

## South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  11037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/15/2026
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NAME OF PROVIDER OR SUPPLIER  
**ANGELHAUS EAST**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**2905 DOUGLAS AVENUE  
YANKTON, SD 57078**

(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	<p>Compliance Statement</p> <p>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 1/13/26 through 1/15/26. Angelhaus East was found not in compliance with the following requirements: S075, S285, S295, S296, S331, S352, S405, and S443.</p> <p>A complaint survey for compliance with the Administrative Rules of South Dakota, Article 44.70, Assisted Living Centers, requirements for assisted living centers, was conducted from 1/13/26 through 1/15/26. Areas surveyed included resident neglect, infection control, educational services and quality of life. Angelhaus East was found in compliance.</p>	S 000		
S 075	<p>44.70:02-01 Sanitation</p> <p>The facility shall be designed, constructed, maintained, and operated to minimize the sources and transmission of infectious diseases to residents, personnel, visitors, and the community at large. This requirement shall be accomplished by providing the physical resources, personnel, and technical expertise necessary to ensure good public health practices for institutional sanitation.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview the provider failed to maintain a smooth and easily cleanable surface for three of six dining tables.</p> <p>Findings include:</p>	S 075	<p>S 075</p> <p>Angelhaus administration will ensure 6 tables will be replaced by March 1, 2026</p> <p>POC verification steps</p> <p>1 Angelhaus COE will purchase 6 new tables</p> <p>2 Administration will remove damaged tables and replace with new tables upon delivery</p>	3/1/26

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

TITLE

Admin

(X6) DATE

02/10/2026

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S 075	Continued From page 1  1. Observation and interview on 1/13/26 at 12:30 p.m. in the dining room with director of maintenance C and chief financial officer A revealed: *Three of six tables had places where the finish was missing, exposing raw wood where people sat and ate. Those areas were no longer smooth and easily cleanable. *They agreed that those tables with missing finish would need to be refinished or replaced to provide a smooth and easily cleanable surface.	S 075		
S 285	44:70:04:03 Personnel  The facility shall have a sufficient number of qualified personnel to provide effective and safe care. Personnel on duty must be awake at all times, except as provided in § 44:70:03:02.01. Any supervisor must be eighteen years of age or older. The facility shall make available written job descriptions and personnel policies and procedures to personnel of all departments and services. The facility may not knowingly employ any person with a conviction for abusing another person. The facility shall establish and follow policies regarding special duty or personnel on contract.  This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review and interview, the provider failed to provide evidence that they had reviewed this personnel history to ensure they did not knowingly hire someone with a conviction of abuse towards another individual for five of the eight employees reviewed (D, G, H, I, and J).  Findings include:	S 285	S285 Angelhaus administrator has updated the new hire checklist to ensure background checks are being completed  POC verification steps.  1. Background checks are added to the new hire checklists and will be dated when complete.  2. Administrator will contact CFO to ensure background checks are submitted.  3. Background checks will be reviewed by administrator to ensure new staff do not have any convictions of abuse to another person (s)  4. QA team shall review background checks no less than nine months or until compliance has been achieved.	2/3/26

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S 285	<p>Continued From page 2</p> <p>1. Interview on 1/13/26 at 8:11 a.m. with chief financial officer (CFO) A, and administrator B revealed that staff were trained for both Angelhaus East and West.</p> <p>2. Review of personnel files or employees D, G, H, I, and J revealed that there was no record that a background or reference check was completed per the facility policy.</p> <p>3. Interview on 1/15/26 at 1:45 p.m. with chief financial officer (CFO) A and administrator B revealed: *The CFO was responsible for completing background checks now, but previously, their social worker was supposed to do them. *She agreed that those for employees D, G, H, I, and J had not been completed. *Administrator A stated he had completed some reference checks during his interview process, but he did not keep a record of those reference checks.</p> <p>4. Review of the provider's "4 Personnel Policies" revealed: **4.1 Hiring Practices." -"...For those qualified, administration will contact personal references and previous employers for further feedback on the candidate. In some cases, a background check may be completed ..."</p>	S 285		
S 295	<p>44:70:04:04 Personnel Training</p> <p>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</p>	S 295		

