

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

PRINTED: 04/11/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/19/2025
NAME OF PROVIDER OR SUPPLIER PLATTE HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 601 E 7TH ST POST OFFICE BOX 200 PLATTE, SD 57369		
(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	<p>INITIAL COMMENTS</p> <p>An Emergency Medical Treatment and Labor Act (EMTALA) complaint survey for compliance with 42 CFR Part 489, Subpart B, and Subsections 489.20(1)(m)(q)(r) and 489.24 requirements for hospitals was conducted from 3/18/25 through 3/19/25. Areas surveyed were Medical Screening Exam and admission process for patients, specifically obstetrical patients with complications, that presented to the emergency department for services. Platte Health Center was found in compliance with regulatory requirements.</p> <p>As directed by the Centers For Medicare & Medicaid services (CMS), an unannounced on-site survey for the EMTALA complaint SD00003452 was conducted at this critical access hospital (CAH) from 3/18/25 through 3/19/25. The CAH was determined to be in compliance with the Responsibilities of Medicare Participating Hospitals in Emergency Cases, 42 CFR 489.24 and in compliance with other essentials of Provider Agreements at 42 CFR 489.20. However, the CAH demonstrated past non-compliance. The CAH identified a potential violation of 42 CFR 489.24(a); A-2406/C-2406 on 01/22/2025. Reference 489.24(a) if an individual comes to the emergency department, the hospital must provide an appropriate medical screening examination (MSE) to determine whether or not an emergency medical condition exists. An EMTALA obligation is triggered when an individual comes by him or herself, or with another person, to a hospital's dedicated emergency department and a request is made by the individual or on the individual's behalf, for examination or treatment of a medical condition. The hospital has incurred the obligation to provide an appropriate MSE for the</p>	C 000			

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

TITLE

(X6) DATE

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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C 000	<p>Continued From page 1</p> <p>individual and stabilizing treatment or an appropriate transfer. The purpose of an MSE is to determine whether or not an emergency medical condition exists. The provider failed to provide an appropriate MSE for an individual who presented to their ED on the morning of 1/22/25 complaining of abdominal pain that had been present for hours. The patient was 31 weeks pregnant with twins and the staff had advised her to seek medical assistance from where her provider was located as they had limited obstetrical capabilities. The patient left without an MSE to determine if an emergency and medical condition existed. The provider implemented immediate action upon notification of this EMTALA and all corrective actions had been implemented by 03/19/25. The hospital has not had a violation or identified similar problems in the past 6 months. The CAH's emergency departments average monthly census over the past six months was 67.</p> <p>Through interviews, video footage review, electronic medical record review (EMR), documentation review, and policy review, it was identified that the provider had implemented new processes and had provided staff education to ensure their EMTALA obligations had been met and to support that they were back in compliance as of 3/19/25. The provider implemented the following corrective actions:</p> <p>*All nursing staff, physicians, and mid-level practioners had completed EMTALA training through their iLearn training center between 1/30/25 through 2/14/25.</p> <p>*Additional iLearn EMTALA training had been assigned to the nursing staff, physicians, and mid-level practitioners every year during the month of February. This training was in addition to the already scheduled yearly EMTALA training.</p>	C 000			

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C 000	<p>Continued From page 2</p> <p>*Immediate direct face-to-face education began with all the nursing staff who presented to work on 1/24/25 regarding the importance and the hospital's obligation that an MSE was completed on all patients who presented to the ED.</p> <p>*The provider will continue to review all ED charts for compliance to support proper triage, transfer, and discharge processes had occurred.</p> <p>*The management staff will complete random video footage reviews of the ED to capture different shifts and different staff.</p> <p>-The goal was to ensure all patients who presented to the ED had received an appropriate MSE.</p> <p>*Their EMTALA policy was updated, and all staff completed the review of this revision at the same time as the additional EMTALA training.</p> <p>-The policy was tentative prior to the approval of the medical staff and Governing body.</p> <p>As of 3/19/25 the provider was determined to be back in compliance with all EMTALA regulations and requirements.</p>	C 000			