

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

PRINTED: 08/05/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>431308</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/25/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>EUREKA COMMUNITY HEALTH SERVICES - CAH</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 J AVE POST OFFICE BOX 517 EUREKA, SD 57437</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
C 000	INITIAL COMMENTS	C 000		
C1040	<p>AGREEMENTS AND ARRANGEMENTS CFR(s): 485.635(c)(1)(iii)</p> <p>[The CAH has agreements or arrangements (as appropriate) with one or more providers or suppliers participating under Medicare to furnish other services to its patients, including-]</p> <p>(iii) Food and other services to meet inpatients' nutritional needs to the extent these services are not provided directly by the CAH. This STANDARD is not met as evidenced by: Based on interview, record review, and policy review, the provider fail to ensure: *Patients received breakfast under the registered dietitian's direction. *Two of two sampled patients (2 and 3) impaired skin integrity had nutritional assessments completed by the registered dietitian (RD). Findings include:</p> <p>1. Observation on 7/22/24 at 9:45 a.m. of the nutrition station revealed there was a selection of foods including; juices, milk, soup packets, peanut butter, jelly, and bread.</p> <p>Interview on 7/22/24 at 11:30 a.m. with certified dietary manager (CDM) C revealed:</p>	C1040	<p>Dietician revised current so there are now diet extensions for the continental breakfast and snacks so that the nursing staff at the Hospital have guidance as to what food can be offered for each diet. More food options were also added to the continental breakfast. Dietician will train Director of Patient Care Services on the diet options and extensions for each diet. Director of Patient Care Services will have an inservice for nursing staff and train them on the diet options and extensions for each diet so nursing staff know what they can serve to patients in the Hospital for continental breakfast and snacks based on their ordered diet. The Nursing Home dietary staff will continue to bring over any required modified textured foods for patients. Director of Patient Care Services will audit 1 meal and 1 snack per week for 6 weeks and then will audit 1 meal and 1 snack 1 x per month for 3 months to make sure they are meeting the requirements of the diet ordered. Director of Patient Care Services will report findings to the Quality Committee quarterly for 6 months. Continued...</p>	9/1/24

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

**Carmen Weber**

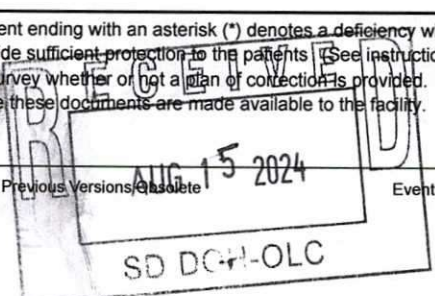
TITLE

**Administrator**

(X6) DATE

**8/14/24**

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C1040	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>*The nursing home was contracted to supply meals to the critical access hospital.</li> <li>*The meals served were lunch and supper.</li> <li>*A continental breakfast was made for the patients by the nursing staff.</li> <li>*The majority of food for the continental breakfast was stored in the attached assisted living facility.</li> <li>*The hospital nursing staff prepared the breakfast there and brought it to the patients.</li> <li>*Snacks were provided by the hospital staff from their nutrition station.</li> </ul> <p>Review of the provider's menu for Thursday 7/25/24 revealed:</p> <ul style="list-style-type: none"> <li>*The RD had reviewed and approved the menu on 4/1/24.</li> <li>*The approved menu included: <ul style="list-style-type: none"> <li>-A continental breakfast. There were no diet extensions (food and portion sizes approved for different patient needs i.e. diabetic) or amounts to be given for the breakfast.</li> <li>-Lunch and supper menus had portions and diet extensions.</li> <li>-Afternoon and bedtime snacks did not have portions or diet extensions indicated.</li> </ul> </li> <li>*The hospital had a small breakfast menu of items for the patients in the hospital to choose from.</li> <li>*Those choices included: <ul style="list-style-type: none"> <li>-Toast, white or whole grain. Butter, jelly, and peanut butter that was diabetic friendly.</li> <li>-Milk</li> <li>-Juice.</li> <li>-Fresh fruit (diabetic friendly).</li> <li>-Boiled egg (diabetic friendly).</li> <li>-Cheese (diabetic friendly).</li> <li>-Oatmeal (diabetic friendly).</li> <li>-Cream of Wheat.</li> <li>-Cold cereal.</li> </ul> </li> </ul>	C1040	"Foods for continental breakfast will be provided to the Hospital by the Nursing Home" will be added to the Agreement for Food Preparation Services. Administrator will report to the Quality Committee at the next meeting that this was added to the agreement.		



