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
	10733	A. BUILDING: _____ B. WING _____	C 05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELHAUS YANKTON	300 E 6TH ST YANKTON, SD 57078

(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 5/18/26 through 5/20/26. Angelhaus Yankton was found not in compliance with the following regulations: S105, S165, S295, S296, S305, S331, S352, and S443. A complaint survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted from 5/18/26 through 5/20/26. Areas surveyed included nursing services, neglect, and quality of life. Angelhaus Yankton was found in compliance.	S 000		
S 105	44:70:02:06 Food Service Food service must be provided by a facility licensed in accordance with SDCL chapter 34-12 or food service establishment licensed in accordance with SDCL chapter 34-18 that is inspected by a local, state, or federal agency. The facility shall meet the safety and sanitation procedures for food service in §§ 44:02:07:01, 44:02:07:02, and 44:02:07:04 to 44:02:07:95, inclusive. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, testing, and interviews, the provider failed to maintain the 180-degree rinse temperature for one of one dishwasher. 1. Observation on 5/20/26 at 11:30 a.m. of the dishwasher in the kitchen revealed the temperature gauge for the rinse water was ninety	S 105	S105 Angelhaus contacted repair service to fix washing machine in order for rinse temperature to proper temperature of 180-degrees. PoC Verification Steps: (1) Daily rinse cycle temperature tests will be added to kitchen checklists. (2) Administrator shall review checklist monthly for nine month. (3) QA Team shall review documentation for no loess than nine months or until compliance has been achieved.	

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

Administrator — 6-5-26

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S 105	Continued From page 1 degrees and never moved during the rinse cycle. 2. Interview on 5/20/26 at 11:35 a.m. with cook E revealed the dishwasher temperature gauge was not working. Maintenance was notified about a week ago that the gauge was not working but did not repair it yet. They used a temperature measuring device to test the internal temperature of the dishwasher. 3. Testing of the dishwasher on 5/20/26 at 11:39 a.m. with the facilities temperature measuring device revealed the maximum internal temperature of the dishwasher reached 146 degrees. 4. Interview on 5/20/26 at 11:45 a.m. with cook E revealed he had noticed on Monday 5/18/26 that the rinse temperature for the dishwasher was not meeting the required 160 degree internal temperature. He did not notify maintenance that the rinse cycle was not hot enough.	S 105		
S 165	44:70:02:17 Occupant Protection 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 and interview the provider failed to:	S 165		

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S 165	Continued From page 2 *Maintain one of one air conditioner in the dining room in a clean and sanitary manner. *Install a smooth and easily cleanable surface around one of one air conditioner in the dining room. Findings include: 1. Observation on 5/20/26 at 12:05 p.m. revealed there was a window-style air conditioner installed in the west wall in the dining room. The air conditioner was mounted on a plywood board. There was unpainted and unsealed plywood about twelve inches wide on each side of the air conditioner. Inside the air conditioner vent was a black mildew-like powder. The powder covered about half of the vent. 2. Interview on 5/20/26 at 12:05 p.m. with administrator A revealed the air conditioner was installed about a year ago. He was not aware of the black mildew-like powder in the air conditioner. He knew maintenance cleaned the filters but did not think the vents were on a cleaning schedule. He was not aware the plywood should have been painted or sealed to provide a smooth and easily cleanable surface.	S 165	S 165 Angelhaus Maintenance has thoroughly cleaned air conditioning unit in dining room to ensure proper sanitation; as well as contacted local air conditioning servicer to maintain and clean units in facility. Angelhaus Maintenance has also created cleanable service around air conditioning unit in dining room by painting and sealing area around air conditioning unit. PoC Verification Steps: (1) Air coniditioning unit checks to be added to regular maintenance checklist. (2) Administrator shall review checklist monthly for nine months. (3) QA Team shall review documentation for no less than nine months or until compliance has been achieved.	
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:	S 295		

