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
	40562	A. BUILDING: _____ B. WING _____	C 10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS ON SYCAMORE INC	146 N SYCAMORE SIOUX FALLS, SD 57110

(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 10/21/25 through 10/22/25. Meadows on Sycamore INC was found not in compliance with the following requirements: S085, S105, S122, S125, S142, S166, S295, S296, and S335. 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 from 10/21/25 through 10/22/25. Areas surveyed included nursing services related to ear drop medications, potential resident abuse and neglect related to elopement, and accidents. Meadows on Sycamore INC was found in compliance.	S 000	The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission or an agreement by the facility of the truth of the facts alleged on conclusions set forth in the statement of deficiency was executed solely because it is required by provisions of state and federal law. Without waiving the foregoing statement, the facility states that with respect to:	
S 085	44:07:02:03 Cleaning Methods And Facilities The facility shall have supplies, equipment, work areas, and complete written procedures for cleaning, sanitizing, or disinfecting all work areas, equipment, utensils, and medical devices used for residents' care. Common-use equipment shall be disinfected after each use. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure: *One of one blood pressure cuff was disinfected in between each resident use. *One of one upholstered chair in the east hallway by the public phone was clean.	S 085	Chair was removed. "Clean/disinfect all public chairs weekly," has been added to the overnight duties list. *Nursing staff was educated by Administrator 11/21/2025. *Assistant Admin will review logs weekly. *Assistant Admin will report to results monthly to QA meeting for three months or until in compliance. Disinfecting Reusable Resident Care Equipment policy was developed. Cuffs that do not have a cleanable surface will not be shared. Two battery operated blood pressure machines were purchased, with cuffs with a cleanable surface as back ups. Reusable Resident Care Equipment will be cleaned when soiled, and will be sanitized after each use. Administrator educated all nursing staff at nursing meeting. A member of the management team will observe vitals check weekly. Assistant Administrator, or Administrator will report findings monthly to QA for three months, or in compliance.	12/6/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S 085	Continued From page 1 Findings include: 1. Observation on 10/22/25 at 8:10 a.m. of medication aide (MA) H revealed: *While administering medications to resident 1, she did not clean the blood pressure cuff before she checked her blood pressure. *After she administered resident 1's medications, she did not clean the blood pressure cuff. *She then checked resident 2's blood pressure with that same blood pressure cuff. *After she administered resident 2's medications, she did not clean the blood pressure cuff. *She then checked resident 3's blood pressure with the same blood pressure cuff. 2. Observation on 10/22/25 at 8:30 of MA G revealed that she used the same blood pressure machine and cuff that MA H used above. MA G did not clean it before or after each use. 3. Interview on 10/22/25 at 8:40 a.m with MA H revealed: *Staff did not clean the blood pressure cuff in between each resident use. *She acknowledged that not cleaning the blood pressure cuff was a potential infection control problem. 4. Interview on 10/22/25 at 3:30 p.m. with director of nursing (DON) D revealed that the blood pressure cuff should be cleaned in between each resident. 5. Review of the provider's 8/24/24 infection control policy referred cleaning of medical equipment to the manufacturer's instructions. 6. Review of the provider's manufacturer's instructions for the Citizen CH-4532 blood	S 085		

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S 085	Continued From page 2	S 085		

pressure monitor revealed:
*"This monitor is not intended to be a diagnostic device, because it is intended for home use."
*"To clean the cuff, wipe it with a moist cloth. Avoid hard rubbing, as this will cause air leakages. Take care also not to get water into the air hose."

7. Observation on 10/21/25 at 10:10 a.m. and 10/22/25 at 8:00 a.m. in the east hallway revealed:
*An upholstered chair was located near a public phone that was visibly dirty with spots of a brown substance on the seat and back of the chair, and a discolored ring of a dried substance on the seat of the chair.

8. Interview and observation on 10/22/25 at 2:45 p.m. with activities manager E revealed:
*It was the responsibility of the housekeeper or wing aides to clean the chairs.
*She observed the chair by the public phone and agreed it was dirty and stated, "It should not look like this".

