DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435113	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menno-Olivet Care Center	**402 S PINE STREET , MENNO, South Dakota, 57045**

(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) COMPLETION DATE
F0000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 3/23/26 through 3/26/26. Menno-Olivet Care Center was found in compliance.	F0000		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Aisha Abbink	Administrator	04/13/2026

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435113	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/25/2026

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E0000	Initial Comments A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted on 3/25/26. Menno-Olivet Care Center was found in compliance.	E0000		

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Aisha Abbink	Administrator	04/13/2026

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435113	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILDING 0...** B. WING	(X3) DATE SURVEY COMPLETED **03/25/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menno-Olivet Care Center	**402 S PINE STREET , MENNO, South Dakota, 57045**

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K0000	INITIAL COMMENTS A recertification survey was conducted on 3/25/26 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Menno-Olivet Care Center (building 01) was found not in compliance. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of the deficiency identified at K222 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K0000	K0222 Action The exit door identified during survey as not functioning in accordance with delayed egress requirements was immediately addressed on 03/26/2025. The magnetic locking system was evaluated by maintenance. On 03/27/2026, maintenance and administrator called ABS Systems, our door vendor, and requested that they come to the facility as soon as possible to adjust the system so that once the delayed egress function is activated and the door releases, it will remain unlocked until it is manually reset, in compliance with Life Safety Code requirements. The door will be tested multiple times to ensure proper operation before ABS Systems leaves the facility.	
K0222 SS = D Bldg. 01	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is	K0222	How Other Potentially Affected Residents Were Identified: All egress doors within the facility equipped with delayed egress or magnetic locking systems were immediately inspected on 03/26/2026 by the Maintenance Director to ensure proper functionality. This included all smoke compartments and exit access points. No additional deficient doors were identified. All residents within the facility were considered potentially affected due to the life safety risk associated with egress, and corrective actions were applied facility-wide. System Changes to Achieve Sustained Compliance: A standardized Egress Door Function Testing audit was created to include specific requirements for delayed egress doors to remain unlocked until manually reset. Maintenance and administrator reviewed the Life Safety Code requirements related to delayed egress systems. A preventative maintenance schedule has been updated to include weekly functional testing of all delayed egress doors. A checklist tool was implemented to document each test, including verification that doors remain unlocked after activation until manual reset. Vendor support will be utilized for any future adjustments or repairs involving locking mechanisms.	May 9, 2026

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Aisha Abbink	Administrator	04/13/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435113	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menno-Olivet Care Center	402 S PINE STREET , MENNO, South Dakota, 57045

(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) COMPLETION DATE
K0222 SS = D Bldg. 01	Continued from page 1 constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This STANDARD is NOT MET as evidenced by: Based on observation, testing, and interview, the provider failed to provide operable egress doors as required at one randomly observed exit door location (main entrance). Findings include: 1. Observation and testing on 3/25/26 at 11:57 a.m. revealed the west facing main exit door was locked magnetically. That door was properly signed and would go into a delayed egress state where it would unlock after a fifteen second delay. The door would then open, however once it was opened and closed it would lock magnetically and would not release without entering a code on the adjacent keypad. Delayed egress doors are required to remain unlocked until they are manually	K0222	Monitoring Plan What will be monitored: functionality of all delayed egress doors, specifically verifying: 1) door releases upon alarm or activation 2) door remains unlocked until manually reset 3) no keypad/code required for re-entry after release unless reset Who will monitor: maintenance supervisor or designee Frequency/Duration: Weekly testing for 6 months and then monthly testing for 6 months Additional Oversight: The administrator or designee will complete 1 random observational audit per month for 3 months to validate compliance. Quality Assurance Integration: Results of weekly and monthly audits will be documented and reported by the Maintenance Supervisor or designee to the QAPI Committee. Report will occur monthly for as long as the QAPI Team deems necessary. The QAPI Team will review findings, trends, and compliance rates. Any identified issues will result in immediate corrective action and potential revision of the monitoring plan.	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menno-Olivet Care Center	402 S PINE STREET , MENNO, South Dakota, 57045

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K0222 SS = D Bldg. 01	Continued from page 2 reset. Interview with the maintenance director at the time of the observations confirmed those conditions. He stated he was unaware the main entrance door would magnetically lock and could not be able to be opened again after it had opened and closed through the delayed egress process. Failure to provide egress doors as required increases the risk of death or injury due to fire. The deficiency had the potential to affect 100% of the occupants of that smoke compartment. Ref: 2012 NFPA 101 Section 19.2.2.2.4(3), 7.2.1.6.2(3)(a)	K0222		

