PRINTED: 03/19/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT ( AND PLAN OF	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		430008	B. WING		03/05/2025
	GS HEALTH SYSTEM	E	3	TREET ADDRESS, CITY, STATE, ZIP CODE 00 22ND AVE ROOKINGS, SD 57006	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
E 000	CFR Part 485, Subpa Emergency Prepared Hospitals, was conduct 3/5/25. Brookings Heat in compliance.  The building will meet 2012 LSC for existing upon correction of the E039 in conjunction was commitment to continusafety standards.	ued compliance with the fire	E 000	Full scale community-based disaster	
	CFR(s): 482.15(d)(2) §416.54(d)(2), §418.1 §460.84(d)(2), §482.1 §483.475(d)(2), §484. §485.542(d)(2), §485. §485.920(d)(2), §491. *[For ASCs at §416.54 at §485.542, OPO, "O §485.727, CMHCs at §491.12, and ESRD F  (2) Testing. The [facilit to test the emergency must do all of the following product of the community-based even (A) When a community accessible, conduct a exercise every 2 years	13(d)(2), §441.184(d)(2), 5(d)(2), §483.73(d)(2), 102(d)(2), §485.68(d)(2), 625(d)(2), §485.727(d)(2), 12(d)(2), §494.62(d)(2). 4, CORFs at §485.68, REHs irganizations" under §485.920, RHCs/FQHCs at facilities at §494.62]: (y) must conduct exercises plan annually. The [facility] wing: scale exercise that is iry 2 years; or ty-based exercise is not facility-based functional		exercise plan will be developed.  Drill is scheduled to be held on 4/24/2/ Chief Nursing Officer will be responsib completeness and follow up of the disceptores.	ele for
ABORATORY D	DIRECTOR'S OR PROVIDER/S	UPPLIER 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.

Jason Merkley

President & CEO

4/10/2025

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	120 - 5111	CONSTRUCTION	COMP	SURVEY LETED	
		430008	B. WNG		03/	05/2025	
	GS HEALTH SYSTEM		3	TREET ADDRESS, CITY, STATE, ZIP CODE 00 22ND AVE BROOKINGS, SD 57006		1 00,00,2020	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
E 039	Continued From page	ge 1	E 039				
	natural or man-mad activation of the eme exempt from engagi community-based of functional exercise of actual event.  (ii) Conduct an addi years, opposite the functional exercise of this section is conducted in the folion of limited to the folion	e emergency that requires ergency plan, the [facility] is ing in its next required r individual, facility-based following the onset of the tional exercise at least every 2 year the full-scale or under paragraph (d)(2)(i) of ucted, that may include, but is lowing: ale exercise that is in individual, facility-based or drill; or cise or workshop that is led by udes a group discussion using the vertical energy of problem statements, or prepared questions ge an emergency plan. Sility's] response to and atton of all drills, tabletop ergency events, and revise the explan, as needed.  18.113(d):] Dices that provide care in the enospice must conduct the emergency plan at least one must do the following: full-scale exercise that is every 2 years; or unity based exercise is not the an individual facility based					

