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
	46761	A. BUILDING: _____ B. WING _____	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA PRINCE OF PEACE RETIREMENT COMMUNIT	4504 PRINCE OF PEACE PLACE SIOUX FALLS, SD 57103

(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 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 8/20/25 through 8/21/25. Avera Prince of Peace Retirement Community - Oakwood was found not in compliance with the following requirements: S106 and S165.	S 000		
S 106	44:70:02:06 Food Service A facility of seventeen beds or more shall have a mechanical dishwasher. The facility shall have the space, equipment, supplies and mechanical systems for efficient, safe, and sanitary food preparation if any part of the food service is provided by the facility. 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 chemical sanitation level required to sanitize the dishes used for serving residents' food was monitored and documented for one of one low-temperature dishwasher and for the solution used for cleaning and disinfecting the surfaces of the kitchenette, serving area, and dining room. Failure to ensure that increased the potential risk of foodborne illnesses for the entire resident population who received meals served from that kitchenette. Findings include: 1. Observation on 8/20/25 at 10:57 a.m. with food and nutrition F in the Oakwood kitchenette and dish room revealed: *Food and nutrition staff F was scooping ice	S 106	The dishwasher is on a preventative maintenance program with Johnson Diversify who check it every-other-month. The administrator called and confirmed that the dishwasher met the required ppm for chemical dishwasher cleaning and that they have not had any negative results. The Administrator and Support Services Manager initiated test strips daily to monitor the chemical usage of both the dishwasher and the buckets to clean the tables. Logs have been created to monitor the required ppm results and will be kept up-to-date daily. All kitchen employees who work in the Oakwod kitchen have been educated on the chemical monitoring process and empowered to complete. The logs will be reviewed by the Support Services Manager and/or designee weekly for 12 weeks and any negative outcomes will be brought to the Administrator's attention for service consultatoin with Johnson Diversify.	09/26/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Patrick Berry, LNHA | Director-Nursing Home Admin | 09/12/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46761	A. BUILDING: _____ B. WING _____	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA PRINCE OF PEACE RETIREMENT COMMUNIT	4504 PRINCE OF PEACE PLACE SIOUX FALLS, SD 57103

(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 106	Continued From page 1 cream into small dishes for the residents' noon meal in the food serving area. *She used a wet cloth from a red bucket to wash the table where she had been scooping ice cream. *In the dish room, there was a rack-style commercial dishwasher. *An August 2025 documentation log that included dishwasher temperatures recorded in the morning, noon, and evening was posted on the whiteboard. -That log indicated that the dishwasher was a low-temperature dishwasher and used chemicals to sanitize. -There was no place on that log to record the testing of the chemical sanitizer levels of the dishwasher. *There was no place on that log to record the chemical sanitizer level of the solution in the red bucket used to clean the table observed above. 2. Observation and interview on 8/20/25 at 12:35 p.m. with food and nutrition staff F revealed: *She completed the cleaning of the dining room tables, the kitchenette food service areas, the dish room, and she washed the dishes used by the residents during their breakfast and lunch meals. *She stated that the utensils used to serve the resident food and the dishware used by the residents were washed in the unit's dishwasher behind the kitchenette. The larger containers that the food arrived to the unit in were washed in the main kitchen. *In the Oakwood dish room there was a rack-style commercial dishwasher. *Food and nutrition staff F stated she monitored and recorded the temperature of the dishwasher with each meal service cycle. She did not monitor the sanitizer level in the dishwasher because it	S 106		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46761	A. BUILDING: _____ B. WING _____	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA PRINCE OF PEACE RETIREMENT COMMUNIT	4504 PRINCE OF PEACE PLACE SIOUX FALLS, SD 57103

