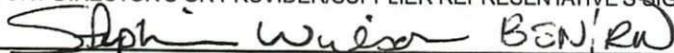


<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>43C0001026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>01/28/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>Plastic Surgical Center</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3615 5TH STREET SUITE 100 , RAPID CITY, South Dakota, 57701</b>	
(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
Q0000	INITIAL COMMENTS	Q0000		3/1/2026
Q0060	<p>SURGICAL SERVICES</p> <p>CFR(s): 416.42</p> <p>Surgical procedures must be performed in a safe manner by qualified physicians who have been granted clinical privileges by the governing body of the ASC in accordance with approved policies and procedures of the ASC</p> <p>This CONDITION is NOT MET as evidenced by:</p> <p>Based on observation, interview, policy review, Association of PeriOperative Registered Nurses (AORN) review, and manufacturer's instructions for use (IFU) review, the provider failed to ensure:</p> <p>*Seventy of ninety surgical instruments wrapped with surgical tape were free from cracks, rips, tears, rust, and discoloration.</p> <p>*Seventy of ninety surgical instruments had surgical tape wrapped one to one-half (1.5) times around the instrument, applied flat, and without gaps per the manufacturer's IFU.</p> <p>*Ten of ninety observed surgical instruments were free of rust and corrosion.</p> <p>*Three of ninety observed surgical instruments were not etched with lettering.</p> <p>*A DART (daily air removal test to ensure air is effectively removed and replaced by steam) test was completed daily prior to sterilizing surgical instruments according to the manufacturer's IFU.</p>	Q0060	<p>On January 30th, 2026 all surgical tape was removed from the instruments by surgical technicians and registered nurses of the facility. Rust was removed from the instruments. Those that were unable to have rust removed and any that had etching were disposed of. All staff were educated by the Director and Lead Surgical Technician in regards to no taping of instruments, disposing of instruments that develop rust. Staff are to inform the Director and Lead Surgical Technician so such instruments can be replaced.</p> <p>The education was verbal education to surgical technicians and a zoom meeting to be held on 2/27/2026 @10am to educate call staff.</p> <p>The Director, Lead Surgical Technician, and IP Nurse will audit the instrumentation weekly to ensure compliance, if after 3 months there is 100% compliance, we will have quarterly monitoring of instrumentation.</p> <p>A DART test is being performed by surgical technicians daily in accordance with company policy. Surgical technicians and all staff were educated in person or will be at the zoom meeting on 2/27/2026 @ 10AM. There is a log maintained by surgical technicians and monitored weekly by IP RN and facility Director. Surgical technicians will be trained annually and perform competencies regarding DART testing to ensure accuracy and compliance.</p>	

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Director	(X6) DATE 2/18/2026
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<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>43C0001026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>01/28/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>Plastic Surgical Center</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3615 5TH STREET SUITE 100 , RAPID CITY, South Dakota, 57701</b>	
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Q0060	<p>Continued from page 1</p> <p>*A weekly decontamination cycle was performed on an InnoWave Ultra Sonic Irrigator (automated cleaning device used to remove blood and tissue from surgical instruments) according to the manufacturer's IFU.</p> <p>Findings include:</p> <p>1. Observation and interview with surgical technician (ST) A on 1/27/26 at 11:45 a.m. in the sterile processing room revealed:</p> <p>*The provider had surgical instruments that were marked with identification tape.</p> <p>*She had been unsure why the provider used surgical tape on instruments.</p> <p>*She had not retaped any surgical instruments but had tried to remove the remaining tape on the surgical instruments as she reprocessed them, but stated, "I've tried to remove the tape, but it doesn't come off."</p> <p>*She confirmed they currently do not tape or retape surgical instruments and stated, "I don't think we have any of the tape."</p> <p>*In one nasal tray containing eighty surgical instruments, there were sixty instruments (scissors, clamps, tweezers, forceps, and specula's), sterilized, and ready for patient use, had surgical tape on the instrument that:</p> <p>-Was not wrapped one to 1.5 times around the instrument according to the manufacturer's IFU.</p> <p>-Was not laid flat without gaps.</p> <p>-Had visible cracks, tears, rust, and brownish discoloration.</p> <p>*Eight instruments contained rust and corrosion.</p> <p>*One instrument was engraved with lettering.</p> <p>*She agreed that these issues with tape and visible rust created the potential for bacteria to remain on the surgical instruments, and that could potentially infect the patient, and lead to serious complications.</p> <p>2. Interview on 1/27/26 at 12:30 p.m. with director B regarding the surgical instruments revealed that she:</p> <p>*Was not aware of the above issues regarding the surgical tape on the sterilized instruments.</p>	Q0060		