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S 295	<p>Continued From page 3</p> <p>annually.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, and policy review, the provider failed to ensure ongoing annual education was provided on required subjects for one of eight sampled employees (G).</p> <p>Findings include:</p> <p>1. Review of employee G's personnel file revealed: *She was hired on 9/20/23. *She was a certified medication aide. *There was no documentation that she received annual training on: -Accident prevention. -Resident rights. -Confidentiality. -Incidents and disease subject to mandatory reporting. -Education based on the resident care needs. *The education for the above topics had last been completed by employee G on 12/29/24.</p> <p>2. Interview on 1/15/26 at 12:15 p.m. with administrator B regarding employee annual training revealed: *He stated he was responsible for employee training and for maintaining employee files. *All staff would have received their training, but if it was not found in their file, then that employee had not returned their signature sheet, which was proof they had completed that training.</p> <p>3. Review of the provider's "3.2 Staff Training" policy revealed:</p>	S 295	<p>S295 Angelhaus administration will ensure all new staff receive the proper training.</p> <p>POC verification steps</p> <p>1 Administrator will schedule training for staff that did not attending monthly meets.</p> <p>2 Administrator shall review training trackers, weekly for four weeks, biweekly for six weeks and monthly after that.</p> <p>3 QA team shall review documentation on training for no less than nine months or until compliance is achieved</p> <p>4 Employee G is no longer employed at Angelhaus.</p>	2/25/26

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S 295	Continued From page 4  *All staff will receive initial orientation and ongoing Inservice [in-service] training based on SD [South Dakota] state regulations and the needs of the residents being served in the facility. Staff training is a team effort between the DOO [director of operations], DON [director of nursing], senior employees, and Administrator. The DOO is primary to the new hire training process and is responsible for scheduling and documenting new employees in the training program." *The facility did not employ a DOO or DON.	S 295		
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; (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	S 296	S296 Angelhaus administration will ensure training is complete within 30 days for new staff. POC verification steps  1 The administrator will monitor new hire training. Employee D will complete all education by 2/25/26  2 The administrator shall review all training documentation weekly for four weeks, biweekly for six weeks and monthly after that.  3 QA team will review new hire training documentation for no less than nine months or until compliance is achieved.	2/25/26

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S 296	<p>Continued From page 5</p> <p>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 personnel file review, interview, and policy review, the provider failed to ensure the required training was completed within 30 days of hire for one of two newly hired sampled employees (D).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Interview on 1/13/26 at 8:11 a.m. with chief financial officer (CFO) A, and administrator B revealed that staff were trained for both Angelhaus East and West.</li> <li>2. Review of employee D's personnel file revealed: <ul style="list-style-type: none"> <li>*She was hired on 9/2/25.</li> <li>*She was a registered nurse (RN).</li> <li>*There was no documentation that she received training on the following subjects within 30 days of hire: <ul style="list-style-type: none"> <li>-Nutritional risks and hydration.</li> <li>-Abuse, neglect, and misappropriation of resident property and funds.</li> <li>-Problem-solving and communication techniques related to residents with cognitive impairment or challenging behaviors.</li> </ul> </li> </ul> </li> </ol>	S 296		
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S 296	Continued From page 6  3. Interview on 1/15/26 at 12:15 p.m. with administrator B regarding employee training revealed: *He was responsible for staff training, but if documentation of an employee's training was not in their file, then he did not have it.  4. Review of the provider's "3.2 Staff Training" policy revealed: *All staff will receive initial orientation and ongoing Inservice [in-service] training based on SD [South Dakota] state regulations and the needs of the residents being served in the facility. Staff training is a team effort between the DOO [director of operations], DON [director of nursing], senior employees, and Administrator. The DOO is primary to the new hire training process and is responsible for scheduling and documenting new employees in the training program." *The facility did not employ a DOO or DON.	S 296		
S 331	44:70:04:10(1) Tuberculin Screening... Requirements  Tuberculin screening requirements for healthcare personnel and residents are as follows:  (1) Each healthcare personnel or resident shall receive an initial individual TB risk assessment that is documented and the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within twenty-one days of employment or admission to a facility. Any two documented tuberculin skin tests completed within a twelve-month period prior to the date of admission or employment are considered two-step. A TB blood assay test completed within a twelve-month period prior to the date of admission or employment is an adequate	S 331	S 331 Angelhaus nurse(s) will ensure TB 2 step skin tests are completed on all new hires with in 21 days of hire date or admisson. Residents 1 and 2 TB screenings will be updated 3/1/26  POC Verification steps  1 Administrator will update the new hire checklist to add a date to when skin tests are completed. Administrator will monitor skin tests to ensure they are being completed weekly for four weeks, biweekly for six weeks and monthly after that.  2 Administrator will report the findings to the QA team.  3 QA team will review the administrators' findings on skin tests for new hires for no less than nine months or until compliance is achieved.	3/1/26

