STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	431322	A. BUILDING _____ B. WING _____	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FALL RIVER HOSPITAL - CAH	1201 HIGHWAY 71 SOUTH HOT SPRINGS, SD 57747

(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 A recertification health survey for compliance with 42 CFR Part 485, Subpart F, Subsections 485.601-485.649, requirements for Critical Access Hospitals, was conducted from 6/23/26 through 6/25/26. Fall River Hospital was found not in compliance with the following requirements: C914 and C1206.	C 000		
C 914	MAINTENANCE CFR(s): 485.623(b) , 485.623(b)(1) The CAH has housekeeping and preventive maintenance programs 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, record review, manufacturer's instructions for use (IFU) review, and policy review, the provider failed to ensure: *Three of three blanket warmers were operating within the manufacturer's recommended temperatures. *One of one hydrocollators (specialized medical device used in physical therapy and sports medicine to heat and store therapeutic moist heat packs) had temperature checks documented and cleaning performed per the manufacturer's IFU. Findings include: 1. Observation on 6/23/26 at 10:49 a.m. in the equipment room adjacent to the nurse's station revealed an Amsco blanket warmer. Inside the blanket warmer there were four blankets and a thermometer that read 145 degrees Fahrenheit (F). The manufacturer's IFU inside the door of the	C 914	The plant operations director or designee will adjust three of three blanket warmers ensuring these warmers are operating within the manufacturer's recommended temperature range not to exceed 120 degrees. The Chief Nursing Officer (CNO) or designee will inspect all blanket warmers weekly for three months to ensure they are operating within the manufacturer's recommended temperature range. The CNO or designee will educate all caregivers regarding the manufacturer's recommended temperature range, and educate on the facility blanket warmer policy The CNO or designee will monitor all blanket warmers weekly for three months to ensure temperature settings are meeting the manufacturer's recommendation of 120 degrees or less.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 7.14.2026

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
	431322	A. BUILDING _____ B. WING _____	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FALL RIVER HOSPITAL - CAH	1201 HIGHWAY 71 SOUTH HOT SPRINGS, SD 57747

(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 914	Continued From page 1 blanket warmer read, "1. Place blanket shelf in compartment. 2. Place blankets on blanket shelf. 3. Set selector to setting (noted on selector dial) Not to exceed 120 (degrees) F (Fahrenheit). 4. Turn control switch to "On". On top of the blanket warmer was a June 2026 blanket warmer log. The blanket warmer log stated, "Normal Range Between 135-145 Degrees". The documented temperatures on the blanket warmer for the month of June ranged from 130 to 155 degrees F. 2. Interview on 6/23/26 at 4:00 p.m. with environmental services director C regarding the blanket warmer revealed, he was unaware the blanket warmer should have been set at 120 degrees. He agreed the blanket warmers should have been set at 120 degrees according to the manufacturer's IFU. He confirmed the blanket warmer had been running between 130-155 degrees. 3. Observation and interview on 6/23/26 at 4:20 p.m. with director of outpatient services E revealed there was a blanket warmer stored in the storage room in the radiology department. There were three blankets inside the blanket warmer. The blanket warmer was set at 135 degrees F. He was unaware of what temperature the blanket warmer was supposed to be set to. He confirmed that the blanket warmer had been running between 135 and 145 degrees F. 4. Interview on 6/24/25 at 8:05 a.m. with chief nursing officer (CNO) B regarding the blanket warmers revealed that the nursing staff was responsible for recording the blanket warmer temperatures. She was unaware of the	C 914	The CNO or designee will notify the environmental services director of any blanket warmer operating above 120 degrees. The CNO or designee will report audit findings to the quality assurance team monthly for three months for further recommendation. The CNO or designee will edit the blanket warmer log to reflect the manufacturer's recommended temperature not to exceed 120 degrees F.	8/09/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	431322	A. BUILDING _____ B. WING _____	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FALL RIVER HOSPITAL - CAH	1201 HIGHWAY 71 SOUTH HOT SPRINGS, SD 57747

