8/25.</p> <p>*Providing smaller servings of the meals could have impacted the residents' overall health and weight.</p> <p>7. Review of the provider's updated 8/1/22 Written Menus policy revealed:</p> <p>***This facility will have any regular and therapeutic menu, including therapeutic diet menu extensions for all diets served in the facility. It is the responsibility of the facility to ensure nutritional adequacy."</p> <p>***The menu served shall meet the nutritional needs of the residents in accordance with the physician's orders, and the My Plate, Dietary Guideline for Americans, 2010, United States Department of Agriculture guidelines."</p> <p>Review of the provider's updated 8/1/22 Nutritional Adequacy policy revealed:</p> <p>***The facility will ensure that food preparation is nutritionally adequate in accordance with the Recommended Dietary Allowances."</p> <p>***Dietary Services will ensure that food for residents is nutritionally adequate in accordance with the Recommended Dietary Allowances and is chosen from each of the five food groups ..."</p> <p>***The facility will contract with a Registered Dietitian to ensure nutritional adequacy."</p>	S 459		

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S 462	Continued From page 32	S 462		
S 462	<p>44:70:06:04 Food Substitutions</p> <p>The facility shall offer reasonable substitutions of equal nutritional value to residents who refuse or are unable to eat the food served.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on interview, observation, menu substitution log review, and policy review, the provider failed to ensure substitutions of equal nutritional value were provided to residents and substitutions were reviewed and approved by the registered dietitian. Findings include:</p> <p>1. Interview on 10/7/25 at 10:28 a.m. with resident 2 in his room revealed he: *Was unhappy with the food he and his wife had received since they were admitted to the facility about a month ago. *Felt like they were not provided meal choices, the portions were small, and they were served "lots of the same" food items. *Wanted more choice in the foods that they were served, and specifically wanted to have the option to have pizza more frequently.</p> <p>2. Interview on 10/7/25 at 10:40 a.m. with resident 1 in her room revealed she: *Had word-finding difficulties, was pleasant, and when provided extra time, she was able to communicate her thoughts. *Stated that she was a vegetarian, her food was "always the same," and she wanted "more." It was unclear if she wanted more choices in her diet to be served or to be served more quantities of food.</p>	S 462	<p>Affected population by non-compliance are all Assisted Living and Memory Care residents. Beginning 11/03/2025, the Director of Dining Services, in collaboration with the Executive Director, will implement a permanent process of emailing the facility's food substitution log to the Registered Dietician on a bi-weekly basis. To enhance all resident choice, a "Menu Selection Sheet" will be introduced at each meal service, allowing residents to select their preferred food choices from that meal's set menu, or choose from alternative options. Resident-specific preferences have been addressed: the Assistant Director of Nursing communicated with the son of resident 2 regarding frequent pizza requests, informing him that delivery is welcome at any time, though no schedule has been set; and the Director of Dining Services consulted with the husband of resident 1 on 10/10/2025, resulting in a vegetarian menu tailored to resident 1's preferences, reviewed and approved by the Registered Dietician. A monthly Weight Meeting will begin on 11/14/2025 where the Director of Dining Services and Director of Nursing will review significant weight changes and collaborate with the dietician to develop action plans, including further resident food preference discussions as needed.</p> <p>Findings of audits will be reviewed at the next QAPI meeting for any further follow-up. The Director of Dining Services will report these findings.</p>	<p>11/14/2025</p> <p>11/20/2025</p>

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S 462	<p>Continued From page 33</p> <p>3. Observation and interview with cook E on 10/7/25 at 11:18 a.m. in the kitchen revealed: *Cook E stated that all residents who resided in the memory care unit (MCU) and assisted living areas received the same food quantity and items, except one resident (resident 1), who was vegetarian. *Cook E prepared over 20 plates of the same three food items of chicken, rice, and carrots, and placed those plates of food in the heated transportation cart for the residents in the MCU. *Cook E prepared over 20 additional plates of those same food items and served those meals to the residents who ate in the main dining room. *Resident 3 returned her chicken and requested a meal prepared without soy. She was provided with an option of leftover ham or fish.</p> <p>4. Observation on 10/8/25 at 11:13 a.m. of cook E in the kitchen while preparing residents' lunch meals revealed: *Cook E prepared over 20 plates of food and placed those plates of food in the heated transportation cart for the residents in the MCU. Each plate contained one piece of fried chicken, green and yellow beans, potatoes, and a dinner roll. *Cook E prepared over 20 additional plates of those same food items and served those meals to the residents who ate in the main dining room.</p> <p>5. Refer to S479</p> <p>6. Interview on 10/8/25 at 10:25 a.m. with dietary manager (DM) D and cook F revealed: *They did not log what food substitutions they made if they substituted similar food items. *DM D stated that he had been told by the previous dietitian that food substitutions did not</p>	S 462			

