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
	41970	A. BUILDING: _____ B. WING _____	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORCHARD HILLS	200 W 10TH ST DELL RAPIDS, SD 57022

(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 4/13/26 through 4/14/26. Orchard Hills was found not in compliance with the following requirements: S156, S295, and S296.	S 000		
S 156	44:70:02:15 Insect And Rodent Control The facility shall take effective measures to protect against the entrance into the facility and the breeding or presence on the premises of rodents, flies, roaches, and other vermin. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to take effective measures to protect the entrance into the facility from the breeding or presence of rodents, flies, roaches, and other vermin in one randomly observed location (laundry room). Findings include: 1. Observation on 4/14/26 at 10:11 a.m. revealed the facility had uncontrolled access into the wall cavity in the laundry room. The washing machine outlet box had rusted/leaked to the point where a large opening into the wall cavity was opened. That opening into the wall cavity provided potential access for the breeding or presence of rodents, flies, roaches, and other vermin within the walls where chemical pest treatments could not be applied. Interview with administrator A at that same time	S 156	S 156: On 4/22/26, Manager or designee will meet with a plumbing contractor on-site to remove and replace the damaged outlet box. The facility has a licensed pest control provider that inspects the campus on a monthly basis. When the provider is back out on their May service call, the laundry room and adjacent areas will be included in the service call to identify any vermin activity and apply treatment as needed. The Manager or designee will then meet with a contractor on-site to seal the wall opening to eliminate access to the wall cavity. The contractor will inspect the rest of the laundry room to ensure no remaining gaps or penetrations. An inservice will be held with all nursing and dietary staff on 5/11/26 to provide education on the facility's work order system and how to report leaks or damage. On 5/4/26 Manager or designee will conduct and audit monthly environmental rounds to check for wall penetrations, leaks, and sanitiation risks monthly for 4 months. Pest control reports will be reviewed monthly for 4 months to ensure no signs of vermin activity.	5/29/26

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Manager — (X6) DATE: 4-23-2026

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S 156	Continued From page 1 confirmed that finding. She stated she was unaware the wall below the washing machine outlet box was removed. She further agreed that pests could access the wall cavities in those locations due to the holes present in those boxes.	S 156	Manager or designee will present the audit findings to the QAPI committee at their next meeting for review and will determine on-going interventions and monitoring. Compliance will be achieved by 5/29/26.	
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 the provider's optional service license, employee file review, interview, and policy review, the provider failed to ensure ongoing annual education was provided on required subjects for two of two sampled employees (B and D) who had completed one of the eleven personnel training topics. Findings include: 1. Review of the provider's 7/1/25 optional service license revealed they were licensed for hospice. 2. Review of employee B's personnel file revealed: *A hire date of 3/3/25. *She was hired as a certified medication aide (CMA). *There was no documentation that she received annual training on hospice. 3. Review of employee D's personnel file revealed:	S 295	S 295: Manager or designee will collect and audit all personnel files, including employees B and D, for ongoing education programs and will provide training and education on the following subjects listed under the Personnel Training requirements. IDT reviewed the policy relating to personnel training on 4/20/26. No revisions were made. An inservice will be held with all nursing & dietary staff on 5/11/26 to provide education listed under the personnel training requirements. Starting on 5/4/26, Manager or designee will audit new employee files for personnel training completion monthly for 4 months. Manager or designee will present the audit findings to the QAPI committee at their meeting for review and will determine on-going interventions and monitoring. Compliance will be achieved by 5/29/26.	5/29/26

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S 295	Continued From page 2 *A hire date of 9/5/23 *She was hired as a CMA. *There was no documentation that she received annual training on hospice. 4. Interview on 4/14/26 at 11:12 a.m. with administrator A regarding employee B and D's annual education confirmed: *Employee B and D did not complete annual hospice training. -The last time hospice training was provided in 2024 by the provider. *Human resources were responsible to ensure annual training was completed for all employees. *She agreed the annual hospice training had not been completed by employee B and should have been. 5. Review of the provider's undated Employee Training policy revealed: *Purpose: "To provide policy and procedures for maintaining adequate training levels for senior living community employees." *Policy: "Senior living management will participate in or coordinate the training of other senior living employees in accordance with the procedure outlined below to ensure compliance with initial and ongoing employee training obligations. -All senior living community employees must complete the annual required training and setting-specific training."	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;	S 296	S 296: Manager or designee will collect and audit all personnel files, including employees A, C, E, and F, for ongoing education and will provide training and education on the following subjects listed under the Personnel Training requirements.	5/29/26

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S 296	Continued From page 3 (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 retained in the facility. Any personnel whom the facility determines will have no contact with residents are exempt from the training required by subdivision (8). This Administrative Rule of South Dakota is not met as evidenced by: Based on the provider's optional service license, employee file review, interview, and policy review, the provider failed to ensure the required training was completed within thirty days of hire for four of four newly hired sampled employees (A, C, E, and F) who did not complete the required training. Findings include:	S 296	IDT reviewed the policy relating to personnel training on 4/20/26. No revisions were made. On 5/4/26, employees A, C, E, and F will be assigned online education on oxygen and cognitively impaired resident training. All education will be completed by 5/25/26. Starting on 5/4/26, Manager or designee will audit new employee files for personnel training completion monthly for 4 months. Manager or designee will present the audit findings to the QAPI commitee at their meeting for review and will determine on-going interventions and monitoring. Compliance will be achieved by 5/29/26.	

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S 296	Continued From page 4 1. Review of the provider's 7/1/25 optional service license revealed they were licensed for oxygen, hospice, and cognitively impaired residents. 2. Review of employee A's personnel file revealed: *A hire date of 7/7/25. *She was hired as the administrator. *There was no documentation she had received training on oxygen and hospice. -Those two training topics were not completed within thirty days of hire. 3. Review of employee C's personnel file revealed: *A hire date of 6/23/25. *She was hired as a registered nurse (RN). *There was no documentation she had received training on hospice. -The hospice training topic was not completed within thirty days of hire. 4. Review of employee E's personnel file revealed: *A hire date of 5/19/25. *She was hired as a certified medication aide (CMA). *There was no documentation she had received training on oxygen, hospice, or cognitively impaired residents. -Those three training topics were not completed within thirty days of hire. 5. Review of employee F's personnel file revealed: *A hire date of 12/1/25. *She was hired as a CMA. *There was no documentation she had received training on hospice.	S 296		

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S 296	Continued From page 5 -The hospice training topic was not completed within thirty days of hire. 6. Interview on 4/14/26 at 11:12 a.m. with administrator A regarding employee A, C, E, and F's required new employee education training confirmed: *Employee's A and E did not complete oxygen training within thirty days of hire. *Employee's A, C, E, and F did not complete hospice training within thirty days of hire. -The last time hospice training was provided in 2024 by the provider. *Employee E did not complete cognitive impairment of residents training within thirty days of hire. *Human resources was responsible to ensure annual training was completed for all employees. *She agreed employee's A, C, E, and F did not complete all of their training within thirty days of hire and should have. 7. Review of the provider's undated Employee Training policy revealed: *Purpose: "To provide policy and procedures for maintaining adequate training levels for senior living community employees." *Policy: "Senior living management will participate in or coordinate the training of other senior living employees in accordance with the procedure outlined below to ensure compliance with initial and ongoing employee training obligations. -All senior living community employees must complete the annual required training and setting-specific training."	S 296		