9. Interview on 10/22/25 at 4:05 p.m. with director of nursing (DON) D revealed:
*She was not aware the chair by the public phone was dirty.
*She thought whoever noticed the dirty chair should have cleaned it.
*She was unsure of their process to ensure the upholstered chairs were clean.

10. Interview on 10/22/25 at 4:15 p.m. with administrator A revealed:
*She was not aware the chair by the public phone was dirty.
*She felt the staff were usually good about getting things cleaned that were dirty.

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S 085	Continued From page 3 *If the staff or the residents informed her that a chair was dirty, she would have made sure it was cleaned. *They did not have a specific process to ensure that the chairs were clean. 11. Review of the 6/26/15 cleaning policy revealed "Environmental surfaces will be disinfected (or cleaned) on a regular basis, and when surfaces are visibly soiled."	S 085		
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, cleaning schedule review, and policy review, the provider failed to maintain the cleanliness of one of one kitchen. Findings include: 1. Observation on 10/21/25 at 10:27 a.m. through 11:10 in the kitchen revealed: *The floor behind the double reach-in refrigerator had a thick layer of dust and lint with a plastic spoon and lid in the corner. *The linoleum floor under the gas stove was	S 105	Kitchen will be deep cleaned. Dietary Manager updated cleaning logs to include listed areas. Dietary Manager educated all dietary staff. Dietary Manager will review cleaning logs monthly, and report monthly to QA for three months or until in compliance. *Rust removed from exhaust hood over steam table. Dietary Manager educated staff on quarterly hood cleaning over the steam table. Dietary Manager will review quarterly logs and report to QA quarterly, or until in compliance. Maintenance Director will replace flooring under the stove. Administrator will ensure completion. Administrator will report completion to QA.	12/6/2025

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S 105	Continued From page 4 peeled back and had a blackened color to it. *The baseboard behind the gas stove was partially laying on the floor with a thick layer of grease, dust, and lint on it. *The edge of the floor next to the baseboard under the three-compartment sink had a thick layer of dust and lint. *The edge of the floor next to the baseboard behind the refrigerator and upright freezer in the storage area had a thick layer of dust and lint. *The underside of the exhaust hood that was positioned above the steam table had several nickel-sized areas of rust. 2. Observation and interview on 10/22/25 at 8:40 a.m. with cook O regarding the cleanliness of the kitchen revealed: *The dietary staff followed a weekly cleaning schedule. *The evening dietary staff were assigned to clean out the dirt build up in the corners of the kitchen monthly. *She was not aware the gas stove could be moved away from the wall to clean behind and under it. *She confirmed the flooring, baseboards, and vent hood were not clean. 3. Interview on 10/22/25 at 11:20 a.m. with dietary manager B regarding the cleanliness of the kitchen revealed she: *Expected the dietary staff to follow the cleaning schedule. *Knew the cleaning schedule addressed cleaning the kitchen corners monthly. *Assumed that would include cleaning all the baseboards. *Agreed the flooring, baseboards, and vent hood were not clean.	S 105		

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S 105	Continued From page 5 4. Interview on 10/22/25 at 2:00 p.m. with administrator A regarding the cleanliness of the kitchen revealed: *She expected the dietary staff to follow the cleaning schedule and cleaning policy. *She agreed the flooring, baseboards, and vent hood were not clean. 5. Review of the monthly North Dietary Cleaning Schedule for the 3:30 shift revealed staff were to: *Clean the baseboards by the fridge and the freezer. *Clear out dirt build up in the corners of the kitchen. *Clean the steam table hood. *Clean the baseboards by the serving counter and the cook's sink. *Wash walls and baseboards under the dishwasher. 6. Review of the provider's revised 10/19/15 Kitchen Cleaning policy revealed: *"5. Preparation areas, counters, dining tables, equipment, sinks, stove and other similar areas must be cleaned after each use." *"6. The floors should be swept at least daily and mopped according to the cleaning schedule."	S 105		
S 122	44:70:02:08 Linen Commingled residents' personal clothing; common-use linens; any isolation clothing; and housekeeping items must be processed by methods that assure disinfection. The facility shall process laundry following the laundry equipment and cleaning agent recommendations. If hot water is used for disinfection, minimum water temperature supplied for laundry purposes must be one hundred sixty degrees Fahrenheit or	S 122	Betco Sanitizing Softer has been added to washing machines. Administrator will order Betco Sanitizing Softner whe needed. Nursing staff has been educated on sanitizing softner. This is added automatically when using the button for degergent. Administrator will report compliance to QA in December.	11/4/2025

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S 122	Continued From page 6 seventy-one degrees centigrade. If chlorine bleach is added to the laundry process following the manufacturer's direction, the minimum hot water temperatures supplied for laundry purposes may be reduced to one hundred twenty degrees Fahrenheit or forty-nine degrees centigrade. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to monitor the hot water temperature for two of two washers at the required minimum of 160 degrees Fahrenheit or use a disinfectant during the washing process to ensure disinfection of common-use linens. Findings include: 1. Observation on 10/21/25 at 10:35 a.m. of the laundry room revealed: *A wall-mounted laundry soap dispensing system was installed behind two washing machines. Tubing from the system connected on one end to a bucket of laundry soap placed on the floor next to the machines, and on the other end, the tubing was attached to the top of each washing machine. *An open bottle of Betco Push cleaner and an open bottle of vinegar were on top of the laundry soap bucket. *Tubing attached to an empty dispenser that was not connected to anything. *A button was attached to the top of the washing machine to press to dispense laundry soap. 2. Interview on 10/21/25 at 10:35 a.m. with housekeeper F revealed: *She did not monitor the water temperatures of the washing machines.	S 122	*Removed "Push," and Vinegar from laundry area. Nursing staff has been educated by Administrator not to use Push in the laundry. Administrator will no longer order Push for laundry. Administrator will report change to QA in December.	

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S 122	Continued From page 7 *She would push a button to dispense the laundry soap. *She did not add a sanitizer when washing linens. * She thought that sometimes, other staff would add vinegar when washing clothes, and she was unsure why. *She would add a Betco Push additive when washing clothes to remove urine odor. 3. Interview on 10/22/25 at 11:00 a.m. with medication aide G in the laundry room while she was washing clothing revealed: *She did not monitor the water temperatures of the washing machines. *She did not add a sanitizer to the washing machines when washing common-use linen. *A few years ago they added a sanitizer to the washing machine. The dispenser where that sanitizer had previously been was empty. *She would add vinegar when washing clothing that smelled of urine. *She did not add Betco Push cleaner to the laundry and stated it was used for general cleaning, not laundry. 4. Interview on 10/22/25 at 4:05 p.m. with director of nursing (DON) D revealed she was not aware of the facility's laundry process. 5. Interview on 10/22/25 at 4:15 pm. with administrator A revealed: *She acknowledged that temperatures for the washing machine were not being monitored, and sanitizer was not being added to the washing machine when washing common-use laundry, and they should have been. *She stated the maintenance staff thought the dryer was hot enough to sanitize the linen. *She thought Betco Push cleaner could be added to the washing machine, but she would need to	S 122		

