

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/18/2026
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NAME OF PROVIDER OR SUPPLIER PRIMROSE BASIC CARE AND MEMORY COTTAGES	STREET ADDRESS, CITY, STATE, ZIP CODE 1522 MEADOWBROOK COURT ABERDEEN, SD 57402
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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 on 3/17/26 through 3/18/26. Primrose Basic Care and Memory Cottages was not in compliance with the following requirements: S173, S200, S201, S216, S331, S990, and S1027.	S 000		
S 173	44:70:02:17(8-9) Occupant Protection The facility shall: (8) Ensure that any clothes dryer must have a galvanized metal transition duct for exhaust or flexible transition duct listed and labeled in accordance with UL 2158A; and (9) Ensure that the storage and transfilling of oxygen cylinders or containers meet the requirements of the NFPA 99 Health Care Facilities, 2012 Edition, chapter 11. A resident may store in the resident's room a maximum of three E-cylinders or seventy-two cubic feet, or 2.040 cubic meters of oxygen on an as-needed basis, in addition to oxygen in use by the resident. If a facility admits or retains a resident not capable of self-preservation, the facility must meet NFPA 101 Life Safety Code, 2012 edition, health care occupancy standards in chapter 18 or 19, or equip the facility with complete automatic sprinkler protection. This Administrative Rule of South Dakota is not met as evidenced by:	S 173	The Maintenance Supervisor installed the correct dryer exhaust duct with a UL2158A rating on both dryers located in the nursing laundry room and the dining laundry room. A monthly task has been created in TELS Maintenance management system to verify the proper UL2158A rated dryer exhaust duct is installed. Completed by the Maintenance Supervisor on 3-23-26.	3/23/26

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

TITLE

(X6) DATE

Sara Siefken, Executive Director
Director of Nursing

4/20/24

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S 173	Continued From page 1 Based on observation and interview, the provider failed to install galvanized metal exhaust ductwork for two of two residential dryer locations (the nursing and dining laundry rooms). Findings include: 1. Observation on 3/17/26 beginning at 11:40 a.m. revealed the nursing laundry room and the dining laundry room had residential style dryers. The dryers had foil paper exhaust ducting installed. Interview with maintenance supervisor C at the time of the above observations confirmed those conditions.	S 173		
S 200	44:70:03:01 Fire Safety Code Requirements Each facility must meet applicable fire safety standards in NFPA 101 Life Safety Code, 2012 edition in chapter 32 or 33. An automatic sprinkler system is not required in an existing facility unless significant renovations or remodeling of greater than fifty percent of the facility occurs, provided that any existing automatic sprinkler system must remain in service. An attic heat detection system is not required in an existing facility unless significant renovations or remodeling of greater than fifty percent of the facility occurs. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, testing, and interview, the provider failed to ensure one of one storage room had a self-closing door (the activity storage room). Findings include:	S 200	The Maintenance Supervisor repaired the spring loaded hinges so the door will self close. Created a monthly task in TELS Maintenance Management system to make sure doors self close. The Maintenance Supervisor completed the repair on 3-19-26. All spring loaded doors have been checked and are functioning appropriately. Will be reviewed at monthly QA for six months.	3/19/26

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S 200	Continued From page 2 1. Observation on 3/17/26 at 12:15 p.m. revealed the activity storage room corridor door was not self-closing. The room was approximately six feet by eight feet and had copious amounts of combustible items stored in it. Interview with maintenance supervisor C at the time of the observation and testing confirmed those findings.	S 200		
S 201	44:70:03:02 General Fire Safety Each facility must be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of occupants from fire, smoke, fumes, or resulting panic during the period of time reasonably necessary for escape from the structure in case of fire or other emergency. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, the facility must conduct monthly drills to provide training for all personnel. This Administrative Rule of South Dakota is not met as evidenced by: Based on interview and document review, the provider failed to conduct fire drills as required from November 2024 through February 2026. Findings include: 1. Interview with executive director (ED) A on 3/18/26 at 9:05 a.m. revealed the provider was running on three staff shifts: 6:00 a.m. to 2:00 p.m. (first shift), 2:00 p.m. to 10:00 p.m. (second shift), and 10:00 p.m. to 6:00 a.m. (third shift). 2. Document review on 3/18/26 at 9:15 a.m. revealed that fire drills were not conducted as required for the time period starting in November	S 201	Maintenance supervisor will conduct monthly fire drills according to Primrose policy using the Fire Drill Report which includes evacuation drills, listing the date and time of the fire drill, acknowledgment of the fire alarm monitoring company including the time and person receiving the transmission and making sure fire drills are varied on each shift so not held at the same time each month. The Monthly Fire drill task is in the TELS maintenance management system which alerts the maintenance supervisor to perform the monthly fire drill. The maintenance supervisor will begin the corrective action starting on 3/19/26. PMT will audit drills for six months and bring to QA to	3/19/26

