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
	65673	A. BUILDING: _____ B. WING _____	C 11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN GROVE ASSISTED LIVING	2065 MOOSE DRIVE STURGIS, SD 57785

(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 11/4/25 through 11/5/25. Aspen Grove Assisted Living was found not in compliance with the following requirements: S450, S630, and S685. 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 11/4/25 through 11/5/25. Areas surveyed included potential resident neglect and quality of care related to medication administration, catheter care, safety with resident transfers, and call light wait times. Aspen Grove Assisted Living was found not in compliance with the following requirement: S685.	S 000		
S 450	44:70:06:01 Dietetic Services The facility shall have an organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored, prepared, distributed, and served in a manner that is safe, wholesome, and sanitary in accordance with the provisions of § 44:70:02:06. 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 follow standard food safety practices to prevent foodborne illness risks in one of one kitchen to: *Ensure the refrigerator and freezer temperatures were monitored and documented for three of three refrigerators and three of three freezers. *Ensure the water temperature required to	S 450	1. No immediate corrective action could be taken. All residents are at risk. 2. All dietary staff will be educated on the completion of the temperature logs and the appropriate temperature ranges of the dish machine, freezers and refrigerators. 3. The dish machine, freezers, and refrigerators will be audited by the DSM 3 times per week for 1 month and then weekly thereafter. Results will be reported by the DSM to the monthly QAPI for further review and recommendations.	12-19-25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Teresa Henderson	Executive Director	11-20-2025

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S 450	Continued From page 1 sanitize the dishes used for preparing and serving residents' food was monitored, was within the required temperature range, and was documented for one of one high-temperature dishwasher. Findings include: 1. Observation on 11/5/25 at 11:32 a.m. in the kitchen revealed: *The posted temperature log for the high-temperature dishwasher was incomplete. *Some of the temperatures that were recorded were not within the required temperature range. 2. Review of the provider's temperature logs for the high-temperature dishwasher revealed: *The log indicated the wash temperature was to be 150 to 165 degrees Fahrenheit. The rinse temperature was to be greater than or equal to 180 degrees Fahrenheit. *There were columns to document wash and rinse temperatures for breakfast, lunch, and dinner. *In September 2025, there was no documentation for 74 out of 180 scheduled temperature checks that indicated the temperature checks were completed or if the temperatures were within the required temperature ranges. -42 out of the 53 documented wash temperatures were below 150 degrees. -Seven out of the 53 documented rinse temperatures were below 180 degrees. *In October 2025, there was no documentation for 62 out of 186 scheduled temperature checks that indicated the temperature checks were completed or if the temperatures were within the required temperature ranges. -54 out of the 62 documented wash temperatures were below 150 degrees. -Seven out of the 62 documented rinse	S 450		

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S 450	Continued From page 2 temperatures were below 180 degrees. *In November 2025, 12 out of the 13 documented wash temperatures were below 150 degrees. 3. Review of the provider's temperature logs for their three refrigerators and three freezers revealed: *There were columns to document temperatures for each refrigerator and freezer two times a day, once in the morning and once in the evening. *In September 2025, there was no documentation for 176 out of 360 scheduled temperature checks that indicated the temperature checks were completed or if the temperatures were within the required temperature ranges. *In October 2025, there was no documentation for 166 out of 372 scheduled temperature checks that indicated the temperature checks were completed or if the temperatures were within the required temperature ranges. 4. Interview on 11/5/25 at 12:57 p.m. with food and nutrition services (FANS) manager E revealed: *The cooks were responsible for recording temperatures on the temperature logs in the kitchen. *The cooks had not reported any variances or temperatures outside the required temperature ranges to her. *She acknowledged that she had not been reviewing the temperature logs. *She agreed the temperature logs were incomplete and stated, "They're pretty spotty." 5. Interview on 11/5/25 at 1:50 p.m. with executive director (ED) A revealed: *She expected the cooks to record temperatures as scheduled on the temperature logs. *She expected the cooks to report any variances	S 450		

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S 450	Continued From page 3 in temperatures to FANS manager E. *She expected FANS manager E to monitor the temperature logs and to take action if she noted any variances in temperatures. *She agreed that the temperature logs were incomplete and stated they did not meet her expectations. 6. Review of the provider's 2008 Refrigerator and Freezer Temperatures policy revealed: *"Internal thermometers are present in Refrigerators/Freezers." *"Refrigerator/Freezer temperatures are recorded twice a day, once in the morning and once in the evening." *"Variances are immediately reported to the Dietary Manager or Person in Charge." 7. Review of the provider's 2020 Dishwashing policy revealed: *"Policy Statement: Dish ware and utensils are properly cleaned and sanitized." *"Procedure: -Before washing dishes and utensils from each meal, water temperatures are checked and documented ... On high temperature machines, also check and document rinse temperature at breakfast ..." -"High temp machine: --Wash = 150-165F [degrees Fahrenheit] --Rinse = > [greater than or equal to] 180F [degrees Fahrenheit]"	S 450		
S 630	44:70:07:04 Storage And Labeling Of Medications All medications must be stored in a well illuminated, locked storage area that is well ventilated, maintained at a temperature appropriate for medication storage, and inaccessible to residents and visitors at all times.	S 630	1. No immediate corrective action could be taken. All residents are at risk. 2. All nursing staff are educated on locking the med cart when not in use.	12-19-25

