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
	11072	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD ASSISTED LIVING, LLC	802 1ST AVE S POST OFFICE BOX 229 LAKE NORDEN, SD 57248

(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 on from 11/4/25 through 11/5/25. The Homestead Assisted Living LLC was found not in compliance with the following requirements: S285, S295, S296, S305, S331, S352, and S670.	S 000	44:70:04:03 Personnel The facility's policy and procedure titled "Background Checks on Employees" states criminal background checks will be conducted on all employees as part of a pre-screening process before new hires will have access to residents. As of 11/18/2025 criminal background checks have been completed on (MA)C and (MA)D. An audit of new hires has been added to the QA for monitoring that background checks are completed within 21 days of new employees hire date. The review will be done monthly and a QAPI meeting will be held annually to review if this audit should be continued.	11/18/2025
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, interview, and policy review. The provider failed to implement a pre-employment screening process to ensure they had not knowingly hired any person with an abuse conviction for two of five employees (C and D). Findings include: 1. Review of personnel files revealed: *Medication Aide (MA) C's hire date was 5/21/25. *MA D's hire date was 4/15/22. -There was no documentation to support a	S 285		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Jolene Johnson, Administrator 11/26/2025

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S 285	Continued From page 1 background check was completed before either of these employees were hired. 2. Interview on 11/5/25 at 11:15 a.m. with administrator A revealed: *Following the employee's initial interview, she gave them paperwork to have fingerprints done before they start working. *She was not aware how MA C and MA D's background checks were missed. *She expected background checks to be completed before newly hired staff started working on the floor. 3. Review of the provider's undated Policy and Procedure for Background Checks on Employees revealed: *"Criminal background checks will be conducted on all employees as part of a pre-screening process before new hires will have access to residents."	S 285		
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 personnel file review, and interview, the provider failed to ensure the required annual training was completed for three of three personnel (A, B, and D). Findings include:	S 295	44:70:04:04 Personnel Training A policy was created to outline resident emergencies and advance directives. An in-service was held to detail the policy. Administrator A, (MA)B, (MA)C, (MA)D, (MA)E attended the in-service to inform them where advance directive information is located. The in-service also included information about the different types of advance directives. An audit has been added to the QA for staff education. This will be checked monthly to ensure compliance. The findings of the audit will be reviewed at an annual QAPI for further review to continue or discontinue the audits	11/15/2025

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S 295	Continued From page 2 1. Review of administrator A personnel file revealed: *She was hired on 9/10/10. *There was no documentation to support when annual training was last completed for emergency procedures and preparedness, including responding to resident emergencies and information regarding advanced directives. Review of medication aide (MA) B's personnel file revealed: *She was hired on 8/7/23. * There was no documentation to support when annual training was last completed for emergency procedures and preparedness, including responding to resident emergencies and information regarding advanced directives. Review of MA D's personnel file revealed: *She was hired 4/15/22. * There was no documentation to support when annual training was last completed for emergency procedures and preparedness, including responding to resident emergencies and information regarding advanced directives. 2. Interview on 11/5/25 at 11:15 a.m. with administrator A revealed: *She was not aware advanced directives training needed to be included in the emergency procedures and preparedness employee training. *She expected all staff to have the required training completed within 30 days of hire and annually. *She agreed that herself, MA B and MA D had not completed required annual training on emergency procedures and preparedness, including responding to resident emergencies and information regarding advanced directives.	S 295		

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S 295	Continued From page 3 A policy for the provider's personnel training was requested; however, the provider did not have a policy in place.	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 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).	S 296	44:70:04:04 Personnel Training A policy was created to outline resident emergencies and advance directives. An in-service was held to detail the policy. Administrator A, (MA)B, (MA)C, (MA)D, (MA)E attended the in-service to inform them where advance directive information is located. The in-service also included information about the different types of advance directives. An audit has been added to the QA for staff education. This will be checked monthly to ensure compliance. The findings of the audit will be reviewed at an annual QAPI for further review to continue or discontinue the audits	11/15/2025

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S 296	Continued From page 4	S 296		

This Administrative Rule of South Dakota is not met as evidenced by:
Based on personnel file review and interview, the provider failed to ensure the required training was completed within 30 days of hire for two of two recently hired personnel (C and E).

Findings include:

1.Review of personnel files revealed:
*Medication aide (MA) C had been hired on 5/21/25.
-She had not completed emergency procedures and preparedness, including responding to resident emergencies and information regarding advanced directives.

