	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		431337	B. WING		08/16/2023
		AL HOSPITAL AND CLINIC	:	STREET ADDRESS, CITY, STATE, ZIP CODE 800 W 5TH ST MILLER, SD 57362	00/10/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION E DATE
C 000	INITIAL COMMENTS	3	C 000		
	with 42 CFR Part 48 485.608 - 485.645 re Access Hospitals (C Services ("swing bec 8/15/23 through 8/16 Memorial Hospital ar	Ith survey for compliance 5, Subpart F, Subsections equirements for Critical AH) and Long-Term Care Is"), was conducted from 5/2323. Avera Hand County and Clinic - CAH was found h the following requirement:			
C 922	DRUGS AND BIOLO APPROPRIATELY S CFR(s): 485.623(b)(3	TORE	C 922	<u>C 922</u> As it is not a required practice to have contrast dye warmer, Avera Hand Cou	
	stored; This STANDARD is Based on observatio and policy review the one of one contrast d	cals are appropriately not met as evidenced by: n, interview, record review, provider failed to ensure ye warmer was maintained of or patient use. Findings		will discontinue the use of its Dye Wa in favor of storing contrast dye at room temperature of 68 - 77 degrees. Room temperature in the CT room will be monitored and documented by radiolo staff on a daily basis. Radiology staff keep two bottles of contrast in a locke cabinet in the workroom at all times a	ermer n ogy will d
	Computerized Tomo revealed: *There was a warme counter that containe used for patient imag	d registered a temperature		will monitor that temperature daily. Because the CT Scanner has the abilit warm the dye upon use up to 98 degre Fahrenheit, this will suffice for proper patient care. Avera Hand County will update its "N	es
	radiology technician *The highest tempera in the warmer was 10 *She was unsure of t	ature that she had recorded		Oral Contrast Storage" policy for CT I Contrast use to reflect the change in st to room temps as well as how the dye be warmed for use with patients.	Dye torage will
1.11	the contrast dye.			This Plan of Correction change will go effect by 9/30/2023.	o into
	RECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		Administrator	(X6) DATE 8/31/202

program participation. SEP 0 1 2023 1 Ц Event ID: EDRJ11

FORM CMS-2567(02-99) Previous Versions Obsolete SD DOH-OLC

		D HUMAN SERVICES MEDICAID SERVICES			FOR	ED: 08/24/2023 RM APPROVED IO. 0938-0391
STATEMENT	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING	CONSTRUCTION		TE SURVEY MPLETED
		431337	B. WING		0	8/16/2023
		L HOSPITAL AND CLINIC	30	REET ADDRESS, CITY, STATE, ZIP COD 0 W 5TH ST	E	
				ILLER, SD 57362		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
C 922	Continued From page	e 1	C 922			
	Intonview on 8/16/23	at 9:00 a.m. with RT D and				
	RT C regarding the c					
	temperature monitori	ng revealed:				
		nat 102 degrees F was a varm the contrast dye to.				
		ature recorded for the	-			
	warmer was 104 deg	rees F.				
		the CT machine had a				
	warming ability to 98	degrees F. at it took less than ten				
		e contrast dye from the				
	warmer for injection i	nto the patient.				
		cked the temperature prior to	-			
	injecting the contrast	n stated they had reviewed				
		oduct insert and were unable				
	 CV20+ AND TO DEPOSE LOSSING CONTRACT WARD TURN. 	ed warming temperature for				
	the contrast dye.					
	Interview on 8/16/23	at 9:45 a.m. with	among 1918			
		ding the warmer for contrast				
	*He had observed th	e contrast dye warmer in the				
		that the warmer had no dial				
	to regulate the tempe	agreed that following the				
		mendation would have been				
	the best practice for	patient safety.	1			
	Review of the Februa	ary 2022 manufacturers				
	product insert reveal					
	*Contrast dye was to	be stored at 68-77 degrees				
	F.					
	Review of the provide	er's EmPowerCTA Injection				4
	System User's Guide	e revealed:				
		hat attached to the contrast ain the pre-warmed contrast				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: E0RJ11

Facility ID: 43791

If continuation sheet Page 2 of 3

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		NO. 0938-0
ID PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		CO	MPLETED
		431337	B. WING		0	8/16/2023
IAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		
VERA H	AND COUNTY MEMOR	RIAL HOSPITAL AND CLINIC	1	300 W 5TH ST MILLER, SD 57362		
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG		NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	EAPPROPRIATE	COMPLET
C 922	Continued From pa	age 2	C 922	2		
	at a steady temper degrees F."	ature state of approximately 98				
		der's January 2023 IV				-
	revealed:	Dral Contrast Storage				
	room in the main In	t will be stored in a locked naging department and in CT." emperature range is 68-77				
	"Two bottles of 100 should be stored in times."	0 milliliters iodinated contrast the contrast warmer at all				
	warmer for one mot *"Contrast warmer weekly. 95.9-101.3	will be documented on at least degrees F is considered				
	optimal with some v	variance in temperature."				
			-			

AME OF PRO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING			TE SURVEY
(X4) ID						MPLETED
(X4) ID	VIDED OD CLIDDU ED	431337	B. WING			08/16/2023
(X4) ID	SVIDER OR SUPPLIER		STRE	ET ADDRESS, CITY, STATE, ZIP COD		0/10/2020
	ND COUNTY MEMORIA	L HOSPITAL AND CLINIC		N 5TH ST LER, SD 57362		
TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIC DATE
C E C 8 N	CFR Part 485, Subpa Emergency Prepared Critical Access Hospi 8/15/23 through 8/16/	ey for compliance with 42 Int F, Subsection 485.625, ness, requirements for tals, was conducted from 23. Avera Hand County d Clinic - CAH was found in	E 000			
		IPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE
thew Ca	ampion			Administrator		8/31/20
safeguards pl ng the date o ollowing the o m participatio	or vide sufficient protection of survey whether or not a date these documents are	risk (*) denotes a deficiency which the inst to the patients (See Instructions.) Excep an of correction is provided. For nursing made available to the facility. If pericipancie	t for nursing homes, the homes, the above findi	e findings stated above are disclosab ngs and plans of correction are disclo	le 90 days osable 14	

