

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

PRINTED: 05/08/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431332	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 04/29/2025
NAME OF PROVIDER OR SUPPLIER AVERA DE SMET MEMORIAL HOSPITAL - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 306 PRAIRIE AVENUE SW POST OFFICE BOX 160 DE SMET, SD 57231		
(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 222	<p>Continued From page 1</p> <p>electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS</p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p> <p>18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</p> <p>Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 This STANDARD is not met as evidenced by: Based on observation, testing, and interview, the provider failed to provide egress doors as required at randomly observed locations (south</p>	K 222			

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K 222	<p>Continued From page 2 entrance and Emergency Department entrance). Findings include:</p> <p>1. Observation on 4/29/25 at 1:12 p.m. revealed the sliding portion of the exterior exit door at the south entrance was equipped with mechanical lock hardware that could prevent immediate use of the means of egress in an emergency. Testing of that lock revealed it operated with a thumb latch like a dead bolt however the bolt of the lock would hook into the doorframe. The breakaway function of that sliding door was disabled once that lock was deployed.</p> <p>2. Observation on 4/29/25 at 1:19 p.m. revealed the sliding portion of the exterior exit door at the south entrance was equipped with mechanical lock hardware that could prevent immediate use of the means of egress in an emergency. Testing of that lock revealed it operated with a thumb latch like a dead bolt however the bolt of the lock would hook into the doorframe. The breakaway function of that sliding door was disabled once that lock was deployed.</p> <p>Interview with the plant operations manager at that same time as the observation confirmed those conditions. He stated he had started within the last two months and was not aware those locks created an issue.</p> <p>Failure to provide egress doors as required increases the risk of death or injury due to fire.</p> <p>Ref: 2012 NFPA 101 Section 19.2.2.2.4, 7.2.1.6.2</p>	K 222	<p>The exit door hardware will be replaced on both doors with non-locking hardware to comply with egress door requirements. The maintenance supervisor has ordered non locking hardware to replace the locking hardware. Upon arrival the parts will be replaced within 48 hours and prior to 5/30/25. The completion of the non-latching hardware installation will be reported to the quality coordinator by the maintenance supervisor by 05/30/25. The maintenance supervisor will monitor monthly and report compliance of egress door requirements to the quality coordinator monthly beginning May 2025. The maintenance supervisor will continue to monitor egress door compliance monthly to the quality coordinator until notified by the quality coordinator that monthly monitoring may stop.</p>	05/30/2025	

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E 000	Initial Comments A recertification survey for compliance with 42 CFR Part 485, Subpart F, Subsection 485.625, Emergency Preparedness, requirements for Critical Access Hospitals, was conducted on 4/29/25. Avera De Smet Memorial Hospital was found in compliance.	E 000		

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

TITLE

(X6) DATE

Stephanie Reasy

Administrator

05/14/2025

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.