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
	11036	A. BUILDING: _____ B. WING _____	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER INN	315 NORTH WASHINGTON ST POST OFFICE BOX 368 VIBORG, SD 57070

(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 6/9/26 through 6/11/26. Pioneer Inn was found not in compliance with the following requirements: S169, S201, and S337.	S 000		
S 169	44:70:02:17(5) Occupant Protection The facility shall: (5) Install an electrically activated audible alarm, if required by other sections of this article, on any unattended exit door. Any other exterior door must be locked or alarmed. The alarm must be audible at a designated staff station and may not automatically silence if the door is closed; This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, testing, and interview, the provider failed to install or maintain door alarming for one of three exterior doors (main entrance). Findings include: 1. Observation on 6/9/26 at 8:50 a.m. revealed the main entrance exterior door for the assisted living center was equipped with a door alarm. Testing the alarm by opening the door revealed the alarm did not sound. Interview with maintenance supervisor at the time of the observation and testing confirmed that condition. He stated the door alarm was disabled daily during business hours and was reactivated at night.	S 169	S 169 Completion date- 7/22/2026 1. Accept this as the facility's credible allegation of compliance. 2. The facilities door alarm on the Main Entrance was actived to alarm at all times by the Maintenance Director/Maintenance Director Designee on 7/22/2026. 3. The facility Maintenance Director/ Maintenance Director Designee will conduct monthly audits, for the length of two months to ensure compliance that the electrically activated audible alarm is active and sounding. 4. Beginning 7/27/2026 the Maintenance Director /Maintenance Director Designee will complete audits monitoring that main entrance door alarm is active and in compliance. Audits will be completed monthly for two months to ensure there are not any issues identified. If audits are not at 100% audits will be repeated until compliance is achieved. Audit results will be brought to the Quality Assurance and Performance Improvement Committee by the Director of Maintenance for further recommendations.	7/22/26

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

Susan Olson

TITLE: CEO

(X6) DATE: 7/7/26

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S 169	Continued From page 1 2. Interview with the administrator on 6/9/26 begining at 4:28 p.m., during the exit interview revealed the assisted living center currently had at least one resident with cognitive impairment.	S 169		
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 proper separation of two randomly observed hazardous areas (Laundry and storage rooms). Findings include: 1. Observation on 6/9/26 at 11:42 a.m. revealed the laundry room adjacent to entry was protected by a fire rated door. That fire door was equipped with a self-closing device; however, it was held open from the door handle to the floor with a door security bar. That door was required to automatically close and latch to maintain its fire rating and the fire rating of the room. Interview with the maintenance supervisor at that time confirmed the condition. He stated he was	S 201	S 201 Completion date- 7/6/2026 1. Accept this as the facility's credible allegation of compliance. 2. The door stops on the laundry room and storage room were immediately removed and disposed of by the Maintenance Director/Maintenance Director Designee on 6/9/2026. 3. The facility Maintenance Director/ Maintenance Director Designee will conduct monthly audits, for the length of two months to ensure compliance that the doors remain closed and not propped open. 4. Beginning 7/6/2026 the Maintenance Director /Maintenance Director Designee will complete audits monitoring that the door remained closed and in compliance. Audits will be completed monthly for two months to ensure there are not any issues identified. If audits are not at 100% audits will be repeated until compliance is achieved. Audit results will be brought to the Quality Assurance and Performance Improvement Committee by the Director of Maintenance for further recommendations.	7/6/26 IL

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S 201	Continued From page 2 not aware that device was placed in that location. He further confirmed he was aware of the requirement for that door to automatically close and latch. 2. Observation on 6/9/26 at 11:44 a.m. revealed the storage room adjacent to the laundry room was over 100 square feet in area and contained combustible items. The door to that storage room was fire rated and equipped with a self-closing device; however, it had been choked open with a wooden door wedge. That door is required to automatically close and latch to maintain its fire rating and the fire rating of the room. Interview with the maintenance supervisor at that time confirmed that condition. He stated he was not aware that a door wedge was placed in that location. He further confirmed he was aware of the requirement for that door to automatically close and latch.	S 201		
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, and policy review, the provider failed to ensure one of one resident assistant (RA) (D) followed infection control guidelines during medication administration while preparing one of three sampled resident's (1) medications.	S 337		

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S 337	Continued From page 3 Findings include: 1. Observation on 6/10/26 at 3:43 p.m. of RA D preparing resident 1's medications revealed that RA D dropped the resident's lisinopril tablet (a medication used to treat high blood pressure) onto the medication cart tabletop. With her bare hands, RA D picked up the pill and placed it in the medication cup. RA D was struggling to get the resident's metformin tablet (a medication used to treat blood sugar levels) out of the medication card, so she grabbed the tablet out of the card with her bare left hand and fingernails. She then placed it in the medication cup and gave it to resident 1. The resident placed the medications into her mouth and swallowed them with a drink of water. 2. Interview on 6/10/26 at 3:46 p.m. with RA D revealed that she thought it was okay to touch the resident's medication with her bare hands, as long as she performed hand hygiene prior. If she were to have dropped a pill on the floor, she would have to get a nurse to destroy the pill and obtain a new one. Since she just dropped the other pill on the medication cart tabletop, she did not have to get the nurse. 3. Interview on 6/10/26 at 4:20 p.m. with registered nurse (RN) E revealed that she was the nurse assigned to the assisted living center that day. She expected RA D to have put gloves on her hands before touching a resident's pills. Alternatively, RA D could have used two medication cups to scoop it up off the table, so her bare skin would not come into contact with the pill.	S 337	1. Staff member Resident Assistant D was re-educaled on 7/8/26 regarding infection control guidelines during a medication pass and on Medication Management by the Director of Nursing/Director of Nursing Designee. 2. All residents who receive medications could be affected. 3. All Nurses and Resident Assistants were re-educated by the Director of Nursing/Director of Nursing Designee on proper infection control during a medication pass and on Medication Management on 7/8/2026. staff that are not in attendance will receive education prior to their next working shift. 7/7/26 EC 4. Beginning 7/8/2025 the Director of Nursing/ Director Nursing Designee will complete audits monitoring Resident Assistant medication passes. Audits will be completed twice weekly for two weeks, and then twice monthly for two months to ensure infection control during medication passes is in compliance. If audits are not at 100% audits will be repeated until compliance is achieved. Audit results will be brought to the Quality Assurance and Performance Improvement Committee by the Director of Nursing for further recommendations. 7/7/26 EC	7/8/26

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S 337	Continued From page 4 4. Interview on 6/11/26 at 4:07 p.m. with director of nursing (DON) B revealed that she expected the staff to inform the nurse to dispose of a pill that dropped on the medication cart tabletop because she did not know when that tabletop was last cleaned. She expected the staff to wear gloves before touching or picking up a resident's medications. 5. Review of the provider's 5/13/25 Medication Aides policy and 5/11/26 Medication Management policy revealed that neither policy contained information on what the staff were expected to do if a medication was dropped onto a tabletop or handled with bare hands.	S 337		