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Q0060	<p>Continued from page 2</p> <p>*Agreed that the tape on the instruments had cracks, gaps, rust, and discoloration, needed to be replaced, and those instruments should not have been used on patients.</p> <p>*Agreed there was visible rust in the hinges of the instruments and around the edges of the tape.</p> <p>*Agreed that the surgical instruments used to perform nasal surgery needed to be retaped or removed due to peeling, gaps, and discoloration, and have the rust removed or the instrument replaced, as this created the potential for bacteria to remain on the surgical instruments and that could potentially infect the patient, and lead to serious complications.</p> <p>*Stated the provider followed evidence-based practice guidelines from AORN and the Association for Professionals in Infection Control &amp; Epidemiology (APIC) to guide their practice and write policies.</p> <p>3. Observation on 1/27/26 at 3:20 p.m. in the operating room (OR) revealed:</p> <p>*One large cabinet contained multiple sterilized instruments.</p> <p>*Of the 40 observed peel packs (disposable packages used to hold instruments during sterilization):</p> <ul style="list-style-type: none"> <li>-Two instruments contained rust and corrosion.</li> <li>-Two instruments were engraved with lettering.</li> <li>-Ten instruments had surgical tape that: <ul style="list-style-type: none"> <li>--Was not wrapped one to 1.5 times around the instrument according to the manufacturer's IFU.</li> <li>--Was not laid flat without gaps.</li> <li>--Had visible cracks, tears, rust, and brownish discoloration.</li> </ul> </li> </ul> <p>4. Interview on 1/27/26 at 3:39 p.m. with ST C revealed:</p> <p>*She had worked with the provider for three years and had not taped or retaped any surgical instruments.</p> <p>*She had been unaware that the instruments contained tape.</p>	Q0060		

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Q0060	<p>Continued from page 3</p> <p>*She stated she had never been trained to apply tape to surgical instruments or even know what to examine the tape for.</p> <p>5. Review of the provider's undated Preparation of Instruments for Sterilization policy revealed:</p> <p>**Inspect all instruments and medical devices to ensure they have been thoroughly cleaned. The effectiveness of the cleaning process is easily documented with visual inspection.</p> <p>*Inspect instruments to ensure they will operate correctly and are not broken, out of alignment, nicked, or cracked. Remove, from the system, any instruments that are not functioning properly and tag them for repair."</p> <p>6. Review of the provider's undated Creating and Maintaining Sterility of Surgical Supplies policy revealed:</p> <p>**Make sure all items to be wrapped are clean, complete, and in proper working order.</p> <p>*Supplies that may be contaminated are disassembled, rewrapped, and resterilized."</p> <p>7. Review of the provider's undated Instrument Cleaning and Decontamination Guidelines policy revealed:</p> <p>**If the device has a smooth surface, use a brush for small crevices, grooves, nooks, and crannies.</p> <p>*All catches or joints on instruments should be released and hinged instruments should be opened. Instruments of this type will corrode if they are stored with trapped moisture.</p> <p>*All instruments with serration and the areas around box locks [hinge part of a surgical instrument] must be scrubbed with a brush to remove embedded matter. This procedure will loosen blood, pus, and tissue which may be caught in the box locks and hinges and prevent corrosion."</p> <p>8. Review of the provider's undated staff training for Cleaning and Sterilizing Instruments revealed no instructions on how to tape surgical instruments or what to verify to confirm the integrity of the surgical tape.</p> <p>9. Review of the 2024 AORN Guidelines for Perioperative Practice, pg. 421 revealed:</p>	Q0060		

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Q0060	<p>Continued from page 4</p> <p>**Inspect and evaluate items for:</p> <ul style="list-style-type: none"> <li>-Cleanliness;</li> <li>-Integrity of instrument labels (e.g., instrument tape) and similar products;</li> <li>-Correct functioning; and</li> <li>-Absence of <ul style="list-style-type: none"> <li>--corrosion, pitting, burrs, nicks, or cracks;</li> <li>--wear and chipping of inserts and plated surfaces;</li> <li>--moisture; and</li> <li>--any other defects.</li> </ul> </li> </ul> <p>*Use of instruments that are not thoroughly cleaned, are damaged, or do not function correctly poses a risk to patients."</p> <p>10. Review of the manufacturer's 2017 SURG -I- BAND manufacturer's IFU revealed:</p> <p>**Wrap the tape around the instrument 1 to 1½ times, ensuring it lies flat with no wrinkles or gaps.</p> <p>*Do not stretch the tape during application, as this weakens its bonding capabilities.</p> <p>*Inspect tape for wear, peeling, or cracking during each cleaning cycle.</p> <p>*Replace tape if it shows signs of wear or at least every six months."</p> <p>11. Observation and interview on 1/27/26 at 11:45 a.m. in the sterile processing room with ST A revealed:</p> <p>*One steam sterilizer used to sterilize surgical instruments.</p> <p>*She stated that a DART test was done weekly, typically on Mondays, before the first load of instruments that needed to be sterilized.</p> <p>*This had been their practice and documented weekly with a pass (indicated by a uniform black color on the indicator bars) or fail (indicated by a color response other than black; dark brown, light brown, or the original yellow color was unacceptable) in their DART</p>	Q0060		

