South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	66658	A. BUILDING: _____ B. WING _____	09/24/2026

AME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRINCE OF PEACE - THE LOFTS	513 PRINCE OF PEACE PLACE SIOUX F LLS, SD 57103

(X4) ID PREFIX TA	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TA	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE EFICIENCY)	(X5) COMPLETE DATE
S 000	Compliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers was conducted from 9/22/26 through 9/24/26. Avera Prince of Peace - The Lofts was found not in compliance with S400, S405, S450, S641, and S685.	S 000		
S 400	44:70:05:01 Nursing Policies And Procedures The facility shall establish and maintain policies and procedures that provide nurses and other healthcare personnel with methods of meeting the facility's administrative and technical responsibilities in providing care to residents. The policies must include: (1) The noting of diagnostic and therapeutic orders; (2) The assignment of the nursing care of residents; (3) Administration and control of medications; (4) Assessment and documentation by nurses; (5) ocumentation by healthcare personnel; (6) Infection control; (7) Resident safety; (8) elineation of orders from nonphysician practitioners; and (9) Activities of daily living to maintain each resident's physical functioning and personal care. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure that one of one certified nursing assistant (CNA) (E) followed standard infection control guidelines relating to	S 400	1. **Corrective Action for Residents Affected** The staff member involved will receive one-on-one education regarding hand hygiene, glove use, medication administration infection prevention practices, and appropriate glove changes from the RN Housing Coordinator by 11/8/26. 2. **Identification of Other Residents at Risk** All residents have staff assist in some way with medication administration. Director of Nursing, or designee, will perform one on one education with staff that primarily work in the assisted living facility related to hand hygiene, glove use, medication administration related infection prevention practices, and appropriate glove changes by November 8th, 2026. 3. **Systemic Changes** All licensed nurses, CMAs, and CNAs responsible for medication administration will receive education on hand hygiene, glove use, and infection prevention standards at all staff inservices between 10/26/26 and 10/30/26. Assisted Living will be included in monthly environmental rounds performed by the facility infection preventionist. 4. Monitoring The DON, ADON, or designee will complete medication pass observations for 2 staff members weekly for 8 weeks. These observations will be performed across all shifts over the audit period. Results will be reviewed by Quality Assurance and they will provide further direction.	11/08/2026

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Patrick Berry	Director-Nursing Home Administrator	10/20/2026

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S 400	Continued From page 1 hand hygiene (using soap and water or alcohol-based hand rub to clean hands) and glove use during medication administration for two out of two sampled residents (5 and 6) observed during medication administration. Findings include: 1. Observation and interview on 9/23/26 at 8:14 a.m. of CNA E during medication administration revealed that she did not perform hand hygiene before entering resident 5's room and preparing her medications. She explained that she was a certified medication aide (CMA) in addition to being a CNA. 2. Observation on 9/23/26 at 8:54 a.m. of CNA E revealed she grabbed a pair of gloves and entered resident 6's room. She did not perform hand hygiene before putting on the pair of gloves. With those gloved hands, she touched the resident's cabinet door handles, the computer mouse and keyboard, the medication scanner, and the resident's dining room chair. She grabbed the resident's eyedrops and touched the resident's face and eyelids to administer the eyedrops. With those same gloved hands, she prepared the rest of resident 6's medications. After the resident took the pills, CNA E helped the resident administer another eyedrop medication. She then removed her soiled gloves, discarded them in the trash, and washed her hands with soap and water. 3. Interview on 9/23/26 at 9:06 a.m. with CNA E revealed that the staff were expected to perform hand hygiene before entering a resident's room, after exiting a resident's room, and in between helping residents. She confirmed that she did not perform hand hygiene before putting the gloves	S 400		11/08/2026

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S 400	Continued From page 2 on to administer resident 6's medications. She did not think that she needed to perform hand hygiene before putting on gloves. 4. Interview on 9/24/26 at 10:15 a.m. with registered nurse (RN) housing coordinator C revealed that she expected the staff to perform hand hygiene before entering a resident's room, before putting on gloves, and when they exited a resident's room. She said that the staff should not be touching other objects like cupboards, the computer, or residents' furniture once they put on a clean pair of gloves. 5. Review of the provider's May 2026 Avera LTC (Long Term Care) - Hand Hygiene policy revealed that, "[Hand Hygiene] HH, either with soap and water or with alcohol based hand rub (ABHR)" was to be completed "Immediately before touching a resident," "Before a clean procedure ...," "After contact with potential for body fluid or contaminated surfaces, "After touching a resident or the resident's immediate environment," and "After removing gloves." 6. Review of the provider's 3/9/26 Beyond-Use ating for Ophthalmic Medication document revealed that there was a section titled, "Best Practices for Administering Eye Drops." The steps included to "wash hands and don [put on] gloves."	S 400		
S 405	44:70:05:02 Resident Care Plans, Service Plans, And Progr The facility shall provide safe and effective care from the day of admission through the development and implementation of a written care plan or service plan for each resident. The	S 405		11/08/2026