PRINTED: 08/24/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	OMB NO. 0938-0
ID PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	The second second	HIGHMORE BUILDING	(X3) DATE SURVEY COMPLETED
		431337	B. WING		08/15/2023
JAME OF PF	ROVIDER OR SUPPLIER		STRE	EET ADDRESS, CITY, STATE, ZIP CODE	
VERA HA	ND COUNTY MEMORI	AL HOSPITAL AND CLINIC		W 5TH ST LER, SD 57362	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROS DEFICIENCY)	D BE COMPLE
K 000	INITIAL COMMENT	5	K 000		
	life safety code (LSC Occupancy) was con Hand County Memo (building 02) was fou	vey for compliance with the c) (2012 Existing Business inducted on 8/15/23. Avera rial Hospital and Clinic und in compliance with 42 o(1), requirements for critical			
	RECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		Administrator	(X6) DATE 9/13/23

A other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION 03 - MAIN		E SURVEY PLETED
		431337	B. WING		08/15/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		10/2020
AVERA H	AND COUNTY MEMORIA	L HOSPITAL AND CLINIC		300 W 5TH ST MILLER, SD 57362		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS		K 000	P		
	Aroortification			<u>K 200</u>		9/30/202
	Life Safety Code (LSC occupancy) was cond Hand County Memori building-building 03) v	ey for compliance with the (2012 existing health care ucted on 8/15/23. Avera al Hospital and Clinic (main vas found not in compliance (d)(1) requirements for ls.		Avera Hand County Memorial Hospit (AHCMH) will test the functionality of magnetically locked doors via the Fac Lockdown system on 9/14/2023 to test or not they are tied to the automatic sp system and are working as delayed eg magnetic locks. The testing will be co	of the ility t whether prinkler ress nducted	
	2012 LSC for Existing upon correction of def K353, K712, and K919	the requirements of the Health Care Occupancies iciencies identified at K200, 9 in conjunction with the t to continued compliance		and overseen by the Dir. of Environm Services/Maintenance. The current sy only in lockdown operates on a 30 sec egress. This will be completed by Sep 30 th , 2023.	stem when ond tember	
K 200	Means of Egress Requ CFR(s): NFPA 101	uirements - Other	K 200	AHCMH will also place the required s required by NFPA 101 Section 7.2.1.6 required door locations by September 2023.	at the	
	18.2 and 19.2 Means of are not addressed by the deficient. This information applicable Life Safety citation, should be incl 18.2, 19.2	section any LSC Section of Egress requirements that he provided K-tags, but are tion, along with the Code or NFPA standard uded on Form CMS-2567.		Documentation of installation adheren Life Safety Code will be completed up testing of the Lockdown system coinc the testing of the Automatic Sprinkler policy will be developed by the Admin and Dir. of Maintenance/EVS to addre specifics of how each system works in and what process must be followed in that both are activated at the same time of the Lockdown policy, it will be imp that yearly, AHCMH will test the lock	oon the iding with system. A histrator ss the dividually the event e. As part lemented	
	Based on observation, interview, the provider doors as required at fo exit door locations in b	ot met as evidenced by: document review, and failed to provide egress ur of four cross-corridor uilding 3. Findings include: ng at 9:45 a.m. on 8/15/23		system in conjunction with the sprinkly to ensure the egress door system is wo is designed to work. This policy will b and implemented by September 30 th , 2 will be monitored on a yearly basis by of Maintenance and reviewed at the Quality/Safety Meeting.	er system rking as it e created 023 and	
RATORY D	IRECTOR'S OR PROVIDER/SU	PPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE
tthew (Campion			Administrator		09/13/23

FORM CMS-2567(02-99) Previous Versions Obsolete

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE COM A. BUILDING 03 - N		(X3) DATE SURVEY COMPLETED	
		431337	B. WING		08/*	15/2023
		AL HOSPITAL AND CLINIC	300 V	ET ADDRESS, CITY, STATE, ZIP CODE V 5TH ST		
AVERANA	IND COONTT MEMORY		MILL	ER, SD 57362		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETION DATE
K 200	hospital main buildin (clinic with the main magnetic locks at the fire-rated doors. The doors. Further obset cross-corridor doors building 3 to building corridor, to the assis set of magnet locks cross-corridor doors building 5 (clinic). 2. There was no door magnetically locked function as being tie	orridor doors from the g (building 3) to building 5 entrance) were equipped with e top of the ninety-minute e doors were marked as EXIT rvation revealed other with magnetic locks from g 4, to the assisted living ted living dietary area. A fifth were in place for the from building 4 (wellness) to cumentation indicating the doors had been tested for ed into the automatic sprinkler	K 200			
	locks. There was no egress locks as req 7.2.1.6 at any of the documentation of in Life Safety Code or authority having juri 3. Interview with the	as delayed egress magnetic or required signage for delayed uired by NFPA 101 Section a door locations. There was no estallation adherence to the installation approval by the soliciton.				
	revealed the doors button located at th security threat was with the administrat doors could have b software by four or stated the magnetic	could have been locked by a e nurse's station when a determined. Further interview for at 11:45 a.m. revealed the een unlocked with computer five people at the hospital. He c locks were installed e years ago by the previous				
1		gress doors as required of death or injury due to fire.				

ND PLAN O	FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION 03 - MAIN		E SURVEY PLETED
1000		431337	B. WING		08	/15/2023
	ROVIDER OR SUPPLIER	L HOSPITAL AND CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 300 W 5TH ST MILLER, SD 57362		10/2020
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX (EACH CORRECTIVE ACTION SHOULD INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATION) TAG DEFICIENCY)		DBE	(X5) COMPLETION DATE		
	occupants. Ref: 2012 NFPA 101 S 7.2.1.6.2(3)(a) Sprinkler System - Ma CFR(s): NFPA 101 Sprinkler System - Ma Automatic sprinkler and inspected, tested, and with NFPA 25, Standa Testing, and Maintain Protection Systems. F maintenance, inspectif maintained in a secure available. a) Date sprinkler system b) Who provided system. c) Water system support Provide in REMARKS any non-required or pa system. 9.7.5, 9.7.7, 9.7.8, and This STANDARD is no A. Based on record re provider failed to contin sprinklers in reliable op flow testing and a 5-ye not completed). Findin 1.a. Record review on revealed no document quarterly flow tests had	ed 100% of the building Section 19.2.2.2.4(3), aintenance and Testing aintenance and Testing nd standpipe systems are d maintained in accordance and for the Inspection, ing of Water-based Fire Records of system design, ion and testing are e location and readily tem last checked tem test ply source information on coverage for artial automatic sprinkler INFPA 25 of met as evidenced by: wiew and interview, the nuously maintain automatic berating condition (quarterly tar obstruction inspection gs include: 8/15/23 at 10:15 a.m.		K 353 AHCMH will implement a new policy covers the consistent and regular main preventive schedule that must be main the Sprinkler System. This policy will overseen by the Dir. of Maintenance. policy will include the required Quart Testing, Annual inspection, and the 5- Obstruction inspection. At this time, C flow testing and the 5-year inspection conducted by the vendor, Western Sta Western States performed their Quarte test and obstruction inspection on 9/12 The policy and maintenance schedule reviewed on a quarterly basis by the Q Safety Committee, which includes the Maintenance, Administrator, and other directors in the facility. As part of the policy, a maintenance sch as been created and maintained by th Environmental Services/Maintenance - Administrator to ensure the proper ma and testing of the system on its require quarterly, annual, and 5-yr basis. The Dir. of Maintenance will also post signage for the Sprinkler Risers two co valves, and one test and drain valve as other required signage areas. This will completed by September 30 th , 2023.	ntenance & ntained for be This erly Flow year Quarterly will be tes. erly Flow 2/2023. will be Quality and Dir. of r key dept. chedule e Dir. of & intenance d	9/30/202

