

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 46906	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/15/2026
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NAME OF PROVIDER OR SUPPLIER ANGELHAUS WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 DOUGLAS AVE YANKTON, SD 57078
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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 1/13/26 through 1/15/26. Angelhaus West was found not in compliance with the following requirements: S075, S285, S295, S296, S320, S630, S775, and S791. 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 on 1/13/26 through 1/15/26. Areas surveyed included resident neglect, administration and personnel, infection control, staff education, quality of life, resident rights, and resident abuse. Angelhaus West was found in compliance.	S 000		
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 and interview the provider failed to maintain a smooth and easily cleanable surface for six of six dining tables. Findings include:	S 075	S 075 Angelhaus administration will ensure 6 tables will be replaced by March 1, 2026 POC verification steps 1. Angelhaus COE will purchase 6 new tables. 2. Administration will remove damaged tables and replace with new tables upon delivery	3/1/26

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



TITLE

Adm

(X6) DATE

01/15/2026

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S 000	<p>Compliance Statement</p> <p>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 1/13/26 through 1/15/26. Angelhaus West was found not in compliance with the following requirements: S075, S285, S295, S296, S320, S630, S775, and S791.</p> <p>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 on 1/13/26 through 1/15/26. Areas surveyed included resident neglect, administration and personnel, infection control, staff education, quality of life, resident rights, and resident abuse. Angelhaus West was found in compliance.</p>	S 000		
S 075	<p>44:70:02:01 Sanitation</p> <p>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.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview the provider failed to maintain a smooth and easily cleanable surface for six of six dining tables.</p> <p>Findings include:</p>	S 075	<p>S 075</p> <p>Angelhaus administration will ensure 6 tables will be replaced by March 1, 2026</p> <p>POC verification steps</p> <ol style="list-style-type: none"> 1. Angelhaus COE will purchase 6 new tables. 2. Administration will remove damaged tables and replace with new tables upon delivery 	3/1/26

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S 075	Continued From page 1 1. Observation and interview on 1/13/26 at 12:30 p.m. in the dining room with director of maintenance C and chief financial officer A revealed: *Six of six tables had places where the finish was missing, exposing raw wood where people sat and ate. Those areas were no longer smooth and easily cleanable. *They agreed that those tables with missing finish would need to be refinished or replaced to provide a smooth and easily cleanable surface.	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 and interview, the provider failed to provide evidence that they had reviewed this personnel history to ensure they did not knowingly hire someone with a conviction of abuse towards another individual for five of the eight employees reviewed (D, G, H, I, and J).	S 285	S 285 Angelhaus administrator has updated the new hire checklist to ensure background checks are being completed. POC verification steps. 1. Background checks are added to the new hire checklists and will be dated when complete. 2. Administrator will contact CFO to ensure background checks are submitted. 3. Background checks will be reviewed by administrator to ensure new staff do not have any convictions of abuse to another person (s) 4. QA team shall review background checks no less than nine months or until compliance has been achieved.	2/3/26

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S 285	<p>Continued From page 2</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Interview on 1/13/26 at 8:11 a.m. with chief financial officer (CFO) A, and administrator B revealed that staff were trained for both Angelhaus East and West. 2. Review of personnel files of employees D, G, H, I, and J revealed that there was no record that a background or reference check was completed per the facility policy. 3. Interview on 1/15/26 at 1:45 p.m. with chief financial officer (CFO) A and administrator B revealed: *The CFO was responsible for completing background checks now, but previously, their social worker was supposed to do them. *She agreed that those for employees D, G, H, I, and J had not been completed. *Administrator A stated he had completed some reference checks during his interview process, but he did not keep a record of those reference checks. 4. Review of the provider's "4 Personnel Policies" revealed: *"4.1 Hiring Practices." -"...For those qualified, administration will contact personal references and previous employers for further feedback on the candidate. In some cases, a background check may be completed ..." 	S 285		
S 295	<p>44:70:04:04 Personnel Training</p> <p>The facility shall have a formal orientation program and an ongoing education program for all healthcare personnel. Ongoing education</p>	S 295		

