

SOUTH DAKOTA

Licensure Terms

Assisted Living Centers

General Approach

The South Dakota Department of Health, Office of Health Care Facilities Licensure and Certification, licenses assisted living centers. Facilities must receive additional certification to provide specified services and/or to admit residents with specified conditions or needs.

Adult foster care (AFC) is licensed by the Department of Health as a family-style residence that provides household service, health services, and supervision of personal care for one to four adults. *Regulatory provisions for AFC are not included in this profile but a link to the provisions can be found at the end.*

This profile includes summaries of selected regulatory provisions for assisted living centers. The complete regulations are online at the links provided at the end.

Definitions

Assisted living center means any premise, institution, rest home, boarding home, or agency that is maintained and operated to provide personal care and services to adults. Facility licensure may include special approvals to provide medication administration, care of the cognitively impaired, care of the physically impaired, oxygen administration, therapeutic diets, hospice care, dining assistance, and/or two-person assistance for activities of daily living (ADLs).

Resident Agreements

Resident agreements must provide information about: (1) the services available and the charges; (2) how to file a complaint concerning abuse, neglect, and misappropriation of funds; (3) contact information for the resident's physician; (4) how to apply for Medicaid and Medicare; (5) the facility's bed hold policy; and (6) the responsibilities of residents and their families with regard to self-administration of medications.

Disclosure Provisions

No provisions identified.

Admission and Retention Policy

Assisted living centers may not admit or retain residents who require more than intermittent nursing care or rehabilitation services. They may admit or retain individuals who are incapable of self-preservation only if the building meets specified life safety standards.

A resident may not be discharged unless the resident's needs and welfare cannot be met by the facility; the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; or the resident endangers the safety or health of other individuals in the facility.

Facilities with a secured unit must have a physician's order for confinement of each resident, including medical symptoms that warrant seclusion; and make certain that confinement is a necessity based on a comprehensive assessment of a resident's physical, cognitive, and psychosocial needs. The risks and benefits of confinement must be communicated to the resident's family.

Services

Facilities must provide supportive services for activities and spiritual needs individualized to each resident and must coordinate resident access to a physician, physician assistant, or nurse practitioner at least annually. If skilled care is provided, it must be delivered by facility staff or a Medicare-certified home health agency for a limited time with a planned end date. A call system is required for facilities serving people who cannot walk independently. Facilities with a secured unit must provide therapeutic programming.

Service Planning

Prior to admission, applicants must make available the results of a physical examination conducted by a physician certifying that the applicant is in reasonable good health and free from communicable disease, chronic illness, or a disability that requires services beyond supervision, cueing, or limited hands-on physical assistance to carry out ADLs and instrumental activities of daily living (IADLs).

Each resident must be evaluated at move-in, 30 days after admission, and annually thereafter to determine if the resident's needs can be met. The evaluation must assess at least the following domains: nursing care needs; medication administration needs; cognitive status; IADLs; mental health status; physical abilities, including ADLs,

ambulation, and the need for assistive devices; and dietary needs. All facilities must use a validated screening tool to assess each resident's cognitive status upon admission, yearly, and after a significant change in condition.

Third-Party Providers

Third-party service agencies contracted by residents must comply with and complement facility care policies. An unlicensed employee of a licensed facility may not accept any delegated skilled tasks from individuals who are not facility employees or who have not contracted directly with the facility. The rules provide a very detailed description of how hospice services are to be provided, including required Department notifications, staffing, medication administration services, and building requirements that address the life safety of individuals incapable of self-preservation.

Medication Provisions

Facilities serving people who require medication administration must employ or contract with a licensed nurse who reviews resident care and conditions at least weekly, and with a registered nurse (RN) or pharmacist who provides medication administration training. Aides who have passed required training may administer medications.

Facilities that provide medication administration must have a pharmacist review the drug regimen at least monthly, which includes the resident's diagnosis and any pertinent laboratory findings and dietary considerations. The pharmacist must report potential drug therapy irregularities and make recommendations for improving the drug therapy of a resident to the resident's prescriber and the administrator.

Residents may self-administer drugs following evaluation by an interdisciplinary team. A resident with the requisite cognitive ability may self-administer medications or instruct another responsible person to administer the medications. At least every 3 months, an RN or physician must evaluate the medication record and the continued ability of the resident to self-administer medications.

Facilities must have a written policy that addresses the responsibilities of the resident and any family members related to self-administration of medications.

Food Service and Dietary Provisions

At least three meals must be served daily at regular times. The facility must have an organized dietetic service to ensure that meals and snacks are nutritionally adequate in accordance with the Recommended Dietary Allowances. If residents require special diets, a dietician must be employed or consulted to approve special diet needs and written menus, plan individual diets, and provide guidance to dietary staff.

Staffing Requirements

Type of Staff. Facilities must have an *administrator* who is responsible for daily overall management, *unlicensed assistive personnel* to provide personal care assistance, and a *licensed nurse* (employed or contracted) to review and document resident care and conditions. If medication administration is provided, a licensed nurse must act as the supervising nurse who trains and oversees unlicensed staff who administer medications.

Staff Ratios. *No minimum ratios.* The minimum staff contact time is at least 0.8 hours per resident per day. At least two staff persons must be on-duty at all times (or at least one per floor in multi-story buildings). There must be a sufficient number of qualified, awake personnel available to provide effective resident care. Facilities may apply for exceptions to these requirements based on the number of residents and the building configuration. For example, facilities with fewer than ten residents may have one person on duty and the overnight staff person may sleep if specified criteria are met.

