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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 9/29/26 through 10/1/26. Alcester Care And Rehab Center was found not in compliance with the following requirements: S295, S331, and S450.	S 000		
S 295	44:70:04:04 Personnel Training The facility shall have a formal orientation program and an ongoing education program for all healthcare personnel. Ongoing education programs must cover the required subjects annually. 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 employees annual education was completed for one of one licensed practical nurse (LPN) (S) and one of one certified nursing assistant (CNA) (U) whose annual education was not completed. Findings include: 1. Review of the provider's personnel records for LPN S revealed that she did not complete the annual education for infection prevention and control, abuse, neglect, misappropriation, mistreatment, and advanced directives. 2. Review of the provider's personnel records for CNA U revealed that she did not complete the annual education for emergency preparedness procedures, abuse, neglect, misappropriation,	S 295	LPN S and CNA U will complete all required training on 11/4/2026 or prior to their next shift. Administrator, or designee, and interdisciplinary team will review and revise as necessary the policy and procedure for personnel training on 11/2/2026. Administrator, or designee, will complete audits on all current staff to ensure they have received all required personnel training and will have it completed by 11/15/2026 or prior to their first shift. Following, audits will be done monthly for three months following all-staff education meetings and findings will be presented in the monthly QAPI meeting for three months or until the QAPI committee advises to discontinue monitoring.	11/15/2026

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S 295	Continued From page 1 mistreatment, and advanced directives. 3. Interview on 10/1/26 at 11:25 a.m. with administrator in training A revealed that education topics were covered monthly, and that LPN S and CNA U must have missed the education sessions. He indicated that he was responsible for ensuring annual education was completed. 4. Review of the providers undated mandatory training policy revealed "Ongoing education programs must cover the required subjects annually. These programs must include the following subjects: 1. Fire prevention and response, 2. Emergency procedures and preparedness, 3. Infection control and prevention, 4. Accident prevention and safety procedures, 5. Proper use of restraints, 6. Resident rights, 7. Confidentiality of resident information, 8. Incidents and disease subject to mandatory reporting and the facility's reporting mechanisms, 9. Care of residents with unique needs, 10. Dining assistance, nutrition risks, and hydration needs of patients or residents, 11. Abuse neglect, misappropriation of resident property and funds, and mistreatment, 12. Ethics and compliance 13. Advanced care planning 14. TB [tuberculosis] signs and symptoms."	S 295		
S 331	44:70:04:10(1) Tuberculin Screening... Requirements Tuberculin screening requirements for healthcare personnel and residents are as follows: (1) Each healthcare personnel or resident shall receive an initial individual TB risk assessment that is documented and the two-step method of tuberculin skin test or a TB blood assay test to	S 331	Unable to correct deficient practice of SSD E and Resident 60's tuberculin screening completed within the required timeframe. SSD E two-step tuberculin skin testw as restarted on 10/26/2026 and will be completed by 11/6/2026 to ensure two step is completed within appropraite testing timeframe. Resident 60's tuberculin screening was completed on 10/22/2026.	11/15/2026

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S 331	Continued From page 2 establish a baseline within twenty-one days of employment or admission to a facility. Any two documented tuberculin skin tests completed within a twelve-month period prior to the date of admission or employment are considered two-step. A TB blood assay test completed within a twelve-month period prior to the date of admission or employment is an adequate baseline test. Skin testing or TB blood assay tests are not necessary if a new healthcare personnel or resident transfers from one licensed healthcare facility to another licensed healthcare facility within this state if the facility received documentation from the transferring healthcare facility, healthcare personnel, or resident, of the last skin or blood assay TB testing having been completed within the prior twelve months. Skin testing or TB blood assay tests are not necessary if documentation is provided by the transferring healthcare facility, healthcare personnel, or resident, of a previous positive reaction to either test. Any healthcare personnel or resident who has a newly recognized positive reaction to the skin or TB blood assay test must have a medical evaluation and a chest X-ray to determine the presence or absence of the active disease; This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to ensure a two-step tuberculin skin test (TST, a skin test that reveals if a person has been infected with the bacteria that causes tuberculosis (TB)) was completed for one of one newly hired social services designee (SSD) (E) and for one of one sampled resident (60), whose TST was not completed within 21 days of the resident's admission to the facility, according to	S 331	Administrator, or designee, will review and revise the policy for tuberculosis on 11/2/2026. Administrator, or designee, will educate all personnel responsible for obtaining tuberculin screenings on 11/4/2026 and 11/9/2026 or prior to first shift. Business office manager, or designee, will audit new hire tuberculin screenings two times weekly for four weeks and two times monthly for two more months to ensure tests are completed on time. DON, or designee, will audit new admissions for tuberculin screening two times weekly for four weeks and two times monthly for two more months to ensure tests are completed on time. Business office manager, or designee,and DON, or designee, will present findings from these audits at the monthly QAPI committee for review for two months or until the QAPI committee advises to discontinue monitoring.	

