South Dakota Department of Health							
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
	!		2 14010		С		
		71778	B. WNG		06/0	4/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE, ZIP CODE			
ANGEL HA	AUS HURON	50 7TH S	ST SE				
ANGLLIA	US HUKUN	HURON	, SD 57350				
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPR	And the state of t	DATE	
				DEFICIENCY)			
S 000	Compliance Statement		S 000				
		or compliance with the		S838			
		of South Dakota, Article		The resident involved in this PoC has b			
		g Centers, requirements for s, was conducted from		repaid by Employee Z. This writer is unawa			
		5. Area surveyed included		status regarding the Attorney General's inve into Employee A's actions. On June 11th, 2			
		use toward a resident.		all-staff meeting was held in the facility. Em	ployee Z		
		s found not in compliance		was present. The Administrator covere			
	with the following reg			including confidentiality of resident info abuse, neglect, and the misappropris		7/19/25	
	500			residents' property & funds; incident repor	ting; and	\$725.5555A14562	
S 838	44:70:09:09(4) Qualit	ty Of Life	S 838	incidents & diseases subject to mandatory r Also on June 11th, 2025, the Administrator			
		ē-	1	all-resident meeting. Some of the topics of	overed in		
		e care and an environment		this meeting were related to resident funds neglect, and the misappropriation of r property & funds; lending money to s			
		e resident's quality of life,				taff and	
	including:			residents; and how to report incidents to the staff.	facility's		
	4) Freedom from ver	rbal, sexual, physical, and		Stan.			
		om involuntary seclusion,		Administrator shall Policies & Procedures a			
		on imposed by anyone, and		changes to incorporate language spe "misappropriation of residents' property and	Stranger Stranger Stranger		
	theft of personal prop	erty;					
	1						
	ĺ						
	ĺ						
		tule of South Dakota is not					
	met as evidenced by:						
		ota Department of Health					
		orted incident (FRI), record					
		d policy review, the provider of one sampled resident (8)					
		otential financial abuse from					
	two of two sampled e						
	Findings include:		1				
	Review of the provi						
		(SD DOH) facility reported					
		ted on 5/21/25 at 10:09 a.m. of resident 8 revealed:					
		ived a ten-thousand-dollar					
	check from an insurar						

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

Nout Deur

TITLE

Administrator

(X6) DATE

7/8/25

South Da	kota Department of He	alth				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
71778		71778	B. WING		C 06/04/2025	
NAME OF D	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIP CODE		
NAME OF F	TOVIDER OR SOFFEIER	50 7TH ST		11 L, 21 000L		
ANGELHA	US HURON	HURON, S	1.72.000			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED DEFICIENCY)	BE	(X5) COMPLETE DATE
S 838	*Employee A accepted the check and opened up a joint account with resident 8. *On 5/12/25 Administrator M requested that the check be sent to resident 8's payee for proper tracking and accounting.		S 838			
	*On 5/19/25, Administrator M stated that employee A told her that she had disregarded the request and opened up the bank account.					
	-Employee A stated the balance of the account was less than two thousand dollarsEmployee A did not provide proof of money spent from that account when it was requested by Administrator M.					
-	*Education was to be and neglect on 5/22/2	provided to staff on abuse 25 and 5/23/25.				
	2. Review of the provider's initial SD DOH FRI submitted on 6/6/25 at 2:15 p.m. for resident 8 revealed: *On 6/3/25 at 12:30 p.m. employee Z saw					
		the building counting her				
	twenty dollars and he	resident 8 to borrow him stated he would pay her				
	back forty dollarsResident 8 reported	the event as she was				
	concerned the employmoney.	yee Z had not repaid her the				
	Review of the residence revealed:	lent 8's care record				
	*She was admitted or					
		Brief Interview for Mental sment score was 15 out of				
	15 which indicated shimpairment.					
	*Diagnoses included	schizophrenia (mental			×	
		isconnection from reality, ns and delusions), iron				
	_	w red blood cells due to low				

South Da	kota Department of He	ealth				
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:				
					С	
		71778	B. WING			04/2025
		71770			1 00/0	4/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
ANGELHA	US HURON	50 7TH S	T SE			
ANOLLIIA	ioo nokon	HURON,	SD 57350			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	Statement and the statement of the state	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
ino			ino	DEFICIENCY)		
0.000	0	2	0.000			
S 838	Continued From page	9 2	S 838			
	iron level), and major	depressive disorder.				
	*Her payee was ident	tified as Angelhaus Payee		*		
	Services.					
		ote stated, "Left with [initials				
		to the bank. Resident has				
	been very excited and	d looking forward to the trip."				
		at 12:45 p.m. with resident				
	8 revealed: *The facility is her pay	400				
		indred dollars a month and				
		store]. After the shopping				
	trip she would return the receipt and leftover money to the facility. The leftover money was to be returned to her payee account. -She acknowledged that she got a settlement check about a month ago and went with [name of employee A] to the bank. -She stated that money was separate from her					
	payee accountShe verbalized the settlement money was used to "buy her things" but did not provide any					
	information regarding	what she meant by "things".	1			
	E Intonious on C/2/2E	at 1.00 withi-t				
		at 1:00 p.m. with registered ing (RN/DON) C revealed				
	she:	ing (KN/DON) C revealed	1			
		ement check had been				
	received.	and the state of t				
	*Had been asked to a	assist in getting the	1			
		rm signed by resident 8 but				
	she felt uncomfortable	e doing so.				
	-She informed admini	strator M that she would not				
		ng the resident's signature	1			
	on the release form.		,			
	A (1) A (1) (1) (1)					
	6. Interview on 6/4/25					
		financial officer (CFO) N,				
		ding resident 8 revealed:				
	*The settlement check	k arrived in early May 2025.				

PRINTED: 06/25/2025 FORM APPROVED South Dakota Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ B. WING 06/04/2025 71778 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 50 7TH ST SE ANGELHAUS HURON HURON, SD 57350 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (XA) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 838 S 838 Continued From page 3 -It was unknown to them who it was delivered to. *It was confirmed that employee A took resident 8 to the local credit union and opened an account. -To their knowledge the account is held jointly by the two parties. *The exact amount of money that was unaccounted for was not known. -Several receipts totaling under one thousand dollars had been located. -The allegation of misappropriation was currently being investigated by the attorney general's office. *They had discovered that employee Z had asked for and received twenty dollars from resident 8 and had not repaid resident 8 the money. -They were provided guidance that was a reportable event. *Their policy did not include misappropriation, but they considered these events to be potential financial abuse. *Education had been provided on abuse and neglect to eight employees on 5/23/25 and 5/28/25. -No education was documented for employees A and Z. -Administrator M intended to complete the education to staff no later than the week ending on 6/13/25. 7. Review of the provider's undated policies for 3.2.13.1 Reporting Abuse and Neglect and 3.2.13.2 Abuse and Neglect Defined revealed:

*It did not identify financial abuse or

*"Any and all suspicions of abuse or neglect toward a resident or a staff member must be reported to a member of the Administrative team

misappropriation.

immediately."