(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 106	Continued From page 2 was "automated" and "the system would put the right amount in." *The red bucket she used for cleaning and disinfecting the surfaces of the kitchenette, serving area, and dining room was filled with a separate sanitizer solution that was also automated. She did not monitor the sanitizer concentration levels of that solution. *She stated that there used to be test strips, but they "disappeared." *She confirmed that it was not part of her responsibility to test or monitor the sanitizer concentration levels of the dishwasher or the solution used for cleaning. 3. Observation and interview on 8/21/25 at 10:44 a.m. with support services manager (SSM) E and Food and nutrition staff F in the Oakwood kitchenette revealed: *SSM E confirmed that the dishwasher in the Oakwood dish room was a low-temperature machine, that it reached the 120° F [degrees Fahrenheit], and that it used chemical sanitizer to sanitize the dishes. *The sanitizer used by the dishwasher was Diversey Liqu-A Klor Liquid-Bactericide Disinfectant and Sanitizer, and it was premixed and dispensed by the dishwasher system. *The sanitizer used in the red buckets was Diversey J-512 Sanitizer and it was dispensed by a separate system that mixed the concentrated sanitizer with water. *SSM E did not expect that staff members would test the sanitizer concentration levels of either the dishwasher or the solution used in the red bucket because the systems would dispense the correct amount of sanitizer. *Food and nutrition staff members would change the chemical containers in the dispensing systems when they were empty.	S 106		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46761	A. BUILDING: _____ B. WING _____	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA PRINCE OF PEACE RETIREMENT COMMUNIT	4504 PRINCE OF PEACE PLACE SIOUX FALLS, SD 57103

(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 106	Continued From page 3 *SSM E was unsure how staff members would ensure that the correct amount of sanitizer was used by the dishwasher or in the red bucket to ensure that surfaces had been sanitized. *SSM E stated that the sanitizer solution could be checked with a "test strip." *SSM E verified there were no test strips available for use or logs to document the chemical concentration of the dishwasher or the sanitation buckets. *Food and nutrition staff F stated that she changed the solution in the red bucket before each meal service, but that she did not test the sanitizer level. She stated it had been "at least a year" since there had been test strips available. *SSM E confirmed there was no process to ensure the sanitizer levels were at the appropriate levels, leaving risk for improper sanitization and potential for food-borne illness. 4. Interview on 8/21/25 at 12:18 p.m. with administrator A, director of nursing B, and assistant director of nursing C revealed: *They confirmed that the Oakwood dishwasher was a low-temperature dishwasher that used chemical sanitizer to ensure that the dishware had been sanitized to prevent risk of foodborne illness. *Administrator A stated that there was a preventative maintenance program for the dishwasher, and thought that the dishwasher sanitizer levels were monitored every other month or quarterly. *Administrator A expected that staff members would follow the facility policy and the dishwasher instruction manual for the dishwasher to ensure proper sanitization of the dishes. *They had not been aware that the solution used to clean and disinfect the surfaces of the kitchenette, serving area, and dining room was	S 106		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46761	A. BUILDING: _____ B. WING _____	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA PRINCE OF PEACE RETIREMENT COMMUNIT	4504 PRINCE OF PEACE PLACE SIOUX FALLS, SD 57103

(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 106	Continued From page 4 not monitored for the correct sanitizer concentration level, but that SSM E had recently brought test strips to the Oakwood kitchenette to test the sanitizer level of the dishwasher and the solution used to clean and disinfect the surfaces of the kitchenette, serving area, and dining room. 5. Observation and interview on 8/21/25 at 1:00 p.m. with SSM E and food and nutrition staff F in the Oakwood dish room and dining room revealed: *SSM E ran the dishwasher and used a "QT-40 HYDRION" test strip to test the sanitizer level. The test strip turned a yellow-green and read 150 parts per million (ppm). *SSM E filled a bucket with the premixed Diversey J-512 Sanitizer used to clean and disinfect the surfaces of the kitchenette, serving area, and dining room. *SSM E used a "QT-40 HYDRION" test strip to test that solution. The test strip did not change color and read zero ppm. -She confirmed that level was not a sufficient sanitizing solution to prevent food-borne illness. *Food and nutrition staff F was cleaning the dining room tables using the solution in her red bucket. The solution in that bucket was tested with the same test strips as above and read 200 ppm. *Food and nutrition staff F stated that a mop bucket had been filled from the same system she had used after she filled her red bucket. *That system allowed staff to choose between two concentrated chemicals, one for sanitizing and the other for the mop bucket. There was a knob that allowed staff to select which chemical they wanted to use. *Food and nutrition staff F stated that the line dispensing the chemical and water solution would need to be "bled [to allow the liquid in the line to	S 106		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46761	A. BUILDING: _____ B. WING _____	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA PRINCE OF PEACE RETIREMENT COMMUNIT	4504 PRINCE OF PEACE PLACE SIOUX FALLS, SD 57103

