

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

PRINTED: 08/31/2026  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>431305</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/20/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>DOUGLAS COUNTY MEMORIAL HOSPITAL-CAH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>708 8TH ST<br/>ARMOUR, SD 57313</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                                        |
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| C1026                                                                           | <p>Continued From page 1</p> <p>2. Observation on 8/18/26 at 2:27 p.m. of the LDRP closet revealed there were two Airlife adult oxygen mask with an expiration date of 4/10/25. The Neonatal Resuscitation Kit (kit containing specialized medical devices used to help a newborn establish breathing and stable heart rate immediately after birth) table (infant warmer system) had two Amnihook membrane perforators (a sterile, disposable plastic instrument used by healthcare providers to safely rupture the amniotic sac during labor) with an expiration date of 11/1/25, one T-piece resuscitator (a gas powered medical device used to deliver controlled and consistent breathing pressures to newborns and infants) with an expiration date of 5/14/26, two infant SpO2 (percentage of oxygen in the blood) sensors with a use-by date of 10/31/22, two umbilical catheter (a sterile collection of medical tools and tubes used to place a line into a newborn's blood vessel through the remaining umbilical cord stump) insertion kits that contained two vials of sterile water 10 milliliters (mL) in each with an expiration date of 12/1/24, and two #10 protected disposable scalpel blades with an expiration date of 6/30/24.</p> <p>3. Review of the provider's patient room outdates log for 2026 revealed the LDRP room was last checked for expired supplies on 6/17/26 by registered nurse (RN) D.</p> <p>4. Review of the provider's 2026 monthly outdates and restocking log for the LDRP closet revealed it was last checked for expired supplies on 7/31/26 by RN D.</p> <p>5. Interview on 8/18/26 at 3:25 p.m. with RN B</p> | C1026                                                                      | <p>Beginning in October 2026, all designated patient care supply areas will be inspected monthly for expired and soon-to-expire supplies. Nursing and Central Supply staff will be assigned specific patient care areas and will document completion of each inspection on a standardized Monthly Outdate Checklist. Expired supplies will be immediately removed from service and replaced as appropriate. Supplies identified during the monthly inspection as expiring during the following calendar month will be relocated to a designated "USE FIRST" area at the Nurses Station when appropriate to encourage use prior to expiration. The Expired and Outdated Supplies Policy and revised process will be communicated to Nursing and Central Supply staff through email by 9/9/26.</p> <p>Central Supply will monitor implementation and effectiveness of the corrective process monthly for three months. Monitoring will include verification that the Monthly Outdate Checklist has been completed for all designated patient care areas; and a spot audit of patient care supply areas to identify any expired supplies remaining available for patient use.</p> <p>Any expired supply identified during an audit will be immediately removed from service and replaced as appropriate. Identified findings will be reviewed with the responsible department/staff and corrective education provided as indicated.</p> | 9/9/26                     |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DOUGLAS COUNTY MEMORIAL HOSPITAL-CAH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>708 8TH ST<br/>ARMOUR, SD 57313</b>                                                                                                                                                          |                            |                                                        |
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| C1026                                                                           | Continued From page 2<br>revealed that RN D was assigned to check patient rooms for expired supplies and to restock monthly. RN D signed off on the patient room outdate log located in the medication room when he completed that task. If she were to see expired items, she would replace and dispose of the item herself.<br><br>6. Interview on 8/19/26 at 4:03 p.m. with purchasing supervisor C revealed the provider did not have a policy regarding expired patient supplies. If patient supplies were expired they should be removed and replaced. RN D performed monthly checks for expired supplies in the patient rooms.<br><br>7. Interview on 8/19/26 at 4:20 p.m. with director of nursing (DON) A revealed she expected the expired patient supplies to be removed and replaced from central supply. The staff would only use the supplies in the LDRP room in an emergency, but she expected those supplies to be replaced and not expired. She did not think the provider had an expired supplies policy. | C1026                                                                      | Central Supply will document the number and type of findings and present audit results at the facility's monthly Quality Assurance meeting semiannually for three years scheduled opposite from the facility's annual inventory process. |                            |                                                        |
| C1206                                                                           | INFECTION PREVENT & CONTROL POLICIES<br>CFR(s): 485.640(a)(2)<br><br>The infection prevention and control program, as documented in its policies and procedures, employs methods for preventing and controlling the transmission of infections within the CAH and between the CAH and other healthcare settings; This STANDARD is not met as evidenced by:<br>Based on observation, interview, manufacturer's instructions for use (IFU), and Association for the Advancement of Medical Instrumentation (AAMI) guidelines, the provider failed to ensure that nine of fifty-two surgical instruments were correctly                                                                                                                                                                                                                                                                                                                                                                                                         | C1206                                                                      |                                                                                                                                                                                                                                          |                            |                                                        |

