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
	49737	A. BUILDING: _____ B. WING _____	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW	901 N MAIN AVE BRIDGEWATER, SD 57319

(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 9/10/25 through 9/11/25. Grandview was found not in compliance with the following requirement: S085.	S 000		
S 085	44:07:02:03 Cleaning Methods And Facilities The facility shall have supplies, equipment, work areas, and complete written procedures for cleaning, sanitizing, or disinfecting all work areas, equipment, utensils, and medical devices used for residents' care. Common-use equipment shall be disinfected after each use. This Administrative Rule of South Dakota is not met as evidenced by: Based on interview, observation, and record review, the provider failed to follow infection prevention practices to ensure that staff used the disinfectant cleaner according to the manufacturer's instructions in one of one sampled resident's (1) apartment observed. Specifically, staff did not maintain the cleaner's required 10-minute wet contact time for disinfection according to the manufacturer's guidelines and the provider's housekeeping policy. Findings include: 1. Interview on 9/11/25 at 9:15 a.m. with housekeeper D revealed she: *Stated she had worked at the facility for six years.	S 085	Housekeeping supervisor and Administrator reviewed PH7Q Policy. Provided policy and training to Housekeeping D on 9/15/2025. PH7Q Dual cleaner should be sprayed on a surface and the surface must remain wet for 10 minutes and allowed to air dry for it be considered sanitized. Weekly audit will be carried out by the head of housekeeping or designee monitoring use of PH7Q when sanitizing surfaces for 4 weeks, then monthly for 3 months. Audits will be presented to QAPI meeting.	10/26/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Brianna Morris — TITLE: Administrator — (X6) DATE: October 3, 2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49737	A. BUILDING: _____ B. WING _____	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW	901 N MAIN AVE BRIDGEWATER, SD 57319

(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 085	Continued From page 1 *Had a spray bottle in her hands that she stated was the disinfectant the provider had used since the 2020 COVID-19 pandemic. Interview and observation on 9/11/25 at 9:37 a.m. with housekeeping supervisor C revealed: *She was responsible for the provider's housekeeping services. *She was housekeeper D's supervisor. *Observation of the label on the two-liter bottle of "pH7Q Dual Neutral Disinfectant Cleaner" indicated: -The product killed the listed bacteria and viruses in 10 minutes. -Instructions for use: "Leave the surface wet for 10 minutes. *She agreed that the product needed to remain wet on the surfaces cleaned for disinfection to occur. *She expected the housekeepers to follow the instructions for use and allow surfaces to remain wet for ten minutes to allow for proper disinfection when cleaning the residents' units. *Observation of the spray bottle's label revealed that it had not indicated the 10-minute contact time required for disinfection. 2. Observation and interview on the morning of 9/11/25 with housekeeper D in resident 1's assisted living apartment revealed: *At 9:58 a.m., she sprayed the disinfectant cleaner on the kitchen counter and spread the disinfectant on the counter with a wet microfiber cloth. -After approximately one minute, she wiped the kitchen counter with a dry microfiber cloth. *At 9:59 a.m., she sprayed the Disinfectant Cleaner on the bathroom sink, counter, and toilet and spread the disinfectant with a wet microfiber cloth, beginning with the sink, moving to the	S 085		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49737	A. BUILDING: _____ B. WING _____	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW	901 N MAIN AVE BRIDGEWATER, SD 57319

(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 085	Continued From page 2	S 085		

counter, and then finished by wiping the toilet seat with that same cloth.
-After approximately five minutes and forty-five seconds, she wiped the sink, counter, and toilet with a dry microfiber cloth.
*Housekeeper D confirmed she had used a wet microfiber cloth, followed by a dry cloth to dry the surfaces.
*Housekeeper D stated, "Maybe it's the wrong thing to do," referring to wiping the surface dry. She stated that she felt she was providing a safer environment for the residents, as some residents had wanted to use the bathroom after it had just been cleaned.
*Approximately six minutes and twenty seconds after spraying the disinfectant cleaner on the bathroom sink counter, the counter was dry to the touch.
*When asked how long to leave the disinfectant cleaner on surfaces for disinfection, housekeeper D stated two to three minutes.
*When shown the disinfectant's information indicated a 10-minute contact time for disinfection, she agreed that the surfaces she had cleaned should have remained wet with the cleaner for ten minutes to allow for disinfection.

Interview on 9/11/25 at 11:00 a.m. with registered nurse B revealed the provider's policies and procedures were shared between the nursing home and assisted living facilities and she expected those policies to be followed by staff.

Interview on 9/11/25 at 4:19 p.m. with administrator A regarding the cleaning of resident rooms revealed that she would expect the housekeeper to follow the manufacturer's directions for the disinfectant used.

Review of the provider's undated "General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49737	A. BUILDING: _____ B. WING _____	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW	901 N MAIN AVE BRIDGEWATER, SD 57319

(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 085	Continued From page 3 Assisted Living Housekeeping Policy" obtained from administrator A on 9/11/25 revealed: *"Policy: It is [provider's name]'s policy to provide housekeeping services in accordance with rules and regulations set forth by the State of South Dakota." *Procedure: -"Housekeeping and staff who utilize chemicals will be educated in how to properly use chemicals." -"Housekeeper in Assisted Living will be supervised by Head of Housekeeping in [provider's nursing home] and will obtain all needed supplies from [provider's nursing home] Housekeeping Department and will be provided education regard [regarding] cleaning chemicals and supplies from the Head of Housekeeping for [provider's nursing home]." Review of the provider's undated Housekeeper job description revealed a housekeeper: *Was "Responsible for cleanliness throughout the entire care center which consists of resident rooms, ..." *"Follows infection control and sanitary measures as set forth by state and federal regulations and facility policy and procedures." Review of the pH7Q Dual Neutral Disinfectant Cleaner manufacturer's instructions revealed: *Directions for Use: *"FOR USE AS A ONE-STEP GENERAL, ... MEDICAL DISINFECTANT, ... AND CLEANER:" -"Apply use solution of 0.5 oz. [ounce] of this product per gal. [gallon] of water (or equivalent use dilution) to disinfect hard, non-porous surfaces with a sponge, brush, cloth, mop, ... or trigger spray device." -"For spray applications, spray 6-8 [six to eight] inches from surface."	S 085		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49737	A. BUILDING: _____ B. WING _____	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW	901 N MAIN AVE BRIDGEWATER, SD 57319

(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 085	Continued From page 4 -"Treated surfaces must remain wet for 10 minutes." -"Allow to air dry." *"Contact Time: Allow hard, non-porous surfaces to remain wet for 10 minutes for all organisms." These findings demonstrate noncompliance with the manufacturer's instructions for disinfection, which required a 10-minute wet contact time. The failure to follow these instructions compromised infection control practices in resident areas.	S 085		