STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	433422	A. BUILDING _____ B. WING _____	06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONESTEEL MEDICAL CLINIC	314 MELLETTE BONESTEEL, SD 57317

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments A recertification survey for compliance with 42 CFR Part 491.12, Subpart A, Emergency Preparedness requirements for rural health clinics, was conducted on 6/23/26. Bonesteel Medical Clinic was found not in compliance with the following requirement: E004.	E 000	Facility will update the Community Risk Assessment (CRA) to make it current. Policy will be updated to reflect the need to update the Community Risk Assessment and Emergency Preparedness Policy at least every 2 years. All Staff will be updated on the change in policy via email.	7/28/2026
E 004	Develop EP Plan, Review and Update Annually CFR(s): 491.12(a) §403.748(a), §416.54(a), §418.113(a), §441.184(a), §460.84(a), §482.15(a), §483.73(a), §483.475(a), §484.102(a), §485.68(a), §485.542(a), §485.625(a), §485.727(a), §485.920(a), §486.360(a), §491.12(a), §494.62(a). The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements: (a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following: * [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive	E 004	The Community Risk Assessment and Emergency Preparedness Policy will be presented to the Safety Committee on an annual basis for reveiw and approval. After review and approval, the Community Risk Assessment and Emergency Preparedness Policy will be presented to the Governing Board and Clinic Director.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tyler Van Metre
TITLE: Clinic Manager
(X6) DATE: 7/13/2026

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	433422	A. BUILDING _____ B. WING _____	06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONESTEEL MEDICAL CLINIC	314 MELLETTE BONESTEEL, SD 57317

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E 004	Continued From page 1 emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. * [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. * [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years. . This STANDARD is not met as evidenced by: Based on record review and interview, the provider failed to ensure the emergency preparedness plan was reviewed and approved every two years for one of one rural health climic. Findings include: 1. Review of the provider's emergency preparedness plan documentation revealed a 5/19/21 community risk assessment. There were no other community risk assessements in the plan or documentation of review and approval of the plan since 2021. 2. Interview on 6/23/26 at 12:45 p.m. with clinic manager A revealed they did not have any update community risk assessments and did not updated the emergency preparedness plan since 2021. They did not have a policy stating the emergency preparedness needed to be updated every two years.	E 004		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONESTEEL MEDICAL CLINIC	**314 MELLETTE BONESTEEL, SD 57317**

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J 000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 491, Subpart A, requirements for rural health clinics, was conducted on 6/23/26. Bonesteel Medical Clinic was found in compliance.	J 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tyler Van Metre
TITLE: Clinic Manager
(X6) DATE: 7/2/2026

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