South Dakota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.	A. BUILDING:		COWPLE	IED
		54366	B. WING		08/3	1/2023
NAME OF PE	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 00.0	.,,
STONEVE	BOOK SHITES	4501 E PAR	MPAS			
STONETB	ROOK SUITES	SIOUX FAL	LS, SD 57110			
(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		S 000	11		
	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 8/29/23 to 8/31/23. StoneyBrook Suites was found not in compliance with the following requirements: S105, S325, and S450.			1. The facility maintenance personnel will repair all cabinet storage to ensure the facility meets the safety and sanitation procedures for food service with cement board and a new base by October 5th, 2023. The Dietary Manager will be responsible to monitor and review the safety and sanitation of the cabinet storage as well as the cleaning schedule monthly. The Dietary Manager will document any concerns on the monthly safety		
S 105	Food service shall be provided by a licensed facility or food service establishment that is inspected by a local, state, or federal agency. The facility shall meet the safety and sanitation procedures for food service in §§44:02:07:01, 44:02:07:02, and 44:02:07:04 to 44:02:07:95, inclusive, in the Food Service Code.		S 105			
	met as evidenced by: Based on observation failed to ensure water shelves under two of in one of one kitchen. particle board of two those boards to deter mold-like residue. Fin 1. Observation and in a.m. with dietary man both sinks in the kitch *The cabinet shelf un kitchen had a brown	n and interview, the provider damage to the cabinet two sinks had been repaired. Water had penetrated the of two cabinets and caused iorate and create a black dings include: terview on 8/29/23 at 10:35 ager (DM) B in reference to len revealed: der the hand sink in the		checks and report the results Assistant Administrator to coordinate any concerns or re as needed. The Assistant Administrator w report any findings to the Administrator and Quality Assurance Committee (QA committee: General Manager Administrator and Assistant Administrator) monthly and th Committee will review quarter until deemed no longer neces	epairs vill , ne QA rly or	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Jody L. Elton, Administrator

TITLE

(X6) DATE 9/20/2023

PRINTED: 09/11/2023 FORM APPROVED South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 54366 B WING 08/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4501 E PAMPAS** STONEYBROOK SUITES SIOUX FALLS, SD 57110 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 105 Continued From page 1 S 105 brown water stains and a hole in the bottom of the cabinet. *Further observation revealed the boards were covered with a black mold-like residue. *The DM stated that the cupboards had been that way since she started working at the facility in 2019. *She stated that the management had known the cupboards needed to be repaired. Interview on 8/30/23 at 1:30 p.m. with administrator A regarding the above observation and interview revealed; that the cupboards had been repaired after the last licensure survey in 2019. Interview on 8/31/23 at 9:45 a.m. with floor supervisor C regarding the kitche cabinet shelves revealed: *Staff had known not to have placed any items in those cupboards. *The cupboards were supposed to have been repaired and she had no idea why they had not been repaired. S 325 44:70:04:09 Disease prevention S 325 Each facility shall provide an organized infection control program for preventing, investigating and controlling infection. The facility shall establish written policies regarding visitation in the various services and departments of the facility. Any visitor who has an infectious disease, who has recently recovered from such a disease, or who

has recently had contact with such a disease shall be discouraged from entering the facility.

This Administrative Rule of South Dakota is not

met as evidenced by:

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floor, she took an alcohol wipe, wiped off the

connection end piece, moved it off of the floor

and then removed her gloves without sanitizing

*She agreed the connection piece that rested on

*UAP E then walked to the resident's kitchen area

the shower floor could have been a source of

*She discarded her used gloves into the resident's bathroom garbage can.

contamination to resident 1.

completed by Administrative

staff members are completing

proper handwashing.

Assistant monthly to ensure that

Administrative Assistant will report

and QA committee. QA Committee

any findings to the Administrator

will review quarterly or until

deemed no longer necessary.