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S 331	<p>Continued From page 7</p> <p>baseline test. Skin testing or TB blood assay tests are not necessary if a new healthcare personnel or resident transfers from one licensed healthcare facility to another licensed healthcare facility within this state if the facility received documentation from the transferring healthcare facility, healthcare personnel, or resident, of the last skin or blood assay TB testing having been completed within the prior twelve months. Skin testing or TB blood assay tests are not necessary if documentation is provided by the transferring healthcare facility, healthcare personnel, or resident, of a previous positive reaction to either test. Any healthcare personnel or resident who has a newly recognized positive reaction to the skin or TB blood assay test must have a medical evaluation and a chest X-ray to determine the presence or absence of the active disease;</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 that a two-step tuberculin skin test was documented for two of four sampled residents (1 and 2) within 21 days of their admission.</p> <p>Findings include:</p> <p>1. Review of resident 1's care record revealed: *She had an admission date of 6/11/25. *There was no documentation or a completed two-step tuberculin skin test within the twelve months before her admission or within 21 days of her admission to the facility.</p> <p>2. Review of resident 2's care record revealed: *She had an admission date of 5/21/25. *There was no documentation of a completed</p>	S 331		

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S 331	<p>Continued From page 8</p> <p>two-step tuberculin skin test within the twelve months before her admission or within 21 days of her admission to the facility.</p> <p>3. Interview on 1/14/26 at 12:45 p.m. and again at 2:25 p.m. with registered nurse (RN) D regarding tuberculin skin tests revealed: *She stated that the tuberculin 2-step skin test should have been completed within 14 days of the resident's admission according to the facility's policy, and it was the nurses' responsibility to ensure this had been done.</p> <p>4. Interview on 1/15/26 at 1:30 p.m. with chief financial officer (CFO) A regarding tuberculin skin tests revealed: *She confirmed there was no documentation for the tuberculin 2-step skin testing in resident 2's medical record. *She stated it was the nurse's responsibility to complete the 2-step tests and document them in the resident's medical record.</p> <p>5. Review of the providers' "44.2.1 Tuberculin [TB] Screening for Employees &amp; Residents" policy revealed: *Any resident or employee with a positive reaction to both steps of the TB skin test within 14 days of admission or employment, shall have a medical evaluation and chest x-ray to determine the presence or absence of the active disease. An employee with a positive skin test may not return to work until he or she obtains written documentation from a licensed healthcare professional stating that TB is not present and/or active. A resident with a positive skin test must obtain written documentation from a licensed healthcare professional stating that TB is not present and/or active to remain in the facility. Failure to do so will result in immediate eviction."</p>	S 331		