(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 106	Continued From page 5 be flushed]" before filling a bucket with the sanitizer solution to ensure the correct concentration, or that solution would be diluted. *SSM E stated that there would have been no way to know that the solution did not have the correct sanitizer concentration level if it had not been tested. 6. Review of the provider's May 2025, June 2025, July 2025, and August 2025 monthly Oakwood kitchenette logs revealed: *"Low temperature dishmachines use chemicals to sanitize." *There was no place to document the testing of the chemical sanitizer concentration for the low-temperature dishwasher. *There was no place to document the changing of the sanitizing solution in the red buckets used to clean and disinfect the surfaces of the kitchenette, serving area, and dining room. *There was no place to document the testing of the chemical concentration of the sanitizer solution in that red bucket. Review of the provider's 8/2025 Ware Washing policy revealed: *"Dishwashing procedures and techniques shall be developed, understood and carried out to meet local health codes." *"Oakwood uses a low temperature dishmachine." *"All china, glassware, flatware and water pitchers shall be washed in the mechanical dishwasher." *The policy did not include monitoring the temperature or sanitizer levels of that low-temperature dishwasher. *The policy did not include the monitoring of sanitizer levels used for cleaning and disinfecting the surfaces of the kitchenette, serving area, and dining room.	S 106		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46761	A. BUILDING: _____ B. WING _____	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA PRINCE OF PEACE RETIREMENT COMMUNIT	4504 PRINCE OF PEACE PLACE SIOUX FALLS, SD 57103

(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 106	Continued From page 6 Review of the provider's November 2018 Low Temp Dishwasher instruction manual revealed: *The dishwasher "is a low temperature (140°F recommended, 120°F minimum) chemical sanitizing. Rack-type dishwasher ..." *"The Sanitizer cam controls power to the sanitizer delivery pump ... This time may be increased or decreased to accommodate the type and concentration of sanitizer." *Troubleshooting information included: "Spotting of Silverware, Glasses or Dishes .... 4. Improper concentration of detergent, rinse aid and/or sanitizer." Review of the provider's Diversey J-512 Sanitizer product label revealed: "Use instructions: To sanitize pre-cleaned and potable water-rinsed, non-porous, food contact surfaces, prepare a 200-400 ppm active quaternary solution ..." "Clean with this product according to the label directions." Review of the provider's Diversey Liqu-A Klor Liquid-Bactericide Disinfectant and Sanitizer product label revealed: *"SANITIZING USING MECHANICAL WAREWASHING EQUIPMENT ..." -"Upon completion of wash cycle, apply a sanitizing rinse containing at least 100 ppm available chlorine by adjusting feeding device to meter 1 oz. [ounce] of Liqu-A Klor per 4 gallons of water. Test sanitizer frequently during operation with a chlorine test kit to ensure the solution does not drop below 50 ppm available chlorine."	S 106		
S 165	44:70:02:17 Occupant Protection	S 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46761	A. BUILDING: _____ B. WING _____	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA PRINCE OF PEACE RETIREMENT COMMUNIT	4504 PRINCE OF PEACE PLACE SIOUX FALLS, SD 57103

(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 165	Continued From page 7 Each facility must be constructed, arranged, equipped, maintained, and operated to avoid injury or danger to any occupant. The extent and complexity of occupant protection precautions are determined by the services offered and the physical needs of any resident admitted to the facility. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, South Dakota Assisted Living license review, care record review, and policy review, the provider failed to operate the facility in a manner to avoid the potential for injury or danger to occupants regarding one of one main door exits that remained open, had a motion sensor that deactivated the exit alarm, and was not monitored at all times. Findings include: 1. Observation on 8/20/25 at 9:53 a.m. of the main doors to the provider's assisted living dining room, located between the provider's assisted living community and independent living apartments, revealed: *The doors were open. There was a sign on a small table to the right of those open doors that indicated a code would need to be entered to exit the assisted living through those doors. *There was a keypad to the right of the doors and another keypad to the left of the doors. *Without entering a code on either keypad, the two surveyors exited the assisted living and entered the independent living area. *Approximately ten feet past that exit was an open door that entered the Oakwood dish room and a mechanical storage room.	S 165	The Manager-Facility Services contacted Paul from Door Works who immediately came to the facility on August 21, 2025 to correct the door delay. The origianal approved delay was set at roughly 30 seconds and would re-set if triggered again. We re-programmed the door to alarm with a 4-second delay and rotated the motion detector down so it would be less sensitive to surrounding movement. The Manager-Facility Services and/or designee will monitor the door at least weekly for 12 weeks and report any issues to the Administrator and/or Safety committee for consultation with Door Works.	08/21/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46761	A. BUILDING: _____ B. WING _____	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA PRINCE OF PEACE RETIREMENT COMMUNIT	4504 PRINCE OF PEACE PLACE SIOUX FALLS, SD 57103