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S 462	<p>Continued From page 34</p> <p>need to be signed off on their substitution form or approved by the dietitian.</p> <p>*He was unsure if the foods served to resident 1 would be considered substitutions because they did not have a formal vegetarian menu for resident 1.</p> <p>*Substitutions were made when food items were not available.</p> <p>*They did not have an "always available" or alternative meal option; however, the facility hoped to roll out a new menu system that provided the residents with choices in the next few weeks.</p> <p>7. Interview on 10/8/25 at 3:15 p.m. with registered dietitian G revealed:</p> <p>*Her role as the consultant dietitian was to oversee the clinical aspect of the nutrition services and to ensure the residents' nutritional needs were met.</p> <p>*She started her role as a remote provider of dietitian services in June 2025, and she had not been to the facility.</p> <p>*She expected that DM D would have emailed or faxed the Menu Substitution Form if it required her signature or would have notified her by email of substitutions made.</p> <p>*She had not approved any substitute menu items for resident 1 or any other menu food substitutions since she began her role as the consultant dietitian.</p> <p>*She stated that she would need more information to determine if a substitution of "Beenie Weenies" for stir-fry vegetables, or "BBQ Riblets" for "Broccoli Strada" were substitutions of similar nutritional value because she was unsure what those items contained to determine their nutritional value.</p> <p>*She expected that the vegetarian menu substitutions would have been reviewed with her</p>	S 462			

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S 462	<p>Continued From page 35</p> <p>for her approval to ensure that resident 1 had received the appropriate amount of protein, fat, grains, and vegetables.</p> <p>-She agreed that if residents were not served appropriate substitutions, it could have a negative impact on their weight and nutritional status.</p> <p>8. Review of the provider's December 2024 through October 2025 Menu Substitution Form revealed:</p> <p>*There had been 23 menu substitutions made.</p> <p>*There was no documentation in the "RD [registered dietitian] Signature" box that indicated that those substitutions had been reviewed with or approved by the registered dietitian.</p> <p>Review of the provider's updated 8/1/22 Food Substitutions policy revealed:</p> <p>***The Facility will offer reasonable substitutions of equal nutritional value to residents who refuse or unable to eat the food served."</p> <p>***Residents will have the option to choose menu items that are not on the pre-planned menu."</p> <p>***Resident's [Residents] will have the opportunity to choose from two additional substitutions."</p> <p>***When a resident has a standing request for a substitute. His/her menu will be preplanned and approved by the registered Dietitian to ensure nutritional adequacy of the resident specific meal plan."</p> <p>Review of the provider's updated 8/1/22 Resident Choice Dining Policy revealed "Each resident will be assessed to determine their individual needs, cultural preferences, food experiences ..."</p>	S 462		
S 465	44:70:06:05 Food Supply	S 465		

