

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40944	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/25/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THERE'S A HART

**2303 MICHIGAN AVE.
RAPID CITY, SD 57701**

(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 2/24/25 through 2/25/25. There's A Hart was found not in compliance with the following requirements: S201, S296, S337, S352, S443, S632, S685, S701, and S1038.	S 000		
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 observation and interview, the provider failed to maintain fire sprinkler obstructions in one randomly observed resident room (11a-b). Findings include: 1. Observation on 2/24/25 at 2:30 p.m. revealed resident room 11 was a double-occupancy room (11a-b). The room was equipped with a single sidewall fire sprinkler located six inches below the ceiling. The second resident bed was separated from the sprinkler with a curtain hanging from a rod situated six inches below the ceiling and approximately seven feet from the sprinkler. The sprinkler discharge would spray in a descending	S 201	The Director replaced the curtain that separated second resident bed from the sidewall fire sprinkler with two panels that are 3 feet below the ceiling. Fire sprinkler obstructions will be monitored on the "Routine Maintenance Schedule" Fire sprinkler obstructions has been added to the quarterly checklist. Director will monitor quarterly checklist on the Routine Maintenance Schedule. The maintenance person will monitor and check off quarterly. Director will monitor completion of the Routine Maintenance Schedule monthly.	2/26/2025

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

Christallehyt

TITLE

Director

(X6) DATE

3/20/2025

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S 201	Continued From page 1 pattern if activated and would be obstructed by the curtain. Interview with the owner at the time of the observation confirmed that finding.	S 201		
S 296	44:70:04:04(1-11) Personnel Training 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).	S 296	Director will monitor that every person employed that has contact with residents, including RN's will complete personnel training within 30 days of hire. RN C and RN B have completed the Educare Inservices. This will be monitored by Director annually when all healthcare personnel completes the required subjects annually.	3/7/2025

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S 296	<p>Continued From page 2</p> <p>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 annual required training was completed by two of two registered nurses (RN) (B and C). Findings include:</p> <p>1. Review of RN C's personnel file and interview on 2/24/25 at 1:45 p.m. with director/certified medication aide (CMA) A revealed: *RN C was hired in June 2019. *There was no documentation RN C had received annual training on: -Fire prevention and response. -Emergency procedures and preparedness. -Infection control and prevention. -Accident prevention and safety procedures. -Resident rights. -Confidentiality. -Incidents and diseases subject to mandatory reporting and the facility reporting mechanism. -Nutritional risks and hydration. -Abuse, neglect, and misappropriation of resident funds. -Problem-solving and communication techniques related to residents with cognitive impairment or challenging behaviors. -Identified individual resident care needs. *Director/CMA A thought licensed nurses were exempt from the above required training. -RN B had been employed for over one year and had not completed the above annual required training.</p>	S 296		

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S 296	Continued From page 3 Review of the provider's undated There's A Hart Employee Inservices policy revealed personnel training included the above mandatory training topics and was required by the South Dakota Department of Health (SD DOH) to have been completed.	S 296		
S 337	44:70:04:11 Care Policies Each facility shall establish and maintain policies, procedures, and practices that follow accepted standards of professional practice to govern care, and related medical or other services necessary to meet the residents' needs. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to ensure: *One of one certified medication aide (CMA) (D) had correctly administered one of one observed sampled resident's (1) eye drop medication. *One of one director/certified medication aide (CMA) A had correctly measured the dose for one of one observed sampled resident's (5) topical arthritic cream before she applied that cream. Findings include: 1. Observation and interview on 2/24/25 at 5:00 p.m. of CMA D revealed she: *Instilled one drop of Refresh Tears eye drops into resident 1's left eye. -Confirmed the eye drop was to have been instilled only into the resident's left eye. Review of resident 1's electronic care record revealed a 10/21/24 written physician's order for Refresh Tears eye drops. One drop was ordered	S 337	Every CMA will complete a Skills Performance Evaluation focusing on the 7 rights: right drug, right time, right dose, right person, right route, right reason, right documentation. RN will complete this evaluation with each CMA independently. This includes written checklist/performance Director will monitor for this to be completed by 3/14/2025. Medication Skills evaluation will be quarterly for CMA. Performed by RN. Director will monitor quarterly.	3/13/2025

