

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 433886	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/01/2023
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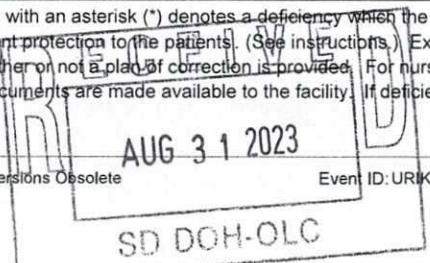
NAME OF PROVIDER OR SUPPLIER AVERA MEDICAL GROUP WAUBAY	STREET ADDRESS, CITY, STATE, ZIP CODE 80 N MAIN STREET PO BOX 215 WAUBAY, SD 57273
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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J 000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 491, Subpart A, requirements for rural health clinics, was conducted on 8/1/23. Avera Medical Group Waubay was found not in compliance with the following requirements: J042 and J125.	J 000		
J 042	PHYSICAL PLANT AND ENVIRONMENT CFR(s): 491.6(b) and (b)(1) 491.6(b) Maintenance: The clinic . . . has a preventive maintenance program to ensure that: (1) All essential mechanical, electrical and patient-care equipment is maintained in safe operating condition; This STANDARD is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure two of two fire extinguishers had been serviced annually. Findings include: 1. Observation on 8/1/23 at 8:30 a.m. in the clinic lobby and at 9:00 a.m. in the x-ray room revealed both fire extinguishers had been serviced in March 2022. Interview on 8/1/23 at 11:10 a.m. with clinic manager A revealed the fire extinguishers should have been serviced annually and were past due. Review of the provider's December 2021 "Monthly Fire Extinguisher Inspections" policy revealed fire extinguishers required an annual service.	J 042	J042 Pies Fire Equipment completed the annual inspection on 8/7/23. Annual fire inspection will be added to the Waubay Clinic's quality measurements for FY2024, and reviewed quarterly by the Clinic Manager. The Clinic Manager will review the "Monthly Fire Extinguisher Inspections" policy with the RN and PA-C at the Waubay Clinic.	9/15/23
J 125	PROVISION OF SERVICES	J 125		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Patti Swenson, Clinic Manager	TITLE 8/30/2023	(X6) DATE
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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.



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

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FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER AVERA MEDICAL GROUP WAUBAY			STREET ADDRESS, CITY, STATE, ZIP CODE 80 N MAIN STREET PO BOX 215 WAUBAY, SD 57273	
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J 125	Continued From page 1 CFR(s): 491.9(b)(3)(iii) 491.9(b) Patient care policies. (3) The policies include: (iii) Rules for the storage, handling, and administration of drugs and biologicals. This STANDARD is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure expired vaccinations were not available for patient use. Findings include: 1. Observation on 8/1/23 at 10:20 a.m. revealed: *Eight vials of FluBlok that had expired on 6/9/23. *Four vials of Influenza HighDose that had expired on 6/30/23. *Twenty-three vials of Flulaval that had expired on 6/30/23. Interview on 8/1/23 at 12:00 p.m. with registered nurse (RN) B revealed: *The vaccinations should have been checked monthly. *Confirmed the vaccinations were outdated and had not been checked. Review of the provider's 8/9/22 "Storage of Drugs" policy revealed all expired drugs should have been checked and disposed of in an appropriate manner.	J 125	J125 The expired vials of Flulaval were destroyed on 8/8/23. A monthly medication outdate form will be completed by the Waubay clinic RN on the 5th of each month, and forwarded to Clinic Manager via email by the clinic RN. A paper copy will be kept in the clinic lab. This will be continued for six months. Due 5th of each month. A reminder will be set up on Outlook calendar to complete this task each month. Clinic Manager will review "Storage of Drugs" policy with RN and PA-C in Waubay Clinic on September 13, 2023. Completion of monthly medication outdates will be added to the Waubay Clinic Quality measurements for Fiscal Year 2024, and will be reviewed quarterly by the Clinic Manager.	9/15/23

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NAME OF PROVIDER OR SUPPLIER AVERA MEDICAL GROUP WAUBAY	STREET ADDRESS, CITY, STATE, ZIP CODE 80 N MAIN STREET PO BOX 215 WAUBAY, SD 57273
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J 000 INITIAL COMMENTS

J 000

A revisit health survey for compliance with 42 CFR Part 491, Subpart A, requirements for rural health clinics, was conducted on 9/19/23. Avera Medical Group Waubay was found in compliance.

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

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