

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

PRINTED: 02/19/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER COTEAU DES PRAIRIES HEALTH CARE SYSTEM			STREET ADDRESS, CITY, STATE, ZIP CODE 205 ORCHARD DR SISSETON, SD 57262	
(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
C 000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 485, Subpart F, Subsections 485.605-485.645, requirements for Critical Access Hospitals (CAH) and Long-Term Care Services ("swing bed"), was conducted from 2/3/25 through 2/5/25. Coteau Des Prairies Health Care System was found not in compliance with the following requirement: C1050.	C 000		
C1050	NURSING SERVICES CFR(s): 485.635(d)(4) A nursing care plan must be developed and kept current for each inpatient. This STANDARD is not met as evidenced by: Based on interview, record review, and policy review, the provided failed to ensure discharge planning had been a part of the comprehensive care plan upon admission for twenty of twenty-seven sampled patients (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20) to ensure their goals for a successful discharge had been met. Findings include: 1. Interview on 2/4/25 at 10:45 a.m. with patient 1 regarding her discharge plans revealed: *She had been admitted for pneumonia on 2/1/25. *She was living at a warming house (shelter for homeless people). *Her goal was to fill out general assistance paperwork to get financial help from the local Native American tribe. *She would have been able to pay for her own apartment. Review of patient 1's electronic medical record (EMR) revealed:	C1050	The CNO will provide education to CDP Nursing Staff on discharge care plans during the Nurses' meeting scheduled for February 25, 2025. During this training, nurses will be instructed on how to initiate a comprehensive Discharge Care Plan that includes the patient's discharge goals and identified interventions on admission and on all subsequent shifts until discharge. The training will also emphasize the critical role of the Social Services Designee in reviewing all documented care plans and ensuring that all care conferences focused on discharge goals and interventions are properly documented. This process will support effective discharge planning by confirming that discharge goals and interventions are clearly defined and consistently updated throughout the patient's care. To ensure compliance, weekly chart audits will be conducted by the Assistant Chief Nursing Officer (ACNO). The audit results will be reported to the Compliance Committee beginning March 12, 2025, with subsequent monthly reports through December 31, 2025. Additionally, audit findings will be shared with the Quality Committee on a quarterly basis through December 31, 2025.	3/12/25

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

TITLE

(X6) DATE

Craig Kantos

CEO

02/27/2025

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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C1050	<p>Continued From page 1</p> <p>*Her admission questions completed upon admission noted her discharge plan was to return to the warming house.</p> <p>*A nurse's discharge plan note stated she wanted to fill out paperwork with the tribe for general assistance.</p> <p>*She had a care plan initiated for impaired gas exchange and risk for infection.</p> <p>*There was no documentation that supported discharge planning had been:</p> <p>-Initiated upon admission or during her hospital stay.</p> <p>-Implemented by the nursing staff and social service designee/case manager (SSD/CM) C to ensure a plan had been developed to help determine what her discharge goal would have been or interventions to meet that goal.</p> <p>2. Record review of patient 8's EMR regarding discharge planning revealed:</p> <p>*She had been admitted on 1/22/25 and discharged from the facility on 1/25/25.</p> <p>*Her diagnoses included: acute pelvic inflammatory disease (PID) and chronic idiopathic constipation.</p> <p>*She had a care plan initiated for pain management and at risk for falls.</p> <p>*There was no documentation that supported discharge planning had been:</p> <p>-Initiated upon admission or during her hospital stay.</p> <p>-Implemented by the nursing staff and SSD/CM C to ensure a plan had been developed to help determine what her discharge goal would have been or interventions to meet that goal.</p> <p>3. Record review of patient 9's EMR regarding discharge planning revealed:</p> <p>*She had been admitted on 12/29/24 and</p>	C1050		

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C1050	<p>Continued From page 2</p> <p>discharged from the facility on 1/1/25.</p> <p>*Her diagnoses included: acute/chronic congestive heart failure (CHF) and pneumonia.</p> <p>*She had a care plan initiated for activity intolerance, risk for falls, and pain management.</p> <p>*There was no documentation that supported discharge planning had been:</p> <ul style="list-style-type: none"> -Initiated upon admission or during her hospital stay. -Implemented by the nursing staff and SSD/CM C to ensure a plan had been developed to help determine what her discharge goal would have been or interventions to meet that goal. <p>4. Record review of patient 11's EMR regarding discharge planning revealed:</p> <p>*She had been admitted on 9/28/24 and discharged from the facility on 10/1/24.</p> <p>*Her diagnoses included: pneumonia and chronic obstructive pulmonary disease (COPD) (a group of lung diseases that block airflow and make it difficult to breathe).</p> <p>*She had a care plan initiated for impaired gas exchange and pain management.</p> <p>*There was no documentation that supported discharge planning had been:</p> <ul style="list-style-type: none"> -Initiated upon admission or during her hospital stay. -Implemented by the nursing staff and SSD/CM C to ensure a plan had been developed to help determine what her discharge goal would have been or interventions to meet that goal. <p>5. Review of patient 3's EMR revealed:</p> <p>*He had been admitted on 12/14/24 and discharged from the facility on 12/17/24.</p> <p>*He had been admitted with a diagnosis of an upper gastrointestinal (GI) bleed.</p> <p>*His care plan that had been initiated upon admission included physical comfort and nausea.</p>	C1050		