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C1040	<p>Continued From page 2</p> <p>-Coffee and tea. -Sugar, sweetener, salt, and pepper. *There were no portion sizes indicated for those food items. *There was no guidance on what diet types, other than regular diets, should have been offered from the menu.</p> <p>Interview on 7/25/24 at 10:00 a.m. with registered nurse (RN) E and nursing assistant (NA) F revealed: *Patients in the hospital were offered the above menu to choose from for their breakfast. *The breakfast was prepared in the assisted living kitchenette by the hospital nursing staff. *There had been no education on what amounts should have been offered to residents on a special diet or if they required modified textures.</p> <p>Interview on 7/25/24 at 11:25 a.m. with CDM C confirmed: *The continental breakfast menu should have been reviewed by the RD. *The hospital nursing staff had not received any education on the correct portions and dietary extensions. *He had not realized the continental breakfast should have had diet extensions. *This was the same way it had been done for years.</p> <p>Interview on 7/25/24 at 12:40 p.m. with physician's assistant G revealed: *The providers were able to select a patient's diet from within the electronic medical record (EMR). *There were several types of diets that could be chosen. *He agreed it was important for certain diets to be available for patients.</p>	C1040		

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C1040	<p>Continued From page 3</p> <p>Review of the 10/25/22 Agreement for Food Preparation Services revealed: *The health care center would furnish two meals and two snacks per day for hospital inpatients. *There was no agreement for providing a breakfast meal.</p> <p>2. Review of patient 3's EMR revealed: *He had been admitted on 1/31/24 and discharged on 2/3/24. *He had admission diagnoses of cellulitis and right knee ulcer (an open sore or wound that develops on the skin). *On 1/31/24 a mini-nutritional screening tool had been completed by the admitting nurse and scored 0 (indicating no nutritional concerns). *Patient 3 had not been assessed by dietary or the registered dietician regarding his right knee ulcer.</p> <p>3. Review of patient 2's EMR revealed: *He had been admitted on 4/22/24 and discharged on 4/25/24. *He had admission diagnoses of right leg cellulitis and right foot ulcer. *On 4/22/24 a mini-nutritional screening tool had been completed by the admitting nurse and he scored 0. *Patient 2 had not been assessed by dietary or the registered dietician regarding his right foot ulcer.</p> <p>Interview on 7/25/24 at 11:25 a.m. with CDM C regarding assessments of patients with wounds revealed he agreed that a note should have been entered into the patient's EMR by himself or the registered dietitian with any recommendations.</p>	C1040	<p>2 &amp; 3: All patients admitted with a diagnoses of Skin Impairment will be assessed by the RN using the Nutrition Assessment on Admission. If the patient scores 2 or greater the patient is considered at risk. Nursing will notify Provider and a Dietary Consult will be ordered. If a Wound Care consult is ordered, a Dietary Consult will also be ordered. The Nutrition Assessment/Reassessment Policy will be reviewed with nursing staff at the Nurses' meeting on 8/13/24 and with Providers at the next Medical Staff meeting on 8/15/24. Director of Patient Care Services will review acute charts upon admission or within 24 hours for Nutritional Assessment scores, appropriate referrals to Wound Care and for referral to Dietician for assessments for 6 months. Director of Patient Care Services will report results quarterly to the Quality committee and monthly to Medical Staff for 6 months. Director of Patient Care Services will review Dietary Consults for completeness and will report results to the Quality Committee until consistently ordered and completed.</p>	8/19/24	



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C1040	Continued From page 4 Review of the provider's revised April 2023 Nutrition Assessment and Reassessment of In-Patients policy revealed: *Patients would have been assessed per nursing referral, physician order, or at the RD's discretion based upon diet order, diagnosis, patients receiving nutrition support, and patients with orders for supplements. *All referrals to wound care should have been transmitted to nutrition services. *If a patient was discharged prior to the completion of physician ordered consult, the RD would have reviewed the EMR and contact the patient, family, or primary care physician as appropriate. An addendum would have been made in the patient's EMR regarding intervention.	C1040			
C1110	RECORDS SYSTEM CFR(s): 485.638(a)(4)(i)  For each patient receiving health care services, the CAH maintains a record that includes, as applicable--  (i) Identification and social data, evidence of properly executed informed consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient; This STANDARD is not met as evidenced by: Based on record review, interview, and policy review the provider failed to ensure six of six sampled patients (29, 30, 31, 32, 33, and 34) had informed consent by the physician prior to their procedure. Findings include:  Review of the provider's consent-Surgery or Invasive Procedure revealed:	C1110			

