

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

PRINTED: 08/21/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431301	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER FAULKTON AREA MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1300 OAK STREET POST OFFICE BOX 100 FAULKTON, SD 57438		
(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 485.605-485.645, requirements for Critical Access Hospitals (CAH) and Long Term Care Services ("swing bed"), was conducted from 8/6/24 through 8/7/24. Faulkton Area Medical Center was found not in compliance with the following requirement: C914.	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, testing, interview, and policy review the provider failed to maintain one of two blanket warmers at a safe temperature in accordance with their policy. Findings include: 1. Observation on 8/6/24 at 9:00 a.m. in emergency room one the blanket warmer read 160 degrees Fahrenheit (F) on the digital display. Observation and testing on 8/6/24 at 1:57 p.m. of the temperatures in the blanket warmer in emergency room one revealed: *The digital display showed 160 degrees Fahrenheit (F). *Testing of the temperature by placing a thermometer between two blankets revealed the temperature was 150 degrees F. A request for a policy regarding the blanket	C 914	As of 08/14/2024, Warming Blanket policy #18-1148 was revised and approved by FAMC Medical Staff and on 08/15/2024 by FAMC Board of Directors. Revisions include a blanket warmer maximum temperature of 130 degrees Fahrenheit (F). Daily temperature log was also created for both of the blanket and fluid warmer. Temperatures will be checked nightly by staff CNAs and to notify DON if temperature is out of range. Maximum blanket warmer temperature should be 130 degrees F. This process was implemented on 08/08/2024. DON will keep monthly temperature logs and report to QAPI on a monthly basis. Also to note if temperatures are out of range. Additional education to hospital staff will be provided at the 08/28/2024 nurses meeting. DON monitors attendance of all nurses meeting (all hospital nurses and CNAs attend) – on a spreadsheet that is kept for meeting attendance. DON will add a separate column that indicates that blanket warmer education has been completed. Meeting must be watched online by staff by 9/6/2024 and email 3 things that they learn from the meeting or pose questions to obtain proof of attendance. Anyone who fails to watch the meeting will have one-on-one education done by the DON to ensure training has been completed. Policy update was emailed out to all nursing and CNA staff on 08/08/2024 – with temperature updates. Staff who have not completed the online meeting – will not receive credit for meeting attendance but will receive one-on-one training from the DON regarding the blanket warmer – between 9/7/24 and 9/21/24.	08/28/2024 09/21/2024 <i>AMB</i>	

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

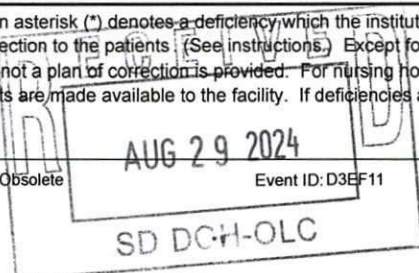
Heather Bode

TITLE
CEO

AMB

(X6) DATE
08/28/2024
08/29/2024

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C 914	<p>Continued From page 1</p> <p>warmer temperature was made to chief executive officer (CEO) A.</p> <p>On 8/6/24 at 3:00 p.m. CEO A provided the "Warming Blanket" policy. She stated there was not a policy that directly addressed the blanket warmers, and this policy was the only one they had that referenced the temperature of blankets.</p> <p>Review of the provider's warming blanket policy dated October 30, 2019 revealed:</p> <p>*The purpose of the policy was to treat a patient with hypothermia.</p> <p>*The procedure identified the steps how to apply a Bair Hugger warming blanket and a cotton blanket single thickness over the top of the Bair Hugger blanket and to track temperatures to treat hypothermia.</p> <p>*Step seven of the procedure indicated staff "May initiate use of warming lights, warmed IV (intravenous) fluids [kept in warmer at 103 degrees Fahrenheit], warmed blankets [kept in warmer at 130 degrees Fahrenheit], or increase room temp as appropriate and as ordered."</p> <p>Observation and interview on 8/6/24 at 3:44 p.m. with CEO A and DON B in emergency rooms one and two revealed:</p> <p>*The blanket warming cabinet in emergency room two was set at 130 degrees F. It also had a fluid warmer that was set at 103 degrees F.</p> <p>*DON B stated they tracked the temperatures of the fluids but not the blankets.</p> <p>*They did not know why the blanket warmer in emergency room one was set at 160 degrees F.</p> <p>*They agreed the blanket warmer in emergency room one should not have exceeded 130 degrees F.</p> <p>*DON B then set the temperature of the blanket</p>	C 914			

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C 914	Continued From page 2 warmer to 130 degrees F. Observation at 8:10 a.m. on 8/7/24 revealed the digital display for the blanket warmer in emergency room one read 130 degrees F.	C 914			