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| C1206                                                                           | <p>Continued From page 3</p> <p>wrapped with surgical instrument marking tape and that the tape was free from peeling.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Observation on 8/19/26 at 9:00 a.m. in the emergency department (ED) exam room revealed there were nine of fifty-two sterile instruments with surgical instrument marking tape that was peeling away from the instrument or incorrectly wrapped according to the marking tape manufacturer's IFU. Three sterile surgical instruments had tape that was peeling away from the instrument. Two sterile surgical instruments had tape that was not wrapped completely around the instrument per the marking tape manufacturer's IFU. Four sterile surgical instruments were marked with a square piece of tape on one side of their flat surface, not per the manufacturer's IFU.</li> <li>2. Interview on 8/19/26 at 9:40 a.m. with purchasing supervisor C revealed that her duties included sterilizing surgical instruments and applying identification tape to the surgical instruments. She was not aware that there were instructions for use of the surgical instrument tape.</li> <li>3. Interview on 8/19/26 at 9:50 a.m. with lab technician/infection control coordinator (F) revealed that she considered surgical instrument marking tape that was peeling from or incorrectly applied to sterile instruments to be an infection control concern and the instruments should not be used.</li> <li>4. Review of Key Surgical LLC's 2024 IFU revealed "Instructions for use: 5. Wrap tape 1.5</li> </ol> | C1206                                                                      | <p>All surgical instruments identified with peeling, damaged, incomplete, or improperly applied surgical instrument marking tape will be removed from service until corrected. The existing marking tape will be completely removed and replaced with new surgical instrument marking tape in accordance with the manufacturer's Instructions for Use (IFU). A 100% inspection of surgical instruments with marking tape will be completed to identify any additional instruments with peeling, damaged, incomplete, or improperly applied marking tape. Any instrument identified as noncompliant will be corrected prior to being returned to service.</p> <p>The facility will implement a standardized process for the application and inspection of surgical instrument marking tape. The Purchasing Supervisor will review the manufacturer's current IFU and ensure that all staff responsible for applying surgical instrument marking tape are educated on the manufacturer's requirements for proper application, placement, and complete wrapping of the instrument. Staff will also be educated to inspect marking tape for secure adhesion, peeling, damage, and proper application before an instrument is returned to service. Surgical instruments with marking tape that does not meet the manufacturer's IFU will not be placed into service until corrected.</p> |  | 9/9/26                                                 |