South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 54366 08/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4501 E PAMPAS STONEYBROOK SUITES SIOUX FALLS, SD 57110 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 325 Continued From page 3 S 325 and: -Turned on the water to the kitchen faucet, wet her hands, placed soap in her hands from the soap dispenser, rubbed her hands with the soap and water, and then rinsed her hands with water to remove the soap. -With the water still on, she took her wet left hand and touched the handle to the resident's cabinet above the refrigerator, opened the cabinet door, removed a paper towel from a stack of paper towels with her wet hand and closed the cabinet door -She then dried her hands with that paper towel. used it to turn off the water faucet, discarded the paper towel into the bathroom garbage can. -She stated all of the residents had paper towels and a box of gloves stored in the cupboard above their refrigerators for staff to use. -She then exited the resident's room. Interview on 8/30/23 at 9:55 a.m. with resident 1 regarding her urostomy catheter care revealed: *She had surgery to have her bladder removed and a urostomy had been placed due to bladder cancer. *She had just returned to her home in the past week from another facility that had provided swing-bed services for her recovery from surgery. *She had usually taken care of her urostomy catheter bag and tubing needs herself. *Occasionally the UAPs assisted with sanitizing the urostomy bag and tubing. 2. Observation on 8/30/23 at 10:35 a.m. with UAP E administering a medication to resident 1 revealed: *Resident 1 had requested medication for her upset stomach.

*UAP E knocked on resident 1's door, was greeted by resident 1, and entered the residence.

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F assisting resident 7 with medication

was there to administer an eye drop.

-Entered the resident's room and announced she

-Placed a new pair of gloves on that she carried into the room without sanitizing her hands. -Administered the eye drop into resident 7's left

-Set up the resident's nebulizer treatment for her

administration revealed:

eye as prescribed.

*UAP F:

Assistant will report any findings to

review quarterly or until deemed no

the Administrator and QA

longer necessary.

committee. QA Committee will

PRINTED: 09/11/2023 **FORM APPROVED** South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 54366 08/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4501 F PAMPAS STONEYBROOK SUITES SIOUX FALLS, SD 57110 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)**PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 325 | Continued From page 5 S 325 3. All staff will be counseled and to self-administer and handed it to her. Inserviced on September 20th. -Removed her gloves and discarded them into 2023 via an All Staff Inservice and the garbage can in the bathroom. education meeting. The staff will be -Turned on the water faucet in the resident's instructed on the standard practice kitchen, wet her hands, placed soap in her hands related to facility's Handwashing from the soap dispenser, rubbed her hands with policy and procedures. the soap and water, and then rinsed her hands with water to remove the soap. Assistant Administrator will review -With the water still running, took her wet left Handwashing procedures for each hand and touched the handle of the cabinet employee through education, above the refrigerator, opened the cabinet, took demonstration and checklist out a paper towel and closed the cabinet door. acknowledgement by October 14th. -She then dried her hands with that paper towel. 2023. used it to turn off the water faucet, discarded the paper towel into the bathroom garbage can, and All residents care plans with Eve exited the residence. Drop administration will be reviewed by RN's by October 14th, 4. Observation on 8/30/23 at 11:25 a.m. with UAP 2023. All safe handwashing policies F assisting resident 7 after her nebulizer treatment revealed: and procedures were reviewed with *UAP F: staff at the All Staff Inservice and -Entered the resident's room and put on a pair of Education on September 20th. 2023. Staff education and gloves onto her unsanitized hands, took the nebulizer mouthpiece and tubing from the demonstrations were provided as resident after she checked the medication had all well as a staff acknowledgement of been used information. -Took the mouthpiece and tubing apart, put it into the kitchen sink that had been filled with soap and Random QA's of proper Handwashing Procedures will be -She rinsed the mouthpiece and tubing and completed by Administrative placed them onto a used paper towel next to the Assistant monthly to ensure that sink area to dry. staff members are completing

-Washed her hands with soap and water, and

the cabinet above the refrigerator, took out a

in the cabinet with those wet hands, dried her

towel, and discarded the paper towel into the

garbage can in the bathroom.

with the water still on, took her wet hand, opened

paper towel from a stack of paper towels stored

hands, turned off the faucet with the same paper

proper handwashing.

Administrative Assistant will report

and QA committee. QA Committee

any findings to the Administrator

will review quarterly or until

deemed no longer necessary.