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the provider's policy.

Findings include:

1. Review of resident 60's electronic medical record (EMR) revealed he admitted to the facility on 3/11/24. Immunization documentation listed that he had one TB skin test completed on 3/22/24 that was negative. He had another TB skin test completed on 12/8/25.

2. Interview on 10/1/26 at 10:16 a.m. with director of nursing (DON)/minimum data set (MDS) coordinator B revealed she confirmed that resident 60 received a TB skin test on 3/11/24 and that they had begun the two-step skin test again on 12/8/25. Resident 60 was not provided with the second skin test to complete the two-step TST.

3. Review of SSD E's employee file revealed that her hire date was 3/30/26. The first step of her TST was completed on 4/3/26. The second step of the test was completed on 6/11/26.

4. Interview on 10/1/26 at 11:52 a.m. with DON/MDS coordinator B revealed that when a new employee was hired, the responsibility to complete the TST was between the new employee and their direct supervisor. She reported that there was not one employee who was responsible for tracking completion of the TST to ensure that they were completed within the required time for residents and newly hired employees.

5. Interview on 10/1/26 at 3:00 p.m. with office manager Q revealed that she filed the employees' documents into their employee files but was not responsible for ensuring required tasks were

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S 331	Continued From page 4 completed on time. She reported that it was the new employee's responsibility to complete the TST within the first 21 days of their hire date. 6. Review of the provider's September 2019 Tuberculosis Policy revealed: "Each new health care worker or resident should receive a two-step TST [tuberculin skin test] within 14 days of employment or admission to the facility."	S 331		
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 ensure that one of one kitchen was cleaned to maintain a sanitary environment to store, prepare, and serve food to residents, and to maintain two of two ice machines according to the manufacturer's guidelines. Findings include: 1. Observation on 9/29/26 at 9:20 a.m. in the main kitchen revealed that the entry door to the kitchen had a layer of dull, tacky grime. The white plastic piece above the door handle was yellowed and soiled with what appeared to be food matter. The area around the door handle was darkened with what appeared to be a greasy layer of grime	S 450	Entry door to kitchen has been cleaned to remove layer of grime and food matter. White plastic piece above the door handle was cleaned to remove foot matter. The floor was cleaned to remove food residue and grease near the steam table, stone, and grill. Papers were reprinted and rehung around the handwashing sink. Outside of dishwasher has been cleaned to remove lime stains and food particles. Floor in the storage area has been cleaned to remove buildup of dirt and food particles and garbage on the floor. Ceiling vent has been cleaned to removed dust particles. Floor of the walk-in cooler has been cleaned to remove potential growths below food items, and items contacting unclean surfaces have been discarded. Weekly and monthly cleaning checklists and policies will be reviewed/revised to include deficiencies in practice by the Administrator, Dietary Manager, and interdisciplinary team on 11/2/2026. Maintenance Director, or a designee, will update the maintenance logbook on or before 11/15/2026 with a more descriptive cleaning process for the ice machine that follows the instruction manual. Revisions of procedures will include incorporating a daily checklist for cleaning the wooden cabinet that holds hot beverages for housekeeping staff to complete. Revision will also include properly signing and dating the procedure completed by staff.	11/15/2026

