



# South Dakota Department of Health

Top 15 Deficiencies in Assisted Living  
Shelly Walstead RN, Public Health Advisor

1

---

---

---

---

---

---

---

---

## Objectives



- Identify the deficiency found within the regulations for assisted living centers located under South Dakota Administrative Rule 44:70
- Discuss what occurred to lead to the deficient practice

2

---

---

---

---

---

---

---

---



**44:70:02:17 Occupant Protection** – S 165

*“Each facility must be constructed, arranged, equipped, maintained, and operated to avoid injury or danger to any occupant. The extent and complexity of occupant protection precautions are determined by the services offered and the physical needs of any resident admitted into the facility.”*

3

---

---

---

---

---

---

---

---

Why was S 165 cited?



The survey team identified issues with the facility ensuring the safety and security of the residents in their care. This may include:

- Exit doors not alarming
- Residents able to enter restricted areas of the building
- Hot beverages
- Side/bed rails

4

---

---

---

---

---

---

---

---



44:70:01:07 Reports to the Department – S 030

“Each facility shall report the following events to the department through the department’s online reporting system within twenty-four hours of the discovery of the event:

5

---

---

---

---

---

---

---

---



44:70:01:07 Reports to the Department – S 030 (continued)

- (1) An attempted suicide;
- (2) Any cause to suspect abuse or neglect of a resident;
- (3) Any death resulting from other than natural causes that originated on facility property;
- (4) A missing resident;
- (5) A fire in the facility;
- (6) Any loss of utilities, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than twenty-four hours; or

6

---

---

---

---

---

---

---

---



**44:70:01:07 Reports to the Department – S 030 (continued)**

*(7) Any unsafe drinking water samples, or samples from pools or spas.*

*The facility shall conduct an internal investigation for the event and report the results to the department no later than five working days after the event.*

*The department may request additional information from the facility and investigate any reported event."*



7

---

---

---

---

---

---

---

---

**Why was S 030 cited?**



The survey team identified that a facility reported incident (FRI) was not submitted in accordance with the regulation. This may include:

- A FRI was not submitted when it should have been
- A FRI was not submitted within the regulatory time frame



8

---

---

---

---

---

---

---

---



**44:70:05:03 Resident Care – S 415**

*"The facility shall employ or contract with a licensed nurse who assesses and documents that the resident's individual personal care, and medical, physical, mental and emotional needs, including pain management, have been identified and addressed. Any outside services utilized by a resident shall comply with and complement facility care policies. Each resident shall receive daily care by facility personnel as needed to keep skin, nails, hair, mouth, clothing, and body clean and healthy."*



9

---

---

---

---

---

---

---

---

Why was S 415 cited?



The survey team identified one of the following scenarios:

- The resident's needs were not addressed and/or documented by the licensed nurse
- A resident or residents did not receive the appropriate daily care to keep them clean and healthy

This may include:

- A licensed nurse was not employed or contracted to assess and document care
- The resident's pain management needs were not addressed
- There was inappropriate or no follow-up with a medical provider and/or family related to a change in condition
- A resident who required assistance with ADLs did not receive it

10

---

---

---

---

---

---

---

---

---

---



44:70:03:03 Fire Extinguisher Equipment – S 215

*"Fire extinguisher equipment shall be installed and maintained to the following standards:*

- (1) *Portable fire extinguishers must have a minimum rating of 2-A:10-B:C;*
- (2) *Fire extinguisher equipment must be inspected monthly and maintained yearly; and;*

11

---

---

---

---

---

---

---

---

---

---



44:70:03:03 Fire Extinguisher Equipment – S 215 (continued)

*(3) Approved fire extinguisher cabinets must be provided throughout the building with one cabinet for each 3,000 square feet or 278.7 square meters of floor space or fraction thereof. The fire resistance rating of corridor walls must be maintained at recessed fire extinguisher cabinets. The glazing in doors of fire extinguisher cabinets must be wire glass or other safety glazing material. Fire extinguisher cabinets must be identified with a sign mounted perpendicular to the wall surface above the cabinet."*

12

---

---

---

---

---

---

---

---

---

---

Why was S 215 cited? 

The life safety surveyor identified an issue related to the facility's fire extinguisher equipment. This may include:

- Monthly inspection not completed and/or documented
- Signage not appropriate or missing

13

---

---

---

---

---

---

---

---



44:70:02:17 Occupant Protection (Section 5) – S 169

*“(5) Install an electrically activated audible alarm, if required by other sections of this article, on any unattended exit door. Any other exterior doors must be locked or alarmed. The alarm must be audible at a designated staff station and may not automatically silence if the door is closed.”*

14

---

---

---

---

---

---

---

---

Why was S 169 cited? 

The life safety or health surveyor identified an issue with the facility's alarm system. This may include:

- The doors to the exterior of the facility were not locked, alarmed, or monitored in a building where residents with cognitive impairment reside
- The door alarm shuts off when the door is closed

15

---

---

---

---

---

---

---

---



**44:70:04:04 Personnel Training** (Section 2) – S 296

*“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;*



16

---

---

---

---

---

---

---

---



**44:70:04:04 Personnel Training** (Section 2) – S 296 (continued)

- (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;*



17

---

---

---

---

---

---

---

---



**44:70:04:04 Personnel Training** (Section 2) – S 296 (continued)

- (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 healthcare personnel to the resident who are accepted and retained in the facility.”*



18

---

---

---

---

---

---

---

---

Why was S 296 cited? 