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S 122	Continued From page 8 double-check on that. 6. Review of the provider's 1/19/22 laundry room procedure policy revealed it did not include information about the water temperatures of the washing machines or adding sanitizer when washing common-use linens. 7. Review of the Hazard Communication Program for OSHA Standard handout, provided by the provider revealed: *The PUSH cleaner was to be used as "carpet cleaner for bodily fluids" and listed the following directions: "spot clean: blot with towel; carpet machine: add ¼ cup of product to tank" 8. Review of the Betco Push cleaner's product instructions revealed: *"it is a biodegradable non-hazardous liquid that can be used on multiple surfaces and soils, like, carpets, pet stains, trash bins, garbage containers, urinals and floor surfaces."	S 122		
S 125	44:07:02:08 Linen The facility shall have distinct areas for the storage and handling of clean and soiled linens. Those areas used for the storage and handling of soiled linens must be negatively pressurized. The facility shall establish procedures for the handling and processing of contaminated linens. Soiled linen must be placed in closed containers prior to transportation. Clean linens must be transported in containers used exclusively for clean linens, must be kept covered with dust covers at all times while in transit or in hallways, and must be stored in areas designated exclusively for this purpose. The department must review and approve any written request for any modification	S 125	Administrator updated Laundry Room Procedure to include cleaning and sanitizing laundry carts. Administrator educated nursing staff of change during nursing meeting. Assistant Administrator will monitor staff weekly to ensure compliance. Assistant Administrator will report findings to QA weekly for three months, or until in compliance.	12/6/2025

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S 125	Continued From page 9 of the requirements of this section before any changes are made. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure the clean linens were transferred in containers exclusively for clean linens to ensure clean laundry was not transported with the soiled facility laundry cart. Findings include: 1. Observation and interview on 10/21/25 at 10:35 a.m. with housekeeper F revealed: * There were two facility laundry carts in the laundry room that had wheels, intentional openings on the basket, and a hanging rack. * She would push a facility laundry cart down the halls to collect dirty laundry from residents' rooms. The dirty laundry would be in tied garbage bags, placed into the facility laundry cart, and brought back to the laundry room. *After she washed and dried the laundry, without sanitizing the laundry cart, she would use that same cart, placed a new garbage bag in it as a liner, then place the clean laundry from the dryer into that cart. *She was unsure how the clean laundry was transported back to the residents' rooms. 2. Observation and interview on 10/22/25 at 11:00 a.m. with medication aide G revealed: *She walked and gathered residents' dirty laundry from their rooms and then carried the dirty laundry to the laundry room in closed garbage bags. *She either carried the laundry or used the facility laundry cart to take the laundry out of the dryer to	S 125		

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S 125	Continued From page 10 transfer it to the folding table. *To transport the clean laundry back to the residents' rooms, she placed it in the laundry cart, without a barrier or sanitizing it, and covered it with a clean towel. *The facility laundry carts would also be used for transporting residents' belongings when residents moved in or out of the facility, and they would not be sanitized afterwards. 3. Interview on 10/22/25 at 4:05 p.m. with director of nursing (DON) D revealed she was not aware of the facility's laundry process. 4. Interview on 10/22/25 at 4:15 pm. with administrator A revealed: *She acknowledged that staff were not using containers exclusively for clean linens and did not sanitize them after being used to collect dirty linens or residents' belongings. 5. Review of the providers 1/19/22 laundry room procedure policy revealed: * "Soiled laundry/bedding ....Keep all residents' laundry in separate baskets with large plastic liners. The liners are to be changed before putting clean clothes back in [the] basket."	S 125		
S 142	44:70:02:11.01 Water Supply -- Control Of Legionella Each water supply system in a facility, must maintain one part per million free residual chlorine at remote point-of-use fixtures in the facility or the facility may use another bacteriological control method that has been demonstrated to be equivalent in control of Legionella. Increasing the water temperature range from one hundred twenty-two degrees to	S 142		

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S 142	Continued From page 11 one hundred twenty-five degrees Fahrenheit or fifty degrees to fifty-two degrees centigrade is acceptable for the control of Legionella. The facility shall document water temperatures to verify the hot water temperature is being maintained within the acceptable range for the control of Legionella. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, record review, and interview, the provider failed to ensure control of legionella as required. Findings include: 1. Observation and interview beginning at 11:23 a.m. on 10/21/25 revealed when maintenance director C was asked for his monthly water temperature recordings, he stated he did not have records of taking water temps but stated he did that monthly. He further stated he performs the checks at a point near the water heaters. Failure to measure hot water temperature at the end of a line does not give an accurate measurement of the water temperature unless the facility has a circulation loop. Record review at the same time as the observation and interview revealed the facility was unable to provide documentation showing the water system had been tested to prove a temperature of one hundred twenty-five degrees Fahrenheit or a residual free chlorine level of one part per million. Failure to ensure a hot water temp of one hundred twenty-five degrees Fahrenheit or a residual free chlorine level of one part per million does not ensure control of legionella in water systems. Further Interview with maintenance director C at the same time revealed he conducts all	S 142	Building water temperature spreadsheet has been developed. Maintenance Director will temp hot water in residents rooms as the remote point of use weekly to ensure temperatures are between degrees. Administrator will review logs monthly. Administrator will report findings monthly to QA meeting for three months, or until in compliance.	12/6/2025