(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 914	Continued From page 2 appropriate temperature setting for the blanket warmers. The maintenance department would be notified if there was an issue with a blanket warmer. She agreed that the blanket warmers should not be set above 120 degrees according to the manufacturer's IFU. 5. Interview on 6/25/26 at 10:30 a.m. with chief executive officer (CEO) A regarding the blanket warmers revealed, he expected staff to follow the provider's policies and the manufacturer's IFU. He agreed the blanket warmers had been running above the recommended temperature. 6. Review of the June 2026 ER (Emergency Room) Blanket Warmer Log revealed the recorded temperatures were between 130 and 136 degrees F. Review of the June 2026 Radiology Blanket Warmer Log revealed the recorded temperatures were between 135 and 142 degrees F. 7. Review of the provider's undated Blanket Warmer Temperature Check policy revealed, "Daily temperature checks will ensure the warmer is operating properly. 1. Blanket warmer will be temperature checked daily by nursing staff. 2. Temperature will be recorded daily on the log sheet attached to warmer. 3. Maintenance will be notified of any out of range temperatures." 8. Observation on 6/24/26 at 12:40 p.m. in the equipment room located in the therapy department revealed a Chatanooga Hydrocollator Stationary Heating Unit stored on the countertop. There was no log to document the temperature or cleaning of the hydrocollator located in the room.	C 914		

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	431322	A. BUILDING _____ B. WING _____	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FALL RIVER HOSPITAL - CAH	1201 HIGHWAY 71 SOUTH HOT SPRINGS, SD 57747

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C 914	Continued From page 3 9. Interview on 6/24/26 at 12:50 p.m. with therapy manager F revealed physical therapy staff performed cleaning of the hydrocollator monthly. He confirmed staff did not document the cleaning. The temperature of the water in the hydrocollator was taken before each use. He confirmed staff did not document these temperatures. 10. Interview on 6/25/26 at 10:35 a.m. with CEO A regarding the hydrocollator revealed that he expected staff to follow the manufacturer's IFU for temperatures and cleaning. He agreed that temperatures and cleaning of the hydrocollator should have been documented. 11. Review of the IFU for the hydrocollator revealed that regular cleaning and draining of the tank should be done every two weeks. The interior of the unit should be cleaned at least every two weeks. The recommended operating temperature is between 160 and 165 degrees F. The water temperature should be checked after every adjustment and before every use. 12. A policy for cleaning and use of the hydrocollator was requested and was not provided by the end of the survey.	C 914	The therapy manager or designee will implement a temperature and cleaning log for the hydrocollater. The therapy manager or designee will record hydrocollater temperatures daily and clean the device bi-weekly per manufacturer recommendation, also recording this maintenance. The therapy manager or designee will educate all therapy staff regarding manufacturer's IFU for temperature's and cleaning of the hydrocollater. The therapy manager or designee will educate all therapy staff regarding the facility hydrocollater maintenance policy. The therapy manager or designee will monitor temperature and maintance logs monthly for three months to ensure policy compliance. The therapy manager or designee will report audit findings to the quality assurance team monthly for three months for further recommendation.	8/09/2026
C1206	INFECTION PREVENT & CONTROL POLICIES CFR(s): 485.640(a)(2) The infection prevention and control program, as documented in its policies and procedures, employs methods for preventing and controlling the transmission of infections within the CAH and between the CAH and other healthcare settings; This STANDARD is not met as evidenced by: Based on observation, interview, manufacturer's instructions for use (IFU) review, Association for	C1206		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	431322	A. BUILDING _____ B. WING _____	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FALL RIVER HOSPITAL - CAH	1201 HIGHWAY 71 SOUTH HOT SPRINGS, SD 57747

