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
	11035	A. BUILDING: _____ B. WING _____	C 10/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VICTORIAN ASSISTED LIVING	1321 COLUMBUS ST. 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 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 10/28/26. Areas surveyed included resident falls, personnel training, potential staff-to-resident abuse, food services, and the physical environment. The Victorian Assisted Living was found not in compliance with the following requirements: S105, S296, S415, and S800.	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, interview, and manufacture's manual review, the provider failed to follow standard food safety practices related to monitoring the dishwasher temperatures and chemical sanitization level with unexpired parts per million (PPM) chemical test strips for one of one low-temperature dishwasher. Findings include: 1. Observation and interview on 10/28/26 at 9:35 a.m. with dietary director (DD) H in the kitchen revealed an Energy Star low-temperature	S 105	S 105 -New PPM strips have been purchased. -Dietary Manager has a log created to track PPM. PPM will be checked at breakfast, lunch and dinner. This will be documented on the log and signed off. This will start 11/10/26. -The ED will perform daily audits for one week starting 11/10/26 and ending 11/17/26. -The ED will then audit the PPM logs once a week for six months, ending 5/10/27. -All kitchen staff will receive education on dishwasher temp, testing PPM and the log. This will be completed by 11/11/26. -A policy regarding monitoring the dishwasher temperatures and chemicals will be made by 11/30/26.	11/30/26

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 11/13/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11035	A. BUILDING: _____ B. WING _____	C 10/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VICTORIAN ASSISTED LIVING	1321 COLUMBUS ST. 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 105	Continued From page 1 dishwasher was used to clean the dishes. There were no temperature logs or PPM chemical testing logs to show what the temperatures or the PPMs have been for the low-temperature dishwasher. DD H stated he did not test the rinse or wash cycle temperature of the low-temperature dishwasher. DD H stated he was testing the chemical sanitization level of the low-temperature dishwasher, but was not writing them down on a log to track them. The PPM chemical test strips that DD H used were expired as of March 2023 and June 2021. DD H was unaware that the PPM chemical test strips were expired. 2. Interview on 10/28/26 at 4:00 p.m. with administrator A revealed she confirmed the facility did not have any recent gastrointestinal (GI) outbreaks. Administrator A acknowledged the risk of foodborne illness associated with not completing daily dishwasher temperature checks and using expired PPM chemical test strips. 3. The provider's undated General Food and Preparation and Handling policy revealed it did not address the low-temperature dishwasher. 4. Review of the Energy Star User Manual revealed, "Must test a low-temperature chemical dishwasher at least once per day." "Minimum Wash/Rinse Temp [temperature] 120 degrees F [Fahrenheit]. [The] Chemical sanitizer [between] 50 PPM-100PPM."	S 105		
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:	S 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11035	A. BUILDING: _____ B. WING _____	C 10/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VICTORIAN ASSISTED LIVING	1321 COLUMBUS ST. 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 296	Continued From page 2 (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 two of two sampled employees (F and G) completed the required training topics within thirty days of their hire date.	S 296	S 296 -All staff have received the required initial training, even if they have already completed it. All were returned and signed by 11/6/26. -New staff will be required to complete the required training within first week of hire. -The ED will audit new staff education once a week for a month, starting 11/10/26 and ending 12/10/26. The ED will then audit for new staff education once a month for six months starting 12/10/26, ending 6/10/27. -The training policy was reviewed by all staff by 11/6/26.	11/30/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11035	A. BUILDING: _____ B. WING _____	C 10/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VICTORIAN ASSISTED LIVING	1321 COLUMBUS ST. 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 296	Continued From page 3 Findings include: 1. Review of employee F's personnel file revealed she was hired as a registered medication aide (RMA) on 5/5/26. There was no documentation to support that she completed the required orientation training topics of 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, nutritional risks and hydration, abuse and neglect, problem solving and communication for residents with cognitive impairment or challenging behaviors, and education based on the resident care needs within thirty days of her hire date. 2. Review of employee G's personnel file revealed she was hired as a former resident care assistant (RMA) on 5/7/26. There was no documentation to support that she completed the required orientation training topics of 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, nutritional risks and hydration, abuse and neglect, problem solving and communication for residents with cognitive impairment or challenging behaviors, and education based on the resident care needs within thirty days of her hire date. 3. Interview on 10/28/26 at 1:35 p.m. with administrator A revealed that former director of nursing (DON) C was responsible for the employees' initial orientation training within 30-days of their hire date. Administrator A	S 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11035	A. BUILDING: _____ B. WING _____	C 10/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VICTORIAN ASSISTED LIVING	1321 COLUMBUS ST. 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 296	Continued From page 4 confirmed employees F and employee G did not have the above required trainings in their personnel files. 4. Review of the provider's undated Staff Training policy revealed, "Direct care staff will receive initial orientation and ongoing inservice training based on state regulations and the needs of the residents being served in the community." "All training will be documented. Copies of documentation will be retained in the employee record."	S 296		
