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
	46859	A. BUILDING: _____ B. WING _____	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELHAUS	1717 E MELGAARD RD ABERDEEN, SD 57401

(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 on 5/13/26 through 5/14/26. Angelhaus was found not in compliance with the following requirements: S096, S105, S165, S201, S305, and S331.	S 000		
S 096	44:70:02:05 Housekeeping Cleaning Methods And Equipment Equipment and supplies shall be provided for cleaning of all surfaces. Such equipment shall be maintained in a safe, sanitary condition. Hazardous cleaning solutions, chemicals, poisons, and substances shall be labeled, stored in a safe place, and kept in an enclosed section separate from other cleaning materials. This Administrative Rule of South Dakota is not met as evidenced by: Based on assisted living license review, observation, interview, and policy review, the provider failed to secure chemicals in a safe manner in one of one mechanical room. Findings include: 1. Review of the provider's 7/1/25 assisted living center license revealed the facility was licensed to care for residents with cognitive (memory) impairment.	S 096	S096 All facility staff will be educated on proper chemical storage per Angelhaus policy. Administrator will complete education by conducting an Inservice. Inservice will include education on proper labeling, proper storage and a locked room ensuring chemicals are not accessible to residents. PoC verification steps: (1) Administrator will ensure all staff is educated on proper chemical labeling, proper chemical storage and maintaining a locked room at all times. (2) Administrator will observe and monitor all staff using the correct chemical policy and requirements. All staff will be audited on chemical labels, chemical storage and maintaining a locked storage room by using audit tracking system. (3) Administrator will monitor all staff weekly for one month, bi-weekly for one month and monthly thru October 2026. (4) QA Team will review audit tracker on a bi-weekly basis thru October 2026 to ensure completion of staff training.	6/28/26

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jennifer Pockat	Administrator	6/5/26

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S 096	Continued From page 1 2. Observation and testing on 5/13/26 at 12:50 p.m. during the initial tour revealed signage on the mechanical room door stating, "Please keep door closed." There was a keypad on the door but it was unlocked. Inside the room were two air conditioner units and a shelf with multiple chemicals. Many of the chemicals were identified to be kept out of reach of children and harmful if swallowed. The chemicals present in the unlocked mechanical room included eight one-gallon size bottles of Spartan Rinse Aid II (a rinse aid to be used with a commercial dishwasher), five one-gallon size bottles of Spartan SparClean Sanitizer (a sanitizing agent to be used in a commercial low-temperature dishwasher), one one-gallon size bottle of Spartan Oxygen Detergent (to be used with the laundry), one one-gallon size bottle of bleach, One two-liter bottle of Spartan NABC Concentrate (a non-acid disinfectant bathroom cleaner), two and one-half two-liter bottles of Spartan Xcelente (multipurpose cleaner), a half two-liter bottle of Spartan THE Degreaser (a heavy-duty industrial cleaner), three and one-half two-liter bottles of glass cleaner, seven one-gallon bottles of all-temperature laundry detergent, two one-quart bottles of 409 (multisurface cleaner), three bottles of toilet bowl cleaner, seven bottles of disinfectant surface wipes, one unopened box of Spartan Sani-T 10 Plus (a quaternary sanitizer and disinfectant). 3. Interview on 5/13/26 at 1:00 p.m. with administrator A revealed that she had entered the mechanical room while the surveyor was present in the room. The surveyor asked about the door and administrator A replied that it was to be locked, and it must not have been shut all the way by staff.	S 096		

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S 096	Continued From page 2 4. Interview on 5/14/26 at 9:50 a.m. with resident assistant (RA) F, in the mechanical room where the chemicals were stored and mixed, revealed the door to the mechanical room was always locked. Sometimes it would not close and latch but the door was always locked. 5. Observation and testing on 5/14/26 at 9:51 a.m. of the door lock with RA F revealed the door was not locked. RA F revealed the door should have been locked. She was not aware it was unlocked. 6. Observation and testing on 5/14/26 at 9:53 a.m. of the door lock with administrator A revealed the door was not in the locked position and could be opened from the outside. Administrator A stated that the door was to be locked at all times. She was not aware the door had been unlocked. 7. Review of the provider's undated Utility Rooms policy revealed, "Utility, or Mechanical Rooms, are kept free from clutter. Some items and/or chemicals are stored in these rooms. Utility rooms are to remain locked at all times." Review of the provider's undated Supply and General Storage policy revealed, "The garage and adjacent stockroom serve as general storage rooms. Proper shelving and temperature controls ensure safe storage of food, chemicals, and supplies. These rooms are not accessible to residents."	S 096		
S 105	44:70:02:06 Food Service Food service must be provided by a facility	S 105		