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S 295	Continued From page 3 Based on personnel file review, interview, and policy review, the provider failed to ensure ongoing annual education was provided on required subjects for one of one sampled employee (D). Findings include: 1. Review of employee D's personnel file revealed she was hired on 2/27/25 and was a certified medication aide (CMA). There was no documentation that she received annual training on accident safety and prevention, hospice, and oxygen. Accident safety and prevention was completed by her on 3/6/25. Hospice and oxygen training were last completed by her on 3/5/25. 2. Interview on 5/20/26 at 8:30 a.m. with administrator A revealed it was his responsibility to oversee that the staff training had been completed annually. He confirmed there was no documentation in employee D's personnel file indicating the above required trainings were completed annually. 4. Review of the provider's undated "3.2 Staff Training" policy revealed "All staff will receive initial orientation and ongoing in-service training based on SD [South Dakota] state regulations and the needs of the residents being served in the facility. Staff training is a team effort between the Administrator, DON (director of nursing, senior employees, and Nurse. The Administrator is primary to the new hire training process and is responsible for scheduling and documenting new employees in the training program."	S 295	S 295 Angelhaus will educate employee D on indicated missing education in order to maintain annual training compliance. PoC Verification Steps: (1) Administrator will more closely monitor annual education checklists to ensure training compliance for all employees. (2) Administrator will review checklist monthly for nine months. (3) QA Team shall review documentation for no less than nine months or until compliance has been achieved.	
S 296	44:70:04:04(1-11) Personnel Training	S 296		

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S 296	Continued From page 4 These programs must be completed within thirty days of hire for all healthcare personnel and must include the following subjects: (1) Fire prevention and response; (2) Emergency procedures and preparedness, including responding to resident emergencies and information regarding advanced directives; (3) Infection control and prevention; (4) Accident prevention and safety procedures; (5) Resident rights; (6) Confidentiality of resident information; (7) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; (8) Nutritional risks and hydration needs of residents; (9) Abuse and neglect; (10) Problem solving and communication techniques related to individuals with cognitive impairment or challenging behaviors if admitted and retained in the facility; and (11) Any additional healthcare personnel education necessary based on the individualized resident care needs provided by the healthcare personnel to the residents who are accepted and retained in the facility. Any personnel whom the facility determines will have no contact with residents are exempt from the training required by subdivision (8). This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, and policy review, the provider failed to ensure the	S 296	S 296 Angelhaus will ensure initial education for employee B is completed and will ensure initial training is done to completion moving forward. PoC Verification Steps: (1) Administrator will check training process daily for new hire employees until initial triaining is completed. (2) Administrator will check employee training files monthly to ensure all employees have received initial training for no less than nine months. (3) QA Team shall review documentation for no less than nine months or until compliance has been achieved.	

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S 296	Continued From page 5 required training was completed within 30 days of hire for one of five newly hired sampled employees (B). Findings include: 1. Review of employee B's personnel file revealed he was hired on 12/1/25 and was a registered nurse (RN). There was no documentation that he received training on infection control and prevention, incidents and diseases subject to mandatory reporting and the facility's reporting mechanism, hospice, and oxygen within 30 days of hire. 2. Interview on 5/20/26 at 8:30 a.m. with administrator A regarding new employee training revealed employee B did not receive the above trainings within 30 days of hire and should have. It was administrator A's responsibility to oversee that the staff training had been completed within 30 days of hire. 3. Review of the provider's undated "3.2 Staff Training" policy revealed "All staff will receive initial orientation and ongoing in-service training based on SD [South Dakota] state regulations and the needs of the residents being served in the facility. Staff training is a team effort between the Administrator, DON (director of nursing, senior employees, and Nurse. The Administrator is primary to the new hire training process and is responsible for scheduling and documenting new employees in the training program."	S 296		
S 305	44:70:04:05 Personnel Health Program The facility shall have a personnel health program for the protection of the residents. All personnel	S 305		