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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: *An evaluation of resident needs admission assessment was completed for one of four sampled residents (3). *A 30-day evaluation of needs assessment was completed for three of four sampled residents (1, 2, and 4). *An annual evaluation of needs was completed for one of four sampled residents (4).</p> <p>Findings include:</p> <p>1. Review of resident 1's care record revealed: *She had an admission date of 6/11/25. *Her evaluation of resident needs admission assessment was completed on 6/11/25. *There was no documentation showing that her 30-day or annual evaluation of needs assessments were completed.</p> <p>2. Review of resident 2's medical record revealed: *She had an admission to the facility on 5/1/25. *Her evaluation of resident needs admission assessment was completed on 5/1/25. *There was no documentation showing that her</p>	S 352	<p>S 352 Angelhaus nurse(s) will ensure all required admission assessments, 30-day evaluations, mini mental, TB skin tests, self-medication assessments and care plans are completed. Nurse(s) will ensure all documentation for catheter care is in place for new residents with catheters. Resident 1,3 and 4 are not able to go back and complete the admission assessments as check list has been put into place. the new chec list will ensure the annual assessment's for resident 1,3 and 4 are complete.</p> <p>Resident 2 was discharged from Angelhaus and the assessments will not be able to be completed.</p> <p>POC verification steps</p> <p>1 Administrator will update the new admission checklist to add the date and initials of 2 staff to confirm all documents are completed. Administrator will monitor all new admission documents are being completed weekly for four weeks, biweekly for six weeks and monthly after that.</p> <p>2 Administrator will report the findings to the QA team.</p> <p>3 QA team will review the administrators' findings on the new admissions for no less than nine months or until compliance is achieved.</p>	3/1/26

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S 352	<p>Continued From page 10</p> <p>30-day evaluation of needs assessment was completed.</p> <p>3. Interview on 1/14/26 at 12:45 p.m. with registered nurse (RN) D regarding evaluation of resident needs revealed: *These were to be completed on admission, 30 days after admission, and annually for residents. *She stated that it was the nurse's responsibility to complete those assessments for the residents.</p> <p>4. Interview on 1/15/26 at 1:30 p.m. with chief financial officer (CFO) A regarding the evaluation of resident needs revealed: *She confirmed there was no documentation for the 30-day evaluation of needs assessment in resident 2's medical record. *She stated it was the nurse's responsibility to complete those assessments in the resident's medical record.</p> <p>5. Review of resident 3's care record revealed: *He admitted to the facility on 6/25/25. *He had no evaluation of resident needs assessment completed upon admission on 6/25/25. *He had a Basic Level of Care (told of what care he needed from staff) documented dated 7/6/25, this was 12 days after admission. *His evaluation of resident needs assessment completed on 7/30/25 noted to be an admission assessment, this was not completed within the required timeframe.</p> <p>6. Review of resident 4's care record revealed: *She admitted to the facility on 10/20/24. *Her evaluation of resident need for her admission was completed on 10/18/24.</p>	S 352		

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S 352	<p>Continued From page 11</p> <p>*There was no 30 days after admission evaluation of resident need assessment completed.</p> <p>*There was no annual evaluation of resident need assessment completed.</p> <p>7. Interview on 1/14/26 at 12:45 p.m. with registered nurse (RN) D revealed: *She started working for facility on 9/2/25. *She completes the evaluation of resident needs assessments. *Evaluation of resident needs assessments are completed on admission, 30 days after admission and annually for residents.</p> <p>8. Interview on 1/14/26 at 2:05 p.m. with licensed practical nurse (LPN) E revealed: *She completes the evaluation of resident needs assessments on residents. *The evaluation of resident needs assessments was to be completed on admission and every three months after.</p> <p>9. Interview on 1/15/26 at 1:05 p.m. with administrator B revealed: *Nurses are responsible for completing the evaluation of resident needs assessments. *They should be completed on admission, 30 days after admission, and annually.</p> <p>10. Review of the provider's undated 16.2 Pre-Admission Assessments policy revealed: *"The Administrator and DON [director of nursing] will gather data on each potential resident to determine the need and type of services to be provided. The potential resident and responsible party should clearly understand the services available in the facility and what expectations the facility will have of the resident. *Procedure:</p>	S 352		