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S 105	Continued From page 3 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: A. Based on observation and interview, the provider failed to use an appropriate sanitizer for the sanitization of dishes. Findings Include: 1. Observation on 5/13/26 at 1:00 p.m. in the kitchen revealed cook D was hand washing dishes in a two-compartment sink on the north wall. The East sink was filled with soap water and plates. The west sink was used to rinse dishes after being scrubbed. There were clean cups and bowls set on towels on the counter west of that two-compartment sink. There was a second two-compartment sink located on the west wall just south of the dishes and towels. Above the two-compartment sink on the west wall was a Sani T10 (an approved sanitizer which is a chemical that kills germs on the surfaces of dishes.) dispenser. There was a hose coming down from the dispenser into the south sink of that two-compartment sink. Both sinks were empty. There was an under-the-counter commercial dishwasher located just north of that two-compartment sink. 2. Interview on 5/13/26 at 1:10 p.m. with cook D revealed he was hand-washing dishes because	S 105	S105 All facility staff will be educated on the dietary procedures including the sanitation requirements in regards to sanitizing dishes with proper chemical Sani T 10 if dishwasher is not operating and testing chemical with test strips to ensure proper amount of chemical. Administrator will complete education using the mandatory dietary inservices. Dishwasher to be installed 6/8/26. Light shield purchased on 6/10/26 and will be installed upon arrival. PoC verification steps: (1) Administrator will ensure all staff is educated on how to properly sanitize dishes using the Sani T 10 dispenser and test strips to ensure we are using the correct amount of chemical. (2) Administrator will monitor and observe all staff using the correct sanitizing procedures and requirements. All staff will be audited on the Sani T 10 dispensing system and testing chemical with chemical test strips using audit tracking system. (3) Administrator will monitor all staff weekly for one month, bi-weekly for one month and monthly thru October 2026. (4) QA Team will review audit tracker on a bi-weekly basis thru October 2026 to ensure completion of staff training.	6/28/26

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S 105	Continued From page 4	S 105		

the dishwasher was not working. The dishwasher had not worked for about a year. Cook D stated the dishes were washed, rinsed, and sanitized in the two-compartment sinks.

3. Observation and interview in the kitchen on 5/13/26 at 1:20 p.m. revealed the north sink of the two-compartment sink on the west wall had been filled with water, and plates were sitting in the water. Interview with cook D revealed that the water in the sink was a sanitizer solution. Cook D was using vinegar as a sanitizer. He had been using vinegar ever since the dishwasher had quit working. He did not use the Sani T10 dispenser that was on the wall.

4. Observation in the kitchen on 5/13/26 at 5:30 p.m. revealed the north sink of the two-compartment sink on the west wall had been filled with water. Testing the water in that sink for quaternary ammonia, the active ingredient of Sani T10, revealed there was no quaternary ammonia in the water.

5. Interview on 5/13/26 at 5:35 p.m. with cook D revealed he had filled the north sink with Sani T10 sanitizer from the dispenser on the wall.

6. Observation on 5/13/26 at 5:36 p.m. revealed the bottle of Sani T10 that supplied the dispenser had about two inches of chemical in the bottom. The hose from the dispenser was placed in the bottle. The hose end was above the chemical and was not submerged in the Sani T10. It could not suck up chemical when the dispenser was operated.