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S 405	Continued From page 3 care plan or service plan must address personal care, and the medical, physical, mental, and emotional needs of the resident. This Administrative Rule of South Dakota is not met as evidenced by: Based on document review, record review, observation, interview, and policy review, the provider failed to ensure the service plan (personalized plan that addresses a resident's care needs, goals, and interventions) addressed the current needs for one of three sampled residents (2). Findings include: 1. Review of the provider's resident list revealed that resident 2 used a CPAP (continuous positive airway pressure) machine. 2. Observation and interview on 9/22/26 at 3:00 p.m. with resident 2 in her room revealed that she confirmed she used a CPAP machine. 3. Review of resident 2's electronic medical record (EMR) revealed that she admitted to the facility on 9/2/25. She had a 9/15/26 Brief Interview for Mental Status score of 15, which indicated her cognition was intact. Her service plan did not include that she used a CPAP machine at night, or who was responsible for cleaning and maintaining the machine. 4. Interview on 9/23/26 at 3:50 p.m. with registered nurse (RN) housing coordinator C revealed she was responsible for updating the resident's service plans. She updated the resident's service plans on admission, annually, whenever there was a change in their condition, and with physician's order changes.	S 405	1. **Corrective Action for Resident Affected** Resident #2 as assessed and had their service plan updated to include CPAP use, instructions regarding use of the device, and documentation of responsibility for cleaning and maintenance on 10/15/26. 2. **Identification of Other Residents at Risk** A 100% audit of assisted living resident service plans will be completed to verify that medical equipment, treatments, and resident-specific responsibilities are accurately reflected by November 8th, 2026. Required revisions to service plans will be updated accordingly. 3. **Systemic Changes** A standardized Service Plan Review Process and checklist will be created and implemented by 11/8/26. Nursing staff and housing coordinators will be educated regarding service plan updates upon admission, significant change, medical equipment care and maintenance responsibility change, and annual review at all staff in-services between 10/26/26 and 10/30/26 by the RN Supervisor, or designee.. 4. **Monitoring** The DON, or designee, will audit 2 service plans weekly for eight (8) weeks. Results will be reviewed through the Quality Assurance process.	11/08/2026

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S 405	Continued From page 4 5. Interview on 9/23/26 at 4:44 p.m. with director of nursing (DON) B and assistant director of nursing (ADON) G revealed that the resident's service plans need to be updated when there was a significant change in their condition, and RN housing coordinator C updated them annually. ON B confirmed they did not have a service plan policy and referred to the state rules regarding service plans. He expected to see CPAP machines on a resident's service plan since using that medical equipment required a physician's order and included directions on who was expected to clean and maintain it as some of the resident's families preferred to take care of those machines. 6. Interview on 9/24/26 at 11 13 a.m. with RN house coordinator C revealed that she was still learning how to manage the resident's service plans in the provider's new EMR system. She confirmed that resident medical equipment should be included in the resident's service plan. She confirmed that resident 2's CPAP machine was not reflected in her service plan, but it was included on the "work list." The work list item stated, "I use a CPAP at night. I wear this every night and I am able to manage the care and maintenance on my own."	S 405		
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.	S 450	1. **Corrective Action for Residents Affected** The flattop grill, four convection ovens, two floor drains in the main kitchen along with the floor drain under the dishwasher and the caulking sealant in the dish room were thoroughly cleaned. Food items were also checked for labeling, and discarded not labeled or after the use-by-date.	11/08/2026