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S 352	Continued From page 12  -The Administrator communicates with the responsible party prior to admission and completes a Resident Inquiry Form. -A Pre-Admission Assessment is scheduled. The purpose is to determine the level and type of services/care needed by the potential resident, and to determine if the facility can meet those needs as per facility policies and state licensing statutes. The resident and/or family are assured by the Administrator that honesty and detail regarding care needs is in the best interest of the resident. -The Pre-Admission Assessment is completed by the DON. -The DON reviews the Physicians Report for any prohibited conditions or communicable illness. Absence of TB [tuberculosis] must be evidenced by proof of a Mantoux performed within the last year or chest x-ray. *A medication review will include the following: --Review of all medications on hand or reported. --Specifically ask about the use of OTC [over the counter] medications and alternative medicines. Note any preferred OTC medications to ensure physician orders are secured prior to admission. --A Self-Administration Assessment will be performed by the DON. If determined resident can self-administer medications, a physician order is obtained indicating the resident may self-store and self-administer medications. --When OTC medications are centrally stored, a physician order is required for all routine medications prior to assisting with the medication."."	S 352		
S 405	44:70:05:02 Resident Care Plans, Service Plans, And Progr  The facility shall provide safe and effective care	S 405		

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S 405	<p>Continued From page 13</p> <p>from the day of admission through the development and implementation of a written care plan or service plan for each resident. The care plan or service plan must address personal care, and the medical, physical, mental, and emotional needs of the resident.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to ensure the written service plan addressed the current care needs for three of four sampled residents (1, 3, and 4).</p> <p>Findings include:</p> <p>1. Observation and interview on 1/13/26 at 4:00 p.m. with resident 1 revealed: *She had lived at the facility since June 2025. *She had blood glucose checks four times daily by staff. *She received insulin injections daily by staff. *She followed a diabetic diet. *She showered independently in her room with the stand-by assistance of a staff person. *She used a walker for assistance. *She enjoyed participating in activities daily. *She received her medications once daily in the morning by staff. *Her room was cleaned weekly by staff.</p> <p>2. Review of resident 1's care record revealed: *She had an admission date of 6/11/25. *Her diagnoses included stage four kidney disease (kidneys are damaged and can't filter waste and extra fluid from the body), type II diabetes mellitus (a disease that either doesn't make enough insulin or doesn't use insulin properly, causing sugar to build up in the blood),</p>	S 405	<p>S 405 Angelhaus nurse(s) will ensure all required care plans are completed at admission. Care plans have been added to the new check lists for admissions. Resident 1,3 and 4 care plans will be completed by 3/1/26</p> <p>POC verification steps</p> <p>1 Administrator will update the new admission checklist to add the date and initials of 2 staff to confirm all documents are completed. Administrator will monitor all new admission documents are being completed weekly for four weeks, biweekly for six weeks and monthly after that.</p> <p>2 Administrator will report the findings to the QA team.</p> <p>3 QA team will review the administrators' findings on skin tests for new hires for no less than nine months or until compliance is achieved.</p>	3/1/26

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S 405	<p>Continued From page 14</p> <p>hypertension (high blood pressure), hyperlipidemia (having too many fats in your blood), vitamin deficiency (the body doesn't have enough of a specific vitamin it needs to function properly), and osteoarthritis (cartilage cushioning the ends of bones breaks down, causing bones to rub together, leading to joint pain, stiffness and swelling).</p> <p>*She had a potential for skin breakdown or pressure ulcer (damaged skin or tissue from prolonged pressure) development related to immobility.</p> <p>*She had a history of a urinary tract infection (a bacterial infection in part of the urinary system).</p> <p>*She had an advanced directive (a legal document that states future healthcare wishes if you become unable to communicate) dated 7/17/25 of "Do Not Resuscitate" (DNR).</p> <p>*She had blood sugar checks four times daily and received insulin every morning, and with the sliding scale insulin orders.</p> <p>*She had a diabetic diet and received protein sources with her meals.</p> <p>*She required stand-by assistance from one staff member with showering.</p> <p>*She required medication management by nursing staff daily.</p> <p>*She required staff monitoring and assistance with insulin injections daily.</p> <p>3. Review of resident 1's service plan dated 6/18/25 revealed:</p> <p>*A focus area initiated on 6/18/25 was for "self-care performance deficit r/t balance issues."</p> <p>-The goal initiated on 6/18/25 was "Will demonstrate the appropriate use of (Walker use to maintain balance to increase ability in (Balance)."</p> <p>-The intervention initiated on 6/18/25 was "At each review, evaluate and document the</p>	S 405		