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	435113	A. BUILDING **02 - BUILDING 02** B. WING	**03/25/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menno-Olivet Care Center	**402 S PINE STREET , MENNO, South Dakota, 57045**

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K0000 Bldg. 02	INITIAL COMMENTS A recertification survey was conducted on 3/25/26 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Menno-Olivet Care Center (building 02) was found in compliance.	K0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Aisha Abbink	Administrator	04/13/2026

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **435113**	(X2) MULTIPLE CONSTRUCTION A. BUILDING **03 - BUILDING 03** B. WING	(X3) DATE SURVEY COMPLETED **03/25/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menno-Olivet Care Center	**402 S PINE STREET , MENNO, South Dakota, 57045**

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K0000 Bldg. 03	INITIAL COMMENTS A recertification survey was conducted on 3/25/26 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Menno-Olivet Care Center (building 03) was found in compliance.	K0000		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Aisha Abbink	Administrator	04/13/2026

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
	10648	A. BUILDING: ______ B. WING ______	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MENNO-OLIVET CARE CENTER	402 S PINE STREET MENNO, SD 57045

(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/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 3/23/26 through 3/26/26. Menno-Olivet Care Center was found not in compliance with the following requirements: S157 and S206.	S 000	S 157 Action Items Upon discovery on 3/25/3036, Maintenance immediately inspected the exhaust ventilation systems serving the toilet rooms in the remainder of the building to identify any additional areas with non-functioning ventilation. This test included testing each exhaust grille for airflow using tissue paper to confirm proper operation. In addition to the two residents' rooms noted, there were 3 other rooms in the 200-wing that did not have proper ventilation.	
S 157	44:73:02:13 Ventilation A facility shall provide electrically powered exhaust ventilation in all soiled areas, wet areas, toilet rooms, and storage rooms. Clean storage rooms may also be ventilated by supplying and returning air from the building's air-handling system. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, testing, and interview, the provider failed to maintain exhaust ventilation in two randomly observed resident room toilet rooms (201, and 202). Findings include: 1. Observation on 3/24/26 at 11:54 a.m. revealed the exhaust ventilation for the toilet room in resident room 201 was not functioning. Testing of the grille with tissue paper at the time of the observation confirmed that finding. Interview with maintenance supervisor J at that same time confirmed that finding. He revealed he was unaware as to why the exhaust ventilation was not working at that location. 2. Observation on 3/24/26 at 11:55 a.m. revealed the exhaust ventilation for the toilet room in	S 157	On 04/01/2026, the facility's maintenance main inspected the five rooms for proper ventilation systems. The rooms all contained the proper ventilation systems. The maintenance man then followed the ductwork to where it was supposed to exit the building and that is where the maintenance man discovered an exhaust fan motor connected to the ventilation system was non-functioning. The administrator ordered a new fan on 4/09/2026 and the new fan motor will be delivered to the facility on 4/14/26. The maintenance man will immediately replace the motor far on 4/14/26. Once replaced, it is believed that airflow will be verified at the exhaust grille to ensure ventilation is properly directed to the exterior of the building. System changes to Achieve Sustained Compliance: The facility will continue to use the preventative maintenance program specific to exhaust ventilation systems. Instead of checking empty rooms, the maintenance man will now check multiple rooms in each wing (empty and full) and will include soiled areas, wet areas, toilet rooms, and storage rooms to ensure compliance with Life Safety Code requirements. A log will be maintained to document all inspections, findings, and corrective actions taken.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Aisha Abbink
TITLE: Administrator
(X6) DATE: 4/13/2026

South Dakota Department of Health

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	10648	A. BUILDING: ____ B. WING ____	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MENNO-OLIVET CARE CENTER	**402 S PINE STREET** **MENNO, SD 57045**