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C1110	Continued From page 5 <p>**"The patient's name." **"Agree that I will have (patient words)." **"Proposed procedure or treatment (medical terminology)." **"The reason for this treatment/procedure is (medical condition)." **"This will be done or supervised by." **"By signing this consent form, I agree that I have been given the chance to read and ask questions about my condition. I understand the planned procedure(s) and/or treatment(s), options for anesthesia/sedation, other treatment options and risk of non-treatment." **"I have discussed the procedure and the information stated above with the patient (or patient's representative) and answered their questions. The patient or their representative consented to the procedure." **"I have verified that the signature is that of the patient or patient's representative. This form has been signed before the procedure."</p> <p>1. Review of patient 29's electronic medical record (EMR) revealed: *On 2/29/24 a colonoscopy (endoscopic visualization of the colon and small bowel) had been performed. *There was no documentation that the physician had obtained informed consent by the patient prior to the procedure.</p> <p>2. Review of patient 30's EMR revealed: *On 2/29/24 a esophagogastroduodenoscopy (endoscopic visualization of the upper gastrointestinal tract) had been performed. *There had not been any document that the physician had obtained informed consent by patient 30 prior to the procedure.</p>	C1110	Physician performing endoscopic procedures has been informed that informed consent needs to be obtained and dictated by him for each patient undergoing an endoscopic procedure performed in our facility. Informed consent obtained for each endoscopic procedure will be reviewed for every patient for physician dictation after each procedure. Director of Patient Care Services will monitor monthly after day of endoscopic procedures, since endoscopic procedures are only performed once per month. Director of Patient Care Services will report findings quarterly to the Quality committee and monthly to Medical Staff until obtaining of informed consent is consistent.	8/28/24



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C1110	<p>Continued From page 6</p> <p>3. Review of patient 31's EMR revealed: *On 3/26/24 a colonoscopy had been performed. *There was no documentation that the physician had obtained informed consent by the patient prior to the procedure.</p> <p>4. Review of patient 32's EMR revealed: *On 3/26/24 a colonoscopy had been performed. *There was no documentation that the physician had obtained informed consent by the patient prior to the procedure.</p> <p>5. Review of patient 33's EMR revealed: *On 3/6/24 a colonoscopy had been performed. *There was no documentation that the physician had obtained informed consent by the patient prior to the procedure.</p> <p>6. Review of patient 34's EMR revealed: *On 6/25/24 a esophagogastroduodenoscopy and a colonoscopy had been performed. *There was no documentation that the physician had obtained informed consent by the patient prior to the procedure.</p> <p>Interview on 7/24/24 at 9:00 a.m. with director of nursing (DON) B regarding the informed consent process revealed she agreed that there had been no documentation of informed consent by the physician prior to the procedures. *She had been informed that informed consent was not needed prior to the procedure.</p> <p>Review of the provider's June 2024 Informed Consent Policy revealed: **A written confirmation of informed consent must be obtained prior to any medical treatment being performed. Written documentation of the informed consent may be accomplished through</p>	C1110		

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C1110	Continued From page 7 the use of a form or through a provider's dictated note. **"When a form is used to confirm informed consent, it must clearly state the name of the provider who informed the patient and that the patient understood the information." **"The consent form must be properly witnessed. The role of staff in consent process prior to the procedure is to verify the patient's understanding of the content of the consent and the treatment or procedure to which the patient is consenting."	C1110			



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K 000	INITIAL COMMENTS  A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 7/23/24. Eureka Community Health Services - CAH was found in compliance with 42 CFR 485.623 (d) (1) requirements for Long Term Care Facilities.	K 000		

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

**Carmen Weber**

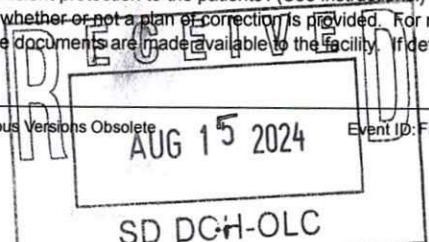
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**8/12/2024**

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E 000	Initial Comments  A recertification survey for compliance with 42 CFR Part 485, Subpart F, 485.625, Emergency Preparedness requirements for Critical Access Hospitals was conducted on 7/23/24. Eureka Community Health Services - CAH was found in compliance.	E 000		