Training Requirements

The facility must have a formal orientation program and an ongoing education program for all personnel. Education topics include: fire prevention; emergency procedures; infection control and prevention; accident prevention and safety procedures; proper use restraints; resident rights; resident confidentiality; mandatory reporting policies; care of persons with unique needs; and nutritional risks and hydration needs of older persons.

For facilities that provide care to persons with cognitive impairment, residents who use supplemental oxygen, or hospice clients, training on these topics is required.

Provisions for Apartments and Private Units

Apartment-style private units are not required. In facilities constructed or renovated after January 9, 2012, no higher than double-occupancy rooms are allowed. Each resident room must have a toilet room with a sink.

Provisions for Serving Persons with Dementia

Dementia Care Staff. At least one caregiver must be awake and on-duty at all times.

Dementia Staff Training. Staff in secured units must have annual in-service training regarding the needs of residents in the unit.

Dementia Facility Requirements. Facilities must comply with the Life Safety Code regarding locked doors and must be located at ground level and have direct access to an outside area that is enclosed by a fence.

Background Checks

A facility may not knowingly employ any person with a conviction for abusing another person.

Inspection and Monitoring

The Department conducts a pre-license inspection and annually thereafter.

Public Financing

The state's Medicaid 1915(c) waiver program covers services in assisted living centers.

Room and Board Policy

Room and board charges are capped for Medicaid waiver clients at \$693 per month. Family supplementation is not allowed.

The state provides an optional state supplement (OSS) to all Supplemental Security Income (SSI) recipients--or those whose net income is below the state's supplementation standard--and who live in assisted living facilities or in adult foster care homes. In 2015, the state's supplementation standard is \$1,524 per month (federal SSI payment of \$733 plus maximum OSS of \$791). The personal needs allowance is \$60 per month.

Location of Licensing, Certification, or Other Requirements

South Dakota Department of Social Services website: Assisted Living with information and links to licensing regulations.

<http://dss.sd.gov/asa/services/assistedliving/>

South Dakota Department of Social Services website: Adult Foster Care with information and links to licensing regulations.

<http://dss.sd.gov/asa/services/fostercare.aspx>

South Dakota Administrative Rules, Article 44:70: Assisted Living Centers.
<http://legis.sd.gov/ruleS/DisplayRule.aspx?Rule=44:70>

South Dakota Administrative Rules, Article 44:04:19 Adult Foster Care.
<http://legis.sd.gov/rules/DisplayRule.aspx?Rule=44:04:19>

South Dakota Department of Health website: Healthcare Providers, Staffing Exception Forms for Assisted Living Centers. [2012]
<https://doh.sd.gov/providers/licensure/Staffing-Exceptions.aspx>

Information Sources

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South Dakota Health Care Association

Deb Wegleitner, RN, BSN, NHA
Public Health Advisor for Assisted Living Communities
South Dakota Department of Health

COMPENDIUM OF RESIDENTIAL CARE AND ASSISTED LIVING REGULATIONS AND POLICY: 2015 EDITION

Files Available for This Report

FULL REPORT

Executive Summary	http://aspe.hhs.gov/execsum/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-executive-summary
HTML	http://aspe.hhs.gov/basic-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition
PDF	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition

SEPARATE STATE PROFILES

[**NOTE:** These profiles are available in the full HTML and PDF versions, as well as each state available as a separate PDF listed below.]

Alabama	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-alabama-profile
Alaska	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-alaska-profile
Arizona	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-arizona-profile
Arkansas	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-arkansas-profile
California	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-california-profile
Colorado	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-colorado-profile
Connecticut	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-connecticut-profile
Delaware	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-delaware-profile
District of Columbia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-district-columbia-profile
Florida	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-florida-profile

Georgia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-georgia-profile
Hawaii	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-hawaii-profile
Idaho	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-idaho-profile
Illinois	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-illinois-profile
Indiana	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-indiana-profile
Iowa	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-iowa-profile
Kansas	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-kansas-profile
Kentucky	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-kentucky-profile
Louisiana	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-louisiana-profile
Maine	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-maine-profile
Maryland	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-maryland-profile
Massachusetts	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-massachusetts-profile
Michigan	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-michigan-profile
Minnesota	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-minnesota-profile
Mississippi	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-mississippi-profile
Missouri	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-missouri-profile
Montana	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-montana-profile
Nebraska	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-nebraska-profile
Nevada	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-nevada-profile
New Hampshire	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-hampshire-profile
New Jersey	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-jersey-profile

New Mexico	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-mexico-profile
New York	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-york-profile
North Carolina	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-north-carolina-profile
North Dakota	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-north-dakota-profile
Ohio	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-ohio-profile
Oklahoma	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-oklahoma-profile
Oregon	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-oregon-profile
Pennsylvania	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-pennsylvania-profile
Rhode Island	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-rhode-island-profile
South Carolina	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-south-carolina-profile
South Dakota	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-south-dakota-profile
Tennessee	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-tennessee-profile
Texas	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-texas-profile
Utah	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-utah-profile
Vermont	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-vermont-profile
Virginia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-virginia-profile

Washington	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-washington-profile
West Virginia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-west-virginia-profile
Wisconsin	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-wisconsin-profile
Wyoming	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-wyoming-profile