S 415	44:70:05:03 Resident Care The facility shall employ or contract with a licensed nurse who assesses and documents that the resident's individual personal care, and medical, physical, mental and emotional needs, including pain management, have been identified and addressed. Any outside services utilized by a resident shall comply with and complement facility care policies. Each resident shall receive daily care by facility personnel as needed to keep skin, nails, hair, mouth, clothing, and body clean and healthy. This Administrative Rule of South Dakota is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) complaint intake report, interview, record review, job description review, and policy review, the provider failed to ensure individual care needs were identified, documented, assessed, and addressed for one of one sampled resident (1) related to her pain and injuries after a fall. Findings include:	S 415	S 415 -The Administrative Assistant will have all staff review and sign fall protocol education by 11/30/26. Education will include following fall protocol even if the fall occurs outside the facility. -During the weekly fall meeting between the Rehab Director, ED and Administrative Assistant, incident reports will be audited to ensure family, provider, Manager on Duty and the nurse were notified. -The ED will enter a progress note on what was discussed in the meeting. -Staff will be provided education regarding pain monitoring by 11/30/26. Staff will be educated to contact the provider if a resident is reporting pain of 7 or higher, with no relief from their current pain medication.	11/30/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11035	A. BUILDING: _____ B. WING _____	C 10/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VICTORIAN ASSISTED LIVING	1321 COLUMBUS ST. 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 415	Continued From page 5 1. Review of the 9/4/26 SD DOH complaint intake report revealed that on 8/28/26, resident 1 fell during an outing with her family. She was evaluated in the local ED before her family returned her to the facility on that same day. On 9/4/26, the complainant noticed that resident 1's face was bruised and scabbed. The resident said she fell. The complainant stated that neither administrator A nor administrative assistant B knew about that fall and they were unable to find documentation in the resident's electronic care record (ECR) regarding that fall. 2. Interview on 10/28/26 at 10:10 a.m. with resident 1 regarding her 8/28/26 fall revealed she was trying to stay out of the way her family while they removed her walker from their vehicle and she fell. She said that the fall "messed up [caused injury to] my face," and "I was in pain after the fall." 3. Review of resident 1's ECR revealed she admitted on 4/25/23. Her diagnoses included spinal stenosis (a narrowing of the spaces within the spine), heart disease, and macular degeneration (an eye disease that results in vision loss). Her 10/14/24 Mini-Mental Status Evaluation (MMSE) score was 20, which indicated she had mild cognitive impairment. An 8/28/26 medication administration progress note indicated, "The hospital gave her [resident 1] some acetaminophen [Tylenol] before she left [the hospital] @ 1850 [6:50 p.m.]." Resident 1's physician-ordered pain medications included: ES (extra strength) Tylenol, administer two-500 milligram (mg) tablets each morning and evening	S 415	S 415 -The ED will audit post fall monitoring tools once a week, during the fall meetings to ensure proper documentation, including every shift progress note for five days. The ED will also ensure there is the signature from the interim nurse. This will begin 11/9/26. -The audit once a week for fall monitoring tool will be indefinite as we will have a weekly fall meeting every Monday. -Fall policy will be reviewed by all staff by 11/30/26.	11/30/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11035	A. BUILDING: _____ B. WING _____	C 10/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VICTORIAN ASSISTED LIVING	1321 COLUMBUS ST. 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 415	Continued From page 6 (start date 4/28/26). Tylenol, administer one-500 mg tablet every eight hours PRN (as needed) for mild to moderate pain (start date 5/30/24). Naproxen (an anti-inflammatory pain medication), administer one 220 mg tablet PRN daily for pain. The August 2026 medication administration record (MAR) revealed a 6/23/23 physician's order for pain assessments to be completed at 7:00 a.m., 2:00 p.m., and 8:00 p.m. The pain assessment included asking the resident to numerically rate her pain on a scale from 1-10. The order indicated that reported pain between 1-3 was mild pain, between 3-7 was moderate pain, and between 8-10 was severe pain. On 8/28/26, resident 1's pain was a "5" at 8:00 p.m. On 8/29/26, resident 1's pain was an "8" at 7:00 a.m., a "6" at 2:00 p.m., and a "6" at 8:00 p.m. On 8/30/26, resident 1's pain was a "6" at 7:00 a.m., a "5" at 2:00 p.m., and a "10" at 8:00 p.m. On 8/31/26, resident 1's pain was an "8" at 7:00 a.m., a "1" at 2:00 p.m., and a "10" at 8:00 p.m. Resident 1 was not administered either the PRN Tylenol or the PRN Naproxen in August 2026. Resident 1's vital signs were documented twice each day on 8/28/26 and 8/29/26 on a Post Fall Monitoring Tool for Unwitnessed Falls without Hitting (the) Head. The nurse signature and date line at the bottom of the form were blank. An 8/31/26 Monthly Nursing Evaluation made no mention of resident 1's 8/28/26 fall. That evaluation was not completed by a licensed nurse.	