South Dakota Department of Health

[(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		54366	B. WNG		08/31/2023	
NAME OF P	ROVIDER OR SUPPLIER	TE, ZIP CODE				
STONEYE	ROOK SUITES	4501 E PA SIOUX FA	MPAS LLS, SD 57110		-	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
S 325	-Exited the resident's 5. Observation on 8/3 F assisting resident 8 insulin revealed: *UAP F: -Entered the resident's and placed them onto placing a barrierWith her unsantized gloves on her hands, alcohol wipe and her checked her blood su monitor. *Resident 8 self-admit handed the insulin pet them into the bathroo-She walked to the reon the water faucet, vand water, and rinsed-With the water still or opened the cabinet do a stack of paper tower her handsWith the same paper water, and then discated a stack of paper tower her handsWith the same paper water, and then discated a stack of paper tower her handsWith the same paper water, and then discated a stack of paper tower her handsWith the same paper water, and then discated a stack of paper tower her handsShe then exited the resident gloves on her hands water, and the discated the resident gloves on her hands water, and the same paper water, and then discated the resident gloves on her hands water, and the same paper water, and then discated the resident gloves on her hands water, and the resi	som. 20/23 at 11:45 a.m. with UAP self-administering her some her insulin supplies a nearby shelf without thands she placed a pair of then handed resident 8 an insulin pen after resident 8 gar with her Dexcom nistered her medication and not UAP F. If her gloves and discarded m garbage can. sident's kitchen sink, turned washed her hands with soap I her hands. In, took her wet left hand, bor, got a paper towel from Is in the cabinet, and dried to towel, used it to turn off the roded the paper towel. The resident's room. Iterview on 8/31/23 at 8:50 isor C administering eye wealed she: Is room and put on a pair of without first performing hand as drops. es and discarded them into	S 325	4. All staff will be counseled a Inserviced on September 20th 2023 via an All Staff Inservice education meeting. The staff instructed on the standard prarelated to facility's Handwash policy and procedures. Assistant Administrator will re Handwashing procedures for employee through education, demonstration and checklist acknowledgement by Octobe 2023. All resident care plans with Nebulizer administration will be reviewed by RN's by October 2023. The safe handwashing policies and procedures were reviewed with staff at the All Sinservice and Education on September 20th, 2023. Staff education and demonstration provided as well as a staff acknowledgement of information and procedures will completed by Administrative Assistant monthly to ensure the staff members are completing proper handwashing. Administrative Assistant will review quarterly or until deemed no longer necessary	h, e and will be actice ing eview each r 14th, staff s were tion. I be hat g eport ator mittee	

South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 54366 08/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4501 E PAMPAS STONEYBROOK SUITES SIOUX FALLS, SD 57110 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 325 Continued From page 7 S 325 5. All staff will be counseled and Inserviced on September 20th, 2023 hands. via an All Staff Inservice and *With the water still on, opened the cabinet above education meeting. The staff will be the refrigerator with her wet hand, took a paper instructed on the standard practice towel from a stack of paper towels in the cabinet, related to facility's Handwashing dried her hands, and with the same paper towel turned the water faucet off. policy and procedures. *She exited his resident's room. *Floor supervisor C: Assistant Administrator will review -Reported resident 9 had valued his privacy and Handwashing procedures for each the staff did not want to be in his room for any employee through education, length of time. demonstration and checklist -Had planned to exit his room and wash her acknowledgement by October 14th, hands more thoroughly at another location in the 2023. building. -Confirmed her wet hands had touched the All resident Self administration of cabinet handle and the stack of paper towels insulin care plans will be reviewed which could have been a source of by RN's by October 14th, 2023. cross-contamination. Employee safe handwashing -Had been in charge of training new staff at times. policies and procedures were -Would expect the staff to follow their procedure reviewed with staff at the All Staff and have clean paper towels and soap nearby Inservice and Education on before washing. September 20th, 2023, Staff -Agreed she had not followed their procedure for education and demonstrations were hand washing. provided as well as a staff acknowledgement of information. 7. Interview on 8/31/23 at 9:20 a.m. with administrator A regarding the infection control and Random QA's of proper hand hygiene observations above revealed: Handwashing Procedures will be *She agreed there had been missed opportunities completed by Administrative for hand hygiene in the above observations. Assistant monthly to ensure that *She would expect the staff to follow their staff members are completing procedure for hand washing and glove use to proper handwashing. Administrative avoid infection control concerns. Assistant will report any findings to *Staff should be washing their hands prior to and the Administrator and QA after direct contact with residents. committee. QA Committee will *Wet hands could potentially contaminate a stack review quarterly or until deemed no of paper towels. longer necessary. *Paper towel supplies should remain dry. *Supplies for handwashing should be ready next