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S 450	Continued From page 5 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 ensure the staff followed standard food safety and sanitation practices regarding: One of one flattop grill, one of four convection ovens, and two of several floor drains in the main kitchen; Food items were not labeled and dated in a reach-in cooler and the alternative meal refrigerator in the main kitchen; Food items had not been discarded on or before the use-by date according to the provider's policy. Findings include: 1. Observation on 9/22/26 from 8:34 a.m. to 9:02 a.m. in the main kitchen revealed that there was a reach-in cooler with several doors located underneath the windows that faced the café area. Inside the cooler, several containers of food were not labeled or dated, including banana peppers, shredded cheese, diced tomatoes, sliced cucumbers, and diced red and green peppers. There was a container of white onion slices with a date of 9/10 written on it. There was a container of deli meat that was not labeled with what type of meat it was, and had the date 9/16 written on it. In the back of the cooler, there was half of a red onion wrapped in plastic cling wrap. That onion had a date of 7/29 written on it, and the onion had partially turned black with rot. The floor drain under the two-compartment sink, located underneath the spice shelf, was covered in a black, red, and green discolored grime.	S 450	**2. Identification of Other Residents/Areas at Risk** All areas were checked for cleanliness and thoroughly cleaned if determined to be unsanitary. All food items were also checked to ensure they were accurately labeled with a use-by-date and discarded when expired. **3. Systemic Changes** The cleaning sheet was updated to include sanitation of the noted areas. A new door was ordered on 10/13/2026 to replace the glass door of the Southbend G-Series convection oven. All Dietary employees will received education on the cleaning sheet along with dating and discarding of food items the week of October 26th by the RN Supervisor or designee. **4. Monitoring** The cleaning sheet will be audited 3x per week for 12 weeks by the Support Service Manager or designee along with a visual inspection of the cleaning areas. The fridges will also be audited 3x per week for 12 weeks by the Support Services Manager or designee to ensure food items have a use-by-date and expired items have been purged timely. Results will be shared by the Support Service Manager or designee with the monthly QAPI committee for review and direction.	11/08/2026

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S 450	Continued From page 6 There was also a large quantity of cooked noodles in the drain. The grease trap drawer under the flattop grill had a large buildup of food and grease around the drawer and was difficult to open. The grease was dripping from the drawer, and another drip pan was placed on the floor to catch the excess grease. There was a buildup of dust between the glass panels of one of the Southbend G-Series convection ovens, that was consistent with it having a broken or malfunctioning seal. In the refrigerator labeled "alternative meal fridge," there was a container of canned peaches that was labeled "9/9/26 to 9/12/26," a container of mandarin oranges labeled "9/10/26," a container of chocolate pudding labeled "9/8," and another container of a pureed substance labeled "pumpkin bar 9/15." 2. Observation and interview on 9/24/26 at 8:55 a.m. in the dish room with dietary server Y revealed there was a significant buildup of an unidentified black substance in the floor drain under the dishwasher, on the floors and walls under the dishwasher, on the caulking sealant behind the water sprayer and garbage disposal, and in the corner of the wall to the right of the dishwasher. There was a sign posted on the dish room door that included a list of cleaning tasks. The "PM Shift Expectations" dated 4/3/26 included, "Dish [room] floors must be sprayed down every night, including underneath counters and around the drains," "The Bleach Germicidal Cleaner needs to be poured down the drains on the floor under the	S 450		11/08/2026

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S 450	Continued From page 7 3-compartment sink and silver counters. Spray down with [the] hose after," "Use Dawn Platinum Spray to clean the stainless-steel surfaces underneath the counters," "The shelf under the dirty side of the dish room needs to be cleaned as well and no standing water left." Dietary server Y stated that the evening dietary staff were responsible for cleaning the floors and walls in the dishroom at the end of each evening shift. He said that the dietary department has a power washer that was used to spray down the dishroom floors. 3. Interview on 9/24/26 at 9:05 a.m. with cook X revealed that the evening dietary staff were responsible for deep cleaning the flattop grill and the grease trap drawer. She was aware that the flattop grill was leaking grease. She did not know how long that was happening or why it was dripping. 4. Interview on 9/24/26 at 9:21 a.m. with lead cook W revealed that he was aware that the flattop grill was leaking grease. He said that the staff cleaned it "every once and awhile." Someone came to the facility to try to fix it before, but that did not work. Regarding food storage and labeling, the facility had recently implemented a new rule that prepared food items were supposed to be labeled and could be kept for three days. After three days, the food was to be discarded. 5. Interview on 9/24/26 at 10:27 a.m. with certified dietary manager (CDM) support services manager V revealed that the food items in the reach-in cooler were supposed to be labeled and dated once prepared. Regarding the food items,	S 450		11/08/2026

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S 450	Continued From page 8	S 450		

such as diced tomatoes, she expected the staff to write the prepared date on the container, and the food was supposed to be discarded after three days. The three-day rule was implemented within the past couple of months. She confirmed that the staff were trained on those new expectations.