S 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11035	A. BUILDING: _____ B. WING _____	C 10/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VICTORIAN ASSISTED LIVING	1321 COLUMBUS ST. 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 415	Continued From page 7 A 9/18/26 Skin Integrity Evaluation indicated that resident 1 had bruising on her face and a scab over her left eye. There was no indication of how or what caused that. That evaluation was the first skin evaluation completed after the resident's 8/28/26 fall. It was not completed by a licensed nurse. There were no nurse progress notes or nurse assessments completed by former director of nursing (DON) C or PRN (as needed)/registered nurse (RN) I related to resident 1's 8/28/26 fall. 4. Telephone interview on 10/28/26 at 11:30 a.m. with registered medication aide (RMA) D revealed when resident 1 returned to the facility on 8/28/26, the resident was "bruised from her chin to her eyebrow." RMA D said that the reason resident 1's ECR contained minimal post-fall documentation was because her fall occurred outside of the facility while she was with her family. 5. Interview and record review on 10/28/26 at 12:50 p.m. with RMA E revealed that resident 1 reported morning and evening pain scores to the RMA before the RMA administered her scheduled ES Tylenol. The RMAs did not follow up with resident 1 after the pain medication was administered to determine if the medication effectively treated the resident's pain or if a PRN pain medication was warranted, but they should have. Regarding the 8/28/26 to 8/31/26 pain evaluations, RMA E agreed that if resident 1 scored her pain at a "one" or higher, the resident should have been offered a PRN pain medication. There was no documentation on resident 1's August 2026 MAR to support that the resident	S 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11035	A. BUILDING: _____ B. WING _____	C 10/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VICTORIAN ASSISTED LIVING	1321 COLUMBUS ST. 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 415	Continued From page 8 was administered either of her physician-ordered PRN pain medications. RMA E said that when resident 1 scored her pain above an 8 (defined as severe pain), the staff should have notified the resident's physician. She confirmed that there was no documentation to support that occurred. 6. Interview and record review on 10/28/26 at 2:30 p.m. with administrator A and administrative assistant B revealed that post-fall documentation expectations were the same whether a fall occurred in the community or in the facility. They confirmed that resident 1's 8/28/26 to 8/31/26 MAR documentation did not support that resident 1's reported pain levels were responded to, appropriately monitored, or effectively managed. Administrator A confirmed that the wrong Post Fall Monitoring Tool that was completed after resident 1's 8/28/26. The staff should have completed the Tool intended for an unwitnessed fall with a head injury. The staff were expected to initiate the completion of an Incident Report immediately after resident 1 returned from the ED. That report should have included a detailed and descriptive account of the resident's fall. Administrator A confirmed that no incident report was completed for resident 1's 8/28/26 fall, but it should have been. RMA D should have dcoumented a detailed progress note after resident 1 returned from the ED on 8/28/26. The staff were expected to document daily post-fall progress notes that described resident 1's post-fall recovery status.	S 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11035	A. BUILDING: _____ B. WING _____	C 10/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VICTORIAN ASSISTED LIVING	1321 COLUMBUS ST. 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 415	Continued From page 9 Administrator A confirmed there were no progress notes documented in resident 1's ECR related to her 8/28/26 fall. Administrator A acknowledged that an initial post-fall skin assessment should have been completed by former DON C followed by weekly post-fall skin evaluations, but that did not occur. Administrator A said that resident 1's 8/28/26 ED records were accessible for her to review, print, and scan into resident 1's ECR, but she had not uploaded that information in the resident's ECR. Administrator A stated that the standards of care (accepted guidelines and practices used by healthcare professionals to manage specific events like falls and pain) were not met. 7. Review of the provider's undated Change in Condition policy revealed that if a resident had a change in their condition, it "should be recorded as a progress note in the electronic medical record [ECR]." "This change of condition should be documented on every shift until [it is] resolved." "Residents that voice complaints of pain should be documented in the medical record [ECR] with location, radiation, description of pain, narrative of measure taken to alleviate pain and the result of the measures taken to alleviate pain." 8. Review of the provider's undated Pain policy revealed, "Residents who have been identified as possibly experiencing pain will receive a pain assessment and an individualized treatment plan to address pain management." "Document the resident's response to any [pain] intervention. Notify the physician, if indicated, that the resident's pain has not resolved."	S 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11035	A. BUILDING: _____ B. WING _____	C 10/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VICTORIAN ASSISTED LIVING	1321 COLUMBUS ST. 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 415	Continued From page 10 9. Review of the undated DON job description revealed, "The DON is accountable to the facility Executive Director [Administrator]and is responsible to oversee all resident care and medical function of the facility, for implementation of all medical policies and procedures, and to ensure all residents received the highest level of services in accordance with State regulations." 10. Review of the provider's undated Administrator job description revealed that Administrator A was responsible to "perform duties to ensure quality care for the residents" and "insuring that residents receive the highest level of services."	S 415		