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S 337	<p>Continued From page 4</p> <p>to have been instilled four times daily in both of the resident's eyes.</p> <p>Review of resident 1's February 2025 medication administration record (MAR) revealed: *It had included Refresh Tears eye drops and the following instructions: -"Instill 1 drop into both eyes 4 times daily."</p> <p>Review of the above MAR and interview on 2/25/25 at 9:48 a.m. with director/CMA A revealed: *She thought resident 1's eyedrops were to be instilled only in the resident's left eye. -That was the resident's preference. *She had not known the physician's order for resident 1's Refresh Tears had indicated the eye drops were to be instilled into both of the resident's eyes. -She agreed the eye drops were not administered according to the physician's order.</p> <p>Interview on 2/25/25 at 10:00 a.m. with resident 1 revealed: *Her left eye had a tendency to be drier than her right eye. -She had no preference if the eye drops were instilled into only her left eye or both of her eyes.</p> <p>2. Observation on 2/24/25 at 12:19 p.m. of director/CMA A while preparing and applying resident 5's Voltaren cream (used to treat arthritis pain) revealed she: *Squeezed a ribbon of cream from the tube along the length of her gloved index finger. *Applied the cream onto the resident's lower back and then her shoulders.</p> <p>Review of resident 5's February 2025 MAR and interview on 2/24/25 at 12:23 p.m. with</p>	S 337		

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S 337	Continued From page 5 director/CMA A regarding the above observation revealed: *The Voltaren cream order indicated it was to be applied "to affected areas TID [three times daily] as directed." -She had interpreted that to mean it was applied according to the instructions inside of the cream's package. *Inside of the package there was a clear plastic strip with an outline of two oval shapes. - A ribbon of cream measured inside one of the ovals was equivalent to two milligrams of cream. That amount of cream was intended for use on the upper body according to the instructions on that strip. -A ribbon of cream measured inside of the second oval was equivalent to four milligrams of cream. That amount of cream was intended for use on the lower body. *Director/CMA A agreed she had not applied the Voltaren cream on resident 5's back and shoulders as directed according to the manufacturer's recommendations. Review of the provider's undated Administering Medications policy revealed: *"The seven rights of medication administration": -"Right dosage and amount."	S 337			
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.	S 352	Theres A Hart will write an RN job description This will include evaluate and document residents care needs at time of admission, thirty days after admission, and annually. The thirty day evaluation has been added to the Resident Admissions Checklist also.		

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S 352	<p>Continued From page 6</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 evaluate and document resident care needs 30 days after admission for two of four sampled residents (2 and 3). Findings include:</p> <p>1. Review of resident 2's electronic care record (ECR) revealed: *She was admitted on 10/17/24. *Her initial evaluation of care needs was completed on 10/27/24. *There was no documentation to support her 30-day evaluation of care needs was completed.</p> <p>2. Review of resident 3's ECR revealed: *She was admitted on 11/19/24. *Her initial evaluation of care needs was completed on 11/20/24. *There was no documentation to support her 30-day evaluation of care needs was completed.</p> <p>Interview on 2/24/25 at 5:15 p.m. with registered nurse (RN) B revealed: *Either she or RN C was responsible for completing residents' care need assessments at the time of admission, 30 days after admission, and annually thereafter. *The ECR did not have a 30-day resident care needs assessment form, but she agreed there were alternative ways to have documented that assessment.</p> <p>Review of the provider's undated Evaluation of Resident Care Needs policy revealed: *"Evaluation of each resident's care needs must be documented at [the] time of admission, 30 days after admission and annually thereafter, to determine [if] the facility can meet the needs of</p>	S 352	<p>The Director will monitor completion of the Resident Admissions Checklist 30 days after each admit.</p> <p>This includes the thirty days evaluation.</p> <p>Resident 2 and 3's 30 day evaluations have been completed and care records are complete at this time.</p> <p>RN's have been educated on the new RN job description by Director on 3/14/2025.</p>	3/14/2025

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S 352	Continued From page 7 each resident. The evaluation instrument must address at least the following:" -"1. Nursing care needs"	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 record review, interview, and policy review, the provider failed to ensure two of four sampled residents (2 and 3) had a cognitive screening completed at the time of their admission to the facility. Findings include: 1. Review of resident 2's electronic care record (ECR) revealed: *She was admitted on 10/17/24. *There was no documentation to support an initial cognitive screening was completed. 2. Review of resident 3's ECR revealed: *She was admitted on 11/19/24. *There was no documentation to support an initial cognitive screening was completed. Interview on 2/24/25 at 5:15 p.m. with registered nurse (RN) B revealed: *Either she or RN C was responsible for completing residents' cognitive screenings upon their admission, annually, and after a significant change in their condition had occurred. -She had not known why cognitive screenings were not completed for either resident 2 or	S 443	The Director will monitor that the cognitive screening upon admission is completed Admission Cognitive Screening has been added to "Admission Check List" for the RN to complete within one week of a residents admission. The Director will ensure everything on the check list is completed within one week of each resident's admission. The Director will monitor for one year with every admission. Resident 2 and 3's cognitive evaluations have been completed on 3/15/2025. All residents charts have been reviewed By RN to ensure cognitive evaluations have been completed.	3/15/2025

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S 443	Continued From page 8 resident 3 upon their admission. Review of the provider's undated Evaluation of Resident Care Needs policy revealed: *"Evaluation of each resident's care needs must be documented at [the] time of admission, 30 days after admission and annually thereafter, to determine [if] the facility can meet the needs of each resident. The evaluation instrument must address at least the following:" -"3. Cognitive status"	S 443		
S 632	44:70:07:04 Storage And Labeling of Medications The medications or drugs of each resident for whom a medication is facility-administered must be stored in the container in which it was originally received and may not be transferred to another container. Single dose medication received by a resident from a physician, physician assistant, or nurse practitioner must be identified as single dose. Each prescription medication container, including manufacturer's complimentary samples, must be labeled with the resident's name; the name of the resident's physician, physician assistant, or nurse practitioner; medication name and strength; directions for use; and prescription date. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to ensure one of one sampled resident's (1) prescription inhaler was properly labeled, had its expiration date identified, and resident 1's	S 632		

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S 632	<p>Continued From page 9</p> <p>self-administration of an inhaled medication was documented. Findings include:</p> <p>1. Observation and interview on 2/25/25 at 10:30 a.m. with director/certified medication aide (CMA) A and resident 1 while in her room revealed:</p> <p>*There were three unlabeled Xopenex (medication for shortness of breath) inhalers in a basket beside the resident's recliner chair.</p> <p>-Upon shaking the inhalers, each had a varying amount of medication inside of them.</p> <p>-The inhalers had no prescription label or expiration date identified on them.</p> <p>*Resident 1 had taken "one or two puffs" from an inhaler when she had felt short of breath.</p> <p>-She had used those three inhalers interchangeably.</p> <p>Review of resident 1's February 2025 medication administration record (MAR) and interview on 2/25/25 at 10:40 a.m. with director/CMA A regarding resident 1 revealed:</p> <p>*Resident 1 self-administered several medications, including the Xopenex inhaler.</p> <p>*She agreed:</p> <p>-A prescription label should have been affixed to the inhaler and an expiration date should have been visible on that inhaler.</p> <p>--According to the Xopenex manufacturer's recommendation, Xopenex inhalers should have been discarded 14 days after they had been opened.</p> <p>-The Xopenex inhaler should have been on resident 1's MAR.</p> <p>--The MAR should have indicated the resident was able to self-administer that inhaler.</p> <p>-Self-administration of that inhaler medication should have been documented.</p> <p>Review of the provider's August 2022</p>	S 632	<p>The Director will check resident 1's room on the first Monday of every month for one year, for any unlabeled, unmarked medications. Completion of this will be documented in residents chart.</p> <p>The RN will also check resident's rooms for medications without labels and for expiration dates to be present, when every cognitive screening is completed and report to the Director the findings.</p> <p>The son has been notified and asked to not bring any outside medications.</p> <p>The three unlabeled Xopenex inhalers do have count down on the amount of puffs left in each inhaler. This dial is located on the bottom of each inhaler.</p> <p>Upon talking to two pharmacists and checking manufactures recommendations, All said the Xopenex inhaler can be used until gone, which is 200 puffs.</p> <p>Two of the three Xopenex inhalers were discarded and a label affixed to remaining one.</p> <p>Self administer of the Xopenex inhaler is on resident 1's MAR as self administers.</p> <p>Resident 1 has been evaluated by RN for cognitive status to self administer medications. This will be updated every 3 months, next evaluation will be June 2025.</p>	3/2/2025