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C1050	<p>Continued From page 3</p> <p>*There was no documentation that supported discharge planning had been: -Initiated upon admission or during his hospital stay. -Implemented by the nursing staff and SSD/CM C to ensure a plan had been developed to help determine what his discharge goal would have been or interventions to meet that goal.</p> <p>6. Review of patient 4's EMR revealed: *She had been admitted on 1/23/25 and discharged from the facility on 1/25/25. *She had been admitted with a diagnosis of left lower quadrant pain and alcoholic intoxication with complication. *Her care plan that had been initiated upon admission included risk for falls and risk for impaired skin integrity. *There was no documentation that supported discharge planning had been: -Initiated upon admission or during her hospital stay. -Implemented by the nursing staff and SSD/CM C to ensure a plan had been developed to help determine what her discharge goal would have been or interventions to meet that goal.</p> <p>7. Review of patient 10's EMR revealed: *He had been admitted on 9/25/24 and discharged from the facility on 9/27/24. *He had been admitted with a diagnosis of pyelonephritis (kidney infection) and sepsis. *His care plan that had been initiated upon admission included risk for infection, physical comfort, risk for decreased cardiac tissue perfusion (adequacy of blood volume ejected from the ventricles in exchange for carbon dioxide and oxygen at the alveolar level) and impaired gas exchange.</p>	C1050		

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C1050	<p>Continued From page 4</p> <p>*There was no documentation that supported discharge planning had been: -Initiated upon admission or during his hospital stay. -Implemented by the nursing staff and SSD/CM C to ensure a plan had been developed to help determine what his discharge goal would have been or interventions to meet that goal.</p> <p>8. Review of patient 12's EMR revealed: *She had been admitted on 9/17/24 and discharged from the facility on 9/19/24. *She had been admitted with a diagnosis of low hemoglobin, soft tissue infection, rectal mass and leukocytosis (high white blood cell count). *Her care plan that had been initiated upon admission included physical comfort and risk for infection. *There was no documentation that supported discharge planning had been: -Initiated upon admission or during her hospital stay. -Implemented by the nursing staff and SSD/CM C to ensure a plan had been developed to help determine what her discharge goal would have been or interventions to meet that goal.</p> <p>9. Review of patient 13's EMR revealed: *He had been admitted on 9/8/24 through 9/12/24 with a diagnosis of pneumonia (an infection that inflames air sacs in one or both lungs, which may be filled with fluid). *His care plans that had been initiated upon admission included physical comfort and impaired gas exchange. *There was no documentation that supported discharge planning had been: -Initiated upon admission or during his hospitalization stay.</p>	C1050		

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C1050	<p>Continued From page 5</p> <p>-Implementation by the nursing staff and SSD/CM C to ensure interventions and goals had been put in place to ensure his goals to return home.</p> <p>10. Review of patient 14's EMR revealed: *She had been admitted on 9/1/24 through 9/5/24 with a diagnosis of acute exacerbation (the process of making a problem, bad situation or negative feeling worse) COPD. *Her care plan that had been initiated upon admission included impaired gas exchange. *There was no documentation that supported discharge planning had been: -Initiated upon admission or during her hospitalization stay. -Implementation by the nursing staff and SSD/CM C to ensure interventions and goals had been put in place to ensure her goals to return home.</p> <p>11. Review of patient 15's EMR revealed: *She had been admitted on 7/23/24 through 7/26/24 with a diagnosis of hepatorenal failure (a complication of severe liver disease that leads to kidney dysfunction) and altered mental status (a change in a person's awareness and alertness). *Her care plans that had been initiated upon admission included risk for shock (an acute medical condition associated with a fall in blood pressure), physical comfort, excess fluid volume, impaired memory, and cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and senses). *There was no documentation that supported discharge planning had been: -Initiated upon admission or during her hospitalization stay. -Implementation by the nursing staff and SSD/CM C to ensure interventions and goals had been put</p>	C1050		

