

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 64077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/19/2026
NAME OF PROVIDER OR SUPPLIER TWILIGHT VISTA ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 211 S IOWA AVE PLATTE, SD 57369		
(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 8/18/26 through 8/19/26. Twilight Vista Assisted Living was found not in compliance with the following requirements: S201 and S295.	S 000			
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 the self-closing feature for one of one laundry room doors. Findings include: 1. Observation on 8/18/26 at 4:00 p.m. revealed the laundry room door was held in the open position by a rubber door wedge. 2. Interview on 8/18/26 at 4:30 p.m. with manager A revealed the laundry room door was normally closed. The air conditioner in the laundry room had failed. The staff would wedge the door in the open position to get cool air into the laundry	S 201	We installed a new AC unit in the laundry room to allow for door closure. We ordered a magnetic door closure through the company that services our fire alarm system. This device has been received and scheduled for installation. All staff have been educated to the importance of not propping doors open. The manager or designee will monitor door closures weekly for the next 8 weeks and then monthly for the next 6 months. This will be discussed at our monthly QA meetings, any issues will be addressed at that time.	10/3/26	

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

TITLE

(X6) DATE

STATE FORM

Shelly Anderson *Lamin*

9/10/20

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N65711

If continuation sheet 1 of 4

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S 201	Continued From page 1 room. She agreed the door could not close by itself to prevent the spread of smoke or flame with the door wedge installed holding the door in the open position.	S 201			
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 observation and interview, the provider failed to have a formal orientation program to provide sufficient training for the required subjects. Findings include: 1. Review of the training program revealed there was initial training/ orientation with new staff. The new staff would read the policies and procedures and had hands-on training with experienced staff within the first thirty days of their hire date. The policies and procedures covered the topics in the annual training, but not all of them covered the same details found in the annual training. The second component of training was annual training. Annual training provided detailed training on the required subjects. Annual training was structured to cover a few topics each month and cover all subjects in a year. 2. Review of the provider's policies and	S 295	Effective immediately staff training was updated to the Annual Avera Education program. Current staff are now completing the process. This is the education all staff will complete on an annual basis. Staff meetings will continue to be held and any additional education needed for nursing etc will be completed during those meetings, all annual training will be met with the Avera Education program. All current employees are going through the process with RN to assess their handwashing and PPE compliance. All new employees will be given the education from RN and the Avera Education as well along with a fire drill and the annual Dietary Inservice. The new employees will complete the education provided by the dietician for all new employees. All education for new employees will be completed within 14 days of hire and before any training on the floor. Policies and procedures were reviewed and updated to meet the compliance with 44:70:04:04. The manager or designee will monitor staff education weekly for the next 8 weeks followed by monthly audits through the next 6 months. This will be addressed at our monthly QA meetings, any issues will be addressed at that time.	10/3/26	

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S 295	Continued From page 2 procedures revealed they lacked detailed training that was covered in the annual training. 3. Interview on 8/19/26 at 7:30 p.m. with manager A and administrative consultant B revealed new employees only received policy and procedure training and hands-on training within the first thirty days of their hire date. There was no documentation of the topics covered during the hands-on training. They did not receive the complete annual training upon hire. They agreed that the policies and procedures did not have detailed training to meet the training requirements for the required subjects. New employees would need to receive all the materials in the policy and procedures and annual training to complete their training on the required subjects. 4. Review of the becoming an employee at twilight vista policy revealed: 11. UAP (unlicensed assistive personnel) orientation checklist training to be completed. 17. Annual Training: A. fire prevention and response, B. emergency procedures and preparedness, C. infection control and prevention, D. accident prevention and safety procedures, E. resident rights, F. confidentiality of resident's information, G. care of residents with unique needs, H. incident and disease reporting, I. abuse and neglect, J. problem solving and communication techniques, k. annual dietary training including: 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 risks and hydration, sanitation requirements. The policy does not specify when the new employee will receive the annual training topics.	S 295			

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S 295	Continued From page 3 5. Review of the employment orientation and training checklist revealed: Read: state policy and procedures, facility policy and procedures, privacy policy. Residents: oxygen, nurse call system, fire and tornado procedure, residents rights, goes missing, contact sheet and dnr (do not resuscitate) form, if they fall, dr (doctor) visits forms, med release form, meal times, and progress reports. Employees: applying, dress code, smoking and drug policy, use of pc (personal computer) and fax, phone use, schedule, visitors, forms to fill out, food and drink, notes left by management, meals, needed foods/groceries, activities, respect, and cleaning residents apartment. Safety and chemical: sds (safety data set) manual, proper use of chemicals, personal protective equipment, how to sanitize blood and vomit, sharps handling. Serv Safe: read the manual, food storage, temps, sanitizing dishes, prepping off menu, dietary procedures. Not all items from the annual training are on the employment orientation and training checklist.	S 295		