STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435109	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/23/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRESTEEL HEALTHCARE CENTER	**1120 EAST 7TH AVENUE** **MITCHELL, SD 57301**

(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 4/23/25 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Firesteel Healthcare Center was found not in compliance. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of the deficiencies identified at K226, K271, and K920 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 226 SS=E	Horizontal Exits CFR(s): NFPA 101 Horizontal Exits Horizontal exits, if used, are in accordance with 7.2.4 and the provisions of 18.2.2.5.1 through 18.2.2.5.7, or 19.2.2.5.1 through 19.2.2.5.4. 18.2.2.5, 19.2.2.5 This REQUIREMENT is not met as evidenced by: Based on observation testing and interview, the provider failed to maintain the fire-resistive design of two randomly observed building separation walls (New entry/admin addition and Therapy area). Findings include: 1. Observation on 4/23/25 at 11:16 a.m. revealed a two-hour, fire-rated separation wall between the nursing home and the entry/admin addition ran along the south side of the activities room. That fire-rated separation wall was maintained by a set	K 226	1. The first doors listed in the deficiency were immediately corrected during survey. The door between nursiing home and entry/admin addition closes properly:Ensuring upon alarm of fire system both doors close automatically and latch upon activation of fire alarm system.The 2nd door mentioned in the report was fixed immediately upon observation. Both doors now close properly, upon activation of fire alarm system automatically closing and latching. 2. To ensure this deficienct practice does not occur repeatedly during fire alarm drills, facility will have a IDT member at each fire rated door, watching closely to ensure each door is automatically closing and latching, prior to this facility would have solely maint personell watching the doors, if we make it a team effort we will be able to ensure every fire door is monitored. 3. Maintenance supervisor will continue with Fire Drills 1x monthly, as noted about IDT members will be assigned to a door and return results to maintenance supervisors noting if doors automically closed and latched as they should. 4. Maintenance supervisor will bring the results of the audits to the monthly QAPI meeting for further review and recommendation to continue or discontinue the audit.	5/20/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Petar Mirkovic*

TITLE: Executive Director

(X6) DATE: 05/17/2025

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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FIRESTEEL HEALTHCARE CENTER	**1120 EAST 7TH AVENUE MITCHELL, SD 57301**

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K 226	Continued From page 1 of 90-Minute fire rated doors at the entrance to the activities office. Testing of that set of doors at that same time revealed the east leaf activated the automatic flush-bolt of the west leaf under the power of the door closer, however the strike of the east leaf did not latch into the other leaf when tested. Fire-rated doors must automatically close and latch upon activation of the building's fire alarm system to maintain their fire rating, and the fire rating of the associated wall they are installed in. 2. Observation on 4/23/25 at 11:46 a.m. revealed a set of 90-minute cross corridor doors in the two-hour fire-rated separation wall just west of the therapy wing. Testing of those doors at that same time revealed the south leaf would strike the north leaf causing it not to close and latch under the power of the door closer. Fire-rated doors must automatically close and latch upon activation of the building's fire alarm system to maintain their fire rating, and the fire rating of the associated wall they are installed in. The deficiency could affect 100% of the occupants of the smoke compartments on either side of those fire-rated doors. Interview with the maintenance supervisor at the time of the observations confirmed those findings. He stated they were working when he last tested them during the building's last fire drill the month prior. He further stated he tried to keep the speed of the closers slow to keep the doors from striking residents should they be in front of them when they close.	K 226		
K 271 SS=D	Discharge from Exits CFR(s): NFPA 101	K 271	see below	

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K 271	Continued From page 2 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to maintain egress paths free of hazards for one randomly observed exit (northeast [400] wing). Findings include: 1. Observation on 4/23/25 at 2:26 p.m. revealed the exit for the northeast (400) wing had a concrete path paved to a public way. That concrete path had a section just past the stoop with joint that created an abrupt level change of greater than one-quarter of an inch within the path of egress. That section of the concrete path had an abrupt level change of approximately two inches in height. Further observation at that same time revealed a temporary repair had been previously attempted, however that repair had failed and left that two-inch change in level for approximately one-half of the egress path. Ref. LSC 7.1.6.2 Interview with the maintenance supervisor at the time of the observation confirmed that condition. He stated that section of the concrete path must have shifted with the soil leaving the abrupt level change. The deficiency had the potential to affect 100% of that smoke compartment's occupants.	K 271	1.A construction company on 05/14/2025 demolished the previous concrete square that had an abrupt level of change, on same day 5/14/2025 a new concrete slab square was poured. With this new slab square poured the pathway of that exit has a level walking surface area. 2. Facility audited all other exits and side walk path from each exit, no other abnormalities noticed, no abrupt level of change in path of egress. 3. Maintenance supervisor will together with ED monitor each discharge exit monthly, to clarify Maint-supervisor and ED together will walk outside of each discharge exit and visually monitor for any abrupt level changes that would be unsafe for proper exit pathway. 4. If Maintenance supervisor/ED find an additional unsafe discharge from exit during visual audits, they will contact a construction company for immediate quote to replace that section needing repair. 5. Maintenance department will bring these results to QAPI and facility safety meeting to monitor results.	5/20/25

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K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to ensure extension cords and power strips were used in an allowed manner in two randomly observed locations (beauty shop and room 1). Findings include: 1. Observation on 4/23/25 at 11:16 a.m. revealed the easternmost hair dryer in the beauty shop was plugged into the convenience outlet of the hair dryer to the west of it, effectively turning that device into an extension cord. Further inspection	K 920	1. Corrective action: Maintenance department audited all resident rooms in the building and found 6 rooms that had extension cords/power strips being used for medical devices. The power strips were taken out of the rooms, the rooms were either rearranged to ensure all medical equipment is plugged into wall receptacles or Muth Electric was called to install additionall outlets. 2. Facility did start EmpRes Caring Rounds, each leader is assigned specific rooms and during rounds this is one item that will be looked at. 3. Maintenance supervisor will audit 1 room on each wing x 4 weeks to ensure no medical equipment plugged into extension cord, following compliance of weekly audits this will move to auditing 1 room each wing monthly for 3 months. 4. Results will be brought to the monthly QAPI meeting to ensure satisfactory results.	5/20/25

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K 920	Continued From page 4 at that same time revealed that convenience outlet on the western hair dryer was only rated for a total ampacity of three amps. Inspection of the east hair dryer revealed it was rated for up to a twelve-amp draw. Electrical devices need to be used as designed and within their electrical ratings to maintain safe use, and to comply with the National Electric Code (NEC). Interview with the maintenance supervisor at that same time confirmed those findings. He stated he was unaware that condition existed. He further stated he agreed something with a twelve-amp draw should not be plugged into an outlet rated for three amps. He went on to say he believed the person who "did hair" must have done that. 2. Observation on 4/23/25 at 2:54 p.m. revealed resident room 214 had an oxygen concentrator in the middle of the room. That concentrator was plugged into a power strip which was lying loose on the floor. That power strip was not mounted to the device and was functioning as an extension cord. Interview with the maintenance supervisor at that same time confirmed those findings. He stated the facility had limited outlets in most of the rooms. He also stated they had provided that concentrator with very long tubing to combat the need for a longer cord. He went on to say he believed a family member must have brought that power strip into the facility.	K 920		

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E 000	Initial Comments A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness requirements for Long Term Care Facilities, was conducted on 4/23/25. Firesteel Healthcare Center was found in compliance.	E 000		

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

Petar Mirkovic | Executive Director | 05/17/2025

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