

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

PRINTED: 06/13/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 433444	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER RURAL MEDICAL CLINICS - MENNO			STREET ADDRESS, CITY, STATE, ZIP CODE 301 S HIGH ST POST OFFICE BOX 307 MENNO, SD 57045		
(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	
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 6/10/25. Rural Medical Clinics-Menno was found not in compliance with the following requirement: J161.	J 000			
J 161	PROGRAM EVALUATION CFR(s): 491.11(a)-(c) § 491.11 Program evaluation. (a) The clinic or center carries out, or arranges for, a biennial evaluation of its total program. (b) The evaluation includes review of: (1) The utilization of clinic or center services, including at least the number of patients served and the volume of services; (2) A representative sample of both active and closed clinical records; and (3) The clinic's or center's health care policies. (c) The purpose of the evaluation is to determine whether: (1) The utilization of services was appropriate; (2) The established policies were followed; and (3) Any changes are needed. This STANDARD is not met as evidenced by: Based on record review, policy review, and interview, the provider failed to ensure a biennial (every other year) evaluation of the program had been performed for one of one rural health clinics	J 161	On June 10, 2025, the clinic was found not in compliance with §491.11 for failing to conduct biennial evaluations of its total program as required. To address this deficiency, the clinic will implement the following corrective actions: • The RHC Annual Review Policy and Procedure for conducting biennial program evaluations was reviewed on 6/18/25 by Clinic Manager, Director of Quality, Hospital DON, and CEO. The policy includes a clinic overview, review of clinic service utilization (including patient volume and types of services provided), a representative sample of both active and closed patient records, the clinic's healthcare policies, personnel evaluations, and identified issues. • The CEO educated the Clinic Manager on 6/18/25 on the program evaluation requirements and RHC Annual Review Policy and Procedure. • The Clinic Manager will educate the clinic nursing staff and providers regarding the policy 'RHC Annual Review Policy and Procedure' by 6/27/25. • The 2022-2024 program evaluation will be reviewed at the QAPI meeting on 7/3/25. To ensure ongoing compliance, the program evaluation will be reviewed by QAPI Committee annually. • The 2022-2024 program evaluation will be completed by 7/9/25.	7/23/25	

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

Cathy Hume

TITLE

Administrator/CEO

(X6) DATE

6/23/25

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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J 161	<p>Continued From page 1 (RHC). Findings include:</p> <p>1. Review of the provider's records for biennial review revealed: *The last Rural Health Clinic Annual Review had occurred in 2021. *Registered nurse (RN)/clinic manager A had reviewed the policies and procedures annually. *The quality assurance program had reviewed open and closed records on a monthly basis for three years. *The clinic manager A had information concerning utilization of services to include patient numbers. *There had not been a formal evaluation of the above listed information with the medical director, mid-level provider, community member, and the clinic manager since 2021.</p> <p>Review of the provider's 12/2023 RHC Annual Review of Policy and Procedure policy revealed: *"An annual evaluation committee to perform\review the RHC Annual Evaluation Review members will include Medical Director, Nurse Practitioner or Physician Assistant, a Non-Member of the clinic, Clinic Manager, Clinic Nurse Manager and Registered Medical Assistant (RMA), Licensed Practical Nurse (LPN), or Registered Nurse (RN)." *The following areas would have been evaluated: -Clinic overview. -Utilization of services. -Number of patients seen. -Audit of active and closed medical charts. -Policies. -Personnel evaluations. -Identified issues. -Recommendations to improve patient care.</p>	J 161			

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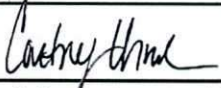
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J 161	Continued From page 2 Interview on 6/10/25 at 12:15 p.m. with clinic manager A revealed she: *Had fallen behind and had not performed the biennial evaluation since 2021. *Had gathered all the required information, but had not evaluated the information with the evaluation committee. *Had not followed the provider's policy for the evaluation.	J 161		

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E 000	Initial Comments A recertification survey for compliance with 42 CFR Part 491.12, Subpart A, Emergency Preparedness requirements for rural health clinics, was conducted on 6/10/25. Rural Medical Clinics-Menno was found in compliance.	E 000		6/23/25	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
		Administrator/CEO	6/23/2025

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