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S 632	Continued From page 10 Self-Administration Policy and Procedures revealed determination regarding a resident's ability to self-administer medications must "...include documentation of its administration in accordance with chapter 44:70:70 [07] [Administrative rule of South Dakota, Assisted Living Centers]." Review of the provider's undated Storage and Labeling of Medications policy revealed "Each prescription drug container must be labeled with the resident's name, practitioner's name, drug name and strength, directions for use, and prescription date. containers that will not be used within 30 days of issue or with contents that expire in less than 30 days of issue must bear and expiration date."	S 632			
S 685	44:70:07:09 Self-Administration of Medications A resident with the cognitive ability to safely perform self-administration, may self-administer medications. At least every three months, a registered nurse, or the resident's physician, physician assistant, or nurse practitioner shall determine and record the continued appropriateness of the resident's ability to self-administer medications. The determination must state whether the resident or healthcare personnel is responsible for storage of the medication and include documentation of its administration in accordance with this chapter. Any resident who stores a medication in the resident's room or self-administers a medication, must have an order from a physician, physician assistant, or nurse practitioner allowing self-administration.	S 685	Resident Cognitive assessment completed on 3/2/2025 by LN and approved by provider to self administer medications. The licensed nurse educated on assessment schedule for self administration and frequent observation to ensure compliance quarterly. All residents reviewed on current self medication regimen reviewed. RN has a board in the office with written dates regarding when cognitive assessments are due. all residents are on same date ensuring cognitive evaluations are completed at the same time. This board is monitored by Director weekly x4, monthly x3, then annually.		

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S 685	<p>Continued From page 11</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 one sampled resident (1) was assessed to safely self-administer the following medications: an inhaler, nasal spray, topical cream, vaginal cream, and liquid-form medication. Findings include:</p> <p>1. Review of resident 1's electronic care record (ECR) revealed: *Her 2/24/25 physician order summary had identified eight medications the resident was able to have self-administered. -Those medications had included two inhalers, two nasal sprays, one vaginal cream, two topical creams, and one liquid medication. *The resident's Self Medication Assessment was last completed on 10/28/24. -It had not identified the name(s) of which medication(s) that had been assessed and determined to have been safe for the resident to self-administer. -The assessment questions addressed the resident's ability to have self-administered medications in pill form but no other administration route.</p> <p>Review of the above Self Medication Assessment and interview with registered nurse (RN) B revealed: *Resident 1 was the only resident who self-administered any medications. -Either she or RN C was responsible for completing the Self Medication Assessment tool. *RN B agreed resident 1's Self Medication Assessment had not identified which medications</p>	S 685	<p>RN is now going to take current medication list in residents room and have resident show / explain how they self administer each medication that is SAM.</p>	3/2/2025