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C1206	Continued From page 4 the Advancement of Medical Instrumentation (AAMI) review, and policy review, the provider failed to ensure that approximately 10 of 50 surgical instruments wrapped with surgical tape were free from cracks, rips, tears, and discoloration. Findings include: 1. Observation on 6/23/26 at 10:40 a.m. in the emergency department (ED) exam room 3 revealed approximately 10 of 50 sterile instruments with surgical instrument marking tape that was peeling away from the instruments. This created the potential for bacteria to remain on the surgical instruments and that could potentially infect the patient, and lead to serious complications 2. Interview on 6/23/26 at 3:40 p.m. with clinical care technician D revealed that her duties included applying identification tape to the surgical instruments and sterilizing them. She agreed that if the surgical tape was peeling away from the instrument, that would be an infection control concern, and the instrument should not be used. It was her expectation that if ED staff found instruments with peeling tape, they would remove the instruments from use and have the surgical tape replaced. 3. Interview on 6/23/26 at 4:50 p.m. with chief nursing officer (CNO) B revealed that she considered tape peeling from sterile instruments an infection control concern and the instruments should not have been used. 4. Review of online instructions for Shamrock Scientific SMT-38 Specialty Instrument Marking	C1206	The CNO or designee will inspect all instruments for surgical tape cracks, rips, tears, or discoloration and remove these items from use. The sterilization policy will be reviewed and edited. The CNO or designee will remove all instrument labeling tape. The use of tape will be discontinued per revised policy. The CNO or designee will monitor all sterilized instruments weekly for three months to ensure tape is removed. The CNO or designee will educate all sterilization staff regarding the change in instrument labeling and sterilization. The CNO or designee will report audit findings to the quality assurance team monthly for three months for further recommendation.	8/09/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	431322	A. BUILDING _____ B. WING _____	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FALL RIVER HOSPITAL - CAH	1201 HIGHWAY 71 SOUTH HOT SPRINGS, SD 57747

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C1206	Continued From page 5 Tape revealed "Inspection: Routinely check the instruments during sterile processing. If the tape begins to crack, chip, or peel, remove it entirely." 5. Review of the 2017 AAMI-ST 79 guidelines, pg. 40 revealed "Instruments should be carefully inspected for flaws, damage, debris, detergent residue, and completeness, then dried. Instrument tape and plastic dipping material, when used properly, are ways of identifying specific instruments. These types of marking products wear out over time and staff need to inspect them each time the instrument is processed, check them for wear according to the IFU of the product used, and replace them as often as needed." 6. Review of the provider's undated infection control policy revealed "Purpose: To reduce the risk of health care related infections among employees and patients receiving care at [provider name]. To prevent the transmission of infectious disease to patients, employees and facility visitors, and to take necessary measures to prevent the spread of communicable disease within the facility."	C1206		

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	431322	A. BUILDING **1A - MAIN BUILDING** B. WING _____	**06/23/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FALL RIVER HOSPITAL - CAH	**1201 HIGHWAY 71 SOUTH** **HOT SPRINGS, SD 57747**

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K 000	INITIAL COMMENTS A recertification survey was conducted on 6/23/26 for compliance with 42CFR 485.623(d)(1), requirements for critical access hospitals (and swing bed). Fall River Hospital - CAH was found in compliance.	K 000		

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

CEO 7-14-2026

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	431322	A. BUILDING _____ B. WING _____	06/23/2026

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FALL RIVER HOSPITAL - CAH	1201 HIGHWAY 71 SOUTH HOT SPRINGS, SD 57747

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E 000	Initial Comments A recertification health survey for compliance with 42 CFR Part 485, Subpart F, Subsection 485.625, Emergency Preparedness, requirements for Critical Access Hospitals, was conducted on 6/23/26. Fall River Hospital - CAH was found in compliance.	E 000		

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

CEO | 7-14-2026

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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47569S	A. BUILDING: _____ B. WING _____	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FALL RIVER HOSPITAL	1201 HIGHWAY 71 S HOT SPRINGS, SD 57747

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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 6/23/26 through 6/25/26. Fall River Hospital was found in compliance.	S 000		

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

TITLE: CEO

(X6) DATE: 7-14-2026