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	S 5	IPLE CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		430008	B. WNG_			03/	05/2025
	ROVIDER OR SUPPLIER  GS HEALTH SYSTEM			STREET ADDRESS, CITY, STATE, ZIP COD 300 22ND AVE BROOKINGS, SD 57006	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
E 039	engaging in its next recommunity-based ex facility-based function onset of the emerger (ii) Conduct an addit opposite the year the exercise under paragis conducted, that may to the following:  (A) A second full-scar community-based or exercise; or  (B) A mock disaster of (C) A tabletop exercial facilitator and include a narrated, clinically-scenario, and a set of directed messages, of designed to challenger (3) Testing for hospic care directly. The hospic exercises to test the expear. The hospice modification of the community-based; (A) When a community-based; (A) When a community-based function (B) If the hospice expension of the emergency plan, engaging in its next rebased or facility-base following the onset of (ii) Conduct an addition of the endergency of the endergency of the endergency of the conduct an addition of the conduct and the conduct a	the hospital is exempt from equired full scale ercise or individual hal exercise following the cry event. It is is a facility based functional raph (d)(2)(i) of this section by include, but is not limited hale exercise that is a facility based functional drill; or see or workshop that is led by des a group discussion using relevant emergency of problem statements, or prepared questions an emergency plan.  The set hat provide inpatient emergency plan twice per cust do the following: nnual full-scale exercise that or ty-based exercise is not annual individual hale exercise; or eriences a natural or by that requires activation of the hospice is exempt from equired full-scale community	EC	39			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
151		430008	B. WING			03/05/2025		
The second of	ROVIDER OR SUPPLIER			300	ZEET ADDRESS, CITY, STATE, ZIP CODE 22ND AVE OOKINGS, SD 57006	1 0.	103/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
E 039	(A) A second full-scal community-based or a exercise; or (B) A mock disaster of (C) A tabletop exercist facilitator that includes narrated, clinically-reliand a set of problems messages, or prepare challenge an emerger (iii) Analyze the hosp maintain documentati	le exercise that is a facility based functional drill; or se or workshop led by a se a group discussion using a evant emergency scenario, statements, directed ed questions designed to ncy plan. ice's response to and on of all drills, tabletop ency events and revise the	E	039				
	conduct exercises to the twice per year. The [Find the following:  (i) Participate in an arrise community-based;  (A) When a community accessible, conduct an facility-based functions.  (B) If the [PRTF, Hosp actual natural or mannequires activation of the facility] is exempt from required full-scale comfacility-based functions onset of the emergence (ii) Conduct an [assertion to the conduct and the co	S485.625(d):] F, Hospital, CAH] must lest the emergency plan PRTF, Hospital, CAH] must rest the emergency plan PRTF, Hospital, CAH] must rest the emergency exercise that for y-based exercise is not n annual individual, al exercise; or bital, CAH] experiences an made emergency that the emergency plan, the n engaging in its next nmunity based or individual, al exercise following the experiences or but is not limited to the						

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		430008	B. WNG			03/05/2025		
	ROVIDER OR SUPPLIER  GS HEALTH SYSTEM			STREET ADDRESS, CITY, STATE, ZIP CODE 300 22ND AVE BROOKINGS, SD 57006				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SECONDS) CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
E 039	functional exercise; of (B) A mock (C) A tabletop exited by a facilitator and discussion, using a nemergency scenario, statements, directed questions designed to plan.  (iii) Analyze the maintain documentate exercises, and emerging facility's] emergency  *[For PACE at §460.8 (2) Testing. The PACE exercises to test the annually. The PACE following: (i) Participate in an ais community-based; (A) When a community-based; (A) When a community-based function (B) If the PACE experimental emergency plan, engaging in its next repassed or individual, frexercise following the event.  (ii) Conduct an ais years opposite the general discounts of the process of the proces	individual, a facility-based or disaster drill; or sercise or workshop that is d includes a group arrated, clinically-relevant and a set of problem messages, or prepared o challenge an emergency (facility's) response to and ion of all drills, tabletop gency events and revise the plan, as needed.  84(d):] E organization must conduct emergency plan at least organization must do the annual full-scale exercise that or ity-based exercise is not an annual individual, and exercise; or repart of the PACE is exempt from equired full-scale community acility-based functional exercise every 2 ear the full-scale or functional graph (d)(2)(i) of this section y include, but is not limited to	E 03					

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE	5/2025
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE	0,2020
BROOKINGS HEALTH SYSTEM  300 22ND AVE BROOKINGS, SD 57006	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Continued From page 5 community-based or individual, a facility based functional exercise, or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the PACE's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the PACE's emergency plan, as needed.  "[For LTC Facilities at §483.73(d):] (2) The [LTC facility] must conduct exercises to test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures. The [LTC facility, ICF/IID] must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise. (B) If the [LTC facility] facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (i) A second full-scale exercise that is community-based or an individual, facility-based functional exercise that is community-based or an individual, facility based functional exercise that is community-based or an individual, facility based functional exercise that is community-based or an individual, facility based functional exercise that is community-based or an individual, facility based functional exercise.	