(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 165	Continued From page 8 -Those doors were not monitored, and no staff were present in the area. -The Oakwood dish room contained food, dishware, and hazardous cleaning supplies. The mechanical storage room contained several bottles of hazardous liquid chemicals, additional cleaning supplies, and electrical equipment. *Approximately 30-40 feet past those doors located between the provider's assisted living community and independent living apartments was an unlocked, unalarmed, and unattended exit door that exited to the parking lot. 2. Observation and interview on 8/20/25 at 9:57 a.m. with social services supervisor (SSS) G at the doors located between the provider's assisted living community and independent living apartments revealed: *She stated that the doors remained open during the daytime and were closed between 6:00 p.m. and 8:00 p.m. each night and that the doors were not monitored by a staff member when they were open. *Anyone could have walked into the assisted living community from the independent living apartments through those doors without entering a code, but a code needed to be entered to exit the assisted living community, or the door alarm would sound. *She confirmed that there were residents with cognitive impairment who lived in the assisted living community and she thought that two of those residents wore a WanderGuard (a wearable door alarming device). *SSS G observed that the surveyors were able to walk through those doors without entering a code and that the alarm did not sound. *SSS G then walked through the doors four times without entering a code and confirmed that the door alarm had not been activated, and the alarm	S 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46761	A. BUILDING: _____ B. WING _____	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA PRINCE OF PEACE RETIREMENT COMMUNIT	4504 PRINCE OF PEACE PLACE SIOUX FALLS, SD 57103

(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 165	Continued From page 9 did not sound. *SSS G expected those doors to have alarmed when she exited the assisted living community, but not when she entered that area through those doors. *SSS G stated that the WanderGuard was a separate door alarm and that there was a separate keypad for that door alarm. When the WanderGuard alarm sounded, a code would need to be entered on the keypad to the left of the door. 3. Observation and interview on 8/20/25 at 10:03 a.m. with facility services manager (FSM) H at the doors located between the provider's assisted living community and independent living apartments revealed: *He stated that the doors were always open and did not need to be closed. This allowed the residents to "come and go." *FSM H observed that the surveyors were able to walk through those doors without entering a code and that the alarm did not sound. *FSM H stated that there was a motion sensor on the independent living side of the doors that temporarily prevented the door alarm from activating, so that anyone could enter the assisted living community without entering a code. A code would need to be entered to exit the assisted living community into the independent living apartments. *He confirmed that if someone was standing outside of the doors and had triggered the motion sensor that a person would be able to exit from the assisted living community without entering a code, because the motion sensor would have prevented it from alarming. *He was unsure how long the motion sensor delayed the alarm from sounding. *He stated the WanderGuard was a separate	S 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46761	A. BUILDING: _____ B. WING _____	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA PRINCE OF PEACE RETIREMENT COMMUNIT	4504 PRINCE OF PEACE PLACE SIOUX FALLS, SD 57103