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S 405	<p>Continued From page 15</p> <p>continued need for each assistive device(s) used by the resident."                      *A focus area initiated on 6/22/25 was for "Requires housekeeping services (Specify). Resident Preference."                      -The goals initiated on 6/22/25 were "Bed will be made daily." "Spot cleaning will be completed," and "Trash will be removed daily."                      -The interventions initiated on 6/22/25 were "Make bed daily" and "Specify specific spot cleaning requirements."                      *A focus area initiated on 6/22/25 was for "Has (SPECIFY) pressure ulcer (SPECIFY LOCATION) or potential for pressure ulcer development r/t immobility."                      -The goals initiated on 6/22/25 were "Will not develop any further skin breakdown, redness, blisters or discoloration.", and "Wound(s) will show signs of healing and remain free of infection by/through review date."                      -The interventions initiated on 6/22/25 were "Administer medication and treatments (SPECIFY) as ordered. Report any new or worsened symptoms to the nurse.", Apply moisturizer to skin during care." "Educate the resident/family and care team as to causes of kin breakdown and include items such as: transfer/positioning requirements, importance of taking care during ambulating/mobility, good nutrition, and frequent repositioning." "Encourage and support diet as ordered. Report any changes in diet to nurse." and "Monitor dressing(s) to ensure they remain intact and adhering. Report loose/soiled dressing to licensed nurse."                      *Her service plan addressed no other care areas.                      4. Observation and interview on 1/13/26 at 10:20 a.m. with resident 3 revealed:                      *He had lived at the facility for six months.                      *He had a suprapubic catheter (a flexible tubing surgically placed through the abdomen into the</p>	S 405		

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S 405	<p>Continued From page 16</p> <p>bladder to drain urine) that was changed by urology once a month.</p> <p>*He had a bi-pap machine which he used oxygen with at night.</p> <p>*He had his blood glucose checked four times daily (QID) by staff.</p> <p>*He received insulin QID from staff.</p> <p>*He wore compression stockings daily, which staff applied and removed.</p> <p>*He received pills three times daily (TID) by staff.</p> <p>*He received nebulizer treatments TID daily from staff.</p> <p>*His room was cleaned weekly.</p> <p>*He showered independently.</p> <p>*He ambulated with a four-wheel walker independently.</p> <p>5. Review of resident 3's care record revealed:</p> <p>*He admitted to the facility on 6/25/25.</p> <p>*His diagnoses included COPD (a group of lung disease that block airflow and make it difficult to breathe), type two diabetes mellitus (a condition involving disruptions to how the body regulates blood sugar), retention of urine, major depressive disorder, and obstructive sleep apnea.</p> <p>*He had a doctor's order dated 11/12/25 for a code status (specifies the type of emergent treatment a person wishes to receive if their heart or breathing would stop) of do not resuscitate (DNR).</p> <p>*He had a 6/30/25 order for blood sugar checks QID.</p> <p>*He had a 11/21/25 doctors order for novolog insulin 17 units TID with meals.</p> <p>*He had a 7/27/25 doctor's order for lantus insulin 48 units once daily.</p> <p>*He had a 10/8/25 doctor's order for mirtazapine 15 mg once daily for insomnia.</p> <p>*He had a 7/1/25 doctor's order to assist with putting on and off ted hose (compression</p>	S 405		

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S 405	<p>Continued From page 17</p> <p>stockings) and washing nightly. *He had a 7/1/25 doctor's order for ipratropium-albuterol solution nebulizer order for TID. *He had a 7/21/25 doctor's order to clean catheter area with water and dry, apply Vaseline to wound TID, then apply clean dressing with each change. *He had a 6/30/25 doctor's order for a diabetic diet, regular texture, regular consistency. *He had a 6/30/25 doctor's order for calazime paste (barrier cream) to be applied topically as needed (PRN). *He had a 6/27/25 doctor's order for torsemide 100 mg daily for urinary retention.</p> <p>6. His service plan had a focus area initiated on 7/6/25 of a "self-care performance deficit r/t inability to sequence tasks/steps, pain." -Interventions included "At each review, evaluate and document the continued need for each assistive device(s) used by the resident" initiated on 7/6/25. -"Bathing/Showering: Prefers to (Specify: bath/shower) on (Specify frequency and days of week) on (Specify days/evenings/nights) initiated on 7/6/25." *His service plan addressed no other care areas.</p> <p>7. Observation and interview on 1/13/26 at 9:45 a.m. with resident 4 revealed: *She was weighed daily for fluid retention. *She used continuous oxygen. *She received nebulizer treatments QID. *She took a shower twice weekly. -She needed assistance from staff to get into the shower and to dry off when her shower was done. *She toileted herself. *She receives medications QID from staff. *She took pain medication daily.</p>	S 405		