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Q0060	<p>Continued from page 5 record book.</p> <p>*She had not referred to the manufacturer's IFU for operating the steam sterilizer with a DART test.</p> <p>-Per the DART manufacturer's IFU, it was to be used daily to test for the removal of air from the chamber of the sterilizer.</p> <p>-Per the AMSCO C-Series Steam Sterilizer manufacturer's IFU, a DART test should have been completed at least once a day to document the removal of residual air from the sterilizer.</p> <p>12. Review of the provider's undated staff training for Cleaning and Sterilizing Instruments revealed:</p> <p>**Make sure autoclave [sterilizer] is turned on.</p> <p>*Once up to temperature, a Dart test must be done.</p> <p>*Dart test must be run before 1st load of the day.</p> <p>*After Dart test is completed and deemed acceptable normal loads may be done."</p> <p>13. Review of the provider's undated annual Steam Sterilization course revealed:</p> <p>**Dynamic Air Removal Sterilizers:</p> <p>-A Bowie-Dick [test to verify all air is removed inside the sterilizer before sterilizing instruments] or an equivalent test, should be used daily with these sterilizers to determine if there is residual air in the chamber.</p> <p>-Air pockets can prevent steam from reaching all surfaces of the items, resulting in sterilization failure."</p> <p>14. Review of the provider's undated staff training for Cleaning and Sterilizing Instruments revealed:</p> <p>**Make sure autoclave [sterilizer] is turned on.</p> <p>*Once up to temperature, a Dart test must be done.</p> <p>*Dart test must be run before 1st load of the day.</p> <p>*After Dart test is completed and deemed acceptable normal loads may be done."</p> <p>15. Review of the 5/7/2012 AMSCO C Series Small Steam</p>	Q0060		

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Q0060	<p>Continued from page 6 Sterilizers manufacturer's IFU revealed:</p> <p>*"6.1 Before operating the sterilizer, run required test cycle:</p> <p>-Run a DART test at least once a day to document the removal of residual air from sample challenge loads."</p> <p>16. Review of the 4/2022 Steris DART Daily Air Removal Test manufacturer's IFU revealed:</p> <p>*"The Dart test is functionally equivalent to the Bowie-Dick type test recommended by the Association for the Advancement of Medical Instrumentation (AAMI) in determining the air removing efficiency of prevacuum steam sterilizers.</p> <p>*The Dart test should be used each day of the sterilizer use.</p> <p>*Dart test results are acceptable if the chemical bars on the indicator strip have changed to a uniform black color. If air was trapped in the Dart test during the exposure phase of the cycle, the color response is other than black.</p> <p>*If some or all of the bars on the Dart indicator strip are dark brown, light brown or the original yellow, the Dart test results are unacceptable."</p> <p>17. Observation and interview on 1/27/26 at 12:30 p.m. with ST A and director B in the sterile processing room revealed:</p> <p>*One InnoWave Ultra Sonic Irrigator.</p> <p>*Staff performed a daily cleaning and inspection as required per the manufacturer's IFU.</p> <p>*ST A had not referred to the manufacturer's IFU for other operating instructions.</p> <p>-Per the 2021 InnoWave Ultra Sonic Irrigator, a full decontamination was to be performed weekly.</p> <p>*ST A confirmed that a decontamination cycle had never been performed on the machine.</p> <p>*Director B was unaware of the required maintenance of the ultrasonic machine. She stated, "I rely on the staff to know what is required to operate the machines."</p> <p>*Director B confirmed that no signed competencies had</p>	Q0060	<p>On 2/9/2026 the Director contacted Steris regarding obtaining the sodium hypochlorite solution and asked that a rep from Steris come and do an inservice on the maintenance of the InnoWave US Irrigator.</p> <p>On 2/11/2026 the Steris rep and local rep came to the facility and performed an inservice on the US Irrigator for the surgical technicians, Director and IP nurse. The sodium hypochlorite solution will be purchased for the weekly decontamination cycles of the US Irrigator.</p> <p>The log of the cycles will be maintained by the surgical technicians and overseen by the IP RN and Director on a weekly basis for 3 months, at that time, if compliance is 100% the audit of the log will continue on a quarterly basis.</p> <p>New training for surgical technicians will be performed by the lead surgical technician and an annual review of policy and competencies will also be performed. This is included on the company policy.</p> <p>All logs will be reviewed with the quarterly QA and each quarterly QAPI meeting with Director, Clinical Nurse Leader, IP Nurse, and Medical Director.</p>	

