

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

PRINTED: 05/08/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431332	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER AVERA DE SMET MEMORIAL HOSPITAL - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 306 PRAIRIE AVENUE SW POST OFFICE BOX 160 DE SMET, SD 57231		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
C 000	INITIAL COMMENTS	C 000			
C 922	<p>DRUGS AND BIOLOGICALS ARE APPROPRIATELY STORE CFR(s): 485.623(b)(3)</p> <p>(3) Drugs and biologicals are appropriately stored; This STANDARD is not met as evidenced by: Based on observation, interview, and record review the provider failed to ensure one of one contrast dye warmer was maintained and monitored at a safe temperature for patient use. Findings include:</p> <p>1. Observation and interview on 4/30/25 at 1:30 p.m. in the computerized tomography (CT) scan room with radiology technician (RT) B revealed: *There was a contrast warming cabinet stored on top of the counter. *The contrast warming cabinet contained one bottle of contrast dated 4/20 and three bottles dated 4/26. *The thermometer in the contrast warming cabinet had registered a temperature of 98 degrees Fahrenheit (F). *They had stored contrast in the warming cabinet at 98 F for up to 30 days. *The dates written on the contrast bottles were when they had been placed in the contrast warming cabinet.</p>	C 922	<p>Under the direction of the director of radiology, the contrast warmer has been taken out of service and will no longer be used in the facility effective 05/12/2025. The contrast warmer has been removed from on top of the counter in the CT scan suite and stored in a cabinet. The removal of the contrast warmer will be reported to the quality coordinator by the director of radiology by 05/30/25. The director of radiology will report to the quality coordinator prior to 08/01/25 confirmation that the contrast warmer has not been used since its removal on 05/12/25.</p>	05/12/2025	

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

TITLE

(X6) DATE

Stephanie Reasy

Administrator

05/14/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER AVERA DE SMET MEMORIAL HOSPITAL - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 306 PRAIRIE AVENUE SW POST OFFICE BOX 160 DE SMET, SD 57231		
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C 922	<p>Continued From page 1</p> <p>*They had not documented the temperature of the contrast warming cabinet.</p> <p>Interview on 4/30/25 at 2:00 p.m. with radiology director A revealed:</p> <p>*She confirmed safe storage of contrast was between 68 and 77 degrees F per the manufacturer's instructions for use (IFU).</p> <p>*She confirmed they had not had a method of logging the contrast warming cabinet's temperature and agreed that would have been best practice.</p> <p>*She had been unaware of how long contrast could have been stored in the contrast warming cabinet.</p> <p>Review of the contrast manufacturer's April 2023 IFU revealed contrast dye was to be stored between 68 and 77 degrees F.</p> <p>Review of the 4/30/25 fax letter received from the contrast warmer's manufacturer revealed:</p> <p>" Contrast media should be stored as specified in the package insert and should not be kept in the warmer for any period of time longer than that reasonably needed to reach body temperature or to assure that a supply of properly warmed media is readily available."</p> <p>On 4/30/25 at 1:45 p.m. a contrast dye storage policy was requested and was not provided by the end of the survey process.</p>	C 922			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431332	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 04/29/2025
NAME OF PROVIDER OR SUPPLIER AVERA DE SMET MEMORIAL HOSPITAL - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 306 PRAIRIE AVENUE SW POST OFFICE BOX 160 DE SMET, SD 57231		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS A recertification survey was conducted on 4/29/25 for compliance with 42 CFR 485.623(d) (1), requirements for critical access hospitals and swing bed. Avera De Smet Memorial Hospital was found not in compliance. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of deficiency identified at K222 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000			
K 222	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be	K 222			

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

TITLE

(X6) DATE

Stephanie Reasy

Administrator

05/15/2025

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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50726S	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER AVERA DE SMET MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 306 PRAIRIE AVE SW POST OFFICE BOX 160 DE SMET, SD 57231		
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S 000	<p>Compliance/Noncompliance Statement</p> <p>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:75, Hospitals, Specialized Hospital, and Critical Access Hospital facilities, was conducted from 4/29/25 through 4/30/25. Avera De Smet Memorial Hospital was found in compliance.</p>	S 000		

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

TITLE

(X6) DATE

Stephanie Reasy

Administrator

05/14/2025

STATE FORM

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If continuation sheet 1 of 1