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S 201	Continued From page 3 2024 through February 2026. Fire drills were documented as having been conducted: *On 11/28/24 at 2:00 p.m. (second shift) they had a tabletop drill with no alarm or evacuation. *On 12/16/24 at (No time listed) they had a tabletop drill with no alarm or evacuation. *On 1/22/25 at 2:00 p.m. - 2:10 p.m. *On 2/21/25 at 10:00 p.m. (third shift), they had a tabletop drill with no alarm or evacuation. *On 3/12/25 at 10:30 p.m. (third shift) *On 4/16/25 (first shift) *On 5/1/25 at 12:25 a.m. (a smoke detector activated by dust) *On 6/12/25 at 2:46 p.m. (second shift) *On 7/16/25 at 10:40 a.m. (first shift) *On 9/3/25 at 10:15 p.m. (third shift) *On 9/10/25 at 2:08 p.m. (second shift) *On 10/16/25 at 2:00 p.m. (second shift) *On 11/26/25 at 2:15 p.m. (second shift) *On January 2026 (first shift, no date, no time) *On February 2026 (3:00 p.m., second shift, no date on form) Fire drills must be evacuation drills for assisted living centers. The fire drill forms must have the date and time of the drills indicated thereon. The form must have the acknowledgement of the fire alarm monitoring company (the time and person receiving the transmission of the fire alarm signal). Fire drill times for each shift must be varied (not held at the same times) periodically. 3. Interview on 3/18/26 at 9:45 a.m. with ED A confirmed those findings.	S 201		
S 216	44:70:03:04 Fire Alarm Systems	S 216		

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S 216	Continued From page 4 A manually operated, electrically supervised fire alarm system must be installed in each facility. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, the provider failed to maintain one of one fire alarm system as required. Findings include: 1. Record review on 3/18/26 at 8:50 a.m. revealed the annual fire alarm inspection report dated 1/15/26 did not list sensitivities for the individual ionization-type smoke detectors. Ref: 2010 NFPA 72 Section 14.6.2.4, Figure 14.6.2.4 Section 7.12-7.14 and page 11 of 11	S 216	Cintas is scheduled to perform the smoke detector sensitivity testing on April 16th. Created task in TELS management system to verify that the smoke detector sensitivity testing has been completed. Cintas fire protection will perform the smoke detector sensitivity testing on April 16th, 2026.	4/16/26
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 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	S 331	The Director of Nursing will ensure new employees receive the 2-step method of the Tuberculin Skin Testing within 14 days of employment. If a new employee can document results of a negative TST in the previous 12 months, a 1-step TST may be administered and be considered the second step of the 2-step. Tuberculin Skin testing can be done by a nurse trained in the procedure and trained to read the results.	

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S 331	<p>Continued From page 5</p> <p>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;</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, and policy review, the provider failed to ensure one of seven sampled employees (B) had received the two-step tuberculin (TB) skin test within twenty-one days of employment.</p> <p>Findings include:</p> <p>1. Review of employee B's personnel record revealed: *She was hired as the registered nurse on 2/12/24. *Her individual TB risk assessment was completed on 2/14/24. *The two-step TB skin tests were completed on 3/19/24 and 3/29/24. -The amount of time that had elapsed exceeded twenty-one days.</p>	S 331	<p>All new hires will fill out a TB Risk Assessment Worksheet. The new hire will receive baseline Tb screening upon hiring, using the 2-step TST. If a new employee can document results of a negative TST in the previous 12 months, a 1-step TST may be administered and considered the second step of the 2-step.</p> <p>The TB Risk Assessment Worksheet will be uploaded to Rippling once completed. Annual reminders are in ALIS. Administration will review TB policies and skin testing policy with all staff. Will review 15 employee files per week to ensure substantial compliance per policy. Will review at monthly QA meeting.</p> <p>Correct Action has been completed since implementation of ALIS in March of 2025.</p>	3/1/25