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S 295	<p>Continued From page 3</p> <p>programs must cover the required subjects annually.</p> <p>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 ongoing annual education was provided on required subjects for one of eight sampled employees (G).</p> <p>Findings include:</p> <p>1. Review of employee G's personnel file revealed: *She was hired on 9/20/23. *She was a certified medication aide. *There was no documentation that she received annual training on: -Accident prevention. -Resident rights. -Confidentiality. -Incidents and disease subject to mandatory reporting. -Education based on the resident care needs. *The education for the above topics had last been completed by employee G on 12/29/24.</p> <p>2. Interview on 1/15/26 at 12:15 p.m. with administrator B regarding employee annual training revealed: *He stated he was responsible for employee training and for maintaining employee files. *All staff would have received their training, but if it was not found in their file, then that employee had not returned their signature sheet, which was proof they had completed that training.</p> <p>3. Review of the provider's "3.2 Staff Training"</p>	S 295	<p>S 295</p> <p>Angelhaus administration will ensure all new staff receive the proper training.</p> <p>POC verification steps</p> <p>1 Administrator will schedule training for staff that did not attending monthly meets. A staff meeting is scheduled</p> <p>2 Administrator shall review training trackers, weekly for four weeks, biweekly for six weeks and monthly after that.</p> <p>3 QA team shall review documentation on training for no less than nine months or until compliance is achieved.</p>	2/25/26

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S 295	Continued From page 4 policy revealed: *All staff will receive initial orientation and ongoing Inservice [in-service] training based on SD [South Dakota] state regulations and the needs of the residents being served in the facility. Staff training is a team effort between the DOO [director of operations], DON [director of nursing], senior employees, and Administrator. The DOO is primary to the new hire training process and is responsible for scheduling and documenting new employees in the training program." *The facility did not employ a DOO or DON.	S 295		
S 296	44:70:04:04(1-11) Personnel Training These programs must be completed within thirty days of hire for all healthcare personnel and must include the following subjects: (1) Fire prevention and response; (2) Emergency procedures and preparedness, including responding to resident emergencies and information regarding advanced directives; (3) Infection control and prevention; (4) Accident prevention and safety procedures; (5) Resident rights; (6) Confidentiality of resident information; (7) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; (8) Nutritional risks and hydration needs of residents; (9) Abuse and neglect; (10) Problem solving and communication techniques related to individuals with cognitive impairment or challenging behaviors if admitted and retained in the facility; and (11) Any additional healthcare personnel education necessary based on the individualized resident care needs provided by the healthcare	S 296	S 296 Angelhaus administration will ensure training is complete within 30 days for new staff. POC verification steps 1 The administrator will monitor new hire training. Employee D will complete all education by 2/25/26 2 The administrator shall review all training documentation weekly for four weeks, biweekly for six weeks and monthly after that. 3 QA team will review new hire training documentation for no less than nine months or until compliance is achieved.	2/25/26

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S 296	<p>Continued From page 5</p> <p>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 personnel file review, interview, and policy review, the provider failed to ensure the required training was completed within 30 days of hire for one of two newly hired sampled employees (D).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Interview on 1/13/26 at 8:11 a.m. with chief financial officer (CFO) A, and administrator B revealed that staff were trained for both Angelhaus East and West. 2. Review of employee D's personnel file revealed: <ul style="list-style-type: none"> *She was hired on 9/2/25. *She was a registered nurse (RN). *There was no documentation that she received training on the following subjects within 30 days of hire: <ul style="list-style-type: none"> -Nutritional risks and hydration. -Abuse, neglect, and misappropriation of resident property and funds. -Problem-solving and communication techniques related to residents with cognitive impairment or challenging behaviors. 	S 296		

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S 296	Continued From page 6 3. Interview on 1/15/26 at 12:15 p.m. with administrator B regarding employee training revealed: *He was responsible for staff training, but if documentation of an employee's training was not in their file, then he did not have it. 4. Review of the provider's "3.2 Staff Training" policy revealed: *All staff will receive initial orientation and ongoing Inservice [in-service] training based on SD [South Dakota] state regulations and the needs of the residents being served in the facility. Staff training is a team effort between the DOO [director of operations], DON [director of nursing], senior employees, and Administrator. The DOO is primary to the new hire training process and is responsible for scheduling and documenting new employees in the training program." *The facility did not employ a DOO or DON.	S 296		
S 320	44:70:08 Prevention And Control Of Pneumonia Each facility shall arrange for an immunization for pneumococcal disease. If immunization is lacking and the resident's physician, physician assistant, or nurse practitioner recommends immunization, the facility shall encourage a resident to obtain an immunization for pneumococcal pneumonia within 14 days of admission. Documentation of the vaccination or refusal must be recorded in the resident's care record. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, and policy review, the provider failed to document a pneumonia vaccination or its refusal for one of	S 320	S 320 Angelhaus nurse(s) will ensure all documentation is reviewed and completed for all immunizations for new admissions with in 21 days of admission. Nurse(s) will report to the administrator the finds. 1 Nurse(s) will monitor immunization records are up to date weekly for four weeks, biweekly for six weeks and monthly after that. 2 Nurse(s) will report to the administrator the findings of the reviews. 3 QA team will review immunizations reports for no less than nine months or until compliance is achieved.	2/3/26