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S 465	<p>Continued From page 36</p> <p>The facility shall maintain an on-site supply of perishable and nonperishable foods to meet the requirements of planned menus for three days. A facility shall maintain an additional supply of nonperishable foods as part of the facility's emergency preparedness plan. A facility may use military meals ready to eat in an emergency event according to the facility's emergency response plan.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview menu review, and policy review, the provider failed to maintain an on-site supply of perishable and nonperishable foods to meet the requirements of planned emergency menus for three days. Findings include:</p> <p>1. Observation and interview on 10/8/25 at 1:55 p.m. with the dietary manager (DM) D revealed: *There was no dietitian signed and approved 3-day emergency menu or a 3-day emergency food supply on-site. *He provided a highlighted list of the items that were missing from the 3-day emergency supply. *He stated they had been rotating the food items in stock to avoid having expired food items and had not replaced the items used. He was unsure how long those items were not in the facility's on-site food supply.</p> <p>2. Interview on 10/8/25 at 2:11 p.m. with executive director A revealed she: *Was unaware that the on-site 3-day emergency food supply was incomplete. *Expected that DM D would have ordered the required food items to ensure that the 3-day emergency food supply was always on-site.</p>	S 465	<p>Affected population by non-compliance are all Assisted Living and Memory Care residents.</p> <p>As part of the weekly kitchen audits outlined in the ID prefix tag S 450 plan of correction notes, the Director of Dining Services, in collaboration with the Executive Director, will audit the 3-day emergency food supply to ensure items are not expired and that a rotation system is in place to use food nearing expiration and replenish it accordingly. All items for the approved 3-day emergency menu, developed in consultation with the Registered Dietician, were ordered and delivered on October 13th, 2025. As items approach expiration, they will be incorporated into the facility's menus, and a new supply will be ordered with the dietician's input to maintain compliance and readiness.</p> <p>Findings of audits will be reviewed at the next QAPI meeting for any further follow-up. The Director of Dining Services will report these findings.</p>	<p>10/13/2025</p> <p>11/20/2025</p>

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S 465	Continued From page 37 *Was unsure if there was a policy regarding the 3-day emergency food supply. *The facility averaged a census of 57 residents. 3. Review of information provided in response to a request for the facility's 3-day emergency food plan and menu revealed: *The facility provided a printout of material from Dining Manager [the provider's electronic menu system] that included a 7-day menu for 85 residents and an emergency menu shopping list. *The food items were highlighted on that menu by DM D to indicate that they were not in the facility's on-site food supply included: -Canned beef stew with carrots, peas, and celery. -Canned beef, cubed in broth. -Boneless canned chicken with broth -Individually wrapped Nutter Butter cookies. -Non-fat dry milk. -Canned peas & carrots. *That menu was not signed as approved by contract registered dietitian (RD) G. 4. Review of the provider's updated 10/20/23 Dietary Standards and Supervision policy revealed: *"The Dietary Manager is responsible to ensure that federal, state and local guidelines and regulatory requirements are followed." *"Dietary Manager will ensure that an on-site supply of perishable and nonperishable foods adequate to meet the requirements of planned menus for three days is maintained at all times. Location will maintain an additional supply of perishable and nonperishable foods as part of the emergency preparedness plan."	S 465			
S 479	44:70:06:09 Written Menus	S 479			

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S 479	<p>Continued From page 38</p> <p>The dietician shall review any menu changes from month to month. Each menu as served must meet the nutritional needs of the resident in accordance with the orders of a physician, physician assistant, nurse practitioner, or dietician, and Dietary Guidelines for Americans, 2020-2025, United States Department of Agriculture. The facility shall file and retain a record of each menu as served for thirty days.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, record review, menu review, and policy review, the provider failed to ensure a vegetarian menu and foods were provided for one of one sampled resident (1) on a vegetarian diet who experienced a weight loss. Findings include:</p> <p>1. Observation and interview on 10/7/25 at 10:40 a.m. with resident 1 in her room revealed she: *Independently ambulated in her apartment. She appeared thin. *Had word-finding difficulties, was pleasant, and when provided extra time, she was able to communicate her thoughts. *Stated that she was a vegetarian, her food was "always the same," and she wanted "more." It was unclear if she wanted more choices in her diet to be served or to be served more quantities of food.</p> <p>2. Review of resident 1's care record revealed: *She was admitted to the facility on 9/23/25. *Her 9/23/25 diet order was for a regular diet, regular texture, and regular consistency. *Her diagnosis included Alzheimer's disease (a</p>	S 479	<p>Affected population by non-compliance are all Assisted Living and Memory Care residents. To ensure ongoing compliance with resident-specific dietary needs, the Executive Director, in collaboration with the Director of Dining Services, will review the vegetarian menu for resident 1 during weekly kitchen audits as outlined in ID prefix tag S 450 plan of correction notes. The approved menu, obtained from the Registered Dietician on October 10th, 2025, has been posted in the kitchen and reviewed with all 3 employed cooks as of 10/10/2025 with a signed attendance log, with resident 1's preferred foods stored in a designated area for easy access. Additionally, during monthly weight meetings referenced in ID prefix tag S 462, staff will evaluate resident 1's appetite and report any changes requiring physician follow-up. All findings from weekly audits and monthly weight meetings will be discussed during scheduled Tuesday 1:1 meetings between the Executive Director and Director of Dining Services to ensure timely action and documentation.</p> <p>Resident 1's weight will be monitored weekly until stable beginning on 11/13/2025.</p> <p>Audit findings will be reviewed at the next QAPI meeting and presented by the Executive Director to discuss any further follow-up.</p>	<p>10/10/2025</p> <p>11/13/2025</p> <p>11/20/2025</p>