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Q0060	<p>Continued from page 7 been completed on staff regarding operating the equipment.</p> <p>18. The provider did not have a policy or education for operating the ultrasonic machine.</p> <p>19. Review of the 2021 InnoWave Ultra Sonic Irrigator manufacturer's IFU revealed:</p> <p>**Weekly cleaning and inspection:</p> <p>-Perform a full decontamination.</p> <ol style="list-style-type: none"> <li>1. Perform a daily cleaning procedure according to Daily Cleaning and Inspection.</li> <li>2. Attach luer hoses to all basket flush ports.</li> <li>3. Put the basket in the tank and connect the basket flush manifold to the tank port.</li> <li>4. Put a disinfectant solution of 5 percent non-foaming Sodium Hypochlorite into the tank.</li> <li>5. On the display, select the Decontamination wash program.</li> <li>6. Start the wash cycle.</li> <li>7. 30 [Thirty] seconds before the wash cycle is finished, pause by touching the stop symbol, wait 15 minutes with the cycle paused, and then touch resume to finish the cycle.</li> <li>8. Confirm the wash cycle completed with no errors.</li> <li>9. Open the drain valve by turning the drain level counter-clockwise.</li> <li>10. Touch Drain Pump.</li> <li>11. Wait for the tank to empty completely.</li> <li>12. When the tank is empty, touch Drain Pump to turn off the drain pump.</li> <li>13. Turn the drain level clockwise.</li> <li>14. Fill the tank with clean water.</li> <li>15. Repeat steps to rinse the disinfection solution from the tank.</li> <li>16. When disinfection solution is no longer present in</li> </ol>	Q0060		

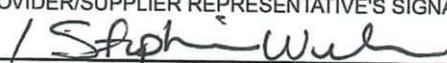
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Q0060	Continued from page 8 the tank, and the tank is empty, make sure the drain valve is closed."  20. Interview on 1/28/26 at 9:45 a.m. with registered nurse (RN)/Infection Prevention D revealed she:  *Had just transitioned to the role of the infection preventionist, but had completed her training through AORN.  *Had not done anything with the sterilization of instruments or the monitoring of the sterilization processes.  *Had not been aware of the issues regarding surgical tape or staff not following the manufacturer's IFU for the sterilizer and ultrasonic machine.	Q0060		

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K0000  Bldg. 01	<p>INITIAL COMMENTS</p> <p>A recertification survey was conducted for compliance with 42CFR 416.44(b)(1), requirements for ambulatory surgery centers on 1/27/2026. Plastic Surgical Center was found in compliance.</p>	K0000		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <b>Stephanie Wilson, BSN, RN</b> 	TITLE <b>Director</b>	(X6) DATE <b>2/10/2026</b>
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E0000	Initial Comments  A recertification health survey for compliance with 42 CFR Part 416, Subpart C, Subsection 416.54, Emergency Preparedness, requirements for ambulatory surgery centers (ASC), was conducted on 1/27/2026. Plastic Surgical Center was found in compliance.	E0000		

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 reverse for further 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.

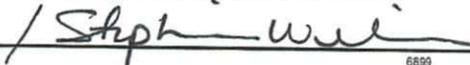
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Stephanie Wilson, BSN, RN <i>Stephi Wilson</i>	TITLE Director	(X6) DATE 2/10/2026
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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>11152 S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/28/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>PLASTIC SURGICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3615 5TH ST SUITE 100 RAPID CITY, SD 57701</b>		
(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	Compliance/Noncompliance  A licensure survey for compliance with Administrative Rules of South Dakota 44:76, requirements for ambulatory surgical services, was conducted from 1/27/26 through 1/28/26. Plastic Surgical Center was found in compliance.	S 000		

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

Stephanie Wilson, BSN, RN



TITLE

Director

(X6) DATE

2/10/2026