

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>59462</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/26/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MENNO-OLIVET ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>402 SOUTH PINE STREET MENNO, SD 57045</b>
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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 3/23/26 through 3/26/26. Menno-Olivet Assisted Living was found not in compliance with the following requirements: S296 and S352.	S 000	S 295 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 two 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.	May 9, 2026
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 employee personnel records, training transcript review, and interview, the provider failed to ensure training was assigned and completed on the required topics for advanced directives for two of two sampled employees ( E, G, and H) within 30 days of hire.  Findings include:  1. Review of employee personnel records revealed employee E was hired on 1/26/26. Employee G was hired on 1/7/26 and employee H was hired on 8/28/25.  2. Review of employee training records and online training transcripts revealed, there was no documentation that employees E, G, and H had received training on advanced directives.  3. Interview on 3/25/26 at 8:45 a.m. with	S 295	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.  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	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Aisha Abbink</b>	TITLE  <b>Administrator</b>	(X6) DATE  <b>04/13/2026</b>
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S 295	Continued From page 1  education coordinator D and she stated the provider used a video-based training program for employee-required training. Education coordinator D verified employees E, G, and H had not received training on advanced directives within 30 days of their hire. She was responsible for assigning advanced directives as a training topic to the staff members and she had not assigned the required advanced directives to the staff members. She was not aware advanced directive was a required training topic.  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, G, and H had not completed training on advanced directives. She was not aware that advanced directive was a required training.	S 295	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.	
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;	S 296	S 296 Action Items On 04/07/2026, the administrator and education coordinator met to review the 2 employees who were not in compliance with the personal training on advanced directives annually. All other employee files were reviewed on 04/07/26 and all employees who were not in compliance are required to complete a training on the nursing home's advanced directives policy and take a quiz to demonstrate understanding of advanced directives.  System Changes to Achieve Sustained Compliance: The facility has implemented the following changes: 1) Advanced directives education will be provided to all staff annually during the May in-service using the Avera Education training modules. 2) The current orientation process has been enhanced to include education on advanced directives by the Social Service Coordinator or her designee prior to completion of assigned training videos. 3) The facility ensured the Avera Education training modules included advanced directives, to ensure standardized education.	May 9, 2026