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING 03	CONSTRUCTION 3 - MAIN	(X3) DATES COMPI	SURVEY
		431337	B. WING		08/	15/2023
		IAL HOSPITAL AND CLINIC		TREET ADDRESS, CITY, STATE, ZIP CODE 00 W 5TH ST		
			M	IILLER, SD 57362		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETION DATE
K 353	Continued From pa	ge 3	K 353			
	documentation is re Protection Associa	equired by the National Fire tion (NFPA) 25 Standard for ting, and Maintenance of				
	Water-Based Fire F details all the requi	Protection Systems. NFPA 25 red preventive maintenance				
		vrinkler system. n 8/15/23 at 10:20 a.m. r internal obstruction inspection				
-		I on 6/12/18. The inspection				
	provider failed to m	d review and interview, the maintain automatic sprinklers in condition (valve signage).				
	annual automatic f dated 4/7/23 revea	in 8/15/23 at 10:20 a.m. of the fire sprinkler system report aled the sprinkler riser was or two control valves and one e.				
	to a second state of the second state of the second state	environmental services director ecord review confirmed those				
		ously maintain the automatic s required increases the risk of a to fire.				
K 712	required tests on th	ected three of numerous he automatic sprinkler system.	K 712			
		he transmission of a fire alarm ion of emergency fire				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	-	PLE CONSTRUCTION G 03 - MAIN		E SURVEY PLETED
		431337	B. WING		08/15/2023	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
AVERAH	ND COUNTY MEMORI	AL HOSPITAL AND CLINIC		300 W 5TH ST		
	AND COUNTY MEMORY	AL HOSPITAL AND CLINIC		MILLER, SD 57362		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 712	Continued From and			K 712	1.	0/20/202
IX / IZ	Continued From pag		K 71	2		9/30/202
	conditions. Fire drills	are held at expected and		AHCMH will update and edu	cate staff and	
	unexpected times ur	nder varying conditions, at		leaders on the facility Fire Pla		
	least quarterly on ea	ch shift. The staff is familiar		Procedures Policy upon hire,		
	with procedures and	is aware that drills are part of		monthly fire drills, and their a		1
-		Where drills are conducted		education. Each Department		
	between 9:00 PM an	be used instead of audible		responsible for the onboardir	ng education of	
	alarms.	be used instead of audible		new employees. Annual edu	cation will be	
	19.7.1.4 through 19.1	717	1	provided via the Annual Lear		
		not met as evidenced by:		online education in May of ea		
	Based on record rev	iew and interview, the		Dir. of Maintenance/EVS will		
		sure staff were familiar with		standing agenda item on eac		
		Il procedures (inadequate		meeting to address the scheet		
	number of required fi	ire drills and corresponding		next month's Fire Drill and du shift it needs to occur. The D		
	documentation). Find	dings include:		Maintenance/EVS will also be		
				for overseeing and conductin		
	1. Record review on	8/15/23 at 10:05 a.m.		monthly fire drill and providin		
1	revealed there was n	o documentation of fire drills		necessary education given th		
		57 p.m.), 6/29/23 (19:30), , 4/7/23 (11:00 a.m.), 11/8/22		each fire drill.	le outcomes of	
	(3:15 p.m.), 1/28/21,	(3:15 p.m.), 9/4/20, and		The Dir. of Maintenance will	maintain and	
		r had two nursing shifts for				
	the hospital.	0		update the fire drill logbook a completion of each monthly f		
				first year, The fire drill logboo		
	Fire drills in health ca	are occupancies shall include	1	reviewed monthly at each de		
	the transmission of a	fire alarm signal and		leader meeting by the Admin		
		ency fire conditions per NFPA		ensure compliance. After the		1.1.1
		e Section 19.7.1.4. Fire drills		will be reviewed on a quarter		
	may be conducted w	ithout disturbing patients by		will maintain monthly schedul	ling of the next	
		of the simulated emergency		month's fire drill on the dept.		
		osing the doors to the ards in the vicinity prior to			-	
		The purpose of the fire drill		For quality purposes, the Adr		-
	was to test and evalu			Quality Committee will review		
	knowledge, and resp			objectives and opportunities of		
	personnel in impleme			the fire drill to discuss with the		
		e drills should be scheduled		team and implement necessa		
	on a random basis to	ensure that personnel in		address gaps or weaknesses	identified by	
	health care facilities	are drilled not less than once		the drill.		