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S 630	Continued From page 4 Medications suitable for storage at room temperature must be maintained between fifty-nine and eighty-six degrees Fahrenheit, or between fifteen and thirty degrees centigrade. Medications that require refrigeration must be maintained between thirty-six and forty-six degrees Fahrenheit, or between two and eight degrees centigrade. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure medications stored in one of one medication cart were not accessible to unauthorized staff or visitors according to the provider's policy. Findings include: 1. Observation on 11/5/25 at 11:07 a.m. of the medication cart in the 100 hallway revealed: *The medication cart was at the end of the hallway near the dining room, kitchen, and activities/common area. *There were residents, staff members, and visitors in this area. *The medication cart was unlocked. *The certified medication aide (CMA) was not at the medication cart and was not seen in the area. 2. Observation and interview on 11/5/25 at 11:09 a.m. with CMA D revealed: *She returned to the medication cart. *She confirmed that she had left the medication cart unlocked. *She confirmed that medications were accessible to unauthorized staff and visitors when the cart was unlocked and she was away from it. *She stated that she should have locked the	S 630	3.The DNS will audit the med cart being locked 3 times per week for 1 month and monthly thereafter. Results will be reported by the DNS to the monthly QAPI for further review and recommendation.	12-19-25

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S 630	Continued From page 5 medication cart before walking away from it. 3. Interview on 11/5/25 at 11:20 a.m. with director of nursing services (DNS) B revealed: *It was her expectation that the medication cart would be locked each time a CMA walked away from it. *She confirmed that CMA D should have locked the medication cart before she walked away. *She confirmed that medications were accessible to unauthorized staff and visitors when the cart was unlocked and CMA D was away from it. 4. Review of the provider's 2017 Medication Administration policy revealed: *"Prior to Medication Pass" -"The nurse locks the medication cart when not in use." *"After Medication/Treatment Administration" -"The nurse cleans the cart with approved sanitizer, restocks the cart as needed, and locks the medication cart."	S 630		
S 685	44:70:07:09 Self-Administration of Medications A resident with the cognitive ability to safely perform self-administration, may self-administer medications. At least every three months, a registered nurse, or the resident's physician, physician assistant, or nurse practitioner shall determine and record the continued appropriateness of the resident's ability to self-administer medications. The determination must state whether the resident or healthcare personnel is responsible for storage of the medication and include documentation of its administration in accordance with this chapter. Any resident who stores a medication in the	S 685	1. No immediate corrective action could be taken. All residents are at risk. 2. All nursing staff are educated on the self-administration of medications. 3. Proper administration of medication will be audited by the DNS 3 times per week for 1 month and weekly thereafter. Results will be reported to the monthly QAPI for further review and recommendation.	12-19-25

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S 685	Continued From page 6 resident's room or self-administers a medication, must have an order from a physician, physician assistant, or nurse practitioner allowing self-administration. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure that one of four sampled residents (1), who had medication found on her bedside table, had a physician's order to safely self-administer medications. Findings included: 1. Observation and interview on 11/4/25 at 12:57 p.m. in resident 1's room revealed she was seated in her recliner with her 4-wheeled walker positioned to her right side. A small plastic cup containing five pills was observed on the bedside table. Resident 1 stated she was unsure how long the small plastic cup with the five pills had been there. Interview on 11/4/25 at 1:10 p.m. with the director of nursing services (DNS) B and certified medication aide (CMA) C revealed that CMA C was unsure of when resident 1 had received those five pills as she was called in to cover part of that shift for another CMA due to illness. CMA C stated resident 1 had refused at times to take her medications when they were offered. Care record review of resident 1 revealed the medications that were found in her room were documented as administered that morning. Continued care record review of resident 1	S 685		

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S 685	Continued From page 7 revealed she was admitted on 12/3/21; her Brief Interview for Mental Status (BIMS) assessment score was 0-7, indicating she was severely cognitively impaired. Resident 1's diagnoses included hypertension, prediabetes, pain in the left knee, and osteoarthritis. She did not have a physician's order for self-administration of medications. Review of resident 1's care plan for medication administration revealed: *"Do they self-administer their own medications? Or is the staff responsible to assist?" "2.[check-marked] Medication Management-Assist" "Medication Management-Assist" "Non Scheduled Item" "Staff will assist administering medications." "Resident's Needs/Preferences: Needs assistance administering medications." "Resident's Desired Goals & [and] Outcomes: To receive assistance from staff administering medications." "Service Provider Responsibilities: Staff will assist administering medications as ordered by the resident's provider." Interview on 11/4/25 at 4:17 p.m. with DNS B revealed she expected staff to explain to the residents why staff was there, what medications they were giving to the residents, and watch the residents take the medications. If a resident does not want to take the medication when they are offered, staff were to leave with the medication and reapproach after a reasonable amount of time. Interview on 11/4/25 at 4:17 p.m. with executive director A revealed she expected staff to have sat with the resident, provided water with their	S 685		

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S 685	Continued From page 8 medications, and observed the resident taking the medications. The staff were not to leave medication in the residents' rooms. Review of the provider's updated September 2017 Self-Administration of Medication policy revealed: Procedure: "1. If the resident desires to self-administer medication, the Self-Medication Evaluation is completed. This evaluation is completed before the resident is able to self-administer." "2. If it is determined the resident may self-administer medications, the nurse: a. Obtains a physician order for self-administration for the specific medication (s). b. Initiates the Self-Medication Administration Care Plan." "3. If the resident is able to self-administer medications, the evaluation is reviewed quarterly or upon resident's change in condition." "4. If the resident is unable to self-administer medications, the IDT [interdisciplinary team] reviews the Self-Medication Evaluation and determines if there are other areas the resident can complete."	S 685		