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S 305	Continued From page 6 must be evaluated by a licensed health professional for a reportable communicable disease that poses a threat to others before assignment to duties or within fourteen days after employment including an assessment of previous vaccinations and tuberculin skin tests. This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, and policy review, the provider failed to ensure four of six sampled employees (B, F, G, and H) were evaluated by a licensed health professional and determined to be free from communicable diseases within fourteen days of being hired. Findings include: 1. Review of the personnel file for employee B revealed he was hired on 12/1/25 and was a registered nurse (RN). The evaluation by a licensed health professional was not completed. There was no documentation to support that employee B had been evaluated by a licensed health professional after being hired. 2. Review of the personnel file for employee F revealed he was hired on 11/3/25 and was a certified medication aide (CMA). There was no documentation to support that employee F was evaluated by a licensed health professional after being hired. 3. Review of the personnel file for employee G revealed she was hired on 3/24/26 and was a dietary assistant (DA). There was no documentation to support that she was evaluated by a licensed health professional after being hired.	S 305	S 305 Angelhaus will screen current employees for communicable diseases and will closely monitor new hire paperwork to ensure that screening for communicable diseases are completed and documented. PoC Verification Steps: (1) Admininistrator will make a checklist of current employees with need for communicable disease screening to be completed by RN. Check will be added to new hire checklist to double check that screening has been completed. (2) Administrator shall review checklist and employee files for nine months. (3) QA Team shall review documentation for no less than nine months or until compliance has been achieved.	

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S 305	Continued From page 7 4. Review of the personnel file for employee H revealed she was hired on 3/17/26 and was a DA. There was no documentation to support that she was evaluated by a licensed health professional after being hired. 5. Interview on 5/20/26 at 8:30 a.m. with administrator A revealed employees B, F, G, and H were not evaluated by a licensed health professional within fourteen days of employment. 6. Review of the provider's undated Employee/Resident Health Program policy revealed, "All personnel shall be evaluated by a licensed nurse for freedom from a reportable communicable disease that poses a threat to others within 14 days of employment."	S 305		
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 or resident transfers from one licensed	S 331		

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S 331	Continued From page 8 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 the personnel file review, interview, and policy review, the provider failed to ensure four of six sampled employees (B, F, G, and H) received the two-step tuberculin (TB) skin test within twenty-one days of being hired. Findings include: 1. Review of the personnel file for employee B revealed he was hired on 12/1/25. There was no documentation to support that employee B had received the two-step TB skin test after being hired. 2. Review of the personnel file for employee F revealed he was hired on 11/3/25. There was no documentation to support that employee F had received the two-step TB skin test after being hired.	S 331	S 331 Angelhaus will screen current employees for Tuberculin disease and will closely monitor new hire paperwork to ensure that screening for TB are completed and documented. PoC Verification Steps: (1) Admininistrator will make a checklist of current employees with need for TB screening to be completed by RN. Check will be added to new hire checklist to double check that screening has been completed. (2) Administrator shall review checklist and employee files for nine months. (3) QA Team shall review documentation for no less than nine months or until compliance has been achieved.	

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S 331	Continued From page 9 3. Review of the personnel file for employee G revealed she was hired on 3/24/26. There was no documentation to support that she had received the two-step TB skin test after being hired. 4. Review of the personnel file for employee H revealed she was hired on 3/17/26. There was no documentation to support that she had received the two-step TB skin test after being hired. 5. Interview on 5/20/26 at 8:30 a.m. with administrator A revealed employees B, F, G, and H did not receive a two-step TB skin test after being hired and should have. 5. Review of the provider's undated Employee/Resident Health Program policy revealed, "Nurse shall assess previous vaccinations and conduct a two-step tuberculin skin test. Employee may forego the TB test with supporting documentation from another healthcare facility in South Dakota that the employee has completed a reaction-free two-step TB skin test within the last 12 months."	S 331		
S 352	44:70:04:13 Resident Admissions The facility shall evaluate and document each resident's care needs at the time of admission, thirty days after admission, and annually thereafter, to determine if the facility can meet the needs for each resident. This Administrative Rule of South Dakota is not met as evidenced by: Based on care record review, interview, and policy review, the provider failed to ensure:	S 352		