STATEMENT OF DEFICIENCIES (X1) PROVID AND PLAN OF CORRECTION IDENTIF		LAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	LE CONSTRUCTION		SURVEY
	431337	B. WING		08/	15/2023		
ER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
COUNTY MEMORI	AL HOSPITAL AND CLINIC		300 W 5TH ST MILLER, SD 57362				
K4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE		
each 3-month per Record review on ealed there was sumission of the ls on the fire drill s to include verifi- eption of the fire ency and the indi- ified the signal re- the time of the re- dings. He stated of the required fin- ndemic. e deficiency had eoccupants of the extrical Equipmer R(s): NFPA 101 ectrical Equipmer t in the REMARK apter 10, Electric at are not address t are deficient. The plicable Life Safe ation, should be i- apter 10 (NFPA is STANDARD i- sed on observati- led to install a re- nerator. Findings Observation on 8	iod. 18/15/23 at 10:10 a.m. no documentation of fire alarm signal during fire form. That documentation cation of the time of the alarm signal at the monitoring vidual at that location who eception. Invironmental services director cord review confirmed those the provider did not perform re drills during the Covid-19 the potential to affect 100% of a building. It - Other (S section any NFPA 99 cal Equipment, requirements sed by the provided K-Tags, his information, along with the ety Code or NFPA standard included on Form CMS-2567. 99) s not met as evidenced by: ion and interview, the provider mote stop button for the a include: 8/15/23 at 11:00 a.m. revealed		2 19 K 919 The Director of Maintenance/E contracted with Hughes Electri remote stop button for the gene the generator so that in the case can be stopped remotely prior to Upon completion, the Dir. of M provide documentation of com Administrator.	c to install a erator external to e of emergency, i to Sept. 30, 2023. Maintenance will pletion to the			
	SUMMARY S (EACH DEFICIENT REGULATORY OF Antinued From page ach 3-month per Record review on ealed there was assmission of the fire ach 3-month per Record review on ealed there was assmission of the fire assmission of the fire and the signal re- enview with the er- he time of the re- lings. He stated fin- demic. A deficiency had occupants of the ctrical Equipmer R(s): NFPA 101 ctrical Equipmer R(s): NFPA 101 ctrical Equipmer R(s): NFPA 101 ctrical Equipmer t in the REMARK apter 10, Electric t are not address are deficient. The blicable Life Safe ation, should be in apter 10 (NFPA is STANDARD is sed on observation on 8 are was not an er-	ER OR SUPPLIER COUNTY MEMORIAL HOSPITAL AND CLINIC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Antinued From page 5 ach 3-month period. Record review on 8/15/23 at 10:10 a.m. ealed there was no documentation of asmission of the fire alarm signal during fire is on the fire drill form. That documentation is to include verification of the time of the eption of the fire alarm signal at the monitoring ancy and the individual at that location who affied the signal reception. Enview with the environmental services director the time of the record review confirmed those tings. He stated the provider did not perform of the required fire drills during the Covid-19 ademic. e deficiency had the potential to affect 100% of occupants of the building. ctrical Equipment - Other	ER OR SUPPLIER COUNTY MEMORIAL HOSPITAL AND CLINIC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Intinued From page 5 K 71 ach 3-month period. K 71 Record review on 8/15/23 at 10:10 a.m. ealed there was no documentation of ismission of the fire alarm signal during fire s on the fire drill form. That documentation is to include verification of the time of the eption of the fire alarm signal at the monitoring ency and the individual at that location who fifed the signal reception. enview with the environmental services director he time of the record review confirmed those lings. He stated the provider did not perform of the required fire drills during the Covid-19 idemic. K 97 e deficiency had the potential to affect 100% of occupants of the building. ctrical Equipment - Other t in the REMARKS section any NFPA 99 apter 10, Electrical Equipment, requirements t are not addressed by the provided K-Tags, are deficient. This information, along with the olicable Life Safety Code or NFPA standard ation, should be included on Form CMS-2567. apter 10 (NFPA 99) s STANDARD is not met as evidenced by: sed on observation and interview, the provider ed to install a remote stop button for the nerator. Findings include: Observation on 8/15/23 at 11:00 a.m. revealed are was not an emergency stop button installed Final Artical	ER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE SOUNTY MEMORIAL HOSPITAL AND CLINIC STREET ADDRESS, CITY, STATE, ZP CODE SUMMARY STATEMENT OF DEFICIENCIES D IGACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) PREFX TAG CROSS-REFERENCED TO THE CROSS-REFERENCED TO THE DEFICIENCY Attinued From page 5 K 712 ach 3-month period. K 712 Record review on 8/15/23 at 10:10 a.m. ealed there was no documentation of sto include verification of the fire alarm signal during fire s on the fire dill form. That documentation is to include verification of the fire alarm signal during the s on the fire dills during the Covid-19 idemic. a deficiency had the potential to affect 100% of occupants of the building. ctrical Equipment - Other R(s): NFPA 101 K 919 ctrical Equipment - Other It in the REMARKS section any NFPA 99 apter 10, Electrical Equipment, requirements t are not addressed by the provided K- Tags, are deficient. This information, along with the placehold Life Stafty Code on FIPA Staft 7. apter 10 (NFPA 99) s STANDARD is not met as evidenced by: sed on observation and interview, the provider ed to install a remote stop button for the nerator. Findings include: Observation on 8/15/23 at 11:00 a.m. revealed re was not an emergency stop button installed	ER OF SUPPLIER STREETADDRESS, CITY, STATE, ZP CODE SOUNTY MEMORIAL HOSPITAL AND CLINIC SIMULER, SD 57362 SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISCIDENTIFYING INFORMATION) ID PREFX, TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) thinwed From page 5 ach 3-month period. K 712 thinwed From page 5 ach 3-month period. K 712 the read arm signal during fire so on the fire damm signal during fire so on the fire damm signal during fire so include verification of the time of the eglion of the fire alarm signal at the monitoring incy and the individual at that location who fied the signal reception. K 919 trins REMARKS section any NFPA 99 apter 10, Electrical Equipment - Other (s), NFPA 101 K 919 trin the REMARKS section any NFPA 99 apter 10, Electrical Equipment, requirements ta re not addressed by the provided K-Tags, are deficient. This information, along with the placabe Life Safety Code or NFPA standard tion, should be included on Form CMS-2657, apter 10 (NFPA 99) is STANDARD is not met as evidenced by; sed on observation and interview, the provider ed to install a remote stop button for the erartor. Findings include: There are no metrics or data to be monitored for this Plan of Correction. Observation on 8/15/23 at 11:00 a.m. revealed re was not an emergency stop button installed There are no metrics or data to be monitored for this Plan of Correction.		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING (E CONSTRUCTION 03 - MAIN	(X3)	DATE SURVEY COMPLETED
		431337	B. WING			08/15/2023
	ROVIDER OR SUPPLIER	L HOSPITAL AND CLINIC	3	STREET ADDRESS, CITY, STATE, ZIP CC 300 W 5TH ST WILLER, SD 57362	DE	
(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 C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETION DATE
K 919	time of the observation emergency stop butto casing enclosure. He stop requirement for	al services director at the on revealed there was an on inside the generator was unaware of the remote the generator.	K 919			
		ed a single location required a remote emergency stop.				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	and and been been and a second	E CONSTRUCTION 04 - WELLNESS BUILDING	(X3) DATE COMF	SURVEY
		431337	B. WING		08	15/2023
	ROVIDER OR SUPPLIER	L HOSPITAL AND CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 300 W 5TH ST MILLER, SD 57362		13/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETIO DATE
K 000	INITIAL COMMENTS		K 000	K 200		
	Life Safety Code (LSC occupancy) was cond Hand County Memori	ilding 04) was found not in FR 485.623 (d)(1)		Avera Hand County Memorial Hosp (AHCMH) will test the functionality magnetically locked doors via the Fa Lockdown system on 9/14/2023 to to or not they are tied to the automatic system and are working as delayed e magnetic locks. The testing will be c	of the acility est whether sprinkler gress onducted	
	2012 LSC for Existing upon correction of the K200 and K353 in cor commitment to contin	the requirements of the Health Care Occupancies deficiencies identified at njunction with the provider's ued compliance with the fire		and overseen by the Dir. of Environr Services/Maintenance. The current s only in lockdown operates on a 30 se egress. This will be completed by Se 30 th , 2023.	ystem when cond ptember	9/30/202
K 200	safety standards. Means of Egress Req CFR(s): NFPA 101		K 200	AHCMH will also place the required required by NFPA 101 Section 7.2.1 required door locations by Septembe 2023.	.6 at the	
	18.2 and 19.2 Means are not addressed by deficient. This informa applicable Life Safety	section any LSC Section of Egress requirements that the provided K-tags, but are		Documentation of installation adhere Life Safety Code will be completed u testing of the Lockdown system coin the testing of the Automatic Sprinkle policy will be developed by the Adm and Dir. of Maintenance/EVS to addr specifics of how each system works i and what process must be followed in that both are activated at the same tim of the Lockdown policy, it will be im	upon the ciding with r system. A inistrator ress the ndividually n the event ne. As part plemented	
	Based on observation interview, the provider doors as required at o exit door locations in b connection to building	5). Findings include:		that yearly, AHCMH will test the loc system in conjunction with the sprink to ensure the egress door system is w is designed to work. This policy will and implemented by September 30 th , will be monitored on a yearly basis by of Maintenance and reviewed at the Quality/Safety Meeting.	ler system orking as it be created 2023 and	
	RECTOR'S OR PROVIDER/SU Campion	IPPLIER REPRESENTATIVE'S SIGNATURE		Administrator		x6) DATE 9/13/23