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S 296	<p>Continued From page 2</p> <p>(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.</p> <p>Any personnel whom the facility determines will have no contact with residents are exempt from the training required by subdivision (8).</p> <p>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 training was assigned and completed on the required topics for advanced directives for two of two sampled employees ( F, and I) annually.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of employee personnel records revealed employee F was hired on 2/10/20 and employee I was hired on 6/3/13.</li> <li>2. Review of employee training records and online training transcripts revealed, there was no documentation that employees F, and I had received training on advanced directives.</li> </ol>	S 296	<p>4) The training schedule was reviewed on 04/07/26 to ensure a proper tracking process is implemented to ensure all required annual education topics are assigned and completed within the designated timeframe.</p> <p>Monitoring Plan: The facility has implemented the following monitoring processes: 1) Completion of annual advanced directives education for all staff, as evidenced by training transcripts and attendance records for the May in-service. 2) The education coordinator or her designee will monitor the completion of the annual trainings. 3) Frequency: Weekly review of policy and quiz completion for 6 months following assignment of the education. With monthly review of training compliance for 6 months after the May in-service videos.</p> <p>Quality Assurance Integration: Monitoring results will be compiled and reported by the education coordinator or her designee. The results will be presented at the facility's QAPI meetings monthly for as long as the QAPI team deems necessary. The QAPI committee will review findings, track compliance trends, and implement additional interventions if needed to ensure sustained compliance.</p>	
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S 296	<p>Continued From page 3</p> <p>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 F, and I had not received training on advanced directives annually. She was responsible for assigning advanced directives as a training topic to the staff members and she had not assigned the required advanced directives to the staff members. She was not aware advanced directive was a required training topic.</p> <p>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 F, and I had not completed training on advanced directives. She was not aware that advanced directive was a required training.</p>	S 296	<p>S 352 Action Items Corrective Action for Identified Resident: The identified resident did not have a 30-day evaluation of needs assessment completed as required. The facility had been completing quarterly assessments and not a 30-day assessment.</p> <p>Identification of Other Potentially Affected Residents: On 04/07/2026, the administrator and MDS coordinator audited all current resident records and recognized that the 30-day evaluations were not completed as required following admissions.</p> <p>System Changes to Achieve Sustained Compliance: The facility will implement the following system changes: 1) The MDS Coordinator is responsible for completing all required assessments, including the 30-day evaluation of needs. 2) The Director of Nursing (DON) will oversee the assessment process and assist with completion as needed to ensure timeliness and accuracy. 3) A tracking system has been implemented to monitor all required assessments at admission, 30 days post-admission, and annually thereafter. 4) A calendar-based alert system has been established to notify the MDS Coordinator and DON of upcoming due dates for 30-day assessments. 5) The administrator or designee will review new admissions weekly to ensure required assessments are scheduled and completed within required timeframes.</p> <p>Monitoring Plan: The facility will implement the following monitoring process to ensure ongoing compliance: **Completion of 30-day evaluations of needs assessments for all newly admitted residents, as evidenced by documentation in the resident record will be monitored by the MDS coordinator and DON. Frequency: Weekly review of all new admissions and due 30-day assessments for 6 weeks. Monthly review of all admissions and required assessments for an additional 3 months.</p>	May 10, 2026
S 352	<p>44:70:04:13 Resident Admissions</p> <p>The facility shall evaluate and document each resident's care needs at the time of admission, thirty days after admission, and annually thereafter, to determine if the facility can meet the needs for each resident.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, and policy review, the provider failed to ensure the required thirty (30) day evaluation of needs assessments were completed as required for one of one residents (2) by one of one staff member</p>	S 352	<p>Monitoring Plan: The facility will implement the following monitoring process to ensure ongoing compliance: **Completion of 30-day evaluations of needs assessments for all newly admitted residents, as evidenced by documentation in the resident record will be monitored by the MDS coordinator and DON. Frequency: Weekly review of all new admissions and due 30-day assessments for 6 weeks. Monthly review of all admissions and required assessments for an additional 3 months.</p>	

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S 352	<p>Continued From page 4</p> <p>(minimum data set (MDS) coordinator) (C).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of resident 2's care record revealed she was admitted on 9/12/25. Her admission evaluation of needs was completed on 9/15/25. The required 30-day evaluation of her needs was completed on 1/8/26. This was 115 days after her admission.</li> <li>2. Interview on 3/24/26 at 9:40 a.m. with director of nursing (DON) B regarding the evaluation of needs assessments for residents revealed she acknowledged the findings. She stated she has been employed with the facility for five months and the MDS coordinator C was completing the evaluation of needs for the residents. DON B stated she was unaware that the evaluation of needs assessment was required to be completed 30 days after admission to the facility.</li> <li>3. Interview on 3/25/26 at 9:26 a.m. with MDS coordinator C regarding the evaluation of needs assessment for residents revealed she had completed the evaluation of needs assessment quarterly. She was unaware that the evaluation of needs assessment was required to be completed 30 days after admission to the facility.</li> <li>4. Interview on 3/25/26 at 9:33 a.m. with administrator A regarding residents' evaluation of needs revealed that she acknowledged the deficient practice and stated she was unaware that the evaluation of needs assessment was required to be completed 30 days after admission to the facility.</li> <li>5. Review of the provider's revised 3/25/26</li> </ol>	S 352	<p>QAPI Integration: Monitoring results will be compiled and reported by the MDS Coordinator, DON, or a designee. Results will be presented at the facility's QAPI meetings for as long as the QAPI Team deems necessary. The QAPI committee will review compliance trends and implement additional interventions as needed to ensure sustained compliance.</p>	
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S 352	Continued From page 5  Assessment of Services policy revealed: "1. As per the Administrative Rules of South Dakota 44:70 for Assisted Living Centers, all residents seeking care under Assisted Living status will be assessed upon admission to facility (within 14 days), again at 30 days from admission, at a minimum annually, with any change in condition or more frequently as determined by the interdisciplinary team."	S 352		
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