The dietary staff were responsible for cleaning the floors and floor drains at the end of the day, and the maintenance department used a floor cleaning machine once per week. The staff were to mop the floors every night. She expected the staff to clean the walls in the dish room about once per month.

She stated that some of the floor drains should be cleaned more often than what the staff were currently doing. She was "working on" a new cleaning checklist for the kitchen. She did not know how often the floor drains were currently cleaned.

She was aware that the flattop grill was leaking grease. A contracted foodservice equipment company came to work on it twice before, but that did not fix the issue. She did not know when that contracted foodservice equipment company was last at the facility to address the issue. She explained that the leaking grease was a potential fire hazard, as there was an open flame to heat the flattop grill.

She was not aware that there was a buildup of dust between the glass panels of one of the convection ovens. She mentioned that the maintenance department staff knew how to take that machine apart to clean it.

7. Review of the provider's September 2026 Kitchen Cleaning Sheet revealed that all task

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S 450	Continued From page 9 items were scribbled out from September 1st to September 23rd. Items on the task list included "AM Cook - Cooks fridge, outdated food thrown, spills cleaned up," "TC Cook - Clean/Sanitize under counters," "PM Cook - Shelf [in between] counters cleaned/everything put back and sanitized," "Baker - Fridge outside dishroom (outdated food thrown)." 8. Review of the provider's September 2026 PM Closing Task Sheet revealed that the task list was assigned by the neighborhoods the staff were scheduled to work in. There were instructions on the bottom of the page that read, "This needs to be completed [every night] by [the] neighborhood that is assigned to the task. No one can leave until the tasks assigned to 'everyone' are completed and [the] PM cook confirms tasks are done. Initial once complete." The staff person assigned to the Oakwood assisted living center was supposed to mop and spray down the dishroom floor. That task was marked as completed on 9/1, 9/3, 9/5, 9/6, 9/9, 9/10, 9/12, 9/13, 9/18, and 9/20. The staff person assigned to the "1st floor" was responsible for cleaning the countertops in the dishroom. That task was marked as completed on 9/5, 9/6, 9/9 through 9/14, 9/18, and 9/20. The staff person assigned to the "TCU" was responsible for polishing the stainless steel in the dishroom. That task was marked as completed on 9/1 through 9/6, 9/9, 9/12, 9/13, 9/18, and 9/20. either the Kitchen Cleaning Sheet nor the PM	S 450		11/08/2026

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S 450	Continued From page 10 Closing Task Sheet included instructions for the staff to clean the convection ovens or the flattop grill. 9. Review of the provider's June 2026 Food Safety and Sanitation LTC (Long Term Care) ivision Policy revealed that there were eight pages in the policy. Pages two and three were missing from the copy of the policy given to the survey team. Under the section titled "Food Preparation and Service," "Food is served as soon as possible. eftover food is treated as recommended by Food Service Code. All leftover food is discarded after 3 days (72 [hours]). All perishable food items are labeled and dated prior to refrigeration or freezing." Under the section titled "Equipment," "Ovens and oven racks in the kitchen are cleaned thoroughly once a month, and/or after spills occur." "The floor well drain is cleaned weekly and as needed." "Stove top and grill are cleaned after each meal." "Cleaning schedules are posted & include frequency, position responsible and signed off when completed."	S 450		
S 641	44:70:07:05 Control And Accountability Of Medications o resident may keep medications on the resident's person or in the resident's room without a physician, physician assistant, or nurse practitioner's order allowing self-administration. This Administrative Rule of South Dakota is not	S 641		11/08/2026