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431337	1	PLE CONSTRUCTION G 04 - WELLNESS BUILDING		SURVEY PLETED
1. 	ROVIDER OR SUPPLIER	IAL HOSPITAL AND CLINIC		STREET ADDRESS, CITY, STATE, ZIP CO 300 W 5TH ST MILLER, SD 57362		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
K 200	 Observation beg revealed the cross- hospital wellness b 3 (main hospital bu with the main entra magnetic locks at the fire-rated doors. The doors. There was no do magnetically locked function as being the system or working a locks. There was no egress locks as red 7.2.1.6 at any of the documentation of in Life Safety Code or authority having jun 3. Interview with the director at the time revealed the doors button located at the security threat was with the administra doors could have b software by four or stated the magnetic approximately threat administrator. Failure to provide ea increases the risk of The deficiency affer occupants. 	inning at 9:45 a.m. on 8/15/23 corridor doors from the uilding (building 4) to building ilding) and building 5 (clinic nce) were equipped with he top of the ninety-minute e doors were marked as EXIT cumentation indicating the d doors had been tested for ed into the automatic sprinkler as delayed egress magnetic o required signage for delayed guired by NFPA 101 Section e door locations. There was no hstallation adherence to the i installation approval by the	К 20			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION 04 - WELLNESS BUILDING		E SURVEY PLETED
	4	431337	B. WING	-	08	/15/2023
		AL HOSPITAL AND CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 300 W 5TH ST WILLER, SD 57362		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
K 200 K 353	CFR(s): NFPA 101 Sprinkler System - M Automatic sprinkler a inspected, tested, an with NFPA 25, Stand Testing, and Maintair Protection Systems. maintenance, inspec	aintenance and Testing aintenance and Testing and standpipe systems are d maintained in accordance ard for the Inspection, hing of Water-based Fire Records of system design, tion and testing are re location and readily	K 200	K 353 AHCMH will implement a new polic covers the consistent and regular map preventive schedule that must be may the Sprinkler System. This policy w overseen by the Dir. of Maintenance policy will include the required Qua Testing, Annual inspection, and the Obstruction inspection. At this time, flow testing and the 5-year inspection conducted by the vendor, Western S Western States performed their Qua	icy that aintenance & aintained for ill be e. This rterly Flow 5-year Quarterly on will be tates.	9/30/202
	any non-required or p system. 9.7.5, 9.7.7, 9.7.8, an This STANDARD is r A. Based on record re provider failed to cont sprinklers in reliable o flow testing and a 5-y not completed). Findin 1.a. Record review or revealed no documen flow tests had not bee 2022, and 2023. Quan documentation is requ Protection Association the Inspection, Testin	bold source binformation on coverage for partial automatic sprinkler d NFPA 25 not met as evidenced by: eview and interview, the inuously maintain automatic perating condition (quarterly ear obstruction inspection ngs include: n 8/15/23 at 10:15 a.m. tation the required quarterly en performed in 2020, 2021,		test and obstruction inspection on 9/ The policy and maintenance schedul reviewed on a quarterly basis by the Safety Committee, which includes th Maintenance, Administrator, and oth directors in the facility. As part of the policy, a maintenance has been created and maintained by Environmental Services/Maintenance Administrator to ensure the proper n and testing of the system on its requi quarterly, annual, and 5-yr basis. The Dir. of Maintenance will also po- signage for the Sprinkler Risers two valves, and one test and drain valve a other required signage areas. This wi completed by September 30 th , 2023.	12/2023. le will be Quality and he Dir. of her key dept. schedule the Dir. of e & haintenance ired ost proper control as well as	

