South Dakota Department of Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B. WNG 11085 07/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1401 10TH AVE. W. POST OFFICE BOX 580 PRAIRIE SUNSET VILLAGE MOBRIDGE, SD 57601 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 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 on 7/6/23. Prairie Sunset Village not in compliance with the following requirements: S200, S201, and S990. S 200 S 200 44:70:03:01 General fire safety 7/7/2023 The Maintenance Supervisor was able to locate documentation fo the 5 year Each facility must meet applicable fire safety sprinkler obstruction inspection. This standards in NFPA 101 Life Safety Code, 2012 was completed by technician Steve edition. An automatic sprinkler system is not Teegardin from Building Sprinklers Inc on 10-1-2019. This will be due again in required in existing facility unless significant 2024 and has been placed on the renovations or remodeling occurs, provided that annual Maintenance PM to be conducted any existing automatic sprinkler system must by the maintenance staff. This will be remain in service. An attic heat detection system provided to the Director of Quality and is not required in an existing facility unless presented to the QAPI Committee on an significant renovations or remodeling occurs. annual basis. The sample testing for the sprinklers This Administrative Rule of South Dakota is not 7/28/2 over 20 years old has been scheduled met as evidenced by: for the week of 7/24/23. This has been added to the annual PM to be conducted A. Based on observation, record review, and interview, the provider failed to ensure the by maintenance staff and will be provided automatic sprinkler system was inspected for to the Director of Quality and presented obstructions every five years. Record review of to the QAPI Committee on an annual \ previous fire sprinkler system inspections basis. revealed documentation for the five year obstruction inspection of the automatic sprinkler system was not done since 12/22/14. Findings include: 1. Observation of the sprinkler system main riser on 7/17/23 at 9:30 a.m. revealed the sprinkler gauges were inscribed with a date of 12/22/14. Record review of the annual inspection form dated 6/1/23 from the sprinkler contractor noted the 5-year sprinkler obstruction inspection was (X6) DATE TITLE

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

Odi Madison, RA

Director

JUL 19 2023

SD DOH-OLC

TITLE

(X6) DATE

7/19/23

Frontinuation sheet 1 of 5

NG: ______COMPLETED

11085

07/06/2023

(X3) DATE SURVEY

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING_

NAME OF PR		ET ADDRESS, CITY, ST	SAS SECTION OF SECURIOR SECTION SECTIO	
PRAIRIE S	SUNSET VILLAGE	10TH AVE. W. POS RIDGE, SD 57601	T OFFICE BOX 580	
(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 (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLE' CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)	
S 200	Continued From page 1 out of date.	S 200		
	B. Based on record review and interview, the provider failed to ensure the automatic sprinkler system was maintained as required (testing of older quick response sprinklers and older standard sprinklers). Findings include:			
	1. Record review of the previous annual fire sprinkler system inspection report dated 6/1/23 revealed the building had quick-response sprinklers dated from 2021 and standard sprinklers dated from 1997. Sample testing of sprinklers over 20 years old must be done or the sprinklers must be replaced. There was no documentation indicating the required maintenance had been done.			
	Interview with the maintenance supervisor on 7/7/23 at 9:30 a.m. confirmed those findings.			
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 fire alarm system must be	S 201	The spring hinges on the storage room door were corrected on 7/7/23. Checking self closing hinges and latches have been added to the annual PM conducted by maintenance staff and will be presented annually to the Director of Quality and presented to the QAPI Committee on an annual basis.	<i>171</i> 2
	sounded each month. This Administrative Rule of South Dakota is not met as evidenced by: A. Based on observation, testing, and interview, the provider failed to maintain proper separation of hazardous areas. The south wing storage room corridor door would not self-close and latch. Findings include:		Evaluation of the fire damper was done on 7/7/23. This has been added to the annual PM conducted by maintenance staff and will be presented annually! to the Director of Quality and presented to the QAPI Committee on an annual basis.	7/23

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If continuation sheet 2 of 5