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S 142	Continued From page 12 maintenance for both the 130 N Sycamore Ave and the 146 N Sycamore Ave buildings so that same condition would also exist at the other building.	S 142		
S 166	44:70:02:17(1-2) Occupant Protection The facility shall: (1) Develop and implement a written and scheduled preventive maintenance program; (2) Provide securely constructed and conveniently located grab bars in all toilet rooms and bathing areas used by residents; This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, record review, and interview the facility failed to develop and implement a written and scheduled preventive maintenance program. 1. Observation and interview beginning at 11:23 a.m. on 10/21/25 revealed when maintenance director C was asked for his maintenance logs, he had stated he would need a bit of time to find those documents and provide them. When asked again for maintenance logs at 12:48 p.m. the maintenance director C revealed he was unable to find any such logs during the break for lunch he went on to state he performs all the required maintenance checks but did not have logs of any of those checks. At that same time, he further stated he conducts all maintenance for both the 130 N Sycamore Ave and the 146 N Sycamore Ave buildings so that same condition would also	S 166	Written and scheduled preventive maintenance program has been completed. Maintenance logs include daily, weekly, monthly, and yearly. Administrator provided education to Director of Maintenance. Administrator will review logs monthly. Administrator will report findings to QA indefinitely.	12/6/2025

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	40562	A. BUILDING: _____ B. WING _____	C 10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS ON SYCAMORE INC	146 N SYCAMORE SIOUX FALLS, SD 57110

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S 166	Continued From page 13 exist at the other building. Record review at 11:38 a.m. that same day revealed the only maintenance records provided were the emergency light/exit sign and fire door checks performed by dietary manager B when she conducted the fire drills, and the third-party inspections of the buildings fire extinguisher, alarm, and sprinkler systems. Further interview that same day at 3:20 p.m. with administrator A during the Life Safety Code exit conference confirmed those findings, she stated she had seen the facilities maintenance logs in years past but could not recall seeing any in recent history.	S 166		
S 295	44:70:04:04 Personnel Training The facility shall have a formal orientation program and an ongoing education program for all healthcare personnel. Ongoing education programs must cover the required subjects annually. This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review and interview, the provider failed to ensure four of four employees who were hired over a year ago (I, L, M, N) had completed all the required annual training topics. Findings include: 1. Review of employee J's personnel file revealed: *She was hired 1/13/22 as a cook. *She had not completed the required annual training or had documentation that it had been	S 295	Education on Advanced Directives, TB, and Reportable Diseases has been provided to all staff, by Dietary Manager and Administrator. These three educational topics have been added to the 30 day employment packet, and annual education calendar. Reportable diseases, and TB have been added to the infection control and prevention all staff. Advanced directives has been added to Emergency preparedness, and resident emergencies all staff. Dietary manager will monitor all new hires for three months to ensure mandatory education is complete. Dietary Manager will report new hire results monthly to QA ongoing. Dietary Manager and Administrator will report completion of annual education for one month, or until complete. Administrator will audit all staffs monthly, and annually to ensure all mandatory topics are covered.	12/6/2025