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C1050	<p>Continued From page 6 in place to ensure her goals to return home.</p> <p>12. Review of patient 16's EMR revealed: *She had been admitted on 6/28/24 through 7/2/24 for a left rib fracture (an injury that occurs when one of the bones in the rib cage cracks). *There was no documentation that supported discharge planning had been: -Initiated upon admission or during her hospitalization stay. -Implementation by the nursing staff and SSD/CM C to ensure interventions and goals had been put in place to ensure her goals to be admitted to a long-term care facility.</p> <p>13. Review of patient 17's EMR revealed: *He had been admitted on 6/18/24 through 6/21/24 with a diagnosis of pyelonephritis (a kidney infection). *His care plans that had been initiated upon admission included physical comfort and risk for infection. *There was no documentation that supported discharge planning had been: -Initiated upon admission or during his hospitalization stay. -Implementation by the nursing staff and SSD/CM C to ensure interventions and goals had been put in place to ensure his goals to be admitted returning home.</p> <p>14. Review of patient 18's EMR revealed: *She had been admitted on 6/4/24 through 6/7/24 with a diagnosis of pneumonia. *Her care plan that had been initiated upon admission included impaired gas exchange. *There was no documentation that supported discharge planning had been: -Initiated upon admission or during her</p>	C1050			

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C1050	<p>Continued From page 7 hospitalization stay. -Implementation by the nursing staff and SSD/CM C to ensure interventions and goals had been put in place to ensure her goals to be admitted returning home.</p> <p>15. Review of patient 19's EMR revealed: *She had been admitted on 5/14/24 through 5/16/24 with a diagnosis of an asthma (a condition in which a person's airway becomes inflamed, narrow and swell, and produces extra mucous, which makes it difficult to breathe) exacerbation. *Her care plan that had been initiated upon admission included impaired air exchange. *There was no documentation that supported discharge planning had been: -Initiated upon admission or during her hospitalization stay. -Implementation by the nursing staff and SSD/CM C to ensure interventions and goals had been put in place to ensure her goals to be admitted returning home.</p> <p>16. Review of patient 20's EMR revealed: *She had been admitted on 3/29/24 through 4/1/24 with a diagnosis of pyelonephritis while pregnant. *Her care plans that had been initiated upon admission included fluid volume deficient, falls, and nutrition. *There was no documentation that supported discharge planning had been: -Initiated upon admission or during her hospitalization stay. -Implementation by the nursing staff and SSD/CM C to ensure interventions and goals had been put in place to ensure her goals to be admitted returning home.</p>	C1050		

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C1050	Continued From page 8 17. Review of patient 2's EMR revealed: *He had been admitted to swing bed on 1/31/25 with diagnoses of COVID-19, urinary tract infection, and CHF. *His goal had been to return to his prior level of care at the assisted living center (ALC). *His care plan was initiated upon admission by the nursing staff and had included the following focus areas: -High risk for falls. -Mobility. -Risk for impaired skin integrity. -Impaired gas exchange. *There was no documentation that supported discharge planning had been: -Initiated upon admission or during his hospital stay. -Implemented by the nursing staff and social service designee/case manager (SSD/CM) C to ensure interventions and goals had been put in place to ensure he reached his goal to return to the ALC. 18. Review of patient 5's EMR revealed: *He had been admitted to swing bed on 7/30/24 and was discharged from the facility on 9/20/24. *His discharge plans had been undetermined at the time of admission. *He had been admitted with the diagnoses of a rib fracture, atrial fibrillation (irregular heartbeat), and a removal of a mass located by his neck and shoulder area. *His care plan was initiated upon admission by the nursing staff and had included: -Impaired physical mobility. -Risk for decreased cardiac tissue perfusion.	C1050	Type text here		