to the sink before they begin the process of

FK8Y11

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		54366	B. WNG		08/31/2023	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4501 E PAMPAS SIOUX FALLS, SD 57110						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	SHOULD BE COMPLETE	
S 325	washing their hands. Review of the provide Washing Checklist pro *"Gather soap and cle wet your hands." *"Use a fresh paper to Review of the provide and Hand Washing pro *3. "Washing hands is infection." *4. "Wash hands before with residents." 44:70:06:01 Dietetic The facility shall have service that meets the residents and ensured prepared, distributed, that is safe, wholeson	r's undated Proper Hand ocedure revealed: ean paper towels before you owel to turn off the faucet." r's undated Infection Control ocedure revealed: the main control in battling are and after direct contact services an organized dietetic e daily nutritional needs of serviced, and served in a manner	S 325	6. All staff will be counseled a Inserviced on September 20th 2023 via an All Staff Inservice education meeting. The staff instructed on the standard prarelated to facility's Handwash policy and procedures. Assistant Administrator will re Handwashing procedures for employee through education, demonstration and checklist acknowledgement by Octobe 2023. All resident care plans with Eprop administration will be reviewed by RN's by October 2023. Employee handwashing policies and procedures were reviewed with staff at the All Sinservice and Education on September 20th, 2023. Staff education and demonstration provided as well as a staff acknowledgement of informatical control of the staff and the control of the staff acknowledgement of informatical control of the staff acknowledgement of the staff acknowledgement of the	n, e and will be actice ing eview each r 14th, ye 14th, g Staff	
	met as evidenced by: Based on observation failed to ensure a food testing temperatures distribution had been each use by one of or (dietary manager (DM) 1. Observation and in	properly sanitized between ne observed staff members 1) B). Findings include: terview on 8/29/23 from :25 a.m. with DM B during		Random QA's of proper Handwashing Procedures wil completed by Administrative Assistant monthly to ensure t staff members are completing proper handwashing. Administrative Assistant will r any findings to the Administra and QA committee. QA Committee is the committee of the committee is the committee of the committee of the committee is the committee of the comm	hat g eport ator mittee	

South Dakota Department of Health

STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
Additional Authority of the		IDENTIFICATION NONDER.	A. BUILDING:		COMPLETED	
		54366	B. WING		08/31/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	ATE, ZIP CODE		
STONEVE	ROOK SUITES	4501 E PA	MPAS			
STORETE	SKOOK SUITES	SIOUX FA	LLS, SD 57110			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHO		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE		
S 450	*She used her gloved surfaces in the kitcher *She used her potenti hand to wipe the roas and placed the probe *She re-used that sam sanitizing it and placed container of cooked roas to she used a kitchen to probe of the thermomen on the counter. *She used a kitchen to probe of the thermomen on the counter. *She then re-used that without sanitizing the ptemperature of roast to *She state there was remperatures of food. *She would normally sprior to use and after sthe food that was to he residents. *She stated that she he sanitized the thermomen into each food item. Interview 8/31/23 at 8: supervisoer (FS) C residents. *Stated that the thermomen sanitized between takifood item to ensure the cross-contamination.	hand to touch multiple ally contaminated gloved to beef from the thermometer directly on the counter. The thermometer without do the probe into the possible beef. Towel to wipe the food off the peter and then placed it back to same thermometer probe to take the peef that was on the stove. The probe into the possible beef to take the peef that was on the stove. The policy on taking the was done temping all pave been served to the and not realized she had not peter in between placing it 45 a.m. with floor to be the problem of the problem of the peer to be the place of the	S 450	1. All staff will be counseled a inserviced on September 20th 2023 via an All Staff Inservice education. The staff will be instructed on the standard proceeding to proper temperature probing on all food related iter prior to dietary service in the kitchen to ensure prevention cross-contamination and safe food handling. Random QA's of proper Temperature Probing will be completed by Dietary Managemonthly to ensure that staff members are completing safe temperature probe procedure ensure safe food handling an procedures during regular meservice. Administrative Assist will report any findings to the Administrator and QA commit QA Committee will review quarterly or until deemed no longer necessary.	ch, e and cactice e ems of ety of er es to ed eal tant	
	administrator A revealed sanitize the thermome when checking the ten	ed, she expected staff to ter between each food item apperatures during meal e. The thermometer should				

PRINTED: 09/11/2023 FORM APPROVED South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WNG 54366 08/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4501 E PAMPAS STONEYBROOK SUITES SIOUX FALLS, SD 57110 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 450 | Continued From page 10 S 450 have been sanitized with an alcohol pad between each food item to ensure no cross-contamination occured.

PRINTED: 11/03/2023 FORM APPROVED

South Dakota Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: __ B. WING 11/02/2023 54366 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4501 E PAMPAS STONEYBROOK SUITES SIOUX FALLS, SD 57110 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) ${S 000}$ {S 000} Compliance Statement A revisit survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted on 11/2/23 for deficiencies cited on 8/31/23. All deficiencies have been corrected, and no new noncompliance was found. Stoneybrook Suites is in compliance with all regulations surveyed.

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

TITLE

(X6) DATE