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S 685	Continued From page 12 were determined to have been safe for the resident to have self-administered. *Her assessment had not included discussing or observing the resident's method for self-administering her inhalers, nasal sprays, topical creams, vaginal cream, or liquid medication. -She agreed without that discussion or observation, it was not known if resident 1 was able to have self-administered those medications correctly or safely. -She was not aware of what medications the resident had kept in her room and was self-administering. Review of the provider's August 2022 Self-Administration Policy and Procedures revealed "A resident may self-administer drugs if the registered nurse and physician, physician assistant, or nurse practitioner have determined the practice to be safe."	S 685			
S 701	44:70:08:01(1-6) Record Service The resident care records shall include the following: (1) Admission and discharge data including disposition of unused medications; (2) Report of the physician's, physician assistant's, or nurse practitioner's admission physical evaluation for resident; (3) Physician, physician assistant, or nurse practitioner orders; (4) Medication entries; (5) Observations by personnel, resident physician, physician assistant, nurse practitioner, or other persons authorized to care for the resident; and	S 701			

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40944	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER THERE'S A HART		STREET ADDRESS, CITY, STATE, ZIP CODE 2303 MICHIGAN AVE. RAPID CITY, SD 57701			
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S 701	<p>Continued From page 13</p> <p>(6) Documentation that assures the individual needs of residents are identified and addressed.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, and policy and procedure manual review, the provider failed to ensure complete and thorough documentation of one of one closed record sampled resident's (4) discharge from the facility. Findings include:</p> <p>1. Review of resident 4's closed electronic care record revealed: *She was admitted to the facility on 5/1/23 and discharged on 6/30/24. *A 6/20/24 nurse progress note: "Chart and vitals reviewed. No medical concern at this time." *A 6/30/24 progress note: "[Resident 4] was taken my [by] ambulance per sons [son's] instructions." *There was no documentation to support what events had occurred before the resident's need for an ambulance transport, where the resident was transported to, if the facility's nurse had been notified, and what had happened after the resident's 6/30/24 ambulance transport.</p> <p>Interview on 2/25/25 with director/certified medication aide (CMA) A revealed: *Resident 4 had an acute onset of stomach pain prior to her ambulance transport to a local acute care hospital. -During her hospitalization she was diagnosed with a gastrointestinal bleed. *The resident expired while on hospice at another health-care setting.</p>	S 701	<p>Each Med Aide completed a skills performance with the RN. Included in this was a review on documentation.</p> <p>When a resident is transferred to hospital or other facility an "Incident Report" on the electronic charting will be filled out. This includes the events that have occurred and who has been notified.</p> <p>The Director will monitor this monthly to ensure the documenting in each residents chart that has been discharged.</p> <p>Resident 4's paper chart has been updated to complete the discharge records</p>	3/3/25	

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S 701	Continued From page 14 *Director/CMA A agreed the documentation in resident 4's care record failed to support her needs prior to and on 6/30/24 had been properly identified and addressed. Review of the provider's policy and procedure manual revealed: *An undated Discharge Form that included the following prompts: -Client: [resident's name] -Date -Discharge Arrangements/Reason -Director *The form was to be completed when a resident was discharged from the facility to another healthcare setting.	S 701			
S1038	44:70:10:32 Electrical Distribution System A facility with 16 beds or less shall be equipped with automatic emergency lighting for each exit way, staff work area, dining room, medication room, dietary department, room where main electrical panels are located, and power for the alarm system. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, testing, and interview, the provider failed to maintain automatic emergency lighting. Findings include: 1. Observation on 2/24/25 at 3:15 p.m. revealed there was a battery pack emergency light in the center core area by the staff office. Testing of the light by pushing the test button on the light at the time of the observation revealed the light did not activate.	S1038	The Director has added to the "Maintenance monthly schedule" to check the battery pack emergency lighting every month for the maintenance person. The Director checks the "Maintenance monthly schedule" the last Thursday of every month. The battery pack emergency light is now included. The battery for the emergency light was replaced on 2/27/2025.	2/27/2025	

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S1038	Continued From page 15 Interview with the owner at the time of the observation confirmed that finding.	S1038			