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S 157	Continued From page 1 resident room 202 was not functioning. Testing of the grille with tissue paper at the time of the observation confirmed that finding. Interview with maintenance supervisor J at that same time confirmed that finding. He revealed he was unaware as to why the exhaust ventilation was not working at that location. He further stated the rooftop exhaust fan that served that room also served all other rooms in the 200 wing. Those rooms were required to have exhaust ventilation directed to the exterior of the building.	S 157	S 206 Action Items Corrective Action for Identified Employees: On 04/07/2026, the administrator and the education coordinator met to review the survey results. The administrator and education coordinator reviewed the facility's policy on advanced directives and found it to be correct. The administrator and education coordinator created a quiz for staff to complete after reading the policy to show understanding of advanced directives. On 4/07/2026, the administrator and education coordinator reviewed the four identified employees who had not completed required training on advanced directives recognized and assigned to read our advanced directives policy. These two employees were required to take a quiz to show their understanding of advanced directives. Both employees will complete the training will complete the training and documentation will be kept in the education binder. Identification of Other Potentially Affected Employees: On 04/07/2026, the administrator and education coordinator completed an audit of all current employee personnel files and education was conducted to ensure compliance with advanced directives education requirement. Any staff identified as not having completed the required training will be assigned to read the policy and take a quiz to ensure understanding of advanced directives.	May 9, 2026
S 206	44:73:04:05 Personnel Training The facility shall have a formal orientation program and an ongoing education program for all healthcare personnel. All healthcare personnel must complete the orientation program within thirty days of hire and the ongoing education program annually thereafter. The orientation program and ongoing education program must include the following subjects: (1) Fire prevention and response; (2) Emergency procedures and preparedness; (3) Infection control and prevention; (4) Accident prevention and safety procedures; (5) Proper use of restraints; (6) Resident rights; (7) Confidentiality of resident information; (8) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; (9) Care of residents with unique needs; (10) Dining assistance, nutritional risks, and hydration needs of residents; (11) Abuse and neglect; and (12) Advanced directives.	S 206		

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S 206	Continued From page 2 Any personnel whom the facility determines will have no contact with residents are exempt from training required by subdivisions (5) and (8) to (12), inclusive, of this section. The facility shall provide additional personnel education based on the facility's identified needs. This Administrative Rule of South Dakota is not met as evidenced by: Based on employee personnel records, training transcript review, and interview, the provider failed to ensure the required training for advanced directives was completed for four of four sampled employees (E, F, G, and H,) within 30 days of hire and annually by one of one employee (I). Findings include: 1. Review of employee personnel records revealed employee E was hired on 1/26/26. Employee F was hired on 2/10/20. Employee G was hired on 1/7/26. Employee H was hired on 8/28/25 and employee I was hired on 6/3/13. 2. Review of employee training records and online training transcripts revealed, there was no documentation that employees E, F, G, H, and I had received training on advanced directives. 3. Interview on 3/25/26 at 8:45 a.m. with education coordinator D and she stated the provider used a video-based training program for employee-required training. Education coordinator D verified employees E, F, G, and H had not received training on advanced directives within 30 days of their hire date and employee I did not receive that training annually. She was responsible for assigning the required training topics to the staff members to complete She was	S 206	System Changes to Achieve Sustained Compliance The facility has updated its orientation and annual education processes to ensure compliance with advanced directives training requirement. 1) During orientation, all new hires will receive education on advanced directives from the Social Services Coordinator or her designee prior to beginning their assigned training videos. 2. The facility utilizes Avera Education training modules, which includes advanced directives content, and all new hires starting on 4/01/2026 are required to complete these modules. 3. Advanced directives education will be reinforced annually for all staff during the facility's May in-service using the Avera Education training modules. Beginning with May of 2026 inservice. 4. A standardized process has been implemented to ensure all required training are assigned, tracked, and completed within designated timeframes. Monitoring Plan: To ensure ongoing compliance, the facility will implement the following monitoring process: 1) What will be monitored: Completion of advanced directives for all staff. 2) What will monitor: The education coordinator or her designee 3) Frequency: weekly audits of new hire training completion for 6 weeks and monthly audits of all staff training compliance for 6 additional months. **Any staff identified as non-compliant during monitoring will be required to complete training within 7 days. Quality Assurance Integration: Monitoring results will be compiled and reported by the education coordinator or her designee. Results will be reviewed at the monthly QAPI meeting monthly for as long as the QAPI team deems necessary.	

South Dakota Department of Health

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MENNO-OLIVET CARE CENTER	**402 S PINE STREET MENNO, SD 57045**

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S 206	Continued From page 3 not aware advanced directive was a required training topic and had not assigned that training to staff members to complete. 4. Interview on 3/25/26 at 9:05 a.m. with administrator A revealed the provider used a video-based training program for employee-required training. She acknowledged the employees E, F, G, H, and I had not completed training on advanced directives. She was not aware that advanced directive was a required training.	S 206		