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| C1206                                                                           | Continued From page 4<br>times on a stainless-steel instrument. Tape<br>should lay flat without gaps." "Inspection:<br>Routinely check the instruments during sterile<br>processing. If the tape begins to crack, chip, or<br>peel, remove it entirely."<br><br>5. Review of the 2017 AAMI-ST 79 guidelines, pg.<br>40 revealed "Instruments should be carefully<br>inspected for flaws, damage, debris, detergent<br>residue, and completeness, then dried.<br>Instrument tape and plastic dipping material,<br>when used properly, are ways of identifying<br>specific instruments. These types of marking<br>products wear out over time and staff need to<br>inspect them each time the instrument is<br>processed, check them for wear according to the<br>IFU of the product used, and replace them as<br>often as needed." | C1206                                                                      | The Central Supply Supervisor will complete<br>and document an audit of 100% of surgical<br>instruments with marking tape weekly for four<br>consecutive weeks. The audit will verify that<br>marking tape is properly applied in<br>accordance with the manufacturer's IFU,<br>completely wrapped as required, securely<br>adhered, and free from peeling or damage.<br>Any instrument found to be non-compliant<br>will be removed from service and corrected<br>immediately prior to use.<br><br>Audit results will be reviewed by the Infection<br>Prevention Coordinator and reported to the<br>facility's monthly QAPI meeting. Following<br>four consecutive weeks of 100% compliance,<br>monitoring will continue monthly with<br>reporting being semiannually for three years<br>to verify sustained compliance. |                            |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DOUGLAS COUNTY MEMORIAL HOSPITAL-CAH</b> |                                                                                                                                                                                                                                                                                           |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>708 8TH ST<br/>ARMOUR, SD 57313</b>                                          |                            |                                                        |
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| E 000                                                                           | Initial Comments<br><br>A recertification health survey for compliance with 42 CFR Part 485, Subpart F, Subsection 485.625, Emergency Preparedness, requirements for Critical Access Hospitals, was conducted on 8/18/26. Douglas County Memorial Hospital - CAH was found in compliance. | E 000                                                                      |                                                                                                                          |                            |                                                        |

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

*Heath Brown*

TITLE

*Admission Director*

(X6) DATE

*9.9-26*

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<br><br>DOUGLAS COUNTY MEMORIAL HOSPITAL-CAH |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  | STREET ADDRESS CITY STATE ZIP CODE<br>708 8TH ST<br>ARMOUR, SD 57313                                            |                      |                                              |
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| K 000                                                                    | INITIAL COMMENTS<br><br>A recertification survey was conducted on 8/18/26 for compliance with 42CFR 485.623(d) (1), requirements for critical access hospitals (and swing bed). Douglas County Memorial Hospital - CAH was found not in compliance.<br><br>The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of the deficiencies identified at K321, K353, K712, and K914 in conjunction with the provider's commitment to continued compliance with the fire safety standards.                                                                                                                                                                                                                                                                                                                                                                                                                               | K000                                                             |                                                                                                                 |                      |                                              |
| K 321                                                                    | Hazardous Areas - Enclosure<br>CFR(s): NFPA 101<br><br>Hazardous Areas - Enclosure<br>Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9.<br>When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4.<br>Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.<br>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.<br>19.3.2.1, 19.3.5.9<br><br>Area Automatic Sprinkler<br>Separation N/A<br>a. Boiler and Fuel-Fired Heater Rooms<br>b. Laundries (larger than 100 square feet)<br>c. Repair, Maintenance, and Paint Shops | K 321                                                            |                                                                                                                 |                      |                                              |

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(X6) DATE

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| K 321                                                                           | Continued From page 1<br>d. Soiled Linen Rooms (exceeding 64 gallons)<br>e. Trash Collection Rooms<br>(exceeding 64 gallons)<br>f. Combustible Storage Rooms/Spaces<br>(over 50 square feet)<br>g. Laboratories (if classified as Severe<br>Hazard - see K322)<br>This STANDARD is not met as evidenced by:<br>Based on observation, testing, and interview, the<br>provider failed to maintain one hazardous areas<br>(boiler room corridor door) as required.<br><br>Findings include:<br><br>1. Observation on 8/18/26 at 11:30 a.m. revealed<br>the boiler room was in the basement. The<br>corridor door at the top of the stairs was equipped<br>with a closer. Testing of the door at the time of<br>the observation revealed the door would not<br>self-close and latch as required. Interview with<br>the maintenance director at the time of the<br>observation confirmed those findings. He stated<br>there was a fan in the boiler room producing<br>more air pressure than the closer could<br>overcome.<br><br>The deficiency affected one of numerous<br>requirements for hazardous rooms and had the<br>potential to affect 100% of the occupants of the<br>smoke compartment. | K 321                                                                      |                                                                                                                                                                                                                                                                            |  | 8-19-2026                                              |
| K 353                                                                           | Sprinkler System - Maintenance and Testing<br>CFR(s): NFPA 101<br><br>Sprinkler System - Maintenance and Testing<br>Automatic sprinkler and standpipe systems are<br>inspected, tested, and maintained in accordance<br>with NFPA 25, Standard for the Inspection,<br>Testing, and Maintaining of Water-based Fire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | K353                                                                       | Maintenance Supervisor adjusted the<br>door tension to ensure it closes<br>properly. Maintenance Supervisor<br>will add it to their monthly checklist<br>and report findings 2 times per year<br>at the monthly QA meetings. This will<br>stay on the QA form for 2 years. |  |                                                        |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAL AID SERVICES