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S 479	<p>Continued From page 39</p> <p>progressive and irreversible brain disorder that affects memory, thinking, social abilities, and body functions) and gastroesophageal reflux (a condition where stomach contents flow back up into the throat).</p> <p>*Her 9/25/25 dietary assessment indicated:</p> <p>- "Additional Food Allergies/Intolerances: Resident is a vegetarian."</p> <p>- She took memantine (a prescription medication used to treat Alzheimer's Disease symptoms) with side effects listed that included loss of appetite, weight loss, and gastrointestinal issues, and donepezil (a prescription medication used to treat Alzheimer's Disease symptoms) with side effects listed that included gastrointestinal upset and poor appetite.</p> <p>- Her nutritional risk factors included "Potential for continued cognitive decline r/t [related to] disease progression negatively impacting oral intake and weight status."</p> <p>- Her dietary goals included:</p> <p>-- Maintain current weight.</p> <p>-- Adequate oral intakes at meals three times daily.</p> <p>-- Meal intakes equal to or greater than 65 percent "to support energy and protein needs,"</p> <p>- Her dietary plan included:</p> <p>-- "Diet as ordered-resident is a vegetarian."</p> <p>-- "Encourage intake of well-balanced meals, including good sources of protein."</p> <p>-- "Monitor for significant weight changes to support early intervention if needed."</p> <p>-- A list of "good protein sources for vegetarians" included approximately 20 food items.</p> <p>*Her 9/23/25 weight was 158.0 pounds. Her 10/6/25 weight was 154.0. That was a four-pound weight loss in 13 days since her admission to the facility.</p> <p>*Resident 1's service plan indicated a goal that resident 1 would "maintain appropriate weight</p>	S 479		

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S 479	<p>Continued From page 40</p> <p>and nutritional status," and that she was independent with eating.</p> <p>3. Observation and interview with cook E on 10/7/25, at 11:18 a.m. in the kitchen, while cook E plated lunch foods for resident 1 revealed: *Cook E stated that all residents in the MCU received the same food quantity and items, except one resident (resident 1), who was a vegetarian. *Cook E prepared resident 1 a plate of food that contained a garden salad in a bowl and one level blue spoodle of carrots. As cook E placed those items into the heated transportation cart, the surveyor asked if any additional foods would be served to resident 1 for that meal. *Cook E stated that she was unsure if resident 1 could have the rice, because it may have been prepared with a chicken stock. *Cook F stated that resident 1 could have the rice, and a blue level scoop of rice was added to her plate. *After the meal cart, containing resident 1's lunch meal, was transported to the MCU, the surveyor asked what protein resident 1 would receive. Dietary manager (DM) D asked cook F to deliver cottage cheese to the MCU for resident 1. Cook F stated that there was no cottage cheese in the main kitchen. DM D stated he thought that the MCU kitchenette might have cottage cheese and went to the MCU to check for cottage cheese. DM D returned to the kitchen and stated that the MCU kitchenette had cottage cheese, and that was provided to resident 1 as her protein for that meal.</p> <p>4. On 10/7/25 at 4:30 p.m., the vegetarian meal menu and substitutions information were requested from executive director A.</p>	S 479		

