

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/05/2026
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NAME OF PROVIDER OR SUPPLIER PEACEFUL PINES SENIOR LIVING - SPEARFISH	STREET ADDRESS, CITY, STATE, ZIP CODE 6800 SAINT ONGE ROAD SPEARFISH, SD 57783
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S 000	<p>Compliance Statement</p> <p>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 on 2/5/26. Areas surveyed included quality of life related to staff members who did not follow the rounding schedule for a resident and privacy related to the installation of recording devices without the residents' knowledge. Peaceful Pines Senior Living - Spearfish was found not in compliance with the following requirements: S820 and S835.</p>	S 000		
S 820	<p>44:70:09:08 Privacy And Confidentiality</p> <p>A facility shall provide for privacy and confidentiality for the resident.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on South Dakota Department of Health (SDDOH) complaint intake form, observation, interview, and Memory Care Handbook review, the provider failed to follow their policy for the installation of recording devices for one of one memory care unit (MCU).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Review of the SDDOH complaint intake form revealed: *The complainant wished to remain anonymous. *A visitor had noticed cameras were installed in the residents' rooms. *The visitor asked the staff about the cameras, but the staff were unable to answer their questions. Observation and interview on 2/5/26 at 10:37 a.m. in resident 1's room with assistant director of 	S 820	<p>The resident handbook will be updated by the PPSL home office designated policy review committee no later than March 19, 2026, to identify that we will obtain consent from resident/POA prior to activation or use of any device that may collect video.</p> <p>PPSL will send a letter to all Assisted Living and Memory Care Residents/POA's notifying them of this revision to the resident handbook, an excerpt of the change will be included in the letter as well as the option to review the document in full. The letters will be sent to the billing email or physical mailing address on file. Additionally, notification of the handbook revision will be shared at the community via community bulletin board. Should any further edits/revisions to the handbook be made, the same notification process will be utilized.</p>	3/19/2026

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

Lori Konst

TITLE

Executive Director

(X6) DATE

03/05/2026

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S 820	<p>Continued From page 1</p> <p>nursing (ADON) C revealed:</p> <ul style="list-style-type: none"> *There was a camera mounted on the wall approximately one to two feet below the ceiling. *The camera cover remained in place. *She stated they were installed approximately one month prior and installed in all the MCU resident rooms. *She stated that all the cameras in MCU were turned off and covered, and would only be activated with consent from the residents' Power of Attorney (POA). *She stated the cameras utilize artificial intelligence (AI) technology designed to detect rapid movements to indicate a fall. When a potential fall was detected, the system recorded footage up to 15 minutes prior to the event. *She indicated the facility must request permission from the camera company to access the recorded footage. <p>3. Interview on 2/5/26 at 12:37 p.m. with executive director (ED) A revealed:</p> <ul style="list-style-type: none"> *She stated that the decision to install the cameras in the MCU was made by corporate. *She indicated she was not familiar with how the system operated. However, she stated there was a meeting scheduled that evening with the company to explain the system and address any questions or concerns from families and residents. <p>4. Review of the provider's undated Memory Care Handbook revealed:</p> <p>"Please remember only the Resident may decide to place a recording device in their room. Our Community cannot be held responsible for devices unless we have intentionally violated the law."</p> <p>"Our staff will not install, maintain, or remove recording devices, but we're always happy to</p>	S 820		

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S 820	Continued From page 2 answer questions."	S 820		
S 835	<p>44:70:09:09(1) Quality Of Life</p> <p>A facility shall provide care and an environment that contributes to the resident's quality of life, including:</p> <p>(1) A safe, clean, comfortable, and homelike environment;</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) complaint intake form, record review, interview, and policy review, the provider failed to ensure care that contributed to the quality of life for one of four sampled residents (1) was provided by three of three caregivers (D,F, and G) and two of two unlicensed medication aides (UMA) (E and H) who did not provide incontinence care.</p> <p>Findings include:</p> <p>1. Review of SD DOH complaint intake form revealed: *The complainant wished to remain anonymous. *A visitor expressed concerns about the care a resident had received. *The visitor saw the resident shortly after the resident was admitted to the facility and found the resident sitting in the dining room. *The resident smelled like urine. *The visitor assisted the resident to their room, and then assisted the resident to the bathroom. *The resident's brief was soaked with urine.</p>	S 835	<p>PPSL care plans will be reviewed by the DON or designee to ensure that toileting cares are included and scheduled in the care plans based on the individual resident needs. To ensure immediate compliance, DON or designee will create a care plan review log, will review all care plans for current residents for toileting accuracy. This review log will be completed no later than March 19, 2026.</p> <p>DON, ADON or designee will implement adding every 2-hour toileting cares during waking hours to the care plan for all newly admitted Memory Care residents for a period of 1-2 weeks, allowing time to understand new resident toileting care needs, and will be added to the care plan reievw log to ensure ongoing compliance. After the 1-2 week implementation period, the DON, ADON or designee will adjust the newly admitted resident care plan accordingly based on the resident's toileting needs.</p> <p>Staff education on care plans, documenting cares delivered, and the importance of toileting care timeliness will be provided during mandatory care staff meeting to be held March 19, 2026.</p> <p>PPSL will implement an audit process to ensure toileting cares are delivered according to each Memory Care resident's care plan. DON, ADON or designee will run a Care History Report through the ECP EHR starting March 16, 2026; once a week for 2 weeks, then once every two weeks for an additional nine weeks, concluding with once a month through July 31, 2026.</p>	3/19/2026