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C1050	<p>Continued From page 9</p> <p>-Risk for falls.</p> <p>*There was no documentation that supported discharge planning had been:</p> <p>-Initiated upon admission or during his hospital stay.</p> <p>-Implemented by the nursing staff and SSD/CM C to ensure a plan had been developed to help determine what his discharge goal would have been or interventions to meet that goal.</p> <p>19. Review of patient 6's EMR revealed:</p> <p>*He had been admitted to swing bed on 12/23/24 and discharged from the facility on 1/27/25.</p> <p>*He had been admitted with the diagnoses of CHF, acute onset of high blood pressure, and diabetes mellitus.</p> <p>*His goal was to return the his prior level of functioning at the ALC.</p> <p>*His care plan was initiated upon admission by the nursing staff and had included:</p> <p>- Impaired physical mobility.</p> <p>-Risk for falls.</p> <p>-Tissue integrity: Skin & mucous membranes.</p> <p>*There was no documentation that supported discharge planning had been:</p> <p>-Initiated upon admission or during his hospital stay.</p> <p>-Implemented by the nursing staff and the SSD/CM C to ensure interventions and goals had been put in place to ensure he reached his goal to return to the ALC.</p> <p>20. Review of patient 7's EMR revealed:</p> <p>*He had been admitted to swing bed on 7/5/24 and discharged under Hospice (end-of-life) care on 7/12/24.</p> <p>*He had been admitted with the diagnoses of severe side and back pain, and hallucinations.</p> <p>*His care plan was initiated upon admission by</p>	C1050		
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C1050	<p>Continued From page 10</p> <p>the nursing staff and had included:</p> <ul style="list-style-type: none"> -Impaired physical mobility. -Physical comfort. <p>*There was no documentation that supported discharge planning had been:</p> <ul style="list-style-type: none"> -Initiated upon admission or during his hospital stay. -Implemented by the nursing staff and the SSD/CM C to ensure interventions and goals had been put in place to ensure he reached his goal to discharge at his prior level of function. <p>Interview on 2/5/25 at 2:25 p.m. with chief nursing officer (CNO) A, assistant chief nursing officer (ACNO) B, and SSD/CM C revealed:</p> <ul style="list-style-type: none"> *They agreed discharge planning should have started at the patient's admission and should have been a part of the patient's initial care plan. *The nursing staff were to initiate the patient's care plan upon admission and had addressed any focused concerns at that time. *SSD/CM C: <ul style="list-style-type: none"> -Stated she did not have access to the patients' care plans to initiate a focus area or edit them throughout a patient's hospital stay. -Confirmed she initiated and oversaw the patient's care conference and the care plans had been a crucial part of those meetings. *CNO A and ACNO B: <ul style="list-style-type: none"> -Had not been aware that SSD/CM C did not have access to initiate or update the care plans. -Agreed she should have access to enter and revise the patients' care plans. *They had been limited on what to classify SSD/CM C as in the EMR for her access capabilities. *CNO A stated; "Corporate had us put her as a nursing assistant because of that. So that really limited her capabilities in the system." 	C1050		

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C1050	<p>Continued From page 11</p> <p>Review of the provider's revised 10/28/24 Discharge Planning Swing Bed policy revealed: **Social Service/Discharge Planning interventions are to be initiated at the earliest possible time in the patient's hospitalization to optimize positive patient/family outcomes and reduce re-hospitalization rates. *The Social Service/Discharge Planning process is typically performed by a Social Worker/Social Worker Designee."</p> <p>Review of the provider's revised March 2024 Documentation by Exception & Care Plan policy revealed: *Diagnosis/Planning: -"The care plan is to be initiated within the same shift of admission by the RN [registered nurse]." -"Determine the interventions which will help the patient progress toward the outcome(s)."</p>	C1050		
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K 000	INITIAL COMMENTS A recertification survey was conducted on 2/4/25 for compliance with 42CFR 485.623(d)(1), requirements for Critical Access Hospitals (and swing bed). Coteau Des Prairies Healthcare System (building 02) was found in compliance.	K 000		

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

TITLE

(X6) DATE

Craig Kantos

CEO

02/20/2025

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.

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

PRINTED: 02/19/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/04/2025
NAME OF PROVIDER OR SUPPLIER COTEAU DES PRAIRIES HEALTH CARE SYSTEM			STREET ADDRESS, CITY, STATE, ZIP CODE 205 ORCHARD DR SISSETON, SD 57262		
(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 485, Subpart F, Subsection 485.625, Emergency Preparedness, requirements for Critical Access Hospitals, was conducted on 2/4/25. Coteau Des Prairies Health Care System was found in compliance.	E 000			

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

TITLE

(X6) DATE

Craig Kantos

CEO

02/20/2025

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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2025
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NAME OF PROVIDER OR SUPPLIER COTEAU DES PRAIRIES HEALTH CARE SYSTEM	STREET ADDRESS, CITY, STATE, ZIP CODE 205 ORCHARD DR SISSETON, SD 57262
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(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) COMPLETE DATE
S 000	<p>Compliance/Noncompliance Statement</p> <p>A licensure health survey for compliance with the Administrative Rules of South Dakota, Article 44:75, Hospital, Specialized Hospital, and Critical Access Hospital Facilities, was conducted from 2/3/25 through 2/5/25. Coteau Des Prairies Healthcare System was found in compliance.</p>	S 000		

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

Craig Kantos

TITLE

CEO

(X6) DATE

02/20/2025

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

PRINTED: 02/19/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431339	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 02/04/2025
NAME OF PROVIDER OR SUPPLIER COTEAU DES PRAIRIES HEALTH CARE SYSTEM			STREET ADDRESS, CITY, STATE, ZIP CODE 205 ORCHARD DR SISSETON, SD 57262		
(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 was conducted on 2/4/25 for compliance with 42CFR 485.623(d)(1), requirements for Critical Access Hospitals (and swing bed). Coteau Des Prairies Healthcare System (building 01) was found in compliance.	K 000			

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

TITLE

(X6) DATE

Craig Kantos

CEO

02/20/2025

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