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S 479	<p>Continued From page 41</p> <p>5. Interview and review of the provider's vegetarian menu on 10/8/25 at 7:34 a.m. with DM D revealed: *There was no prepared menu approved by the dietitian for resident 1. -He had obtained a vegetarian menu for resident 1 last evening (10/7/25). --That menu was not signed as approved by registered dietitian (RD) G *He thought that nursing had obtained a list of foods that resident 1 liked. *Since her admission to the facility on 9/23/25, resident 1 had been served the same foods that the other residents received, which were considered vegetarian. *There was a list in the kitchen of suggested vegetarian menu items, but they did not always have time to prepare them. They would prepare resident 1 something different when the nursing staff requested something, and when they had those items available. The foods in the listed vegetarian menu were not in the facility's on-site food supply. *He expected the nursing staff in the MCU to provide resident 1 with additional food items from the MCU kitchenette if she was hungry between meals.</p> <p>6. Observation on 10/8/25 at 11:13 a.m. of cook E and cook L while lunch foods for resident 1 revealed esident 1 was provided a garden salad, one level blue spoodle of green and yellow beans, one level green scoop of potatoes, and a grilled cheese.</p> <p>7. Review of the provider's current week 4 menu cycle for the Lacto-Ovo Vegetarian Menu revealed: *On Tuesday of that menu cycle, the "Lunch" meal was Sweet and sour tofu, steamed rice,</p>	S 479		

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S 479	<p>Continued From page 42</p> <p>broccoli, caramel pears, and a beverage. *On Wednesday of that menu cycle, the lunch meal was vegetarian chili, spinach and onion, apple crisp, dinner roll with margarine, and a beverage.</p> <p>8. Interview on 10/8/25 at 3:15 p.m. with registered dietitian G revealed: *Her role as the consultant dietitian was to oversee the clinical aspect of the nutrition services and to ensure the residents' nutritional needs were met. *Her role was as a remote provider of dietitian services, and she had not been to the facility. *She provided and approved menus with input from DM D. Those menus contained the appropriate serving sizes of each food item to be served to the residents to meet their nutritional needs. *She had not received a request for or approved a vegetarian menu for resident 1. *She was unaware that resident 1 had not been served the menu items listed on the Lacto-Ovo Vegetarian Menu. *She expected that DM D would have ensured that resident 1 was served a nutritional vegetarian diet and had the food items listed in the Lacto-Ovo Vegetarian Menu or nutritionally comparable foods that resident 1 preferred were available. *She had not approved substitute menu items for resident 1, but had provided a list of acceptable protein sources in resident 1's nutritional assessment. *She was unaware that resident 1 had lost four pounds in the 13 days since her admission. -She reviewed the residents' weights monthly or when consulted by the facility. -A weight loss of five pounds in 30 days would have been considered a significant weight loss</p>	S 479			

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S 479	<p>Continued From page 43</p> <p>and would have been triggered in the care record system for her to review.</p> <p>9. Review of the provider's updated 8/1/22 Written Menus policy revealed: *"This facility will have any regular and therapeutic menu, including therapeutic diet menu extensions for all diets served in the facility. It is the responsibility of the facility to ensure nutritional adequacy." *"Each menu shall be written at least one week in advance." *"The registered Dietitian will review and approve each menu annually or as necessary." *"Any menu changes from month to month shall be reviewed and approved by the dietitian." *"A record of each menu served shall be filed and retained for 30 days." *"The menu served shall meet the nutritional needs of the residents in accordance with the physician's orders, and the My Plate, Dietary Guideline for Americans, 2010, United States Department of Agriculture guidelines."</p> <p>Review of the provider's updated 8/1/22 Nutritional Adequacy policy revealed: *" The facility will ensure that food preparation is nutritionally adequate in accordance with the Recommended Dietary Allowances." *"Dietary Services will ensure that food for residents is nutritionally adequate in accordance with the Recommended Dietary Allowances and is chosen from each of the five food groups ..." *"Chosen menu's from the food groups will be prepared in accordance with consideration from individual needs and reasonable preferences," *"The facility will contract with a Registered Dietitian to ensure nutritional adequacy."</p>	S 479			