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S 450	Continued From page 5 on it. Significant food spillage was present down the door, and dried drippings were present on the lower sections of the door. The floor around the steam table was dirty with crumbs, and there was what appeared to be a cheese puff on the floor between the steam table and the food serving window. The floor around the six-burner stove and the grill contained what appeared to be a layer of thick yellow grease and food particles. Two bread clips were on the floor between the stove and the grill. Papers that hung around the handwashing sink were yellowed and curled on the edges inside the plastic covers. The wall behind the dishwashing area had yellowed caulking with blackened areas. The front edge of the dishwashing sink near the dishwasher had a rust-colored area approximately six inches long by two inches wide. The floor under the dishwashing area was dirty with food particles, dirt, and dust. Three plastic bins were on the floor under the dishwasher, and one contained liquid. A soiled cloth was wrapped around a dishwasher pipe above the plastic bins. The top and corners of the dishwasher were soiled with white and yellow, crusty debris that was thicker toward the back. A thick brown and white buildup was present on the tubes leading from the chemical bucket to the machine. The buildup made the thermometer on the dishwasher hard to read. Inside the large ice machine in the kitchen, an approximately four-inch by three-inch area was black, pink, and slimy on both sides of the machine above the ice. The floor in the dry food storage area was dirty, with a buildup of dirt and food particles in the corners and around the edges of the room. Under the food storage shelf was a mouse trap, a four-pack of Jell-O, and what appeared to be a	S 450	Ceiling will be repainted on or before 11/15/2026 to remove previous water damage markings around vent area. Dietary Manager or designee will audit two times a week for four weeks and once per month for two more months for the daily cleaning checklists to be completed properly and kitchen to be cleaned appropriately. Administrator, or a designee, will complete audits on the ice machines cleanliness once a month for three months. Dietary Staff will be reeducated by the Administrator, Dietary Manager, or designee on 11/4/2026 and/or 11/9/2026, or before their next shifts, to emphasize the importance of cleanliness, proper use of cleaning materials, and proper tracking of cleaning duties. Maintenance Director will be educated by Administrator, or a designee, on 11/4/2026 or 11/9/2026 to include proper cleaning procedures and equipment to use when cleaning food contact surfaces. Dietary Manager and Administrator, or designee, will present findings from these audits monthly for three months at the QAPI meetings for review or until the QAPI committee advises to discontinue monitoring.	

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S 450	Continued From page 6 dried food spill. There was a thick layer of gray fuzzy dust on the metal can storage rack that extended up the rack. Above the rack, the ceiling vent contained a significant buildup of thick, grayish-brown, fuzzy material. The ceiling outside the walk-in freezer was stained with what appeared to be a dried orange outline of a water leak. The walk-in refrigerator floor was rusted throughout and gave way when stepped on. A black milk crate on the floor inside the walk-in refrigerator was covered with a white, fuzzy substance. Two cardboard boxes of potatoes were stacked on top of that milk crate. Black buildup was present on the floor in the corners of the refrigerator doorway. The walk-in freezer rubber door gasket contained a black and pink substance, and there was what appeared to be water on the floor to the left of the door. Black buildup was present on the floor in the corners of the freezer doorway. 2. Observation on 9/29/26 at 11:08 a.m. in the dining room revealed there was a hot beverage machine used to serve the residents hot beverages on a wooden cabinet. There was a white substance built up on the three spouts where liquids were dispensed from the machine, with a thick brownish-orange substance on the center spout. What appeared to be dried coffee was spilled down the front of the wooden cabinet and onto the floor. There was a dark brown stain and debris along the cabinet and what appeared to be a dried coffee spill on the floor. 3. Observation on 9/30/26 at 8:20 a.m. in the dining room revealed that the hot beverage machine, cabinet, and floor remained unchanged from the previous observation on 9/29/26.	S 450		

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S 450	Continued From page 7 4. Observation on 9/30/26 at 8:22 a.m. in the kitchen revealed that the cheese puff remained on the floor between the steam table and the serving window. The floors around the steam table, stove, and grill remained unchanged from the previous observation on 9/29/26. The floors in the dry food storage area, the walk-in refrigerator, and the walk-in freezer remained unchanged from the previous observation on 9/29/26. The empty plastic bins on the floor under the dishwashing machine were removed. 5. Observation and interview on 9/30/26 at 8:26 a.m. with dietary manager (DM) G in the kitchen revealed that the large ice machine was cleaned on 9/29/26 by maintenance director F. She could not recall what the inside of the ice machine looked like before maintenance director F cleaned it. 6. Observation, interview, and review of the maintenance log on 9/30/26 at 9:09 a.m. with maintenance director F revealed that he cleaned the kitchen ice machine on 9/29/26. He confirmed there was a black and pink substance on the inside walls of the ice machine above the ice level before he cleaned the machine. He was unsure what that substance was. He indicated that he used the "purple top" wipes located near the dishwashing sink to clean the walls of the ice machine on 9/29/26. He did not remove the ice before he cleaned the substance on the walls of the machine. He stated that he wore gloves and was careful not to drop the wipes onto the ice in the machine. He demonstrated how he cleaned the machine by reaching into the machine. He stated that he typically cleaned the kitchen ice machine with a wipe once a month and did a more thorough cleaning, including draining the ice machine, quarterly. He was unsure if the purple	S 450		