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S 320	<p>Continued From page 7</p> <p>one sampled resident (2) within fourteen days of her admission. Findings include:</p> <p>1. Review of resident 2's medical record revealed: *She had an admission date of 12/19/24. *There was no documentation of her pneumonia vaccination or refusal within 14 days of her admission to the facility.</p> <p>2. Interview on 1/15/26 at 12:00 p.m. with registered nurse (RN) D regarding pneumonia vaccinations revealed: *She stated the pneumonia vaccinations or refusals should have been completed within 14 days of the resident's admission to the facility. *She stated that it was the nurse's responsibility to complete the pneumonia vaccinations or refusals and document them in the resident's medical record.</p> <p>3. Interview on 1/15/26 at 1:30 p.m. with chief financial officer (CFO) A regarding pneumonia vaccinations revealed: *She confirmed there was no documentation for the pneumonia vaccination or refusal in resident 2's medical record. *She stated it was the nurse's responsibility to complete the pneumonia vaccination or refusal and document them in the resident's medical record.</p> <p>Review of the provider's undated 8.8 Vaccinations policy revealed: *"Vaccinations are documented for residents in their medical charts upon admission. Histories of vaccinations shall be supplied by family, previous caregiving facilities, and/or physicians." *"Pneumococcal Vaccines:"</p>	S 320		

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S 320	Continued From page 8 -"If a resident does not have this vaccine in their history, they are encouraged to have the vaccine administered to them at their physician's clinic. If a resident or POA [power of attorney] refuses the vaccine, signed refusal is kept in the medical chart."	S 320		
S 630	<p>44:70:07:04 Storage And Labeling Of Medications</p> <p>All medications must be stored in a well illuminated, locked storage area that is well ventilated, maintained at a temperature appropriate for medication storage, and inaccessible to residents and visitors at all times. Medications suitable for storage at room temperature must be maintained between fifty-nine and eighty-six degrees Fahrenheit, or between fifteen and thirty degrees centigrade. Medications that require refrigeration must be maintained between thirty-six and forty-six degrees Fahrenheit, or between two and eight degrees centigrade.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, record review, interview, and policy review, the provider failed to ensure that refrigerator temperatures were properly monitored and documented for the safe storage of the resident's medications for one of one medication refrigerator. Findings include:</p> <p>1. Observation and record review on 1/14/26 at 11:00 a.m. of the medication refrigerator and log sheet in the west medication room revealed: * The refrigerator had a thermometer in the door, and the temperature read 38 degrees Fahrenheit</p>	S 630	<p>S 630 Angelhaus maintenance person shall monitor fridge temps for medication storage. Maintenance person will report to administrator the finds.</p> <p>1 Fridges will be monitored daily by nurse (s). Maintenance monitor weekly to ensure the daily monitoring is occurring.</p> <p>2 We have calendars to post on the fridges.</p> <p>3 QA team will review temp reports submitted by maintenance for no less than nine months or until compliance is achieved.</p>	2/3/26

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S 630	<p>Continued From page 9</p> <p>(F).</p> <p>*The refrigerator contained one bottle of latanoprost eye drops.</p> <p>*Temperatures for the medication refrigerator were to be checked and recorded by nursing staff twice daily at 6:00 a.m. and 6:00 p.m.</p> <p>*Temperature log sheets from 1/1/26 through 1/13/26 revealed:</p> <p>-No documentation was recorded in the log indicating the safe temperature range (36 to 46 degrees F) for refrigerated medications.</p> <p>2. Interview on 1/14/26 at 11:30 a.m. with certified medication aide (CMA) G revealed:</p> <p>*She had been employed at the facility for about two and a half years.</p> <p>*She stated that nurses and CMAs were responsible for checking the medication refrigerator temperatures twice daily.</p> <p>*She stated, "I do not have a good answer as to why the refrigerator temperatures have not been monitored and recorded on the log".</p> <p>*She reported that temperatures that were not between 36 and 46 degrees F needed to be reported to management immediately.</p> <p>*She confirmed that she had not checked or documented the medication refrigerator temperature when she reported to work at 6:00 a.m. on 1/14/26.</p> <p>3. Interview on 1/15/26 at 8:50 a.m. with chief financial officer (CFO) A and administrator B revealed:</p> <p>*They expected temperatures to have been monitored and documented twice daily to ensure safe storage of resident medications.</p> <p>*They confirmed that the temperature log sheets from 1/1/26 through 1/13/26 had no recorded temperature documentation.</p>	S 630		