ND PLAN OF	CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		NSTRUCTION VELLNESS BUILDING	(X3) DATE SURVEY COMPLETED
		431337	B. WING		08/15/2023
	ROVIDER OR SUPPLIER	L HOSPITAL AND CLINIC	300 V	ET ADDRESS, CITY, STATE, ZIP CODE V 5TH ST .ER, SD 57362	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETIO
K 353	details all the require for the NFPA 13 sprii b. Record review on revealed the 5-year in was last performed of was two months ove B. Based on record r provider failed to mai reliable operating co Findings include: 1. Record review on annual automatic fire dated 4/7/23 reveale missing signage for test and drain valve.	d preventive maintenance nkler system. 8/15/23 at 10:20 a.m. nternal obstruction inspection on 6/12/18. The inspection rdue. eview and interview, the intain automatic sprinklers in ndition (valve signage). 8/15/23 at 10:20 a.m. of the e sprinkler system report d the sprinkler riser was two control valves and one	K 353		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION 05 - CLINIC		E SURVEY PLETED
		431337	B. WING		08	/15/2023
		AL HOSPITAL AND CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 300 W 5TH ST MILLER, SD 57362		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD F CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	5	K 000	K 200		9/30/202
	Life Safety Code (LS occupancy) was con Hand County Memor (wellness building-bu compliance with 42 C requirements for critic	cal access hospitals.		Avera Hand County Memorial Hospital (AHCMH) will test the functionality of magnetically locked doors via the Facil Lockdown system on 9/14/2023 to test or not they are tied to the automatic spri system and are working as delayed egree magnetic locks. The testing will be contained and overseen by the Dir. of Environmer	the ity whether inkler ess ducted ntal	
	2012 LSC for Existin upon correction of the K200 and K353 in co	et the requirements of the g Health Care Occupancies e deficiencies identified at njunction with the provider's nued compliance with the fire		Services/Maintenance. The current syst only in lockdown operates on a 30 seco egress. This will be completed by Septe 30 th , 2023.	nd mber	
K 200	Means of Egress Red CFR(s): NFPA 101		K 200	AHCMH will also place the required signed by NFPA 101 Section 7.2.1.6 a required door locations by September 3 2023.	at the	
	18.2 and 19.2 Means are not addressed by deficient. This inform applicable Life Safety	Section any LSC Section of Egress requirements that the provided K-tags, but are		Documentation of installation adherence Life Safety Code will be completed upon testing of the Lockdown system coincid the testing of the Automatic Sprinkler sy policy will be developed by the Admini and Dir. of Maintenance/EVS to address specifics of how each system works ind and what process must be followed in the that both are activated at the same time.	on the ling with ystem. A strator s the ividually he event As part	
	Based on observation interview, the provide doors as required at t	not met as evidenced by: n, document review, and er failed to provide egress two of two cross-corridor exit ding 5 (corridor connection to ndings include:		of the Lockdown policy, it will be imple that yearly, AHCMH will test the lockd system in conjunction with the sprinkler to ensure the egress door system is work is designed to work. This policy will be and implemented by September 30 th , 20 will be monitored on a yearly basis by th of Maintenance and reviewed at the Quality/Safety Meeting.	own • system cing as it created 23 and	
	RECTOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATURE		TITLE Administrator		(X6) DATE 8/31/202

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G 05 - CLINIC		ATE SURVEY OMPLETED	
		431337	B. WING			08/15/2023	
	ROVIDER OR SUPPLIER	NAL HOSPITAL AND CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 300 W 5TH ST MILLER, SD 57362			
(X4) ID PREFIX TAG	(EACH DEFICIE!	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETION DATE	
K 200	 Observation beg revealed the cross hospital clinic build (main hospital build building) were equ the top of the ninet doors were marked There was no do magnetically locked function as being t system or working locks. There was re egress locks as re 7.2.1.6 at any of the documentation of 	ginning at 9:45 a.m. on 8/15/23 -corridor doors from the ling (building 5) to building 3 ding) and building 4 (wellness ipped with magnetic locks at cy-minute fire-rated doors. The d as EXIT doors. Cocumentation indicating the ad doors had been tested for ied into the automatic sprinkler as delayed egress magnetic no required signage for delayed quired by NFPA 101 Section he door locations. There was no installation adherence to the prinstallation approval by the	K 2	200			
	director at the time revealed the door button located at t security threat wa with the administr doors could be un by four or five peo the magnetic lock three years ago b Failure to provide increases the risk The deficiency aff occupants.	the environmental services e of the above observation s could have been locked by a the nurse's station when a s determined. Further interview ator at 11:45 a.m. revealed the blocked with computer software ople at the hospital. He stated s were installed approximately y the previous administrator. egress doors as required to f death or injury due to fire. fected 100% of the building					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION 05 - CLINIC		E SURVEY PLETED
		431337	B. WING		08/15/2023	
	ROVIDER OR SUPPLIER	RIAL HOSPITAL AND CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 300 W 5TH ST WILLER, SD 57362		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
K 353 K 353	Sprinkler System - I CFR(s): NFPA 101 Sprinkler System - Automatic sprinkler inspected, tested, a with NFPA 25, Star Testing, and Mainta Protection Systems maintenance, inspe- maintained in a sec available. a) Date sprinkler s b) Who provided s c) Water system s Provide in REMARH any non-required or system. 9.7.5, 9.7.7, 9.7.8, a This STANDARD is A. Based on record provider failed to co sprinklers in reliable flow testing and 5-y done). Findings incl 1.a. Record review revealed no docume flow tests had not be 2022, and 2023. Qu documentation is re Protection Associati the Inspection, Test Water-Based Fire P	Maintenance and Testing Maintenance and Testing and standpipe systems are and maintained in accordance adard for the Inspection, aning of Water-based Fire a Records of system design, action and testing are ure location and readily ystem last checked ystem test upply source (S information on coverage for partial automatic sprinkler and NFPA 25 s not met as evidenced by: review and interview, the ntinuously maintain automatic operating condition (quarterly ear obstruction inspection not ude: on 8/15/23 at 10:15 a.m. entation the required quarterly een performed in 2020, 2021, arterly flow testing and quired by the National Fire on (NFPA) 25 Standard for ing, and Maintenance of rotection Systems. NFPA 25 ed preventive maintenance		K 353 AHCMH will implement a new policovers the consistent and regular mapreventive schedule that must be mathe Sprinkler System. This policy woverseen by the Dir. of Maintenance policy will include the required Quatesting, Annual inspection, and the Obstruction inspection. At this time, flow testing and the 5-year inspection conducted by the vendor, Western States performed their Quatest and obstruction inspection on 9/ The policy and maintenance schedul reviewed on a quarterly basis by the Safety Committee, which includes the Maintenance, Administrator, and oth directors in the facility. As part of the policy, a maintenance has been created and maintained by Environmental Services/Maintenance Administrator to ensure the proper mand testing of the system on its requipant of the Sprinkler Risers two valves, and one test and drain valves other required signage areas. This with completed by September 30 th , 2023.	aintenance & aintained for ill be e. This rterly Flow 5-year , Quarterly on will be tates. rterly Flow 12/2023. le will be Quality and he Dir. of her key dept. schedule the Dir. of e & haintenance ired ost proper control as well as	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING 05 - C			E SURVEY MPLETED	
		431337	B. WING			08/15/2023	
	ROVIDER OR SUPPLIER	IAL HOSPITAL AND CLINIC	300 V	ET ADDRESS, CITY, STATE, ZIP CODE V 5TH ST .ER, SD 57362			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
K 353	b. Record review of revealed the 5-year	n 8/15/23 at 10:20 a.m. internal obstruction inspection on 6/12/18. The inspection	K 353				
	provider failed to m	I review and interview, the aintain automatic sprinklers in condition (valve signage).					
	annual automatic fi dated 4/7/23 revea	n 8/15/23 at 10:20 a.m. of the re sprinkler system report led the sprinkler riser was r two control valves and one e.					
		environmental services director bove record review confirmed					