7. Interview on 5/14/26 at 10:30 a.m. with administrator A revealed she had talked with cook D several times over the last year about using the

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S 105	Continued From page 5 Sani T10 for sanitizing dishes. She had assumed he was using Sani T10 and was not aware he was using vinegar. She confirmed he should have been using the Sani T10 to sanitize dishes. B. Based on observation and interview, the provider failed to maintain one of one light shield for the kitchen light located in front of the stove. Findings include: 1. Observation on 5/14/26 at 9:00 a.m. in the kitchen revealed the light fixture in front of the stove was missing the shield. The four fluorescent bulbs were unprotected. 2. Interview on 5/14/26 at 9:30 a.m. with administrator A revealed she was not aware the shield to that light was missing. She did most of the preventative maintenance. She agreed that light should have a shield.	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 interviews the provider failed to maintain a cleanable surface for one of	S 165		

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S 165	Continued From page 6 one shower bench. Findings include: 1. Observation on 5/14/26 at 10:45 a.m. in the shower revealed the fold down bench in the shower had multiple cracks along the edge of the vinyl surface. Those cracks exposed the foam padding underneath, making it an uncleanable surface. 2. Interview with certified nursing assistant E revealed that she helped shower residents. She had a few residents who would sit on the fold down bench in the shower. She would clean and disinfect the vinyl surface of the bench after each resident. 3. Interview on 5/14/26 at 9:30 a.m. with administrator A revealed she was not aware the bench in the shower had cracks in the vinyl. She did most of the preventative maintenance and did not know they were using that bench. She thought they were using a different shower chair. She agreed that the cracks in the vinyl exposing the foam made the bench uncleanable. She agreed the bench would need to be repaired or replaced.	S 165	S165 All facility staff will be educated on proper eqiuipment maintenance and protection precautions for residents. Administrator will complete education by conducting an inservice. Inservice will include education on monitoring all equipment to ensure the safety of our residents and report all equipment issues to Administrator. Administrator will install new shower bench 6/8/26. PoC verification steps: (1) Administrator will ensure all staff is educated on proper equipment maintenance and maintenance reporting. (2) Administrator will conduct an inservice educating all staff on equipment maintenance , safety precautions and reporting equipment issues. Administrator will create a equipment maintenance log to ensure equipment is fixed in a timely manner. (3) Administrator will monitor the equipment maintenace log daily for one month, weekly for one month and bi-weekly monthly thru October 2026. (4) QA Team will review equipment maintenance log on a bi-weekly basis thru October 2026 to ensure all equipment is safe for our residents	6/28/26
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	S 201		

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S 201	Continued From page 7 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 record review and interviews, the provider failed to maintain the fire sprinkler system. Findings include: 1.Review of the South Dakota Department of Health (SD DOH) facility reported incident (FRI) from 8/28/25 revealed the provider had reported the fire sprinkler system was out of service on 7/30/25. The provider was in the process of repairing the fire sprinkler system. 2. Interview on 5/13/26 at 1:30 p.m. with administrator A revealed the water pipe for the sprinkler system coming into the facility had burst on 7/30/25. She confirmed the fire sprinkler system was not operational. The owner was in the process of completing the repairs. 3. Interview on 5/14/26 at 12:30 p.m. with owner C revealed his last communication with the department of health was April 16th 2026. The service provider had been contacted to make the repairs and was ordering parts. As of 5/14/26 he was not sure when they would come to make the repairs. He was hoping to have the system repaired within the month.	S 201	S201 All facility staff will be educated on fire drills and proper resident evacuation while fire sprinkler system is not operating. Administrator will complete education by conducting fire drills to demonstrate proper resident evacuation to ensure resident safety. Waiting on confirmation from Western Sates fire for completion of repairs for the fire sprinkler system. Expected completion before final date. PoC verification steps: (1) Administrator will ensure all staff is educated on fire drills and proper resident evacuation. (2) Administrator will conduct fire drills and observe and monitor all staff. All staff will be audited on fire drills and proper resident evacuation using audit tracking system. (3) Administrator will monitor all staff weekly for one month, bi-weekly for one month and monthly thru October2026 or until completion of repairs of fire sprinkler sysytem. (4) QA Team will review audit tracker on a bi-weekly basis thru October 2026 or until completion of repairs of fire sprinkler system to ensure completion of staff training.	6/28/26
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 8 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 three of five sampled employees (G, H, and I) 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 certified nurse aide/registered medication aide (CNA/RMA) G revealed she was hired on 3/28/26. CNA/RMA G had been previously employed at the facility from 8/4/23 to 1/9/25. The evaluation by a licensed health professional had been completed on 8/24/23. There was no documentation to support that CNA/RMA G had been evaluated when she returned to her employment on 3/28/26. 2. Review of the personnel file for CNA/RMA H revealed she was hired on 11/26/25. CNA/RMA H had been previously employed at the facility from 5/14/22 to 12/31/22 and 2/25/23 to 8/8/23. The evaluation by a licensed health professional had been completed on 5/25/22. There was no documentation to support that CNA/RMA H had been evaluated when she returned to her employment on 11/26/25. 3. Review of the personnel file for resident assistant (RA) I revealed she was hired on	S 305	S305 All licensed nursing staff will be educated on the evaluation of reportable communicable disease process. Administrator will complete education by conducting an inservice using the Employee Health Program policy. PoC verification steps: (1) Administrator will ensure all licensed nursing staff is educated on the evaluation of reportable communicable diseases for employees within 14 days of employment. (2) Administrator will observe and monitor the licensed nursing staff during the evaluation of reportable communicable diseases screening process and will be audited on the process for every new hire employee by using audit tracking system. (3) Administrator will monitor licensed nursing staff per every new hired employee thru October 2026. (4) QA Team will review tracker on a bi-weekly basis thru October 2026 to ensure completion of licensed nursing staff training.	6/28/26

