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
	41969	A. BUILDING: _____ B. WING _____	10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANO NAGLE VILLAGE	1020 N JAY ST ABERDEEN, SD 57401

(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 on from 9/29/25 through 10/2/25. Nano Nagle Village was found not in compliance with the following requirement: S506.	S 000	FSW H and FSW F have completed the required new hire training. FSW F completed the annual required training on 5/11/25. FSW G completed the annual required training on 10/23/25. All food service workers' education records will be audited by Hospitality Services Manager to ensure that the new hire and annual required education is completed. If required education is not complete, FSW will be removed from the schedule until required education is completed.	11/16/2025
S 506	44:70:06:17 Required Dietary Inservice Training The person in charge of dietary services or the dietitian shall provide ongoing inservice training for all healthcare personnel providing dietary and food-handling services. Training must be completed within thirty days of hire and annually for any dietary or food-handling personnel and must include the following subjects: (1) Food safety; (2) Handwashing; (3) Food handling and preparation techniques; (4) Food-borne illnesses; (5) Serving and distribution procedures; (6) Leftover food handling policies; (7) Time and temperature controls for food preparation and service; (8) Nutrition and hydration; and (9) Sanitation requirements. This Administrative Rule of South Dakota is not met as evidenced by: Based on employee records review and interview, the provider failed to ensure: *Two of three recently hired dietary staff reviewed (F and H) completed the required dietary training within 30 days of hire:	S 506	Administrator and Hospitality Services Manager met with Staff Development Coordinator to review new hire and annual education requirements for food service workers. Then met with the Avera Learning Center to review the courses assigned at hire and annually. Annual courses assigned to food service workers have a different title than the new hire education and were not properly identified by Human Resources to the surveyor. Staff Development Coordinator or Hospitality Services Manager will assist in identifying new hire and annual training during survey. The Avera Learning Center will continue to assign the required education to food service workers at hire and annually. Hospitality Services Manager will monitor all required new hire education for completion within thirty days of hire. If the required education is not completed, the food service worker will be removed from the schedule until completed. Hospitality Services Manager will monitor all required annual education for compliance and remove food service workers from the schedule if not in compliance. Hospitality Services Manager will audit all required new hire training weekly for six months and all required annual education for twelve months. The Hospitality Services Manager is responsible for compliance and audits will be reviewed at the quarterly QAPI meetings for further recommendations.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Paula Henrickson* TITLE Administrator (X6) DATE 10/24/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41969	A. BUILDING: _____ B. WING _____	10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANO NAGLE VILLAGE	1020 N JAY ST ABERDEEN, SD 57401

(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 506	Continued From page 1 *Two of three dietary staff reviewed (F and G) completed the required annual dietary training. Findings include: 1. Review of employee records and interview on 10/1/25 at 1:00 p.m. with human resource officer (HRO) C revealed: *FSW H was hired on 4/8/25. -She completed the nine required dietary training topics on 5/29/25, which was 52 days after her hire date: --Food Safety. --Handwashing. --Food handling and preparation techniques. --Food borne illnesses. --Serving and distribution procedures. --Leftover food handling policies. --Time and temperature controls for food preparation and service. --Nutrition and hydration. --Sanitation requirements. *FSW F was hired on 9/11/23. -She completed the following seven required training topics on 10/17/23, which was 37 days after her date of hire: --Handwashing. --Food handling and preparation techniques. --Food-borne illnesses. --Serving and distribution procedures. --Leftover food handling policies. --Time and temperature controls for food preparation and service. --Sanitation requirements. -She had not completed the annual training on eight of the nine required training topics: --Nutrition and hydration was completed on 9/12/23, which was 750 days ago. -The following seven training topics were completed on 10/17/23, which was 715 days ago:	S 506		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41969	A. BUILDING: _____ B. WING _____	10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANO NAGLE VILLAGE	1020 N JAY ST ABERDEEN, SD 57401

(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 506	Continued From page 2 --Handwashing --Food handling and preparation techniques. --Food-borne illnesses. --Serving and distribution procedures. --Leftover food handling policies. --Time and temperature controls for food preparation and service. --Sanitation requirements. *FSW G was hired on 5/15/24. -She completed the training on the nine required dietary topics on 5/16/24 and 5/17/24. -She had not completed any of the required annual training on the nine topics within the past year. *The employee's supervisor was responsible for assigning the online training for the employee to complete. *HRO C referred to the nine required training topics for dietary employees as the "dietary bundle." 2. Interview on 10/1/25 at 4:15 p.m. with hospitality director (HD) D and registered dietitian E revealed: *HD D was hired in May 2025. *She was responsible for the dietary department and was the supervisor of the dietary employees. *She was not aware that it was her responsibility to assign the required online dietary trainings to the dietary employees. Interview on 10/2/25 at 10:35 a.m. with assisted living director B regarding staff training revealed: *She was responsibile for assigning online training to her employees. *HD D was recently hired and the supervisor of the dietary employees who served the meals to the assisted living residents.	S 506		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41969	A. BUILDING: _____ B. WING _____	10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANO NAGLE VILLAGE	1020 N JAY ST ABERDEEN, SD 57401

(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 506	Continued From page 3 *She expected that the staff who worked in the assisted living facility to be trained within 30 days of hire and annually. Interview on 10/2/25 at 11:00 a.m. with administrator A revealed: *She was the supervisor of HD D and confirmed she had been recently hired in May 2025. *She expected the required employee trainings should be completed within 30 days of hire and annually. *She agreed that FSW F and FSW H had not completed the required dietary training topics within 30 days of their hire. *She agreed that FWS F and FSW G had not completed the nine required dietary training topics annually.	S 506		