PRINTED: 08/24/2023 FORMAPPROVED

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS AVERA HAND COUNTY MEMORIAL HOSPITAL AND C 300 W 5TH ST MILLER, SD 55 MILLER, SD 55 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S S 000 Compliance/Noncompliance Statement S A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:75, Hospitals, Specialized Hospital, and Critical Access Hospital facilities was conducted from 8/15/23 through 8/17/23. Avera Hand County Memorial Hospital and Clinic were found not in compliance with the following requirement: S211. S S 211 44:75:03:02 General Fire Safety S Each licensed health care facility covered under this article shall be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of its 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	ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLET DATE S 000 S 211 AHCMH will update and educate staff and leaders on the facility Fire Plan & Procedures Policy upon hire, through monthly fire drills, and their annual education. Each Department director is responsible for the onboarding education of new employees. Annual education will be provided via the Annual Learning Center online education in May of each year. The Dir. of Maintenance/EVS will place a standing agenda item on each dept. leader meeting to address the scheduling of the next month's Fire Drill and during which shift it needs to occur. The Dir. of Maintenance/EVS will also be responsible 9/30/202
AVERA HAND COUNTY MEMORIAL HOSPITAL AND C 300 W 5TH ST MILLER, SD 5: (X4) ID SUMMARY STATEMENT OF DEFICIENCIES MILLER, SD 5: (X4) ID SUMMARY STATEMENT OF DEFICIENCIES MILLER, SD 5: (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG SUMMARY STATEMENT OF DEFICIENCIES MILLER, SD 5: (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S 000 Compliance/Noncompliance Statement S A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:75, Hospitals, Specialized Hospital, and Critical Access Hospital facilities was conducted from 8/15/23 through 8/17/23. Avera Hand County Memorial Hospital and Clinic were found not in compliance with the following requirement: S211. S 211 44:75:03:02 General Fire Safety S Each licensed health care facility covered under this article shall be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of its occupants from fire, s	SS, CITY, STATE, ZIP CODE 57362 ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLET DATE S 000 S 211 AHCMH will update and educate staff and leaders on the facility Fire Plan & Procedures Policy upon hire, through monthly fire drills, and their annual education. Each Department director is responsible for the onboarding education of new employees. Annual education will be provided via the Annual Learning Center online education in May of each year. The Dir. of Maintenance/EVS will place a standing agenda item on each dept. leader meeting to address the scheduling of the next month's Fire Drill and during which shift it needs to occur. The Dir. of Maintenance/EVS will also be responsible 9/30/202
300 W 5TH ST MILLER, SD 57 MILLER, SD 000 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S 000 Compliance/Noncompliance Statement S A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:75, Hospitals, Specialized Hospital, and Critical Access Hospital facilities was conducted from 8/15/23 through 8/17/23. Avera Hand County Memorial Hospital and Clinic were found not in compliance with the following requirement: S211. S S 211 44:75:03:02 General Fire Safety S Each licensed health care facility covered under this article shall be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of its 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	37362 ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X3) COMPLET DATE S 000 S 211 AHCMH will update and educate staff and leaders on the facility Fire Plan & Procedures Policy upon hire, through monthly fire drills, and their annual education. Each Department director is responsible for the onboarding education of new employees. Annual education will be provided via the Annual Learning Center online education in May of each year. The Dir. of Maintenance/EVS will place a standing agenda item on each dept. leader meeting to address the scheduling of the next month's Fire Drill and during which shift it needs to occur. The Dir. of Maintenance/EVS will also be responsible 9/30/202
MILLER, SD 51 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S 000 Compliance/Noncompliance Statement S A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:75, Hospitals, Specialized Hospital, and Critical Access Hospital facilities was conducted from 8/15/23 through 8/17/23. Avera Hand County Memorial Hospital and Clinic were found not in compliance with the following requirement: S211. S S 211 44:75:03:02 General Fire Safety S Each licensed health care facility covered under this article shall be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of its 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	ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLET DATE S 000 S 211 AHCMH will update and educate staff and leaders on the facility Fire Plan & Procedures Policy upon hire, through monthly fire drills, and their annual education. Each Department director is responsible for the onboarding education of new employees. Annual education will be provided via the Annual Learning Center online education in May of each year. The Dir. of Maintenance/EVS will place a standing agenda item on each dept. leader meeting to address the scheduling of the next month's Fire Drill and during which shift it needs to occur. The Dir. of Maintenance/EVS will also be responsible 9/30/202
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) \$ 000 Compliance/Noncompliance Statement \$ A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:75, Hospitals, Specialized Hospital, and Critical Access Hospital facilities was conducted from 8/15/23 through 8/17/23. Avera Hand County Memorial Hospital and Clinic were found not in compliance with the following requirement: S211. \$ \$ 211 44:75:03:02 General Fire Safety \$ Each licensed health care facility covered under this article shall be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of its 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	PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLET DATE \$ 000 \$ 211 COMPLET DEFICIENCY) COMPLET DATE \$ 000 \$ 211 AHCMH will update and educate staff and leaders on the facility Fire Plan & Procedures Policy upon hire, through monthly fire drills, and their annual education. Each Department director is responsible for the onboarding education of new employees. Annual education will be provided via the Annual Learning Center online education in May of each year. The Dir. of Maintenance/EVS will place a standing agenda item on each dept. leader meeting to address the scheduling of the next month's Fire Drill and during which shift it needs to occur. The Dir. of Maintenance/EVS will also be responsible 9/30/202
A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:75, Hospitals, Specialized Hospital, and Critical Access Hospital facilities was conducted from 8/15/23 through 8/17/23. Avera Hand County Memorial Hospital and Clinic were found not in compliance with the following requirement: S211. S 211 44:75:03:02 General Fire Safety S Each licensed health care facility covered under this article shall be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of its 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	AHCMH will update and educate staff and leaders on the facility Fire Plan & Procedures Policy upon hire, through monthly fire drills, and their annual education. Each Department director is responsible for the onboarding education of new employees. Annual education will be provided via the Annual Learning Center online education in May of each year. The Dir. of Maintenance/EVS will place a standing agenda item on each dept. leader meeting to address the scheduling of the next month's Fire Drill and during which shift it needs to occur. The Dir. of Maintenance/EVS will also be responsible
Administrative Rules of South Dakota, Article 44:75, Hospitals, Specialized Hospital, and Critical Access Hospital facilities was conducted from 8/15/23 through 8/17/23. Avera Hand County Memorial Hospital and Clinic were found not in compliance with the following requirement: S211 44:75:03:02 General Fire Safety S Each licensed health care facility covered under this article shall be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of its 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	leaders on the facility Fire Plan & Procedures Policy upon hire, through monthly fire drills, and their annual education. Each Department director is responsible for the onboarding education of new employees. Annual education will be provided via the Annual Learning Center online education in May of each year. The Dir. of Maintenance/EVS will place a standing agenda item on each dept. leader meeting to address the scheduling of the next month's Fire Drill and during which shift it needs to occur. The Dir. of Maintenance/EVS will also be responsible
Each licensed health care facility covered under this article shall be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of its 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	Dir. of Maintenance/EVS will place a standing agenda item on each dept. leader meeting to address the scheduling of the next month's Fire Drill and during which shift it needs to occur. The Dir. of Maintenance/EVS will also be responsible
shall be sounded each month.	for overseeing and conducting each monthly fire drill and providing the necessary education given the outcomes of each fire drill.
This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to sound the fire alarm each month for 2021, 2022, and 2023. Findings include: 1. Record review beginning on 8/15/23 at 10:00 a.m. revealed there was no documentation available indicating the facility's fire alarm had been sounded each month for 2021, 2022, and 2023. Periodic inspections by the sprinkler contractor, fire alarm contractor, and a handful of fire drills during those time periods did sound the fire alarm but fell short of the monthly requirement.	The Dir. of Maintenance will maintain and update the fire drill logbook after the completion of each monthly fire drill. For the first year, The fire drill logbook will be reviewed monthly at each department leader meeting by the Administrator to ensure compliance. After the first year, it will be reviewed on a quarterly basis, but will maintain monthly scheduling of the next month's fire drill on the dept. leader agenda. For quality purposes, the Administrator and Quality Committee will review any learning objectives and opportunities derived from the fire drill to discuss with the leadership team and implement necessary changes to