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S 405	<p>Continued From page 18</p> <p>8. Review of resident 4's care record revealed:            *She admitted to the facility on 10/20/24.            * Her diagnoses included COPD (a group of lung disease that block airflow and make it difficult to breathe), diastolic congestive heart failure, pleural effusion (excess fluid accumulates between lungs and chest wall), depression, and acute respiratory failure.            *She had a 11/5/25 doctor's order for oxycodone 100mg/5mL to give 0.25 mL by mouth (PO) every six hours and 0.5 mL every six hours PRN.            *She had a 12/3/25 doctor's order for furosemide 80 mg tablet, take two tablets (160mg total) once daily.            *She had a 7/10/25 doctor's order for metolazone 5 mg once daily.            *She had a 2/28/25 doctor's order for escitalopram 10 mg tablet to give 1.5 tablets by mouth daily.            *She had an 11/12/25 code status (specifies the type of emergent treatment a person wishes to receive if their heart or breathing would stop) of DNR.            *She had a 11/28/25 doctor's order ipratropium/albuterol solution to inhale one vial via nebulizer QID.            *She had a 10/28/24 doctor's order for continuous oxygen at three liters/unit for COPD.            *She had a 2/28/25 doctor's order for a regular diet, regular textures, regular consistency.</p> <p>9. Her service plan had a focus area initiated on 6/22/25 of a "self-care performance deficit r/t fatigue, fear. Resident will become more comfortable in shower, try to rest to improve fatigue."            -"Goals included of will be able to: (Specify) initiated 6/22/25."            -"Will improve current level of function (Specify</p>	S 405		

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S 405	<p>Continued From page 19</p> <p>ADLs) initiated on 6/22/25."</p> <p>-Interventions included "Bathing/Showering: Encourage to participate as much as possible. Provide direction by using short, simple instructions such as hold your washcloth in your hand, put soap on your washcloth, wash your face, to promote independence. (Specify) initiated on 6/22/25."</p> <p>- "When assisting, observe for any changes in their ability to participate in their care and report any changes in ADL function/need to the nurse and coordinator initiated on 6/22/25."</p> <p>*A focus area initiated on 6/22/25 "Has a mood problem r/t disease process (Aneurysm) Resident will try to do relaxing tasks to calm and discuss with staff feelings."</p> <p>-Goals included "Will have improved mood state (Specify: happier, calmer appearance, no s/s of depression, anxiety or sadness initiated on 6/22/25."</p> <p>- "Will have improved sleep pattern by reporting (Specify adequate rest or fewer documented episodes of insomnia) initiated on 6/22/25."</p> <p>- "Will remain free of s[signs]/sx [symptoms] of distress, symptoms of depression, anxiety or sad mood initiated date 6/22/25."</p> <p>-Interventions included "Activities of choice are: (Specify) Needs team members to invite, encourage and assist (Specify) to attend activities of choice (Specify preferences) initiated 6/22/25."</p> <p>- "Administer medications per MD order for mood management. Observe for and report to the nurse any side effects (Specify) and effectiveness. If medication is not effective, notify nurse initiated on 6/22/25."</p> <p>- "Assist to develop a program of activities that is meaningful and of interest, such as (Specify). Encourage and provide opportunities for that nurture the mind, body and spirit initiated on 6/22/25."</p>	S 405		
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S 405	<p>Continued From page 20</p> <p>-"Discuss any concerns, fears, issues regarding health or other subjects initiated on 6/22/25." *Her service plan did not address any other care areas.</p> <p>10. Interview on 1/14/26 at 2:05 p.m. with licensed practical nurse (LPN) E revealed: *She completed service plans for residents, registered nurse (RN) D would sign off on the service plan. *She stated that a service plan should include activities, bathing, activities of daily living (ADLs), medications if self-administered, and any other pertinent information for the resident.</p> <p>11. Interview on 1/15/26 at 12:05 p.m. with RN D revealed: *She started working in the facility on 9/2/25. *She completed service plans for the west building, LPN E completed the service plans for the east building. *She stated that service plans should include areas of eating, therapeutic diets, ADLS, transfers, mobility, how a resident takes their medications, any family requests, hygiene, toileting, fall risk, specialty mattress if used and any skin issues. *She agreed if a resident had a catheter, used oxygen, was diabetic, received insulin, had blood glucose monitoring, and required shower/bathing assistance she would expect the service plan to address that.</p> <p>12. Interview on 1/15/26 at 1:05 p.m. with administrator B revealed: *Service plans were completed by RN D and LPN E. *RN D would review service plans that LPN E completed. *Information to be included on the service plan for</p>	S 405		

