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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	PENDING	A. BUILDING _____ B. WING _____	02/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUSTER CARE AND REHAB CENTER	1065 MONTGOMERY ST CUSTER, SD 57730

(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 An initial certification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 2/27/24 through 2/28/24. Custer Care and Rehab Center was found in compliance.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Samuel Van Voorst
TITLE: Administrator
(X6) DATE: 3/19/24

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
	PENDING	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	02/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUSTER CARE AND REHAB CENTER	1065 MONTGOMERY ST CUSTER, SD 57730

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K 000	INITIAL COMMENTS An initial certification survey for compliance with the life safety code (LSC) (2012 existing health care occupancy) was conducted on 2/27/24. Custer Care and Rehab Center was found not in compliance with 42 CFR 483.70 (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 K321, K325, and K712 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 712 SS=C	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to ensure staff were familiar with the provider's fire drill procedures (alarm announcement, activating the fire alarm system, checking the door for the fire location, and bringing fire extinguishers to the fire location). Findings include:	K 712	K 712 Maintenance director or designee will educate all staff on proper fire drill procedure by 3/29/24. Maintenance Director or designee will audit staff for proper education on fire drill procedure weekly for four weeks and monthly for two additional months Maintenance director or designee will report findings at monthly QAPI meetings	3/29/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Samuel Van Voorst | Administrator | 3/19/24

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	43A140	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/27/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUSTER CARE AND REHAB CENTER	**1065 MONTGOMERY ST** **CUSTER, SD 57730**

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K 712	Continued From page 1 1. Observation on 2/27/24 at 2:45 p.m. revealed a fire drill was initiated in resident room 104. The first staff person responding to the simulated fire location removed the resident to a safe location. The alarm was not initially activated or announced until prompted to do so. The second staff person responding to the simulated fire location did not perform an acceptable closed door check for heat. No fire extinguishers were brought to the fire drill. Interview with the maintenance supervisor at the time of the above observations confirmed those findings. He stated the fire drill was the first one for the provider at that location. The deficiency had the potential to affect 100% of the occupants.	K 712		

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	PENDING	A. BUILDING _____ B. WING _____	02/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUSTER CARE AND REHAB CENTER	1065 MONTGOMERY ST CUSTER, SD 57730

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E 000	Initial Comments An initial survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted from 2/27/24 through 2/28/24. Custer Care and Rehab Center was found in compliance.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Samuel Van Voorst
TITLE: Administrator
(X6) DATE: 3/19/24

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MAR 19 2024

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	80076	A. BUILDING: _____ B. WING _____	02/28/2024

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CUSTER CARE AND REHAB CENTER	1065 MONTGOMERY ST CUSTER, SD 57730

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S 000	Compliance/Noncompliance Statement An initial licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 2/27/24 through 2/28/24. Custer Care and Rehab Center was found in compliance.	S 000		

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

Samuel Van Voorst

TITLE: Administrator

(X6) DATE: 3/19/24