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top wipes were safe to use on food surfaces but thought that the ice did not touch the walls of the ice machine. The last documented cleaning of the ice machine was on 7/15/26.
Maintenance director F stated that he assisted DM G with cleaning the kitchen ice machine and the kitchen's exhaust hood vents, but that the dietary staff was responsible for cleaning the kitchen.

7. Observation on 9/30/26 at 10:55 a.m. of medication aide (MA)/office assistant I in the dining room revealed there was a small, locked ice machine on the wooden cabinet. Inside the back of that ice machine was what appeared to be a pink, slimy substance above the ice.
MA/office assistant I filled two water pitchers with ice from that ice machine and placed them on the east and west medication carts. At that time, water pitchers with ice were on ten tables in the dining room.

8. Observation and interview on 9/30/26 at 1:42 p.m. with DM G in the main kitchen revealed that she was filling individual insulated water cups for the residents with ice from the large ice machine for the afternoon water pass.
DM G stated that she assisted maintenance director F when he completed the thorough cleaning of the large ice machine. She thought they cleaned the ice machine every six months by draining it and using a manufacturer-recommended chemical. She described the cleaner as a green liquid. She stated that the dietary department did not complete any additional cleaning of the ice machine and that she was unaware of what the ice machine looked like before maintenance director F cleaned it on 9/29/26.
DM G was aware that the walk-in refrigerator floor

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was rusted and gave way when stepped on and thought that there was a plan to replace that floor but acknowledged that was a couple of years ago.
She did not report the condition of the walk-in refrigerator floor to maintenance director F because she thought that administrator C was aware of the condition of the floor.
DM G confirmed the above observations and acknowledged that the dishwasher area and the kitchen floors were not clean. She could not identify the pink and black substance in the rubber gasket of the walk-in freezer door or the white substance on the milk crate in the walk-in refrigerator but acknowledged that those areas were not clean.
She was not aware of the dust and buildup in the dry food storage area or that the ceiling vent was not clean. She thought maintenance director F was responsible for cleaning the food storage area ceiling vent.
DM G stated that the orange-colored stain on the ceiling in the dry food storage area was from a ceiling leak. She thought that was fixed about two years ago. DM G thought administrator C was aware of the condition of the ceiling in the dry food storage area but was unsure whether there was a plan to repair it.
DM G stated that dietary/environmental aide V cleaned the kitchen about three times a week. DM G expected dietary/environmental aide V to clean the floors under, around, and behind the kitchen equipment. Maintenance director F cleaned the kitchen floors each Friday with a machine that could not reach the corners and edges. She expected all dietary staff to sweep and mop the kitchen each night but acknowledged that was not completed.
DM G was unsure what the dark, tacky substance on the main kitchen door and the dry food storage

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doors were or when the doors were last cleaned. She acknowledged that they did not appear clean.
DM G stated that there were weekly kitchen cleaning logs and that she expected the dietary staff to complete the cleaning and document when the cleaning was done.
DM G confirmed that the cheese puff remained on the floor between the steam table and the serving window and stated that she knew the floors were not swept the night before. She expected the evening shift cook to clean the floors after supper.
DM G stated that she de-limed the dishwasher once a month but expected the dietary staff to clean the machine each day. She confirmed there was significant hard-water buildup on the edges and top of the machine and said it was hard to reach all areas to clean.
DM G stated that anyone could clean the hot beverage machine in the dining room. She thought housekeeping cleaned the cabinet and the floors around the hot beverage machine. She expected the dietary staff to flush the machine weekly. DM G confirmed that the area around the hot beverage machine was not clean, and she could not identify the substance on the machine's spouts.
DM G thought maintenance director F cleaned the small, locked ice machine, but she was not sure.