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S 405	<p>Continued From page 21</p> <p>residents were nutrition, ADLs, oxygen, skin, smoking, diabetes, insulin use, showering/bathing, housekeeping needs, and other pertinent resident information.</p> <p>13. Review of the provider's undated 16.6 Resident Care Plans policy revealed: *"A resident-centered care plan is created and maintained for every resident. The purpose of the care plan is to provide a centralized coordination of the services that will be provided to each resident based on his or her individual needs, abilities and preferences. *Procedure: -A registered nurse develops a care plan for each resident upon admission. -The care plan addresses, but is not limited to the following: --Activities of daily living (ADLs). --Medication management and/or assistance required. --Nutritional needs such as any special diet requirements. --Bladder and bowel habits. --Behavioral challenges/needs. --Fall history and/or risk. --Pain management. -A copy of each resident's care plan is available to all staff for review. -Mandatory review of each care plan takes place: --Thirty days after admission. --Annually. --Upon any significant change in resident status/condition."</p>	S 405		
S 443	<p>44:70:05:07 Care Of A Resident With Cognitive Impairment</p> <p>Each facility shall use a validated screening tool</p>	S 443		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>11037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ANGELHAUS EAST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2905 DOUGLAS AVENUE YANKTON, SD 57078</b>
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(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 443	<p>Continued From page 22</p> <p>for evaluation of a resident's cognitive status upon admission, yearly, and after a significant change in condition.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to ensure that cognitive screenings were completed upon admission and annually for two of four sampled residents (1 and 2).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Review of resident 1's medical record revealed: *She had an admission date of 6/11/25. *There was no documentation of a completed cognitive screen when she was admitted to the facility.</li> <li>Review of resident 2's medical record revealed: *She had an admission of 5/1/25. *There was no documentation of a completed cognitive screen when she was admitted to the facility.</li> <li>Interview on 1/14/26 at 12:45 p.m. with registered nurse (RN) D regarding cognitive assessments revealed: *They were to be completed on admission, every six months, and annually. *It was the nurses' responsibility to ensure these were completed.</li> <li>Interview on 1/15/26 at 1:30 p.m. with chief financial officer (CFO) A regarding cognitive assessments revealed: *She confirmed there was no documentation for the completed cognitive screening in resident 1's medical record.</li> </ol>	S 443	<p>S 443</p> <p>Angelhaus nurse(s) will ensure mini mental are complete on admission of a new resident.</p> <p>POC verification steps</p> <ol style="list-style-type: none"> <li>Administrator will update the new admission checklist to add the date and initials of 2 staff to confirm all documents are completed. Administrator will monitor all new admission documents are being completed weekly for four weeks, biweekly for six weeks and monthly after that.</li> <li>Administrator will report the findings to the QA team.</li> <li>QA team will review the administrators' findings on skin tests for new hires for no less than nine months or until compliance is achieved.</li> </ol>	3/1/26

South Dakota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>ANGELHAUS EAST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2905 DOUGLAS AVENUE YANKTON, SD 57078</b>
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S 443	Continued From page 23  *She stated it was the nurse's responsibility to complete the cognitive screenings and document them in the residents' medical records.	S 443		