South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	(X3) DATE SURVEY COMPLETED				
	11085		B. WING		07/06/2023		
NAME OF PE	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE			
RAIRIE S	SUNSET VILLAGE			ST OFFICE BOX 580			
	7011021 7122702	MOBRID	GE, SD 57601				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE		
S 201	Continued From page	e 2	S 201				
	the twenty-minute fire wing storage room conself-close and latch. It had three spring his door so it would self-frame. Interview with at the time of the obseconfirmed those finding. B. Based on observation provider failed to main hazardous areas. The had a fire-damper in lay-in ceiling. Finding 1. Observation on 77 the south wing storage the corridor wall above with the maintenance observation revealed damper's presence as	ngs. tion and interview, the ntain proper separation of e south wing storage room the corridor wall above the					
S 990	air an hour, minimum relative humidities as (1) For all other shall be able to main temperature of 75 de degrees centigrade a with a minimum of at an hour. Each air sup	ms must maintain um air changes of outdoor total air changes, and follows: occupied areas, the facility	S 990	Cardboard was removed from laundry ventilation grille on 7/6 east wing laundry exhaust fan and will be replaced by 7/21/2 Cardboard was removed from wing storage room ventilation 7/6/23. Inspection of ventilation device checking for obstructions and are in working order has been the annual PM conducted by r staff. This will be reported to the of Quality and presented to the	6/23. The was ordered 3. south grille on es to include ensuring added to maintenance he Director		

STATE FORM

Jodi Madison, RN

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Director

DC2W11

If continuation sheet 3 of 5

South Da	kota Department of He	ealth			FORWAPPROVE
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/O		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		11085	B. WING		07/06/2023
NAME OF DE	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	TE ZIP CODE	
NAME OF PR	ROVIDER OR SUPPLIER		TH AVE. W. POST		
PRAIRIE S	UNSET VILLAGE		OGE, SD 57601		
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
S 990	room unit, shall be lo practicable but not le meters from any plun exhaust from any ver combustion equipme outdoor intake service be located as high as three feet or 0.91 me Each mechanical ver designed and balance and safe pressure re areas to preclude the assure the health of supply air inlet, recirculate must be located opening not less that above the floor. A consupply air to or exhaust air from a corridor bathroom, a toilet room opening directly on the exhaust ventilation mareas, wet areas, toile rooms. In any unocciventilation may be rehealth and comfort of compromised.	other than for an individual cated as far away as ss than 25 feet of 7.62 highly vent stack and the ntilating system or nt. The bottom of any ing a central air system must is possible but not less than ters above the ground level. Intilation system must be led to provide make-up air lationships between adjacent expread of infections and the occupants. Each room culation inlet, and exhaust air of with the grill or diffuser in three inches or 0.08 meters arridor may not be used to lust air from any room, except or may be used to ventilate a lom, or a janitor's closet ne corridor. Mechanical must be provided in all soiled let rooms, and clean storage upied service area, aduced or discontinued if the fithe occupants are not	S 990		
Į.	Based on observation provider failed to mathree randomly obset	n, testing, and interview, the intain exhaust ventilation in rved rooms (east wing aundry, and south wing			

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if continuation sheet 4 of 5

Jodi Madison, RN

1. Observation on 7/7/23 at 9:40 a.m. revealed

Director

7/19/23

South Dakota Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 07/06/2023 11085 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1401 10TH AVE. W. POST OFFICE BOX 580 PRAIRIE SUNSET VILLAGE MOBRIDGE, SD 57601 PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRFFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 990 Continued From page 4 S 990 the east wing laundry was over 100 square feet in area with two washing machines and two dryers. The mechanical exhaust ventilation grille in the ceiling of the room was not pulling air when tested with a tissue. Further observation revealed a piece of corrugated cardboard was affixed to the attic side of the grille covering the entire grille. The cardboard was removed by the maintenance supervisor during the survey. 2. Observation on 7/7/23 at 9:50 a.m. revealed the east wing laundry was over 100 square feet in area with two washing machines and two dryers. The mechanical exhaust ventilation grille in the ceiling of the room was not pulling air when tested with a tissue. There was no cardboard covering the grille in this laundry room. 3. Observation on 7/7/23 at 10:05 a.m. revealed the south wing storage room was over 100 square feet in area with copious amounts of combustible storage. The mechanical exhaust ventilation grille in the ceiling of the room was not pulling air when tested with a tissue. Further observation revealed a piece of corrugated cardboard was affixed to the attic side of the grille covering the entire grille. The cardboard was removed by the maintenance supervisor during the survey. Interview with the maintenance supervisor at the time of the above observations confirmed those findings.

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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (A. BUILDING:		(X3) DATE	(X3) DATE SURVEY COMPLETED		
			B. WING			3		
		11085			08/2	28/2023		
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1401 10TH AVE. W. POST OFFICE BOX 580							
PRAIRIE SUNSET VILLAGE MOBRIDGE, SD 57601								
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S 000	Administrative Rule 44:70, Assisted Liv assisted living cent	rvey for compliance with the es of South Dakota, Article ing Centers, requirements for ers, was conducted on eset Village was found in	S 000					

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

TITLE

(X6) DATE