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S 486	<p>Continued From page 45</p> <p>with the Recommended Dietary Allowances and is chosen from each of the five food groups ..."</p> <p>***Chosen menu's from the five food groups will be prepared in accordance with consideration for individual need and reasonable preferences."</p> <p>***The facility will contract with a Registered Dietitian to ensure nutritional adequacy ...Nursing staff will assess residents to track weight ..."</p> <p>Review of the provider's updated 10/20/23 Dietary Standards and Supervision policy revealed: "Dietary Manager will monitor dietetic services to ensure nutritional and therapeutic dietary needs for each resident are met. If the Dietary Manager is not a dietitian, location will schedule dietitian consultations quarterly or sooner as determined by resident needs."</p> <p>Review of the provider's August 2024 Director of Dining Services Job Description revealed: ***The Director of Dining Services will be responsible for overseeing kitchen operations while maintaining a safe and sanitary work environment that contributes to providing residents with nutritious, delicious, homemade meals."</p> <p>***Develop and implement daily meals in accordance with resident tastes, nutritional needs , product specifications, ease of preparation, and established regulatory procedures ..."</p> <p>****Will become familiar with specific requests and diets of each resident ..."</p> <p>Review of the provider's March 1, 2025 DiningRD Consulting Service Agreement revealed: ***Scope and Services of Registered Dietitian Nutritionist (RDN): RDN will provide services to community as requested, including but not limited to:"</p> <p>***Assess and monitor nutritional status and diets</p>	S 486			

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S 486	Continued From page 46 of residents ..." **Assists with menu development ..." -"Provide consultation with the food service manager regarding food and supply purchasing, food preparation and service, food storage, equipment selection and utilization ..." -"Observe meal preparation and service and recommend changes as needed," -"Develop and present training for COMMUNITY'S staff and document all training." -"Assist in developing managerial and supervisory skills of COMMUNITY'S Dining Manager through on the job training, correspondence or online coursework and preceptorship of the Certified Dietary Manager course." -"Assist in the development of appropriate Dining Department policies and procedures." -"Provide recommendations necessary to comply with Federal, State, or County regulations." -"Provide other services as requested by the Executive Director/Administrator, Director of Nursing or Dining Manager of COMMUNITY related to the clinical care of residents and operation of the Dining Department." 2. Refer to S459, S477, and S479.	S 486			
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;	S 506			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/09/2025
NAME OF PROVIDER OR SUPPLIER PEACEFUL PINES SENIOR LIVING - BROOKINGS		STREET ADDRESS, CITY, STATE, ZIP CODE 900 20TH ST SOUTH BROOKINGS, SD 57006		
(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 506	<p>Continued From page 47</p> <p>(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.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on employee personnel record review, interview, and policy review, the provider failed to ensure two of five dietary employees reviewed (cook E and culinary aide I) had completed the required dietary trainings within 30 days of hire.</p> <p>Findings include:</p> <p>1. Review of cook E's employee personnel records revealed: *She was hired on 9/8/25. *She had not completed any of the required dietary trainings as of 10/9/25. *The training had not been completed within 30 days of hire.</p> <p>2. Review of culinary aide I's employee personnel records revealed: *He was hired on 8/18/25. *He had not completed any of the required dietary trainings as of 10/9/25. *The training had not been completed within 30 days of hire.</p> <p>3. Interview on 10/8/25 at 4:30 p.m. with executive director A revealed:</p>	S 506	<p>The Director of Dining Services, in collaboration with the Executive Director, will ensure that employee CA I completes all required dietary inservice training by 11/21/2025. Employee E is no longer employed with Peaceful Pines Senior Living. To maintain ongoing compliance, a mandatory kitchen staff meeting will be held on 11/19/2025 and continue on the third Wednesday of each month to ensure all dietary staff remain current with their inservice training requirements</p> <p>Audit findings will be reviewed at the next QAPI meeting and presented by the Executive Director to discuss any further follow-up.</p>	<p>11/21/2025</p> <p>11/20/2025</p>

South Dakota Department of Health

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(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 506	<p>Continued From page 48</p> <p>*She agreed that cook E and CA I had not completed the required dietary training within 30 days of their hire.</p> <p>*She expected all education for new hires to be completed within 30 days of hire.</p> <p>4. Review of the providers 2/15/23 Dietary Inservice Training Policy revealed:</p> <p>***HME Care communities will provide training to all dietary and food handling employees within 30 days of their hire date and annually thereafter."</p> <p>***The person in charge of dietary services, or the dietician, shall provide ongoing in-service training for all dietary and food-handling employees. Topics shall include:</p> <ul style="list-style-type: none"> -Food Safety. -Handwashing. Food handling and preparation techniques. -Food-borne illnesses. -Serving and distribution procedures. -Leftover food handling policies. -Time and temperature controls for food preparation and services. -Nutrition and hydration. -Sanitation requirements. <p>The training shall be provided to all dietary or food-handling employee within 30 days of hire and annually."</p>	S 506			