*MA E had been hired on 11/22/24.
-She had not completed emergency procedures and preparedness, including responding to resident emergencies and information regarding advanced directives.

2. Interview on 11/5/25 at 11:15 a.m. with administrator A revealed:
*She was not aware advanced directives training needed to be included in the emergency procedures and preparedness employee training.
*She expected all staff to have the required training completed within 30 days of hire and annually.
*She agreed that MA C and MA E had not completed required training on emergency procedures and preparedness, including responding to resident emergencies and information regarding advanced directives within

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S 296	Continued From page 5 30 days of their hire dates. A policy for the provider's personnel training was requested; however, the provider did not have a policy.	S 296	44:70:04:05 Personnel Health Program A policy was updated titled Policy for Health Status and Tuberculin Screening of Employees and Residents. The policy state employees hired by The Homestead Assisted Living LLC must be in good health as evaluated by a licensed health professional and also have the required 2-step Mantoux test done within 21 days after employment. Anyone with a communicable disease will not be allowed to work until they are determined by a health professional to no longer have that contagious disease. New employees must receive the two-step method of Mantoux testing. Positive results would indicate further testing until that person is considered safe. They could not be employed until they showed present documentation for treatment. A health evaluation must be signed by a licensed health professional within 14 days of employment. An audit has been added on the QA to ensure compliance with all new and existing employees. The findings of the audit will be reviewed at the next QAPI for further review or to discontinue the audits.	11/10/2025
S 305	44:70:04:05 Personnel Health Program The facility shall have a personnel health program for the protection of the residents. All personnel must be evaluated by a licensed health professional for a reportable communicable disease that poses a threat to others before assignment to duties or within fourteen days after employment including an assessment of previous vaccinations and tuberculin skin tests. This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review and interview, the provider failed to ensure that the health status for communicable diseases was evaluated by a licensed health professional within 14 days of hire for one of five employees (C). Findings include: 1. Review of employee C's personnel file revealed: *Her date of hire was 5/21/25. *Her health evaluation was in her personnel file and was signed by a licensed health professional on 7/16/25. *It had not been completed within 14 days of hire. 2. Interview on 11/5/25 at 11:15 a.m. with administrator A revealed: *She was aware all employees needed a health evaluation completed and signed by a licensed	S 305		

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S 305	Continued From page 6 health professional within 14 days of hire. *She expected all employees health evaluations to be completed within 14 days of hire. *These were completed by the registered nurse. A policy for the provider's personnel health program was requested; however, the provider did not have one in place.	S 305		
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 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	S 331	44:70:04:10(1) Tuberculin Screening... Requirements A policy was updated titled Policy for Health Status and Tuberculin Screening of Employees and Residents. The policy states employees hired by The Homestead Assisted Living LLC must be in good health as evaluated by a licensed health professional and also have the required 2-step Mantoux test done within 21 days after employment. Anyone with a communicable disease will not be allowed to work until they are determined by a health professional to no longer have that contagious disease. New employees must receive the two-step method of Mantoux testing. Positive results would indicate further testing until that person is considered safe. They could not be employed until they showed present documentation for treatment. A health evaluation must be signed by a licensed health professional within 14 days of employment. An audit has been added on the QA to ensure compliance with all new and existing employees. The findings of the audit will be reviewed at the next QAPI for further review or to discontinue the audits.	11/10/2025

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S 331	Continued From page 7 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; 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 a Tuberculosis (TB) Mantoux Test (a screening tool used to detect latent tuberculosis infection) was completed following state regulation guidelines for one of five employees (C). Findings include: 1.Review of personnel file for medication aide (MA) C revealed: *She was hired on 5/21/25. *Her two-step TB testing was completed on 7/7/25 and 7/14/25. *The testing was not completed within 21 days of hire. 2. Interview on 11/5/25 at 11:15 a.m. with administrator A revealed: *She agreed that MA C's two-step TB testing had not been completed within 21 days of hire. *She expected the two-step TB testing to be completed within 21 days of hire for staff. *The testing was completed by the registered nurse. 3. Review of the provider's undated TB Risk Assessment Policy and Procedures revealed: *The Homestead shall continue to follow the	S 331		