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DOUGLAS COUNTY MEMORIAL HOSPITAL-CAH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>708 8TH ST<br/>ARMOUR, SD 57313</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                        |
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| <b>K353</b>                                                                     | <p>Continued From page 2</p> <p>Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA25</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review, observation, and interview, the provider failed to continuously maintain automatic sprinklers in reliable operating condition (flow testing, sprinkler maintenance guidelines).</p> <p>Findings include:</p> <p>1. Record review on 8/18/26 at 11:45 a.m. revealed the sprinkler maintenance by the outside contractor was performed on 8/26/25 (quarterly), 1/12/26 (quarterly), 3/26/26 (quarterly), and 6/5/26 (annual). The inspections were not been performed on a quarterly timeline as required.</p> <p>2. Observation on 8/18/26 at 11:55 a.m. revealed there was not a copy of NFPA 25, Inspection, Testing, and Maintenance and Testing of Water-Based Fire Protection Systems available on site.</p> <p>3. Interview on 8/18/26 at 12:05 p.m. with the maintenance director confirmed those conditions.</p> | <b>K353</b>                                                                | <p><b>Maintenance supervisor</b> communicated to Building Sprinkler that our sprinkler inspections need to our on a quarterly timeline with <b>no exceptions. Building Sprinkler commuicated to Maintenance</b> Supervisor that they are putting a new tracking system in place to ensure this problem is resolved moving forward. Maintenance Director will add it to their quarterly checklist and report it at the monthly QA meeting 2 times per year and will remain on the QA sheet for 2 years.</p> |  | <b>8/19/2026</b>                                       |

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

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DOUGLAS COUNTY MEMORIAL HOSPITAL-CAH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>708 8TH ST<br/>ARMOUR, SD 57313</b>                                          |                            |                                                        |
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| K 353                                                                           | Continued From page 3<br><br>Failure to continuously maintain the automatic<br>sprinkler system as required increases the risk of<br>death or injury due to fire.<br><br>The deficiency affected two of numerous<br>requirements for maintenance of the automatic<br>sprinkler system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | K 353                                                                      |                                                                                                                          |                            |                                                        |
| K 712                                                                           | Fire Drills<br>CFR(s): NFPA 101<br><br>Fire Drills<br>Fire drills include the transmission of a fire alarm<br>signal and simulation of emergency fire<br>conditions. Fire drills are held at expected and<br>unexpected times under varying conditions, at<br>least quarterly on each shift. The staff is familiar<br>with procedures and is aware that drills are part of<br>established routine. Where drills are conducted<br>between 9:00 PM and 6:00 AM, a coded<br>announcement may be used instead of audible<br>alarms.<br>19.7.1.4 through 19.7.1.7<br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the<br>provider failed to conduct fire drills as required<br>(fire drills not conducted at varied times and<br>transmission of alarm not verified).<br><br>Findings include:<br><br>1. Record review on 8/18/26 at 12:15 p.m.<br>revealed the provider operated with two shifts.<br><br>Fire drills were required to be conducted monthly<br>under varied conditions. The time of day was one<br>of the conditions that must be varied.<br><br>*The first shift drills were conducted on July 2025 | K 712                                                                      |                                                                                                                          |                            |                                                        |