The survey team identified that the eleven training subjects identified in 44:70:04:04 had not been completed within thirty days of hire

19

---

---

---

---

---

---

---

---



**44:70:04:05 Personnel Health Program – S 305**  
*“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.”*

20

---

---

---


---

---

---

---

---

Why was S 305 cited? 

The survey team identified that a new employee or employees had not been evaluated by a licensed health professional within fourteen days of hire to ensure they were free from communicable diseases that could pose a threat to residents

21

---

---

---

---

---

---

---

---



**44:70:05:02 Resident Care Plans, service plans, and programs. – S 405**

*"The facility shall provide safe and effective care from the day of admission through the development and implementation of a written care plan or service plan for each resident. The care plan or service plan must address personal care, and the medical, physical, mental, and emotional needs of the resident."*



22

---

---

---

---

---

---

---

---

**Why was S 405 cited?**



The survey team identified that resident, or residents, needs were not addressed on their service/care plan. This is often cited when a resident has a unique need or care issue. This could include hospice, dialysis, catheters, etc.



23

---

---

---

---

---

---

---

---



**44:70:09:09 Quality of Life (Section 4) – S 838**

*"A facility shall provide care and an environment that contributes to the resident's quality of life, including:  
...(4) Freedom from verbal, sexual, physical, and mental abuse and from involuntary seclusion, neglect, or exploitation imposed by anyone, and theft of personal property."*



24

---

---

---

---

---

---

---

---

Why was S 838 cited?



The survey team identified an issue with abuse, neglect, or misappropriation of resident property

25

Horizontal lines for notes

44:70:03:01 Fire Safety Code Requirements – S 200



Each facility must meet applicable fire safety standards in NFPA 101 Life Safety Code, 2012 edition chapter 32 or 33. An automatic sprinkler system is not required in an existing facility unless significant renovations or remodeling of greater than fifty percent of the facility occurs, provided that any existing sprinkler system must remain in service. An attic heat detection system is not required in an existing facility unless significant renovations or remodeling of greater than fifty percent of the facility occurs.

26

Horizontal lines for notes

Why was S 200 cited?



The life safety surveyor has identified that the facility had not followed the guidance provide in NFPA 101, 2012 edition, related to when a sprinkler system or attic heat detection system is required

27

Horizontal lines for notes



**44:70:06:17 Required Dietary Inservice Training – S 506**

*"The person in charge of dietary services or the dietician shall provide ongoing inservice training for all healthcare personnel providing dietary and food handling services. Training must be completed within thirty days of hire and annually for any dietary or food-handling personnel and must include the following subjects:*



28

---

---

---

---

---

---

---

---



**44:70:06:17 Required Dietary Inservice Training – S 506 (continued)**

- (1) Food safety;
- (2) Handwashing;
- (3) Food handling and preparation techniques;
- (4) Food-borne illnesses;
- (5) Serving and distribution procedures;
- (6) Leftover food handling policies
- (7) Time and temperature controls for food preparation and service;
- (8) Nutrition and hydration; and
- (9) Sanitation requirements"



29

---

---

---

---

---

---

---

---

**Why was S 506 cited?**



The survey team identified that the required dietary in-service trainings (all or part) had not been completed within thirty days of hire or annually for employees providing dietary and food-handling services



30

---

---

---

---

---

---

---

---



**44:70:06:01 Dietetic Services – S 450**

*"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."*



31

---

---

---

---

---

---

---

---

**Why was S 450 cited?**



The survey team identified an issue in the dietary department that affected the safety of the residents' food. This may include:

- Food temperatures not taken or outside of a safe range
- Food stored in containers that are not labeled/dated
- Inappropriate thawing of food, especially meat
- Dietary employees not following safety guidelines that could include hair coverings or glove use



32

---

---

---

---

---

---

---

---



**44:70:07:09 Self-Administration of Medications – S 685**

*"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"*



33

---

---

---

---

---

---

---

---



44:70:07:09 Self-Administration of Medications – S 685 (continued)

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 resident’s room or self-administers a medication, must have an order from a physician, physician assistant, or nurse practitioner allowing self-administration.”



34

Horizontal lines for notes

Why was S 685 cited? 

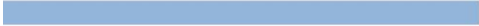
The survey team identified an issue with the screening process related to residents that self-administer their medications. This may include:

- An assessment was not completed every three months to ensure the resident was able to safely complete the task
- The assessment did not identify all of the medications that the resident self-administered
- An order was not received from the physician, PA, or NP



35

Horizontal lines for notes



44:70:03:02 General Fire Safety – S201

“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 reasonable necessary for escape from the structure in case of fire or other emergency. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, the facility must conduct monthly drills to provide training for all personnel.”



36

Horizontal lines for notes

Why was S 201 cited? 

The life safety surveyor identified that the facility had not taken appropriate measures to ensure resident safety in the event of a fire. The primary reason that 44:70:03:02 is cited relates to fire drills not being completed in accordance with the regulation.

37

---

---

---

---

---

---

---

---



44:70:04:11 Care Policies – S 337

*“Each facility shall establish and maintain policies, procedures, and practices that follow accepted standards of professional practice to govern care, and related medical or other services necessary to meet the residents’ needs.”*

38

---

---

---

---

---

---

---

---

Why was S 337 cited? 

This is known as the professional standards tag. The survey team may cite this when facility employees do not follow the policies, procedures, and standards that are put in place to ensure they provide safe resident care and meet their needs

39

---

---

---

---

---

---

---

---



Any Questions?



Seven horizontal lines for notes

40