STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43G028	A. BUILDING **01 - THE COTTAGE** B. WING _____	**06/11/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAKOTA REACH PROGRAM	**1400 10TH ST PLANKINTON, SD 57368**

(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 focused fundamental survey for compliance with the Life Safety Code (LSC) (2012 new healthcare occupancy) was conducted on 6/11/25. Dakota Reach Program building 01 (Cottage building) was found not in compliance with 42 CFR 483.470 (j)(2)(l) requirements for intermediate care facilities for individuals with intellectual disabilities. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of deficiencies identified at K712 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 712	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This STANDARD is not met as evidenced by: Based on record review and interview, the provider failed to conduct and document fire drills quarterly for three of three shifts. Findings include: 1. Review of the provider's fire drill documentation	K 712	• Administration will draft a policy by July 15th, 2025, to establish protocols to ensure compliance with 42 CFR 483.470 (j)(2)(l) to include the following: Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. • Dakota Reach staff will be trained on the new Policy of Fire Drills. Dakota Reach staff will review the policy and sign the policy using our Relias training software by July 26, 2025. • Dakota Reach program manager and PQI staff will audit the fire drills quarterly for compliance. The fire Drill report is already drafted and in use across other programs.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Johnathan Trunkey (Jul 25, 2025 08:31:39 CDT)

TITLE: Executive Director

(X6) DATE: Jul 24, 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	(X3) DATE SURVEY COMPLETED
	43G028	A. BUILDING **01 - THE COTTAGE** B. WING _____	**06/11/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAKOTA REACH PROGRAM	**1400 10TH ST PLANKINTON, SD 57368**

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K 712	Continued From page 1 revealed only one fire drill had been documented since January 2025. Interview with Quality Improvement (PQI) and Strategic Initiatives Specialist A on 6/11/25 at 2:30 p.m. revealed: *Staff were to complete the fire drills and then document those drills in the electronic records. *She confirmed there were no records of fire drills since the drill in January 2025. *She could not verify that fire drills had been conducted.	K 712	Addendum added 7/16/2025 ** Program Manager and PQI staff will audit and document the results of the fire drill compliance monthly for the next 6 months. If the results of the monthly audit show compliance, the audit can then move to a quarterly rotation.	

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	43G028	A. BUILDING _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAKOTA REACH PROGRAM	1400 10TH ST PLANKINTON, SD 57368

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W 000	INITIAL COMMENTS A focused fundamental survey for compliance with 42 CFR Part 483, Subpart 1, requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities was conducted from 6/10/25 through 6/11/25. Dakota Reach Program was found in compliance.	W 000		

John Trulay — Executive Director — 7-3-25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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E 000	Initial Comments A focused fundamental survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for intermediate care facilities for individuals with intellectual disabilities, was conducted on 6/11/25. Dakota Reach Program was found in compliance.	E 000		

Executive Director — 7-3-25

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.