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| K 712                                                                           | <p>Continued From page 4</p> <p>(no date listed) at 4:00 p.m., on 9/23/25 (no time listed), on 11/25/25 at 11:20 a.m., on 5/26/26 at 4:00 p.m., and on 7/20/26 at 3:30 p.m. in the past year.</p> <p>*The second shift drills (simulated silent drills with no alarm) were conducted on 6/23/25 at 9:00 p.m., on 8/16/25 at 9:30 p.m., on 10/14/25 (no time listed), on 12/23/25 at 7:20 p.m., on 2/25/26 at 2:00 a.m., on 4/20/26 at 11:50 p.m., on 6/29/26 at 12:30 a.m., and on 8/5/26 at 10:50 p.m. since June 2025.</p> <p>There were no fire drill sheets for January 2026 or March 2026. Of the thirteen fire drill sheets reviewed, eight were silent drills and two months were not documented.</p> <p>2. Record review on 8/18/26 at 2:20 p.m. revealed the fire drill documentation did not include verification of alarm transmission with the time of the signal reception and the name of the monitoring agency contact person who verified the signal reception. The drill sheet simply showed a Y (yes) or N (no) for signal verification.</p> <p>3. Interview on 8/18/26 at 12:55 p.m. with the maintenance director confirmed the drills and the lack of verification documentation of signal transmission.</p> <p>Failure to conduct fire drills as required increases the risk of death or injury due to fire.</p> <p>The deficiencies affected two of two shifts.</p> | K 712                                                                      | <p>The safety officer will implement an update to the SOP as well as the monthly drill sheet to include 1) Drills being held at various times during both day and night shifts. 2) The time the monitoring company is called to put the system on test as well as the time and name of contact person at monitoring company who confirmed the alarm transmission was in proper working order. Safety Officer will monitor these corrections and report quarterly at the QA meeting for a minimum of 2 years.</p> |  | 9-2-2026                                               |
| K 914                                                                           | <p>Electrical Systems - Maintenance and Testing</p> <p>CFR(s): NFPA 101</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | K914                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DOUGLAS COUNTY MEMORIAL HOSPITAL-CAH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7088TH ST<br/>ARMOUR, SD 57313</b>                                           |                            |                                                        |
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| K914                                                                            | <p>Continued From page 5</p> <p>Electrical Systems - Maintenance and Testing<br/>Hospital-grade receptacles at patient bed<br/>locations and where deep sedation or general<br/>anesthesia is administered, are tested after initial<br/>installation, replacement or servicing. Additional<br/>testing is performed at intervals defined by<br/>documented performance data. Receptacles not<br/>listed as hospital-grade at these locations are<br/>tested at intervals not exceeding 12 months. Line<br/>isolation monitors (LIM), if installed, are tested at<br/>intervals of less than or equal to 1 month by<br/>actuating the LIM test switch per 6.3.2.6.3.6,<br/>which activates both visual and audible alarm. For<br/>LIM circuits with automated self-testing, this<br/>manual test is performed at intervals less than or<br/>equal to 12 months. LIM circuits are tested per<br/>6.3.3.3.2 after any repair or renovation to the<br/>electric distribution system. Records are<br/>maintained of required tests and associated<br/>repairs or modifications, containing date, room or<br/>area tested, and results.</p> <p>6.3.4 (NFPA 99)</p> <p>This STANDARD is not met as evidenced by:<br/>Based on record review and interview, the<br/>provider failed to perform generator maintenance<br/>as required. The automated system performed<br/>loaded and unloaded testing without load<br/>documentation or weekly battery conductivity<br/>documentation.</p> <p>Findings include:</p> <p>1. Record review on 8/18/26 at 11:15 a.m.<br/>revealed documentation of diesel generator load<br/>runs were for thirty minutes (0.5 hours) each<br/>month and only included the date of the run and<br/>whether it was run with a load transfer to the<br/>generator or not.</p> | K 914                                                                      |                                                                                                                          |                            |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DOUGLAS COUNTY MEMORIAL HOSPITAL-CAH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>708 8TH ST<br/>ARMOUR, SD 57313</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                                        |
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| K914                                                                            | <p>Continued From page 6</p> <p>Interview with the maintenance director at the time of the record review confirmed that finding. Further interview with the maintenance supervisor revealed he was unaware of the necessity of determining whether the load met or exceeded thirty percent of the diesel generator nameplate capacity. No-load calculation was performed in the past three years. While the diesel generator has annual maintenance performed, no documentation was provided, and the annual required no-load bank was last performed in 2024.</p> <p>2. Record review on 8/18/26 at 11:20 a.m. revealed there was no documentation of the required weekly generator battery conductivity testing. Interview with the maintenance director at the time of the record review confirmed that finding.</p> <p>The deficiencies affected two of numerous generator maintenance requirements.</p> | K914                                                                       | <p>Maintenance supervisor contacted 3M who does our generator inspections and informed them that they need to determine whether the load meets or exceeds the thirty percent of the generator nameplate capacity. 3M will perform this testing on 9-26-2026. Maintenance supervisor will add this to their yearly checklist and report on it one time per year at the scheduled QA meeting for the next 5 years.</p> <p>Maintenance supervisor will check generator battery terminals on a weekly basis. Battery terminal checking was added to the weekly checklist and will be reported at the QA meetings 2 times per year for the next 5 years.</p> | 8-19-2026                  |                                                        |

