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
	11048	A. BUILDING: _____ B. WING _____	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKVIEW APARTMENTS ASSISTED LIVING	515 OHIO STREET WAKONDA, SD 57073

(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 5/5/26 through 5/7/26. Parkview Apartments Assisted Living was found not in compliance with the following requirement: S201.	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, testing, and interview, the provider failed to provide operable egress doors as required at one randomly observed exit door location (west exit near the "great room"). Findings include: 1. Observation beginning on 5/6/26 at 2:33 p.m. revealed the west facing exit door adjacent to the "great room" was unable to be placed into delayed egress mode with a reasonable amount of force. Testing of that door at the same time as the observation revealed the magnetic lock on it would not enter delayed egress mode without applying greater than fifty pounds of force in the	S 201	S201 System correction: Thompson Solutions contacted on 5/14/26 to discuss issues and figure out a solution. Maintenance director was able to adjust the pressure required for the delayed egress mode of the Assisted Living door by the multi-purpose room (great room) on 5/21/26. System monitoring: Maintenance director or designee will conduct audits on all delayed egress doors 2x/ month x 1 month and 1x monthly thereafter as these have been added to monthly maintenance checks. Maintenance Director or designee will report findings of audits to the QAPI team at the monthly QAPI meetings x 6 months.	05/21/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Robin R. Stockland

TITLE: Administrator

(X6) DATE: 05/21/2026

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S 201	Continued From page 1 direction of the path of egress. Interview at the time of the observation with the maintenance director confirmed those conditions. He stated he was unaware that door took so much force to enter delayed egress mode.	S 201		