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S 295	Continued From page 14 previously covered, for the following topics: -Advance directives. -Reportable diseases. 2. Review of employee L's personnel file revealed: *He was hired 3/7/24 as a medication aide. *He had not completed the required annual training or had documentation that it had been previously covered, for the following topics: -Advance directives. -Reportable diseases. 3. Review of employee M's personnel file revealed: *She was hired 9/5/23 as a wing aide. *She had not completed the required annual training or had documentation that it had been previously covered, for the following topics: -Advance directives. -Reportable diseases. 4. Review of employee N's personnel file revealed: *She was hired 6/5/23 as a medication aide. *She had not completed the required annual training or had documentation that it had been previously covered, for the following topics: -Advance directives. -Reportable diseases. 5. Interview on 10/22/25 at 4:30 p.m. with administrator A regarding annual employee education revealed she was not aware that training on advanced directives or reportable diseases was required, so it was not offered or completed by any staff member.	S 295		

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S 296	Continued From page 15	S 296		
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). This Administrative Rule of South Dakota is not met as evidenced by:	S 296	Education on Advanced Directives, TB, and Reportable Diseases has been provided to all staff, by Dietary Manager and Administrator. These three educational topics have been added to the 30 day employment packet, and annual education calendar. Dietary manager will monitor all new hires for three months to ensure mandatory education is complete. Dietary Manager will report results monthly to QA ongoing.	12/6/2025

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S 296	Continued From page 16 Based on personnel file review and interview, the provider failed to ensure two of two newly hired employees (I, K) had completed all the required new hire training topics within 30 days of hire. Findings include: 1. Review of employee I's personnel file revealed: *She was hired 5/27/25 as a dietary aide. *She had not completed the required new hire training within 30 days of hire for: -Advance directives. -Reportable diseases. 2. Review of employee K's personnel file revealed: *She was hired 7/4/25 as a housekeeper. *She had not completed the required new hire training within 30 days of hire for: -Advance directives. -Reportable diseases. 3. Interview on 10/22/25 at 4:30 p.m. with administrator A regarding newly hired employee education revealed she was not aware that training on advanced directives or reportable diseases was required, so it was not offered or completed by any staff member.	S 296		
S 335	44:70:04:10.01 TB Education for Healthcare Personnel All healthcare personnel shall receive TB education annually. TB education shall include information on TB risk factors, the signs and symptoms of TB disease, and TB infection control policies and procedures of the facility. This Administrative Rule of South Dakota is not	S 335	Education on Advanced Directives, TB, and Reportable Diseases has been provided to all staff, by Dietary Manager and Administrator. Reportable diseases, and TB have been added to the infection control and prevention all staff. Advanced directives has been added to Emergency preparedness, and resident emergencies all staff. Dietary Manager and Administrator will report completion of annual education for one month, or until complete.	12/6/2025

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S 335	Continued From page 17 met as evidenced by: Based on personnel file review and interview, the provider failed to ensure six of six employees (I, J, K, L, M, N) reviewed had not completed the required TB (tuberculosis) training upon hire or annually. Findings include: 1. Review of employee I's personnel file revealed: *She was hired 5/27/25 as a dietary aide. *She had not completed the required new hire TB training within 30 days of hire. 2. Review of employee J's personnel file revealed: *She was hired 1/13/22 as a cook. *She had not completed the required TB annual training or had documentation that it had been previously covered. 3. Review of employee K's personnel file revealed: *She was hired 7/4/25 as a housekeeper. *She had not completed the required new hire TB training within 30 days of hire. 4. Review of employee L's personnel file revealed: *He was hired 3/7/24 as a medication aide. *He had not completed the required TB annual training or had documentation that it had been previously covered. 5. Review of employee M's personnel file revealed: *She was hired 9/5/23 as a wing aide. *She had not completed the required TB annual training or had documentation that it had been previously covered.	S 335	Administrator will audit all staffs monthly, and annually to ensure all mandatory topics are covered.	

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S 335	Continued From page 18 6. Review of employee N's personnel file revealed: *She was hired 6/5/23 as a medication aide. *She had not completed the required TB annual training or had documentation that it had been previously covered. 7. Interview on 10/22/25 at 4:30 p.m. with administrator A regarding newly hired and annual employee TB education revealed that she was not aware that TB training was required, so it was not offered or completed by any staff member.	S 335		