South Dakota Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>10526S</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/20/2026</b> |
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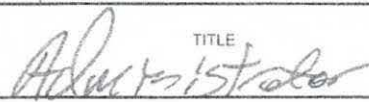
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DOUGLAS COUNTY MEMORIAL HOSPITAL</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>708 8TH ST<br/>ARMOUR, SD 57313</b> |
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| S 000                    | Compliance/Noncompliance Statement<br><br>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 8/18/26 through 8/20/26. Douglas County Memorial Hospital was found not in compliance with the following requirement: S0166.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | S 000               |                                                                                                                          |                          |
| S 166                    | 44:75:02:18(1-8) Occupant Protection<br><br>The facility shall:<br><br>(1) Develop and implement a written and scheduled preventive maintenance program;<br>(2) Provide securely constructed and conveniently located grab bars in all toilet rooms and bathing areas used by patients;<br>(3) Provide a call system for each patient bed and in all toilet rooms and bathing facilities routinely used by patients. The call system must be capable of being easily activated by the patient and must register at a nurses' station serving the unit. A wireless call system may be used;<br>(4) Provide grounded or double-insulated electrical equipment or protect the equipment with ground fault circuit interrupters. Ground fault circuit interrupters must be provided in wet areas and for outlets within six feet of sinks;<br>(5) Prohibit the use of a portable space heater, portable halogen lamp, household-type electric blanket, or household-type heating pad in the facility;<br>(6) Ensure that any light fixture located over a patient bed, bathing or treatment area, clean supply storage room, clean laundry and linen storage area, or medication set-up area be equipped with a lens cover or a shatterproof lamp;<br>(7) Ensure that any clothes dryer have a | S 166               |                                                                                                                          |                          |

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



TITLE



9-4-26 (X6) DATE

9-3-26

South Dakota Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>10526S</b>      | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                                                                                       | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/20/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>DOUGLAS COUNTY MEMORIAL HOSPITAL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>708 8TH ST<br/>ARMOUR, SD 57313</b> |                                                                                                                                                                                              |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                    | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                     | (X5)<br>COMPLETE<br>DATE                               |
| S 166                                                                       | <p>Continued From page 1</p> <p>galvanized metal transition duct for exhaust or flexible transition duct listed and labeled in accordance with UL 281A; and<br/>(8) Ensure that the storage and transfilling of oxygen cylinders or containers meet the requirements of the NFPA 99 Health Care Facilities, 2012 Edition, chapter 11.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by:<br/>Based on record review and interview, the provider failed to have a preventive maintenance program for the carbon monoxide detector.</p> <p>Findings include:</p> <p>1. Record review on 8/18/26 at 11:30 a.m. revealed there wasn't an annual preventive maintenance testing program for the carbon monoxide detector in the ambulance garage.</p> <p>Interview with the maintenance director at the time of the record review confirmed that finding.</p> | S 166                                                                           | <p>Maintenance Supervisor added doing monthly carbon monoxide testing to their monthly checklist. Findings will be reported 2 times per year at the QA meetings for a period of 2 years.</p> | 9-1-0206                                               |