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

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**Administrator**

**8/12/24**

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**AUG 15 2024**

SD DCH-OLC



South Dakota Department of Health

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S 000	Compliance/Noncompliance Statement  A licensure health survey for compliance with the Administrative Rules of South Dakota, Article 44:75, Hospital, Specialized Hospital, and Critical Access Hospital Facilities, was conducted from 7/23/24 through 7/25/24. Eureka Community Heathcare Services Avera was found not in compliance with the following requirement: S0222.	S 000		
S 222	44:75:04:06 Personnel Health Program  The facility shall have a personnel health program for the protection of the patients. Before assignment to duties or within fourteen days after employment, personnel must be evaluated by a licensed health professional to ensure they are not infected with any reportable communicable disease that poses a threat to others including an assessment of previous vaccinations, tuberculin skin tests, or blood assay test. The facility may not allow anyone with a communicable disease, during the period of communicability, to work in a capacity that would allow spread of the disease. Any personnel absent from duty because of a reportable communicable disease that may endanger the health of patients and fellow personnel may not return to duty until they are determined by a physician, physician's designee, physician assistant, nurse practitioner, or clinical nurse specialist to no longer have the disease in a communicable stage.  This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, and policy review, the provider failed to ensure four of four new employees (J, K, L, and M) were evaluated by a licensed health professional and determined to be free from reportable	S 222	All new employees will be evaluated by a licensed health professional to ensure they are not infected with any reportable communicable disease that poses a threat to others including an assessment of previous vaccinations, tuberculin skin tests, or blood assay test before assignment to duties or within fourteen days after employment. Adminrator developed a New Employee Checklist for managers to follow after hiring a new employee to make sure all required documentation is received from the new employee or completed on or by the new employee as well as any training required. Administrator will review the New Employee Checklist with the manager group at Daily Line-up on 8/13/24. Once the checklist is complete for a new employee, the checklist and all required documentation will be given to the Chief Financial Officer to be put in the employee's personnel file. Administrator will review new employee files 1 x per month to make sure the New Employee Checklist is complete and all required documentation and training is complete and is in the employee's personnel file. Administrator will report findings to the Quality Committee quarterly for 1 year.	8/14/24

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

**Carmen Weber**

TITLE

**Administrator**

(X6) DATE

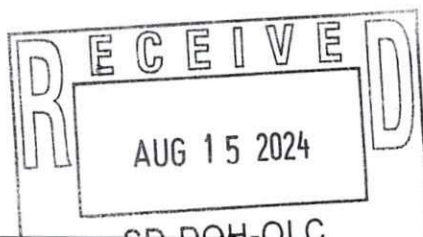
**8/14/24**

STATE FORM

6899

N1PV11

If continuation sheet 1 of 3



South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10538S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/25/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EUREKA COMMUNITY HEALTH SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 J AVE POST OFFICE BOX 517 EUREKA, SD 57437</b>
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(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 222	<p>Continued From page 1</p> <p>communicable diseases within fourteen days after the start of their employment. Findings include:</p> <p>1. Review of employee personnel files revealed: *Registered nurse J had been hired on 7/25/23. *Registered nurse K had been hired on 5/11/22. *Radiology technician assistant L had been hired on 3/13/23. *Certified nursing assistant M had been hired on 4/12/24. *None of the above employees had been evaluated by a licensed health professional and determined to have been free from reportable communicable diseases within fourteen days after the start of their employment.</p> <p>2. Interview on 7/24/24 at 2:05 p.m. with chief financial officer I regarding the above employee files revealed: *The department heads were responsible for completing new employee paperwork. *She filed the paperwork in the new employee files once she received it from the department heads.</p> <p>3. Interview on 7/25/24 at 9:30 a.m. with administrator A regarding the above employee files revealed: *Director of nursing (DON) B did the new employee screening for reportable communicable diseases. *She had called DON B to inquiry about the screening as she was out of the office. *DON B confirmed with the administrator via phone call that she had forgotten to do the employee screening for reportable communicable diseases for new employees J, K, L, and M. *Administrator A stated she would start a checklist to review new employee files.</p>	S 222		



South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10538S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/25/2024</b>
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S 222	<p>Continued From page 2</p> <p>*She knew the policy for pre-employment physical examinations was in the employee handbook. *Her expectation was they would follow their policy. *She agreed they did not follow the pre-employment physical examination policy.</p> <p>4. Review of the provider's undated Employee Handbook revealed, "After a job offer is extended and before beginning work, each employee must be evaluated by a licensed health professional to ensure they are not infected with any reportable communicable diseases."</p>	S 222		