(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 165	Continued From page 10 door alarm system, that there was a separate keypad for that door alarm, and that the motion sensor did not prevent the WanderGuard alarm system from sounding. *He stated that the door alarm "appears not to be working" and that "it worked yesterday when he had tested it." 4. Observation on 8/20/25 at 12:46 p.m. of the doors located between the provider's assisted living community and independent living apartments revealed: *The door alarmed when the surveyor exited the assisted living community into the independent living apartments, and a code needed to be entered to silence that alarm. *The surveyor was then able to walk back and forth through those doors several times without activating the door alarm. *There had been a one-minute and 40-second delay in the reactivation of that door alarm. During that time, FSM H and an unidentified staff member had walked through those doors, entering the assisted living community. *The door to the dish room and the mechanical room remained open. *The exit door 30-40 feet away, which exited to the parking lot, was unlocked, unalarmed, and unmonitored. 5. Review of the resident list provided at the entrance conference on 8/20/25 revealed: *The current census was 33. *There were nine residents with a Brief Interview for Mental Status (BIMS) assessment score of 10 or below, which indicated they were moderately or severely cognitively impaired. *Two residents wore a WanderGuard due to their elopement risk.	S 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46761	A. BUILDING: _____ B. WING _____	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA PRINCE OF PEACE RETIREMENT COMMUNIT	4504 PRINCE OF PEACE PLACE SIOUX FALLS, SD 57103

(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 165	Continued From page 11 6. Review of the provider's 7/1/25 assisted living license revealed they had the optional service license for the care of cognitively impaired residents. 7. Interview on 8/20/25 at 1:15 p.m. with registered nurse/housing coordinator (RN/HC) D revealed: *She confirmed that there were nine residents with a BIMS of 10 or lower residing in the building. *Resident 11 was assessed as an elopement risk and wore a WanderGuard. 8. Review of Resident 11's electronic medical record revealed: *She was admitted on 9/14/23. *Her diagnoses included dementia (a group of symptoms affecting memory, thinking, and social abilities). *Her 7/22/25 BIMS assessment score was 4, which indicated she was severely cognitively impaired. *Her 6/6/25 elopement risk assessment indicated that she had cognitive impairment with poor decision making, ambulated independently, had diagnoses that could increase her risk for elopement, and "wanders aimlessly." 9. Interview on 8/21/25 at 12:18 p.m. with administrator A, director of nursing B, assistant director of nursing C, and RN/HC D regarding the doors located between the provider's assisted living community and independent living apartments revealed: *Resident 11 wandered aimlessly and had recently activated that door alarm while trying to attend a music activity, but the staff had watched her as she approached the door and had redirected her.	S 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46761	A. BUILDING: _____ B. WING _____	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA PRINCE OF PEACE RETIREMENT COMMUNIT	4504 PRINCE OF PEACE PLACE SIOUX FALLS, SD 57103

(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 165	Continued From page 12 *The second resident previously identified as needing to wear a WanderGuard had that WanderGuard discontinued on 6/26/25. *The confirmed the doors remained open during the day and were closed each night. Those doors were not visible from the nurses' station and were not monitored by a staff member at all times; however, there was a camera monitoring that door. *There was a 30-second motion sensor delay on the doors that allowed people to enter the assisted living community through those doors without activating the door alarm. *They were not aware that each time a person triggered that motion sensor, the length of time that the alarm was delayed was reset. *They confirmed that a resident with cognitive impairment could have exited the assisted living community during a time that the motion sensor had placed a delay on that door alarm without entering a code and without staff awareness. *A resident with a WanderGuard would have activated the WanderGuard alarm even if the motion sensor delay had been activated. 10. On 8/20/25, a request was made for the provider's policies related to the use of the WanderGuard, resident elopement risk, wandering, resident assessment, and door alarms. The following policies were provided. Review of the provider's December 2023 Accutech [WanderGuard] policy revealed: *"The Accutech [WanderGuard] is an alarm device that is utilized to alert staff when an identified resident/patient exits the building or enters an unsupervised area." *The policy did not include wandering or elopement risk unrelated to the use of the Accutech [WanderGuard].	S 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46761	A. BUILDING: _____ B. WING _____	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA PRINCE OF PEACE RETIREMENT COMMUNIT	4504 PRINCE OF PEACE PLACE SIOUX FALLS, SD 57103

(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 165	Continued From page 13 *The policy did not include door alarms unrelated to the Accutech [WanderGuard]. Review of the provider's 10/31/25 Falls and Accidents policy revealed "Staff will ongoingly assess the physical environment with regard to the potential hazards ...fire doors, locks, facility alarms ..."	S 165		