CENTERS FOR MEDICARE & MEDICAID SERVICES

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	COMPI		TE SURVEY MPLETED	
		430008	B. WING			03/05/2025	
	ROVIDER OR SUPPLIER  GS HEALTH SYSTEM			STREET ADDRESS, CITY, STATE, ZIP CODE  300 22ND AVE  BROOKINGS, SD 57006			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
E 039	a facilitator includes a narrated, clinically-re and a set of problem messages, or preparachallenge an emerge (iii) Analyze the [LTC and maintain docume exercises, and emerge [LTC facility] facility's *[For ICF/IIDs at §48: (2) Testing. The ICF/IID must do (i) Participate in an an is community-based; (A) When a community accessible, conduct a facility-based function (B) If the ICF/IID expressible, conduct a facility-based function (B) If the ICF/IID expressible, conduct a facility-based function (B) If the ICF/IID expressible, conduct a facility-based functional emergency plan, engaging in its next recommunity-based or functional exercise for emergency event.  (ii) Conduct an additional exercise; of (B) A mock disaster of (C) A tabletop exercise a facilitator and including a narrated, cliniscenario, and a set of	se or workshop that is led by a group discussion, using a levant emergency scenario, statements, directed ed questions designed to ncy plan.  c facility] facility's response to entation of all drills, tabletop gency events, and revise the emergency plan, as needed.  3.475(d)]:  ID must conduct exercises y plan at least twice per year. the following: nnual full-scale exercise that or ty-based exercise is not an annual individual, nal exercise; or. eriences an actual natural or by that requires activation of the ICF/IID is exempt from equired full-scale individual, facility-based illowing the onset of the conal annual exercise that of limited to the following: e exercise that is an individual, facility-based r	EOS	39			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		430008	B. WNG			03/	05/2025	
	ROVIDER OR SUPPLIER			300	REET ADDRESS, CITY, STATE, ZIP CODE 0 22ND AVE ROOKINGS, SD 57006	1 00/	00/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI; TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI- DEFICIENCY)		(X5) COMPLETION DATE	
E 039	designed to challenge (iii) Analyze the ICF/II maintain documentati exercises, and emerg ICF/IID's emergency *[For HHAs at §484.1 (d)(2) Testing. The HH to test the emergency least annually. The HI (i) Participate in a full- community-based; or (A) When a commaccessible, conduct a facility-based function or. (B) If the HHA exor man-made emerge of the emergency planengaging in its next re community-based or if functional exercise fol emergency event. (ii) Conduct an addition opposite the year the exercise under paragr is conducted, that limited to the following (A) A second full- community-based or a functional exercise; or (B) A mock disast (C) A tabletop exe led by a facilitator and discussion, using a na emergency scenario, a statements, directed in	e an emergency plan. D's response to and on of all drills, tabletop ency events, and revise the plan, as needed.  O2] HA must conduct exercises plan at HA must do the following: scale exercise that is nunity-based exercise is not an annual individual, all exercise every 2 years; experiences an actual natural ncy that requires activation in the HHA is exempt from equired full-scale individual, facility based lowing the onset of the mal exercise every 2 years, full-scale or functional aph (d)(2)(i) of this section may include, but is not is scale exercise that is in individual, facility-based ere drill; or ercise or workshop that is includes a group rrated, clinically-relevant	E	039				

CENTERS FOR MEDICARE & MEDICAID SERVICES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER				(X2) MULTIPLE CONSTRUCTION A. BUILDING		TE SURVEY MPLETED
		430008	B. WING	0		
	ROVIDER OR SUPPLIER  GS HEALTH SYSTEM			STREET ADDRESS, CITY, STATE, ZIP CODE 300 22ND AVE BROOKINGS, SD 57006		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
E 039	documentation of all demergency events, as emergency plan, as not seem of all demergency plan, as not seem of a seem	s response to and maintain drills, tabletop exercises, and not revise the HHA's needed.  260] PO must conduct exercises or plan. The OPO must do the ased, tabletop exercise or mustly. A tabletop exercise is dincludes a group arrated, clinically relevant and a set of problem messages, or prepared or challenge an emergency eriences an actual natural or by that requires activation of the OPO is exempt from equired testing exercise the emergency event. It is response to and maintain abletop exercises, and and revise the [RNHCl's and an, as needed.  28]: NHCl must conduct emergency plan. The RNHCl	E 03			