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S 630	Continued From page 10 4. Review of the provider's undated 16.4.1 Storage of Medications policy revealed: **"Medications that require refrigeration will be maintained between 36 and 46 degrees Fahrenheit." *It did not address the safe storage of resident medications or the monitoring and documentation of temperatures for the medication refrigerators.	S 630		
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 that a written copy of resident rights were provided for one of one sampled resident (2) upon admission to the facility. Findings include: 1. Review of resident 2's care record revealed: *She had an admission date of 12/19/24. *Her care record did not contain documentation that a written copy of resident rights was provided on admission. *She nor her power of attorney (POA) had signed the acknowledgement for her resident rights upon her admission to the facility.	S 775	S 775 Angelhaus administration will review admission packets with resident or family to ensure all documents are completed 1 Administrator will schedule a meeting with resident or family members to review packets and ensure all documents are signed. Administrator will monitor admission packets weekly for four weeks, biweekly for six weeks and monthly thereafter. 2 Administrator will report to QA the review findings. 3 QA team will review finds submitted by administrator for no less than nine months or until compliance is achieved. t	2/3/26

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S 775	<p>Continued From page 11</p> <p>2. Interview on 1/15/26 at 1:30 p.m. with chief financial officer (CFO) A regarding resident rights revealed: *She agreed that a written copy of resident rights should have been signed by the resident or the resident representative and maintained in the resident's medical record upon admission. *It was the expectation that residents should have been informed both orally and in writing of their rights upon admission. *She confirmed that resident 2's written resident rights had not been signed upon her admission.</p> <p>3. Review of the provider's undated 3.2.4 Resident Rights policy revealed: **"Resident Rights" -"A complete list of Resident Rights is provided to all new residents and/or admitting family members, and to all new hires."</p> <p>4. Review of the provider's revised August 2020 Admission Agreement revealed: **"ACKNOWLEDGEMENTS" -"By signing the Admission Agreement Signature Page, the Resident/Agent/Legal Representative/Responsible Party acknowledges that he/she has been given and has read this Agreement in its entirety, and all addendums. The Resident also acknowledges that the following information was provided upon or before admission to the Facility." --"4) I received a copy of the Resident's Bill of Rights." --"...9) I have been informed, both orally and in writing, in a language I understand, of my rights and the rules and regulations governing my conduct and responsibilities during my stay at the Facility."</p>	S 775		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 46906	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/15/2026
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NAME OF PROVIDER OR SUPPLIER ANGELHAUS WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 DOUGLAS AVE YANKTON, SD 57078
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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 791	Continued From page 12	S 791		
S 791	<p>44:70:09:03 Facility To Provide Information</p> <p>A signed and dated admission agreement between the resident or the resident's legal representative and the facility must include information described in subdivisions (1) through (8), inclusive. The resident or resident's legal representative and the facility shall complete the admission agreement before or at the time of admission and before the resident has made a commitment for payment for proposed or actual care. The agreement must be printed in a manner to ensure ease of reading by the resident prior to signing. Any change in the admission agreement must be signed and dated by the resident or the resident's legal representative as an addendum to the original agreement.</p> <p>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 that the admission agreement was completed for one of one sampled resident (2) upon admission to the facility. Findings include:</p> <p>1. Review of resident 2's care record revealed: *She had an admission date of 12/19/24. *Her care record did not contain documentation of her completed admission agreement. *She nor her power of attorney (POA) had signed an admission agreement upon her admission to the facility.</p> <p>2. Interview on 1/15/26 at 1:30 p.m. with chief financial officer (CFO) A regarding the admission agreement revealed: *She agreed that admission agreements should</p>	S 791	<p>S 791 Angelhaus administration will review admission packets with resident or family to ensure all documents are completed</p> <p>1 Administrator will schedule a meeting with resident or family members to review packets and ensure all documents are signed. Administrator will monitor admission packets weekly for four weeks, biweekly for six weeks and monthly thereafter.</p> <p>2 Administrator will report to QA the review findings.</p> <p>3 QA team will review finds submitted by administrator for no less than nine months or until compliance is achieved.</p>	2/3/26

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 46906	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/15/2026
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S 791	<p>Continued From page 13</p> <p>have been signed by the resident or the resident representative and maintained in the resident's medical record upon admission. *She confirmed that resident 2's admission agreement had not been signed upon her admission.</p> <p>3. Review of the provider's revised August 2020 Admission Agreement revealed: **"ACKNOWLEDGEMENTS" -"By signing the Admission Agreement Signature Page, the Resident/Agent/Legal Representative/Responsible Party acknowledges that he/she has been given and has read this Agreement in its entirety, and all addendums. The Resident also acknowledges that the following information was provided upon or before admission to the Facility."</p>	S 791		