

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

PRINTED: 10/12/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/29/2022
NAME OF PROVIDER OR SUPPLIER PIONEER MEMORIAL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 315 NORTH WASHINGTON ST VIBORG, SD 57070		
(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	
F 000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 9/26/22 through 9/29/22. Pioneer Memorial Nursing Home was found in compliance.	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

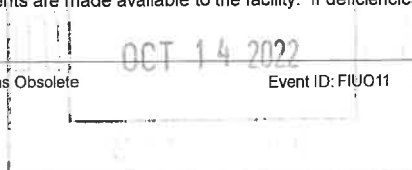
(X6) DATE

Lindsey Hauger

Administrator

10/13/2022

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.



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NAME OF PROVIDER OR SUPPLIER PIONEER MEMORIAL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 315 NORTH WASHINGTON ST VIBORG, SD 57070		
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E 000	Initial Comments A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care Facilities, was conducted from 9/26/22 through 9/29/22. Pioneer Memorial Nursing Home was found in compliance.	E 000			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435120	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2022
NAME OF PROVIDER OR SUPPLIER PIONEER MEMORIAL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 315 NORTH WASHINGTON ST VIBORG, SD 57070	
(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
K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 9/27/22. Pioneer Memorial Nursing Home was found not in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of deficiencies identified at K223 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 223 SS=E	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to maintain two of four hazardous areas (shower room converted to storage and laundry) as required. Findings include:	K 223	Shower room converted to storage room now has a closer on corridor door as of 9-29-2022. Compliance with closer in place will be monitored by Maintenance Director monthly for 6 months and reported to QAPI Coordinator and Council. The corridor door to laundry has been adjusted to close and latch properly as of 9-28-2022 by the Maintenance Director. This door will be monitored by the maintenance staff and documented on a monthly basis in the preventative maintenance book. This will also be reported to the QAPI Coordinator and Council for 6 months.	9/29/22

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TITLE

Administrator

(X6) DATE

10/14/2022

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K 223	Continued From page 1 1. Observation on 9/27/22 at 10:00 a.m. revealed the shower room converted to storage was greater than 100 square feet and contained combustible items. The corridor door was not equipped with a closer. 2. Observation on 9/27/22 at 11:00 a.m. revealed the laundry was greater than 100 square feet and contained combustible items. The corridor door was held magnetically held open, however the closer could not function to close and latch the door when the magnet was released. Interview with the maintenance director at the time of the observation confirmed that finding. The deficiency had the potential to affect 100% of the occupants of that smoke compartment.	K 223			

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10698	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/29/2022
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NAME OF PROVIDER OR SUPPLIER PIONEER MEMORIAL NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 315 N WASHINGTON ST VIBORG, SD 57070
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S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 9/26/22 through 9/29/22. Pioneer Memorial Nursing Home was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 9/26/22 through 9/29/22. Pioneer Memorial Nursing Home was found in compliance.	S 000		

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