AND PLAN OF CO	RRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		430008	B. WNG _		03	03/05/2025	
	HEALTH SYSTEM			STREET ADDRESS, CITY, STATE, ZIP CODE 300 22ND AVE BROOKINGS, SD 57006	1 03	103/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AIDEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
(ii) ma an em Th Ba profor Fir 1. I no exe em ind had	aintain documentation demergency eventurergency plan, as not assed on record review or assed on record review or an emergency prepare andings include:  Record review on 3. documentation that the ercise was conducted a large-scaled diast been performed erview with the enview of the enview with the enview eventure.	el's response to and on of all tabletop exercises, s, and revise the RNHCl's eleded.  ot met as evidenced by: ew and interview, the luct a large-scale exercise edness in 2023 or 2024.  15/25 at 9:15 a.m. revealed indicated a large-scale ed to test the provider's 23 or 2024. Records exercise ed in 2019.	EO	39			

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1000	PLE CONSTRUCTION G 01 - MAIN BUILDING		(X3) DATE SURVEY COMPLETED	
		430008	B. WNG _		03	/05/2025	
0.050.500.000.0000.000	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 300 22ND AVE BROOKINGS, SD 57006				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
K 222	through 3/5/25 for co 482.41(b)(1), require Brookings Health System Compliance.  The building will mee 2012 LSC for existing upon correction of de K232, K251, K321, a the provider's commic compliance with the figress Doors CFR(s): NFPA 101  Egress Doors Doors in a required in equipped with a latch use of a tool or key frusing one of the follo arrangements: CLINICAL NEEDS OLOCKING Where special locking clinical security need only one locking deviench door and provis rapid removal of occilocks; keying of all loall times; or other suct to the staff at all time 18.2.2.2.5.1, 18.2.2.2 SPECIAL NEEDS LOWhere special locking safety needs of the proclinical or Security Lebeing met. In additional complete the staff at all times.	rey was conducted on 3/4/25 impliance with 42CFR ments for hospitals. Stem was found not in the requirements of the ghealth care occupancies efficiencies identified at K222, and K522 in conjunction with the safety standards.  The ans of egress shall not be a or a lock that requires the rom the egress side unless wing special locking  R SECURITY THREAT  The garrangements for the sof the patient are used, ice shall be permitted on sions shall be made for the upants by: remote control of the cocking the second of the patient are used, ice shall be means available is.  The second of the upants of the upants by: remote control of the cocking arrangements for the second of the patient are used, all of the ocking requirements are	K 00		of Sy	4/14/2025	

Jason Merkley

President & CEO

4/15/2025

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.

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING				(X3) DATE SURVEY COMPLETED	
BROOKINGS HEALTH SYSTEM  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  K 222  Continued From page 1 electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a constantly monitored at an attended location within the locked space is protected by a constantly monitored at an attended location within the locked space is protected by a constantly monitored with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic fire detection system or an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.  18.2.2.2.4, 19.2.2.4  ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS  Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.  18.2.2.2.4, 19.2.2.2.4  ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS  ARRANGEMENTS  ACRESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS  ACRESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS  ACRESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS  ACRESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS			430008	B. WING _			03/05/2025		
REPIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION   PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION					300 22	END AVE			
electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.  18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.  18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.  18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI	×	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	(X5) COMPLETION DATE	
accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.  18.2.2.2.4, 19.2.2.2.4  This STANDARD is not met as evidenced by: Based on observation and interview, the provider failed to provide egress doors as required at three	K 222	electrical locks that fa upon loss of power to protected by a supen system and the locke complete smoke detection system and detection system doors upon activation 18.2.2.2.5.2, 19.2.2.2 DELAYED-EGRESS ARRANGEMENTS Approved, listed dela installed in accordance permitted on door as ordinary hazard content throughout by an appfire detection system automatic sprinkler standard permitted.  ACCESS-CONTROL ARRANGEMENTS Access-Controlled Equinostalled in accordance permitted.  18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EARRANGEMENTS Elevator lobby exit accordance with 7.2.1 door assemblies in but by an approved, supen detection system and automatic sprinkler system and	ail safely so as to release to the device; the building is vised automatic sprinkler and space is protected by a section system (or is at an attended location (ce); and both the sprinkler as are arranged to unlock the final color (ce); and both the sprinkler as are arranged to unlock the final color (ce); and both the sprinkler as are arranged to unlock the final color (ce); and both the sprinkler as are arranged to unlock the final color (ce); and both the sprinkler and proved, supervised systems are with 7.2.1.6.1 shall be semblies serving low and the semblies serving low and the sprinkler (ce) and approved, supervised automatic fire an approved, supermitted on color (ce) and approved, supervised automatic fire an approved	K	222				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 01 - MAIN BUILDING 430008 B WING 03/05/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 22ND AVE **BROOKINGS HEALTH SYSTEM** BROOKINGS, SD 57006 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 222 | Continued From page 2 K 222 corridor at Inpatient Care to OB), Findings include: 1. Observation beginning on 3/4/25 at 2:00 p.m. revealed the corridor between Inpatient Care to OB had three sets of cross-corridor doors. All three sets of doors were equipped with magnet locks and were identified with EXIT signs. The doors also had an extra sign approximately three inches tall and eight inches wide affixed to the doors stating "NOT AN EXIT". EXIT doors may not be labeled as non-EXITs. It was not determined at the time of the survey how each magnetically locked door functioned (card-swipe, delayed-egress, or access-controlled). Interview at the time of the observation with the maintenance supervisor confirmed that condition. Failure to provide egress doors as required increases the risk of death or injury due to fire. The deficiency affected 100% of the smoke compartment occupants. K 232 Aisle, Corridor, or Ramp Width K 232 Chairs removed from therapy wing exit 3/27/2025 CFR(s): NFPA 101 corridor by Maintenance Supervisor. Hallway clearance will be added to the Aisle, Corridor or Ramp Width maintenance monthly checklist conducted 2012 EXISTING by Maintenance Supervisor. The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5. 19.2.3.4, 19.2.3.5 This STANDARD is not met as evidenced by: Based on observation and interview, the provider