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S 331	Continued From page 8 44:04:04:08.01 TB screening requirements set by the State of SD." *"1. Each new healthcare worker or resident shall receive the two-step method of Mantoux skin test to establish a baseline within 14 days of the employment or admission to the facility. If a new employee or resident can document results of a negative Mantoux skin test conducted with the previous 12 months, a single Mantoux skin test may be administered and considered the second step of the two-step method. Skin testing is not necessary if documentation is provided of a previous positive of 10mm [millimeter] induration or greater. Any new employee or resident who has a newly recognized positive reaction to the skin test shall have a medical evaluation and a chest X-ray to determine the presence or absence of active disease."	S 331		
S 352	44:70:04:13 Resident Admissions 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. 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 the resident's needs was completed at the time of admission, 30 days after admission and annually after the resident's admission for two of three sampled residents (1 and 2). Findings include:	S 352	44:70:04:13 Resident Admissions The policy and procedure for residents care plan states *"The Homestead Assisted Living, LLC shall provide safe and effective care from the day of admission through the ongoing development and implementation of written care plans for each resident. The care plan shall address personal care, and the medical, physical, mental, and emotional needs of each resident. The facility shall perform and document assessments on each resident upon admission, 30 days later and annually. Care plans will reflect the needs determined from the assessment. Upon admission, residents will be screened using the Resident Evaluation Tool." It has been updated to state "every October the care plans will be reviewed and updated" An audit has been added to the QA to add a review of resident's care plans annually in October. The findings of the audit will be reviewed at the next QAPI for further review or to discontinue the audits. Annual evaluations of resident 1 and 2 will be completed by 11/24/2025.	11/24/2025

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S 352	Continued From page 9 1. Review of resident 1's medical record revealed: *He admitted to the facility on 5/21/18. *His admission evaluation of resident needs assessment was completed on 5/21/18. *His last annual evaluation of resident needs assessment was completed on 10/7/24. *His annual evaluation of resident needs assessment had not been completed for 2025 as of 11/5/25. Review of resident 2's medical record revealed: *She admitted to the facility in September of 2008. *Her last annual evaluation of resident needs assessment completed on 10/7/24. *Her annual evaluation of resident needs assessment had not been completed for 2025 as of 11/5/25. 2. Interview on 11/4/25 at 1:08 p.m. with administrator A revealed: *She agreed that resident 1 and 2's annual evaluation of resident needs assessments had been completed on 10/7/24. *She agreed that resident 1 and 2's annual evaluation of resident needs assessment for 2025 had not been completed for the year. *She expected evaluation of resident needs assessments to be completed on admission, 30 days after admission, with a change of condition and annually for all residents. *The registered nurse completes the evaluation of resident needs assessments. 3. Review of the provider's undated Policy and Procedure on Resident Evaluation and Assessment revealed: *"The Homestead Assisted Living, LLC shall	S 352		

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S 352	Continued From page 10 provide safe and effective care from the day of admission through the ongoing development and implementation of written care plans for each resident. The care plan shall address personal care, and the medical, physical, mental, and emotional needs of each resident. The facility shall perform and document assessments on each resident upon admission, 30 days later and annually. Care plans will reflect the needs determined from the assessment. Upon admission, residents will be screened using the Resident Evaluation Tool."	S 352		
S 670	44:70:07:07 Medication Administration A registered nurse shall provide medication administration training pursuant to § 20:48:04.01 to any unlicensed assistive personnel employed by the facility who will be administering medications. Unlicensed assistive personnel shall receive initial and ongoing resident specific training for medication administration and annual training in all aspects of medication administration occurring at the facility. This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, and interview, the provider failed to ensure annual medication administration training was provided and documented for: *one of one administrator (A). *two of four medication aides' (B and D). Findings include: 1.Review of administrator A training record	S 670	44:70:07:07 Medication Administration A policy has been created titled "Policy and Procedure on Medication Administration Training". All current MATP's including Administrator A will be educated in an in-service by Dec 31, 2025. Compliance will be ensured by including Employee training on the QA to be checked quarterly and completed if necessary	12/20/2025

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S 670	Continued From page 11 revealed: *There was no documented annual medication administration training completed by administrator A during 2024 or 2025. *Her medication aide (MA) registration was valid until 8/21/27. Review of MA B's personnel file revealed: *There was no documented annual medication administration training completed by MA B during 2024 or 2025. *Her MA registration was valid until 9/12/27. Review of MA D's personnel file revealed: *There was no documented annual medication administration training completed by MA D during 2024 or 2025. *Her medication aid registration was valid until 2/19/26. 2.Interview on 11/5/25 at 11:15 a.m. with administrator A revealed: *She was not aware that medication administration training and competencies needed to be completed annually for staff who administer medications. *She expected the nurse to complete all medication training for staff when required. A policy for medication administration ongoing annual training was requested; however, the provider did not have one in place.	S 670		