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S 331	Continued From page 6 2. Interview on 3/19/26 at 3:22 p.m. with executive director A revealed: *She was not sure why the two-step TB screening for employee B was completed late. *It was her expectation that all parts of the two-step TB skin test were to be completed within the regulatory timeframe. 3. Review of the provider's 12/31/18 Tuberculin Skin Test policy revealed, "All assisted living residents and health care workers shall receive the 2-step method of the Tuberculin Skin Testing within 14 days of admission or employment to the facility."	S 331		
S 990	44:70:10:21(1) Ventilating Systems The ventilating systems must maintain temperatures, minimum air changes of outdoor air per hour, minimum total air changes, and relative humidities as follows: (1) For all occupied areas, the facility shall be able to maintain a minimum temperature of seventy-five degrees Fahrenheit or 23.9 degrees centigrade at winter design conditions with a minimum of at least two total air changes per hour. Each air supply and air exhaust system must be mechanically operated. Any outdoor ventilation air intake, other than for an individual room unit, must be located as far away as practicable but not less than twenty-five feet or 7.62 meters from any plumbing vent stack and the exhaust from any ventilating system or combustion equipment. The bottom of any outdoor intake serving a central air system must be located as high as possible but not less than three feet or 0.91 meters above the ground level. Each mechanical ventilation system must be	S 990	The office space will be converted to a storage room and no longer used as an office. The storage room door will be locked at all times with limited access. Only the Executive Director and the Maintenance Supervisor will have access to the storage room. The maintenance supervisor will remove office items on April 10, 2026. The vent will be installed on 4/22/26.	4/22/26

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S 990	<p>Continued From page 7</p> <p>designed and balanced to provide make-up air and safe pressure relationships between adjacent areas to preclude the spread of infections and assure the health of the occupants. Each room supply air inlet, recirculation inlet, and exhaust air outlet must be located with the grill or diffuser opening not less than three inches or 0.08 meters above the floor. A corridor may not be used to supply air to or exhaust air from any room, except that air from a corridor may be used to ventilate a bathroom, a toilet room, or a janitor's closet opening directly on the corridor. Mechanical exhaust ventilation must be provided in all soiled areas, wet areas, toilet rooms, and clean storage rooms. In any unoccupied service area, ventilation may be reduced or discontinued if the health and comfort of the occupants are not compromised;</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to install two air changes of ventilation for one of one occupied spaces (the floor nurse's office).</p> <p>Findings include:</p> <p>1. Observation on 3/17/26 at 12:05 p.m. revealed the floor nurse's office situated in the nursing wing was six feet by eight feet in area. The office was not equipped with any ventilation.</p> <p>Interview with maintenance supervisor C at the time of the observation confirmed those conditions.</p>	S 990		

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S1027 S1027	<p>Continued From page 8</p> <p>44:70:10:28 Vacuum Breakers</p> <p>An antisiphon device or backflow preventer shall be installed on any hose bib and on any fixture to which a hose or tubing can be attached such as a laboratory or a janitor's sink, bedpan flushing attachment, and a handheld shower. Each antisiphon device or backflow preventer shall be installed on any plumbing and equipment where any possibility exists for contamination of the potable water supply.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to install a vacuum breaker for the hand-held hose in the shower room.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Observation on 3/17/26 at 12:00 p.m. revealed the hand-held hose in the shower room was not equipped with a vacuum breaker anti-siphon device. 2. Interview with maintenance supervisor C at the time of the observation confirmed that finding. 	S1027 S1027	<p>The maintenance supervisor installed a vacuum breaker anti-siphon device on the hand held hose in the shower room. A monthly task has been created in TELS maintenance management system to verify that there is a vacuum breaker anti-siphon device installed on the hand held hose in the shower room. The maintenance supervisor installed the vacuum breaker anti-siphon device on 3/24/26. PMT will verify all other hoses/anti-siphon devices have been installed properly to the hose bib and will audit monthly x 6 months to ensure substantial compliance.</p>	