9. Observation and interview on 9/30/26 at 2:36 p.m. with administrator in training (AIT) A in the kitchen and dining room revealed that administrator C was unavailable throughout the survey, and AIT A had started working at the facility less than a month ago. AIT A stated that he did not spend much time in the kitchen, and AIT A confirmed the above observations. He

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expected DM G to ensure the kitchen was cleaned, report to maintenance director F, AIT A, or administrator C any areas in the kitchen that needed to be repaired, and acknowledged that the areas previously reported in the kitchen were not clean.
AIT A confirmed that the "purple top" wipes were not to be used to clean the ice machine and expected staff members to follow the manufacturer's recommendations for cleaning.

10. Observation and interview on 9/30/26 at 3:32 p.m. revealed AIT A showed the surveyor the bottle of Manitowoc Ice Machine Cleaner used to clean the ice machine. He was uncertain if there was a separate Manitowoc Ice Machine Sanitizer.

11. Phone interview on 10/1/26 at 1:18 p.m. with registered dietitian (RD) T revealed that she visited the facility twice a month to consult with DM G. Her last visit to the facility's kitchen was yesterday (9/30/26). During her visits, she made observations in the kitchen, completed education with dietary staff, and completed audits for the provider when requested. She thought she recently audited kitchen cleanliness but did not document her observations. She reviewed her observations verbally with DM G during those visits. RD G stated she did not want to share negative statements about her kitchen observations with the surveyor during her interview.

She stated that she was not aware that the ice machines, coffee machine, dish area, food storage areas, or kitchen floors were not maintained. She was aware that the provider's walk-in refrigerator floor was "old," and that there was a "cost to replacing the floor." She knew DM G had mopped areas of the kitchen on 9/30/26.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	67414	A. BUILDING: _____ B. WING _____	10/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALCESTER CARE AND REHAB CENTER	101 CHURCH ST ALCESTER, SD 57001

(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 450	Continued From page 12	S 450		

She expected the kitchen to be clean and staff to clean the equipment as the manufacturer directed. She stated DM G was responsible for kitchen cleanliness.

12. Review of the provider's kitchen Weekly Cleaning Lists revealed that the cleaning lists indicated a month and the days, but not the year. Tasks were assigned Monday through Friday by job title and "whoever uses the grill." "Monthly walk in," and "Monthly delime dish machine" were not assigned to a "position/person."
"Monthly delime dish machine" was documented as completed by DM G on 9/16. "Between 9/1 and 9/30, "Monthly walk in" was initialed twice by DM G without a date.
"Wipe and polish the stainless steel around [the] dishwasher" was documented as completed on twenty-one of twenty-two days. There was no documentation of when the floors were expected to be swept or mopped or who completed that task.

13. Review of the provider's 2026 Quarterly Maintenance Record revealed that maintenance director F performed the following tasks: "Ice/water filter dining room/kitchen" on 7/15/26 and "Clean dust and lint from [the] fridge and freezer" and "De-lime [the] Dishwasher" on 7/28/26.

14. Review of the Super Sani-Cloth Germicidal Disposable Wipe product label indicated "A potable water rinse is required for food contact surfaces."

15. Review of the October 2017 Manitowoc UnderCounter Ice Machines manufacturer's instructions revealed "Clean and sanitize the ice machine every 6 months for efficient operation. If

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S 450	Continued From page 13 the ice machine requires more frequent cleaning and sanitizing, consult a qualified service company to test the water quality and recommend appropriate water treatment. The ice machine must be taken apart for cleaning and sanitizing." "Use only Manitowoc approved Ice Machine Cleaner and Sanitizer. Using a non Manitowoc cleaner or sanitizer may result in bodily harm and/or cause damage to the ice machine ..." "Ice machine cleaner is used to remove limescale and mineral deposits. Ice machine sanitizer disinfects and removes algae and slime." 16. Review of the provider's 2000 General Sanitation of Kitchen policy revealed "The staff shall maintain the sanitation of the kitchen through compliance with a written, comprehensive cleaning schedule." "Cleaning and sanitation tasks for the kitchen will be recorded. Tasks will be assigned to be the responsibility of specific positions. Tasks will be addressed as to frequency of cleaning. The method and agents to be used for cleaning will be written for each task. A cleaning schedule will be posted and employees will initial and date tasks when completed. Staff will wear rubber gloves and an apron to protect clothing while cleaning the kitchen. Protective eyeglasses will be worn as appropriate." 17. Review of the provider's undated Food Storage policy revealed: "All refrigerator units are kept clean and in good working condition at all times." The policy did not address freezer cleanliness or the cleanliness of dry food storage areas.	S 450		