NAME OF PROVIDER OR SUPPLIER  BROOKINGS HEALTH SYSTEM  B. WING	/05/2025
300 22ND AVE	
BROOKINGS, SD 57006	
DEFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPI	(X5) COMPLETION DATE
failed to maintain the required exit corridor width at one location (therapy wing exit). Findings include:  1. Observation on 3/4/25 at 9:50 a.m. revealed the therapy wing on the ground floor was eight feet wide and had approximately six chairs in the corridor along the wall on one side. The chairs were not affixed in place. The chairs could be easily moved to obstruct the path of egress to the exterior EXIT.  Interview with the maintenance supervisor at the time of the observation confirmed that finding. He stated he was unaware the chairs needed to be affixed in place.  The deficiency has the potential to affect egress exit ability for all occupants of that smoke compartment.  K 251  Dead-End Corridors and Common Path of Travel CFR(s): NFPA 101  Dead-End Corridors and Common Path of Travel 2012 EXISTING  Dead-end corridors shall not exceed 30 feet. Existing dead-end corridors greater than 30 feet shall be permitted to be continued to be used if it is impractical and unfeasible to alter them.  19.2.5.2  This STANDARD is not met as evidenced by:  Based on observation, testing, and interview, the provider failed to maintain corridors without dead-ends greater than 30 feet in length for one randomly observed corridor (ER Entrance south side). Findings include:  1. Observation on 3/4/25 at 2:20 p.m. revealed	4/14/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING		(X3) DATE SURVEY COMPLETED		
		430008	B. WING			03/	05/2025
has valous and outperform	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 300 22ND AVE BROOKINGS, SD 57006	E, ZIP CODE		
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K 251	from two sets of cross 100 feet in length and of egress. The two set (each for different co access only and were Interview with the matime of the observation. The deficiency had the smoke compartment Hazardous Areas - ECFR(s): NFPA 101.  Hazardous Areas - EHazardous areas are having 1-hour fire restire rated doors) or as system in accordance. When the approved a system option is used separated from other partitions and doors in Doors shall be self-cland permitted to have protective plates that from the bottom of the Describe the floor and hazardous areas that 19.3.2.1, 19.3.5.9  Area  Separation N/A a. Boiler and Fuel-Fire b. Laundries (larger to c. Repair, Maintenant)	R entrance on the south side s-corridor doors was over did did not have a second path ets of cross-corridor doors rridors) were key-card e not marked as Exits. Sintenance supervisor at the on confirmed that condition.  The potential to affect 100% of the ent occupants. Inclosure  Inclo		New self-closing doc installed to the door pantry storage room b Supervisor.	of the kitchen	was	3/14/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	////www.bisson.com	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING		(X3) DATE SURVEY COMPLETED	
		430008	B. WING		03/	03/05/2025	
	ROVIDER OR SUPPLIER  GS HEALTH SYSTEM			STREET ADDRESS, CITY, STATE, ZIP CODE 300 22ND AVE BROOKINGS, SD 57006			
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K 321	(exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This STANDARD is not met as evidenced by: Based on observation and interview, the provider failed to maintain one randomly observed hazardous area (kitchen pantry storage room) as required. Findings include:  1. Observation on 3/4/25 at 11:45 a.m. revealed the kitchen pantry storage room was over 100 square feet in area and contained combustible items (canned goods, cardboard boxes, plastic-wrapped items). The egress corridor door was not equipped with a closer.		21				
K 522	time of the observation stated it appeared the with a closer at one to the control of the control of the state of the smoke compart HVAC - Any Heating CFR(s): NFPA 101  HVAC - Any Heating Any heating device, or plant, is designed and materials cannot be it safety feature to stop equipment if there is	ed one of numerous ardous storage rooms and ffect 100% of the occupants tment. Device  Device  Device other than a central heating d installed so combustible gnited by device, and has a	К 5	Outside fresh air supplied to the laundry room containing the dry exceeds requirements of the ur combustion (fresh) air required room and dryers. Dedicated co (fresh) air ductwork to each of t fired dryers is not feasible giver the laundry area within our facil discussion and consideration is this observation given the amou combustion (fresh) air entering	yers far nits for to feed the ombustion the four gas- n the location of lity. Additional s requested on unt of	4/14/202	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The company of the company	PLE CONSTRUCTION G 01 - MAIN BUILDING	(X3) DATE SURVEY COMPLETED	
		430008	B. WING		03/05/2025	
	ROVIDER OR SUPPLIER  GS HEALTH SYSTEM			STREET ADDRESS, CITY, STATE, ZIP CODE 300 22ND AVE BROOKINGS, SD 57006		
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K 522	* is chimney or vent of takes air for combus provides for a combus provided area atmost provided and provided pro	onnected.  stion from outside.  ustion system separate from othere.  not met as evidenced by: n and interview, the provider obustion (fresh) air in one rea (laundry). Findings  four commercial Speed ed dryers in the laundry 15 a.m. revealed the  staff working in the laundry lation into the room from  dividual metal exhaust duct ouilding. edicated combustion (fresh) for the operation of the four mercial clothes dryers. Each 165,000 BTU/hr input. were taking combustion air in itself as a result.  ironmental services director in confirmed that finding. He never been equipped with air.	K 52	Further clarification from the SD Depa of Health on NFPA 101 was requested given the amount of combustion (fresh already entering the dryer room. It was determined by EVS Director and Presis & CEO that adequate fresh air is enter the room replenishing oxygen being depleted in the laundry room by the drand no further modification of the exist dryer operation necessary.  Requesting reconsideration of the repredeficiency withing K522.	dent ing yers	