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S 352	Continued From page 10 *One of four sampled residents (2) had a thirty-day evaluation of resident needs assessment completed. *Two of four sampled residents (1 and 3) had an annual evaluation of resident needs assessment completed. Findings include: 1. Review of resident 2's care record revealed an admission date of 2/25/25. There was no documentation a thirty-day evaluation of resident needs assessment was completed. 2. Review of resident 1's care record revealed an admission date of 10/18/16. There was an annual evaluation of resident needs assessment completed on 12/17/24. There were no further annual evaluation of resident needs assessments completed since 12/17/24. 3. Review of resident 3's care record revealed an admission date of 8/10/16. There was an annual evaluation of resident needs assessment completed on 2/5/24. There were no further annual evaluation of resident needs assessments completed since 2/5/24. 4. Interview on 5/19/26 at 10:50 a.m. with registered nurse (RN) B regarding resident 1, 2, and 3's evaluation of resident needs assessments revealed they were not been completed and should have been. He was not employed at the facility at the time the evaluation of resident needs assessments were due for residents 1, 2, and 3. He was completing the residents with newer admission dates first and planned to go back and complete the remainder of the residents evaluation of resident needs assessments.	S 352	S 352 Angelhaus will ensure resident evaluations are completed at admission, 30 days after admission, and annually after admission to ensure residents needs can be met at the facility. Evaluations that are missing will be completed in order to get all resident files back into compliance. PoC Verification Steps: (1) Administrator will give RN list of necessary evaluations to be completed in order to get residents back into compliance. (2) Administrator will review resident charts monthly for nine months to verify evaluations are completed. (3) QA Team shall review documentation for no less than nine months or until compliance has been achieved.	

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S 352	Continued From page 11 5. Review of the provider's undated 8.9 Semi-annual Assessments policy revealed "The DON [director of nursing] conducts and reports resident health assessments to the Administrator at least every six months to determine if a resident still fits the retention guidelines to remain at [facility name]." 6. Review of the provider's undated 8.10 Annual Assessments policy revealed "The DON or Nurse conducts medical assessments on each resident no less than annually. The DON conducts and reports resident health assessments to the Administrator at least every six months to determine if a resident still fits the retention guidelines."	S 352		
S 443	44:70:05:07 Care Of A Resident With Cognitive Impairment Each facility shall use a validated screening tool for evaluation of a resident's cognitive status upon admission, yearly, and after a significant change in condition. This Administrative Rule of South Dakota is not met as evidenced by: Based on care record review, interview, and policy review, the provider failed to ensure three of four sampled residents (1, 2, and 3) had an annual cognitive screening completed. Findings include: 1. Review of resident 1's care record revealed she was admitted on 10/18/16. Her last annual cognitive screening was completed on 12/17/24. There was no further documentation to support	S 443		

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S 443	Continued From page 12 annual screenings were completed. 2. Review of resident 2's care record revealed he was admitted on 2/25/25. There was no further documentation to support annual screenings were completed. 3. Review of resident 3's care record revealed she was admitted on 8/10/16. Her last annual cognitive screening was completed on 12/17/24. There was no documentation to support annual cognitive screenings were completed. 4. Interview on 5/19/26 at 10:50 a.m. with registered nurse (RN) B regarding cognitive screening expectations revealed the residents' annual cognitive screenings should have been completed. He was responsible for ensuring the cognitive screenings were completed. 5. Review of the provider's undated Documentation Requirements policy revealed Cognitive Assessments were required to have been completed on residents.	S 443	S 443 Angelhaus will ensure resident cognitive screenings are completed at admission and annually after admission to ensure residents needs can be met at the facility. Screenings that are missing will be completed in order to get all resident files back into compliance. PoC Verification Steps: (1) Administrator will give RN list of necessary screenings to be completed in order to get residents back into compliance. (2) Administrator will review resident charts monthly for nine months to verify screenings are completed. (3) QA Team shall review documentation for no less than nine months or until compliance has been achieved.	