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S 641	Continued From page 11 met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to ensure that the staff were aware of and accounted for all the medications a resident stored in their apartment for one of four sampled residents (1) who had medications stored in her bathroom. Findings include: 1. Observation and interview on 9/22/26 at 3:33 p.m. with resident 1 in her room revealed that she stored some medications in her bathroom. Those medications included meclizine (an anti-nausea medication), ibuprofen (a pain reliever), lidocaine patches, and lidocaine cream (both pain relievers). She confirmed that the staff did not know that she had those medications. Her family member had brought her the meclizine, and some of her colleagues had brought her the pain relievers. 2. Interview on 9/22/26 at 4:38 p.m. with certified nursing assistant (CNA) F revealed that she was not aware that resident 1 had medications stored in her bathroom. She confirmed that resident 1 was not on the list of residents who could safely self-administer medications, and at that point the resident was not supposed to have other medications stored in her bathroom. 3. Interview on 9/22/26 at 4:53 p.m. with registered nurse (RN) housing coordinator C revealed that she had previously "cleared out" resident 1's apartment of medications since the resident's visitors had a habit of bringing her medications. She confirmed that she was not aware of the latest medications in her apartment and that resident 1 did not have a physician's order for the meclizine.	S 641	1. **Corrective Action for Resident Affected** Resident #1's apartment will be reviewed with the resident and unauthorized medications, if found, will be removed by 10/23/26. Resident #1 was assessed for self-administration of medications on 10/16/26. 2. **Identification of Other Residents at Risk** 100% of assisted living residents will be interviewed to inquire about unauthorized or self-stored medications by November 8th, 2026 by the RN Housing Coordinator, or designee. Any medications identified will be reconciled to physician orders, self-administration approvals, and medication records. 3. **Systemic Changes** A resident medication storage process will be implemented requiring routine resident interview related to unauthorized medications, documentation of approved self-administration medications, and resident/family education regarding bringing medications into the facility by the RN Housing Coordinator, or designee, by November 8th, 2026. Staff will be educated on notification and reconciliation requirements when medications are discovered in resident rooms at all staff in-services between 10/26/26 and 10/30/26 by the RN Supervisor, or designee. 4. **Monitoring** The RN Housing Coordinator, or designee, will complete 2 resident interviews weekly for 8 weeks to inquire about resident medication storage practices and unauthorized medications. Findings will be reviewed through Quality Assurance.	11/08/2026

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	66658	A. BUILDING: _____ B. WING _____	09/24/2026

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S 641	Continued From page 12 4. Review of resident 1's electronic medical record (EMR) revealed that she admitted to the facility on 9/17/25. She had a 9/17/25 Brief Interview for Mental Status (BIMS) assessment score of 14, which indicated that her cognition was intact. There were no physician's orders for the above medications found in her bathroom. There was no documentation that she was assessed for her ability to safely self-administer those medications independently. She did not have a physician's order to self-administer those medications. 5. Review of the provider's September 2026 Medication Administration policy revealed that, "Residents may not keep medications on their person or in their room without a physician's, physician assistant, or nurse practitioner's order allowing self-administration."	S 641		
S 685	44:70:07:09 Self-Administration of Medications A resident with the cognitive ability to safely perform self-administration, may self-administer medications. At least every three months, a registered nurse, or the resident's physician, physician assistant, or nurse practitioner shall determine and record the continued appropriateness of the resident's ability to self-administer medications. The determination must state whether the resident or healthcare personnel is responsible for storage of the medication and include documentation of its administration in accordance with this chapter. Any resident who stores a medication in the resident's room or self-administers a medication, must have an order from a physician, physician	S 685		11/08/2026

South Dakota Department of Health

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S 685	Continued From page 13 assistant, or nurse practitioner allowing self-administration. 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 ensure residents were assessed for their ability to safely administer their medications and had a physician's order for one of one sampled resident (1) who did not have a medication self-administration assessment completed or a physician's order to be able to administer her medicated mouthwash independently that was left in her room by the staff, and for one of one sampled resident (2) who self-administered her carbidopa/levodopa (a medication to treat the symptoms of Parkinson's disease) and did not have a quarterly medication self-administration assessment completed. Findings include: 1. Observation and interview on 9/22/26 at 11 03 a.m. with resident 1 in her room revealed that there was a plastic medication cup on her table that contained a thick yellowish liquid. She said that it was a medicated mouthwash to help the sores in her mouth from her dentures. 2. Review of resident 1's electronic medical record (EMR) revealed that she admitted to the facility on 9/17/25. She had a 9/17/25 Brief Interview for Mental Status (BIMS) assessment score of 14, which indicated that her cognition was intact. She had a physician's order for ystatin (an antifungal medication) oral suspension mouthwash, with directions to take 5	S 685	1. **Corrective Action for Residents Affected** Resident #1 was assessed regarding medication self-administration on 10/16/26. Resident #2 received an updated medication self-administration assessment on 10/6/26. 2. **Identification of Other Residents at Risk** A 100% audit of all residents self-administering or storing medications will be completed to verify physician authorization, self-administration assessments, quarterly reassessments, medication storage responsibility, service plan documentation, and medication administration records by the RN Housing Coordinator, or designee. Deficiencies identified during the audit will be corrected immediately. These will be completed by November 8th, 2026 3. **Systemic Changes** The self-administration policy was reviewed on 10/16/26 by the Director of Nursing, Assistant Director of Nursing, and RN Housing Coordinator. A self-administration checklist will be developed to require completion of nursing assessment, provider order, service plan update, and resident education before self-administration begins by October 23rd, 2026. A tracking system for quarterly reassessments will be created by October 23rd, 2026, and staff will be educated on requirements at all staff in-services between 10/26/26 and 10/30/26 by the RN Supervisor, or designee. 4. **Monitoring** The DON, or designee, will review 2 residents weekly for 8 weeks that are approved for self-administration to verify required self-administration assessments, physician authorization, documentation of storage responsibility, and required quarterly assessments. Audit results will be reviewed through the Quality Assurance process and corrective action initiated for any noncompliance.	11/08/2026