WU6H11

If continuation sheet 1 of 2

PRINTED: 08/24/2023 FORM APPROVED

South Dakota Department of He STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	AITH (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53862S	B. WING		08/17/2023
NAME OF PROVIDER OR SUPPLIER	AL HOSPITAL AND C	DDRESS, CITY, STATE TH ST SD 57362	, ZIP CODE	
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
S 211 Continued From page	e 1	S 211		
finding.				
		2		

STATE FORM

WU6H11

If continuation sheet 2 of 2

		AND HUMAN SERVICES			FORM APPROVED
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 123 3	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S CONNECTION				R
		431337	B. WING		10/03/2023
NAME OF F	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE 00 W 5TH ST	
AVERA H	AND COUNTY MEMO	DRIAL HOSPITAL AND CLINIC		IILLER, SD 57362	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
{C 000}	INITIAL COMMENT	rs	{C 000}		
	compliance with 42 Subsections 485.60 Critical Access Hos	s conducted on 10/3/23 for CFR Part 484, Subpart F, 05-485.645, requirements for pitals for all previous			
	have been correcte was found. Avera H	n 8/16/23. All deficiencies ed and no new non-compliance land County Memorial Hospital ed in compliance with all ed.			
LABORATOR	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	SNATURE	TITLE	(X6) DATE

PRINTED: 10/06/2023

		AND HUMAN SERVICES			FORM APPROVED OMB NO. 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		431337	B. WING		R 10/05/2023
NAME OF F	PROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE	10/00/2020
AVERA H		ORIAL HOSPITAL AND CLINIC		00 W 5TH ST MILLER, SD 57362	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
{K 000}	INITIAL COMMEN	TS	{K 000}		
	Life Safety Code (L occupancy) was co Hand County Mem building-building 03	urvey for compliance with the SC) (2012 existing health care onducted on 10/5/23. Avera orial Hospital and Clinic (main 8) was found in compliance			
	with 42 CFR 485.6 Critical Access Hos	23 (d)(1) requirements for spitals.			
					85.]
LABORATOR	Y DIRECTOR'S OR PROV	DER/SUPPLIER REPRESENTATIVE'S SIG	GNATURE	TITLE	(X6) DATE

PRINTED: 10/06/2023

DEPART		10/06/2023 APPROVED					
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO.	0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING 04 - WELLNESS BUILDING			(X3) DATE SURVEY COMPLETED	
431337		B. WING	-		R 10/05/2023		
NAME OF I	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
AVERA HAND COUNTY MEMORIAL HOSPITAL AND CLINIC				300 W 5TH ST MILLER, SD 57362			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID		PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETION DATE
{K 000}	INITIAL COMMENT	ſS	{K 00	00}			
	An onsite revisit survey for compliance with the Life Safety Code (LSC) (2012 existing health care						
	Hand County Memo (wellness building-t compliance with 42	nducted on 10/5/23. Avera orial Hospital and Clinic ouilding 04) was found in CFR 485.623 (d)(1) ritical Access Hospitals.					
LABORATOR	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		TITLE		(X6) DATE

DEPART		: 10/06/2023 APPROVED								
CENTERS FOR MEDICARE & MEDICAID SERVICES OMB N										
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E CONSTRUCTION 05 - CLINIC	CON	(X3) DATE SURVEY COMPLETED			
431337			B. WING	-		R 10/05/2023				
NAME OF PROVIDER OR SUPPLIER					TREET ADDRESS, CITY, STATE, ZIP CODE					
AVERA HAND COUNTY MEMORIAL HOSPITAL AND CLINIC				300 W 5TH ST MILLER, SD 57362						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE			
{K 000}	INITIAL COMMEN	rs	{K 00	00}						
	Life Safety Code (L occupancy) was co Hand County Memo (wellness building-t compliance with 42	arvey for compliance with the SC) (2012 existing health care nducted on 10/5/23. Avera orial Hospital and Clinic building 05) was found in CFR 485.623 (d)(1) ritical Access Hospitals.								
							i e 5			
							•			
LABORATOR	RY DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		TITLE		(X6) DATE			