S 800	44:70:09:04 Notification When Resident's Condition Change A facility shall immediately inform the resident, consult with the resident's physician, physician assistant, or nurse practitioner, and, if known, notify the resident's legal representative or interested family member when any of the following occurs: (1) An accident involving the resident that results in injury or has the potential for requiring intervention by a physician, physician assistant, or nurse practitioner; (2) A significant change in the resident's physical, mental, or psychosocial status; (3) A need to alter treatment significantly; or (4) A decision to transfer or discharge the resident from the facility This Administrative Rule of South Dakota is not	S 800	S 800 -All staff will receive education by 11/30/26 regarding when to notify the physician, nurse and family. Also, the proper documentation of the notifications. -The ED will audit for physician, family and nurse notifications after any fall, every day, for six months, ending 5/10/27.	11/30/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11035	A. BUILDING: _____ B. WING _____	C 10/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VICTORIAN ASSISTED LIVING	1321 COLUMBUS ST. 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 800	Continued From page 11 met as evidenced by: Based on South Dakota Department of Health (SD DOH) complaint intake report, record review, interview, and policy review, the provider failed to ensure notification to the rsident's physician occurred timely and that notification was documented for one of one sampled resident (1) related to her pain and injuries after a fall. Findings include: 1. Review of the 9/4/26 SD DOH complaint intake report revealed that on 8/28/26, resident 1 fell during an outing with her family. She was evaluated in the local emergency department (ED) before her family returned her to the facility on that same day. On 9/4/26, the complainant observed that the resident 1's face was bruised and scabbed. The resident stated she had fallen. Neither Administrator A nor administrative assistant B were able to find documentation in the resident's electronic care record (ECR) regarding that fall. 2. Review of resident 1's ECR revealed she admitted on 4/25/23. Her diagnoses included spinal stenosis (a narrowing of the spaces within the spine), heart disease, and macular degeneration (an eye disease that results in vision loss). Her 10/14/24 Mini-Mental Status Evaluation (MMSE) score was 20, which indicated she had mild cognitive impairment. There was no indication that the resident's physician was notified of her change in condition as a result of her 8/28/26 fall. 3. Telephone interview on 10/28/26 at 11:30 a.m. with RMA D revealed that on 8/28/26, resident 1's family member called the facility to report that	S 800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11035	A. BUILDING: _____ B. WING _____	C 10/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VICTORIAN ASSISTED LIVING	1321 COLUMBUS ST. 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 800	Continued From page 12 the resident tripped over a curb, fell, and hit her face and head during an outing with them that day. The family member had the resident evaluated in the local ED before the resident returned to the facility on 8/28/26. On 8/28/26, RMA D notified the on-call manager, administrative assistant B, of the resident's fall. He thought that administrative assistant B had notified resident 1's physician of the resident's fall. 4. Interview on 10/28/26 at 11:30 a.m. with administrator A and administrative assistant B revealed that administrative assistant B did not notify resident 1's physician of the resident's 8/28/26 fall. RMA D should have sent a faxed communication on 8/28/26 to resident 1's physician regarding the fall. RMA D was responsible for initiating the incident report related to the 8/28/26 fall. The incident report form included a physician notification prompt. That report was to be routed to former director of nursing (DON) C for final completion before she forwarded it to administrator A to review and sign. Administrator A confirmed that no incident report was completed for resident 1's 8/28/26 fall. A weekly Standards of Care (accepted guidelines and practices used by healthcare professionals to manage specific events like falls) interdisciplinary meeting was held to review residents falls. Resident 1's 8/28/26 fall was discussed during the weekly meeting held on 8/31/26. Administrator A and administrative assistant B attended that meeting. They confirmed no documentation related to resident 1's fall was available to review at that meeting. Administrator A confirmed that resident 1's physician was not	S 800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11035	A. BUILDING: _____ B. WING _____	C 10/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VICTORIAN ASSISTED LIVING	1321 COLUMBUS ST. 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 800	Continued From page 13 notified of her 8/28/26 fall, but should have been. 5. Review of the provider's undated Change in Condition policy revealed that examples of changes in a resident's condition included falls. "[The resident's] MD [medical doctor] whould be notified of change of condition and this notification should be documented in the electronic medical record [ECR]."	S 800		