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E 000	<p>Initial Comments</p> <p>A recertification health survey for compliance with 42 CFR Part 485, Subpart F, Subsection 485.625, Emergency Preparedness, requirements for Critical Access Hospital, was conducted on 8/7/24. Faulkton Area Medical Center was found in compliance.</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Heather Bode</i>	TITLE CEO	(X6) DATE 08/28/2024
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South Dakota Department of Health

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S 000	<p>Compliance/Noncompliance Statement</p> <p>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 8/6/24 through 8/7/24. Faulkton Area Medical Center was found in compliance.</p>	S 000		

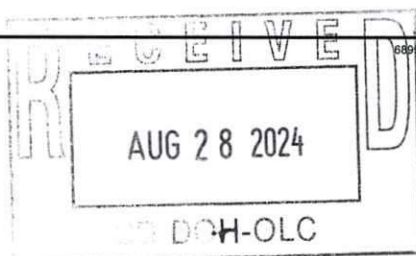
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Heather Bode

TITLE
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(X6) DATE

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K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 8/7/24. Faulkton Area Medical Center was found not in compliance 42 CFR 485.623 (d) (1) requirements for Critical Access Hospitals. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of deficiencies identified at K324, K353 and K923 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 324	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through	K 324	As of 08/19/2024, the hood inspection company was contacted to schedule for inspection and cleaning in September 2024. FAMC RD will formulate a policy and to ensure compliance, report to QAPI two times a year. Policy will be reviewed and recommended for approval by Hospital Board at the September meeting. Completion date pending onsite contracted cleaning but prior to 09/21/2024.	09/21/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Heather Bode</i>	TITLE CEO	(X6) DATE 08/28/2024
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K 324	Continued From page 1 19.3.2.5.5, 9.2.3, TIA 12-2 This STANDARD is not met as evidenced by: Based on record review and interview, the provider failed to conduct the required every six-month inspection of the facility's cooking ductwork exhaust system for the range hood for the calendar year 2023. Findings include: 1. Record review revealed there was no documentation the kitchen hood exhaust ductwork had been inspected for cleanliness and grease build-up in 2023. Interview with the maintenance supervisor at 1:55 p.m. on 8/7/24 revealed he was unaware of the ductwork inspection requirements. The deficiency affected the requirements for the kitchen range hood exhaust system.	K 324		
K 353	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test	K 353	As of 08/22/2024, Building Sprinkler was contacted to schedule inspection, testing, and maintenance to take place by 09/21/2024. A policy regarding compliance with this regulation every 5 years will be written and approved by FAMC Board at the September meeting. The 5-year date will be reported to QAPI to ensure that we not fall out of compliance, again.	09/21/2024

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K 353	Continued From page 2 c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observation and record review, the provider failed to continuously maintain automatic sprinklers in reliable operating condition (gauge replacement and the 5-year internal pipe inspection). Findings include: 1. Observation at 10:05 a.m. on 8/7/24 revealed the gauges for the sprinkler system had last been replaced 5/29/18. Gauges are required to be calibrated or replaced every five years. Record review at 2:15 p.m. on 8/7/24 revealed the contractor for sprinkler maintenance had noted the deficiency in the 2023 annual inspection, but had not corrected the deficiency. 2. Observation at 10:08 a.m. on 8/7/24 revealed there was no tag available for a five-year internal pipe inspection. Record review at 2:15 p.m. on 8/7/24 revealed the contractor for sprinkler maintenance had noted the deficiency in the 2023 annual inspection, but had not corrected the deficiency. Interview with the maintenance supervisor at the time of the observation confirmed that condition. Failure to continuously maintain the automatic sprinkler system as required increases the risk of death or injury due to fire.	K 353		

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K 353	Continued From page 3	K 353		
K 923	<p>The deficiencies affected two of numerous required maintenance items for the automatic sprinkler system.</p> <p>Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101</p> <p>Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with</p>	K 923	As of 08/19/2024, the fan was replaced. Study will be performed on monthly basis to ensure that the suction is appropriately working. This study will be reported to QAPI monthly by the Maintenance Manager.	08/19/2024

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K 923	<p>Continued From page 4</p> <p>integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to protect medical gas storage as required. Forty-one H-cylinders (10,004 cubic feet) were stored in a hazardous room with no functioning exhaust available.</p> <p>Findings include:</p> <p>1. Observation on 8/7/24 at 11:30 a.m. revealed the oxygen storage room for the piped medical gas system held 41 H-cylinders or 10,004 cubic feet of oxygen. A maximum of 3000 cubic feet of gas storage was allowed in a room without continuous exhaust. Interview with the maintenance supervisor at the time of observation revealed he was not aware the exhaust system was not working. Further investigation by the maintenance supervisor revealed the exhaust fan motor was burned out and an order for a replacement motor was placed.</p> <p>The deficiency affected one of three smoke compartments.</p>	K 923		