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S 835	<p>Continued From page 3</p> <p>*The resident was wearing the same clothes that the visitor had observed them in the day before.</p> <p>*The visitor pushed the call button for help, waited 15 minutes for a response, and eventually cleaned the resident up and helped them get dressed without the assistance from staff.</p> <p>2. Record review of resident 1's electronic medical record (EMR) revealed:</p> <p>*She was admitted to the facility on 11/11/25.</p> <p>*Her diagnoses included dementia (a group of symptoms affecting memory, thinking, and social abilities) and Alzheimer's disease (a progressive disorder that affects memory, thinking, social abilities, and body functions).</p> <p>*She had a 12/15/25 Brief Interview for Mental Status (BIMS) assessment score of 3, which indicated her cognition was severely impaired.</p> <p>*Her care plan, in the "Toileting" area, instructed staff that she "Requires assistance/cueing every 2 hours for incontinent bladder. Report to nurse changes in bowel or bladder continence. Use a pull up [incontinence brief] during the day. Add an insert [incontinence pad] at bedtime only. Use barrier cream after each incontinent episode."</p> <p>*Her care plan indicated that she was "unable to call for help using the Emergency notification system" and staff were to "anticipate Resident needs."</p> <p>*Her care plan indicated the staff were to perform safety checks on her every two hours at night, and when she was "in her room independently during the day/evening."</p> <p>*The staff documentation from 11/11/25 through 11/12/25 indicated that she was assisted with toileting on 11/11/25 at 9:19 p.m. and not again until 11/12/25 at 6:21 p.m.</p> <p>3. Review of the Sage (call light and pendant</p>	S 835		

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S 835	<p>Continued From page 4</p> <p>system) report that was provided revealed that she was assisted with toileting on 11/12/25 at 1:10 p.m.</p> <p>-There was no documentation to support that she was assisted with toileting or received incontinence care for over fifteen hours from 9:19 p.m. on 11/11/25 until 1:10 p.m. on 11/12/25.</p> <p>4. Review of the staffing schedule showed five staff members (D, E, F, G, and H) were scheduled to care for residents during that time.</p> <p>5. Interview on 2/5/26 at 11:20 a.m. with director of nursing (DON) B and assistant director of nursing (ADON) C revealed there was no policy that specifically addressed rounding on residents every two hours, and that it was individualized, and the frequency of rounding would be indicated in the residents' care plans.</p> <p>6. Interview with DON B on 2/5/26 at 2:57 p.m. revealed: *Incontinence care, or toileting assistance, should have been provided and should have been documented. *The staff should be checking the residents' briefs and documenting toileting or incontinence care, if provided, during the residents' safety checks. *She stated, "We don't have the documentation, and if it isn't documented, it isn't done." *Both UMAs and caregivers were responsible for performing the toileting assistance and safety checks on the residents during their shifts.</p> <p>7. Review of the provider's 7/21/22 Quality of Life policy revealed: *"It is of the utmost importance that HME Care and our partners provide a quality environment and high quality of life for our residents."</p>	S 835		

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S 835	<p>Continued From page 5</p> <p>**HME Care will accomplish this by providing:</p> <p>-1. A safe, clean, comfortable, and homelike environment.</p> <p>-2. Maintenance or enhancement of the resident's ability to preserve individuality, exercise self-determination, and control everyday physical needs;"</p> <p>5. Review of the provider's 7/15/2022 Abuse and Neglect Investigation and Reporting policy revealed:</p> <p>**Neglect -the absence of the minimal services or resources required to meet basic needs. Neglect includes withholding or inadequately providing medical care and, consistent with usual care, treatment and services, food, hydration, clothing, or good hygiene. It may also include placing an individual in unsafe or unsupervised conditions."</p>	S 835		