

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>11079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/05/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EUREKA COMMUNITY HEALTH SERVICES-ALC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 J AVE POST OFFICE BOX 517 EUREKA, SD 57437</b>
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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) COMPLETE DATE
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S 000	Compliance Statement  A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted on 7/5/23. Eureka Community Health Services ALC was found not in compliance with the following requirement: S296.	S 000		
S 296	44:70:04:04 Personnel training  Ongoing education programs must cover the required subjects annually. These programs must be completed within 30 days of hire for all healthcare employees and must include the following subjects: (1) Fire prevention and response. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, monthly fire drills shall be conducted to provide training for all staff; (2) Emergency procedures and preparedness; (3) Infection control and prevention; (4) Accident prevention and safety procedures; (5) Resident rights; (6) Confidentiality of resident information; (7) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; (8) Nutritional risks and hydration needs of residents; (9) Abuse, neglect, and misappropriation of resident property and funds; (10) Problem solving and communication techniques related to individuals with cognitive impairment or challenging behaviors if admitted and retained in the facility, and; (11) Any additional healthcare employee	S 296		

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

Carmen Weber

STATE FORM

TITLE

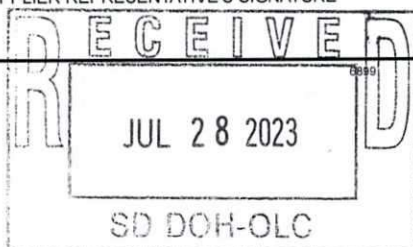
Administrator

KBUQ11

(X6) DATE

7/17/23

If continuation sheet 1 of 2



South Dakota Department of Health

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S 296	<p>Continued From page 1</p> <p>education necessary based on the individualized resident care needs provided by the healthcare employees to the residents who are accepted and retained in the facility.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to perform fire drills that required resident evacuation during sleeping hours. Findings include:</p> <p>1. Record review on 6/5/23 at 12:45 p.m. revealed there was no documentation of fire drills during the overnight hours which included resident evacuation. Life Safety Code chapter 33.7.3.1 requires resident training evacuation during sleeping hours.</p> <p>Interview with the facility services staff member F at the time of the record review confirmed those findings. He was unaware of the requirement to evacuate residents during sleeping hours.</p> <p>The deficiency had the potential to affect 100% of the residents of the assisted living.</p>	S 296	<p>The facility will perform fire drills that require resident evacuation during sleeping hours twice a year. This will be performed for all residents of the facility.</p> <p>All residents and Assisted Living staff will be trained on how resident evacuation will take place during fire drills occurring during overnight hours. This training will take place on or before July 23, 2023.</p> <p>Facility Services staff member F will update documentation of fire drills to include evacuation during sleeping hours. Staff member F will also retain documentation of training held for residents and staff regarding evacuation fire drills. Monitoring of fire drills will be done on a monthly basis.</p> <p>Facility Services staff member F will report results of the evacuation fire drills on a quarterly basis at the quarterly Quality Committee meeting. The results of the monitoring will be reported on the Facility Quality Dashboard monthly for one year.</p>	07/23/23

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NAME OF PROVIDER OR SUPPLIER  <b>EUREKA COMMUNITY HEALTH SERVICES-ALC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 J AVE POST OFFICE BOX 517 EUREKA, SD 57437</b>
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{S 000}	<p>Compliance Statement</p> <p>A revisit survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted on 9/12/23, for all previous deficiencies cited on 7/5/23. All deficiencies have been corrected, and no new noncompliance was found. Eureka Community Health Services - ALC was found in compliance with all regulations surveyed.</p>	{S 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE