

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10741	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/28/2026
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NAME OF PROVIDER OR SUPPLIER
LENNOX ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**210 S. LINCOLN STREET
LENNOX, SD 57039**

(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 fifth onsite revisit survey was conducted on 1/28/26 for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for all previous deficiencies cited on 12/3/25. Lennox Assisted Living was found not in compliance with the following requirement: S503.	{S 000}		
{S 503}	44:70:06:16(1-3) Person In Charge Of Dietary Services The person in charge of dietary services shall possess a current certificate from: (1) A ServSafe Food Protection Course; (2) The Certified Food Protection Professional's Sanitation Course from the Dietary Managers Association; or (3) Equivalent training as determined by the department. This Administrative Rule of South Dakota is not met as evidenced by: Based on the statement of deficiencies from the 12/3/25 survey review, plan of correction from the 12/3/25 review, and interview, the provider failed to present evidence that at least one employee had completed the ServSafe course and possessed a current ServSafe certificate. Findings include: 1. Review of the S503 citation from the 12/3/25 statement of deficiencies report revealed: *They did not employ anyone with a ServSafe	{S 503}	Test date is set for 2 staff.	3/15/26

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

Natalie Anderson

TITLE

Executive Director

(X6) DATE

2/27/26

South Dakota Department of Health

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{S 503}	<p>Continued From page 1</p> <p>certificate since 12/21/23.</p> <p>*None of the current employees completed the ServSafe program.</p> <p>Review of the plan of correction from the 12/3/25 survey revealed:</p> <p>*Employees A, O, and U were to complete the ServSafe course.</p> <p>*The last date of completion for this citation was 1/8/26.</p> <p>Interview on 1/28/26 at 1:30 p.m. with assistant administrator S revealed:</p> <p>*There were no employees in the facility who possessed a current ServSafe certificate.</p> <p>*Employees A, O, and S were to complete the online ServSafe course and exam.</p> <p>*Employee U moved to a direct resident care position and would not be taking the ServSafe course and exam.</p>	{S 503}		