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S 305	Continued From page 9 9/17/25. There was no documentation to support that she had been evaluated by a licensed health professional following her hire. 4. Interview on 5/14/26 at 10:40 a.m. with administrator A revealed CNA/RMA G and CNA/RMA H had not been evaluated by a licensed health professional when they were rehired. There was no documentation found to support that RA I had been evaluated by a licensed health professional within fourteen days of employment. 5. 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	S 331		

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S 331	Continued From page 10 are not necessary if a new healthcare personnel 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; 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 three of five sampled employees (G, H, and I) received the two-step tuberculin (TB) skin test within twenty-one days of being hired. Findings include: 1. Reveal of the personnel file for certified nurse aide/registered medication aide (CNA/RMA) G revealed she was hired on 3/28/26. CNA/RMA G had been previously employed at the facility from 8/4/23 to 1/9/25. The TB skin test had been completed on 8/15/23 and 8/22/23. There was no documentation to support that CNA/RMA G had received the TB skin test when she was re-hired on 3/28/26 or had been screened by another provider within the twelve months prior to	S 331	S331 All licensed nursing staff will be educated on the tuberculin screening process. Administrator will complete education by conducting an inservice using Angelhaus tuberculin screening policy. PoC verification steps: (1) Administrator will ensure all licensed nursing staff is educated on tuberculin screening process for employees and proper timeline for administering tuberculin. (2) Administrator will observe and monitor the licensed nursing staff during the tuberculin screening process for all new hired employees. All licensed nursing staff will be audited on tuberculin screening process for every new hire employee by using audit tracking system. (3) Administrator will monitor licensed nursing staff per every new hired employee thru October 2026. (4) QA Team will review tracker on a bi-weekly basis thru October 2026 to ensure completion of licensed nursing staff training.	6/28/26

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S 331	Continued From page 11 employment. 2. Review of the personnel file for CNA/RMA H revealed she was hired on 11/26/25. CNA/RMA H had been previously employed at the facility from 5/14/22 to 12/31/22 and 2/25/23 to 8/8/23. The TB skin test had been completed on 5/16/22 and 5/23/22 There was no documentation to support that CNA/RMA H had received the TB skin test when she was re-hired on 11/26/25 or had been screened by another provider within the twelve months prior to employment. 3. Review of the personnel file for resident assistant (RA) I revealed she was hired on 9/17/25. There was no documentation to support that she had received the two-step TB skin test following her hire. 4. Interview on 5/14/26 at 10:40 a.m. with administrator A revealed CNA/RMA G and CNA/RMA H had not been re-evaluated for TB when they were rehired to the facility. There was no documentation found to support that RA I had received her two-step skin test upon hire. The facility nurse was to complete the TB skin tests for new employees and residents. 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		