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S 685	Continued From page 14 milliliters (mL) by mouth three times a day. There was no documentation that she was assessed for her ability to safely self-administer that medication independently. She did not have a physician's order to self-administer that medication. 3. Interview on 9/22/26 at 11 27 a.m. with licensed practical nurse (LPN) D revealed that there were only two residents that she was aware of that were able to self-administer their medications, residents 2 and 7. Resident 2 had her carbidopa/levodopa in her room that she took at scheduled times throughout the day, and resident 7 had a medicated cream that she would not allow staff to help administer. 4. Interview on 9/22/26 at 3:00 p.m. with resident 2 revealed that she confirmed she stored her carbidopa/levodopa medication in her room. She was able to verbalize the dose, the timing, and the reason for the medication. She marked down on a tracker sheet when she took each dose. She stored the medication in her kitchenette. 5. Review of resident 2's EMR revealed that she admitted to the facility on 9/2/25. She had a diagnosis of Parkinson's disease. Her 9/15/26 BIMS assessment score was 15, which indicated her cognition was intact. She was assessed for medication self-administration on 1/30/26. There was no documentation that another assessment was completed since then. 6. Interview on 9/22/26 at 4:53 p.m. with registered nurse (RN) housing coordinator C revealed that the provider switched to a different EMR system in June 2026, and there was no medication self-administration assessment built into the system yet.	S 685		11/08/2026

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S 685	Continued From page 15 She confirmed that resident 1 was not assessed for medication self-administration, and the staff should not have left the Nystatin mouth wash in her room. The staff should have observed her swish and spit the mouthwash according to the physician's orders. She confirmed the resident did not have a physician's order to self-administer medications. 7. Interview on 9/23/26 at 2:52 p.m. with RN housing supervisor C revealed that she was responsible for ensuring the resident's medication self-administration assessments were completed. She confirmed that resident 2 was not assessed for her ability to safely self-administer medications since January 2026. 8. Continued interview on 9/23/26 at 3:50 p.m. with RN housing coordinator C revealed that when a resident wishes to self-administer their medication, they would let her know. An assessment for self-administration of medication would be completed. A physician's order would be obtained. The interdisciplinary team would come to an agreement that the resident was safe to self-administer their medications. In the resident's EMR, she would make the medication a self-administration order. She would then give the resident a monthly medication administration (MAR) sheet with the medication listed and go over how the resident was to document the medication every time they took it. She would provide a new MAR sheet monthly and scan the old MAR sheet into the resident's EMR. The resident would be assessed for medication self-administration quarterly. She agreed the assessment should be completed before the resident was given the medication to self-administer. She was responsible for updating	S 685		11/08/2026

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S 685	Continued From page 16 the resident's service plans, which indicated if the resident self-administered their medication. 9. Interview on 9/23/26 at 4:44 p.m. with director of nursing (DON) B and assistant director of nursing (ADON) G revealed that a resident who wished to self-administer their medications needed to be assessed for safety and have a physician's order for medication self-administration. 10. Review of the provider's May 2026 Self-Administration of Medications policy revealed, "It is the policy of this facility that if a resident requests to self-administer medication(s), the interdisciplinary team (IDT) will assess the resident to determine if the practice of self-administration of medications is clinically appropriate, safe and feasible. The resident has the right to defer the responsibility to the facility. A resident may only self-administer medications after the IDT has determined which medications may be safely self-administered. A. If a resident requests to self-administer medication, an assessment will be completed and reviewed by the interdisciplinary team (IDT). This will be repeated quarterly or upon change in medical condition, decision-making status and as needed."	S 685		11/08/2026