

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

PRINTED: 03/10/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2026
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NAME OF PROVIDER OR SUPPLIER avera missouri river health center	STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST GARFIELD GETTYSBURG, SD 57442
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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) COMPLETION DATE
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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 2/23/26 through 2/25/26. Avera Missouri River Health Center was found not in compliance with the following requirement(s): C888 and C1120.	C 000		
C 888	EMERGENCY AND SUPPLIES CFR(s): 485.618(b)(2) Equipment and supplies commonly used in life-saving procedures, including airways, endotracheal tubes, ambu bag/valve/mask, oxygen, tourniquets, immobilization devices, nasogastric tubes, splints, IV therapy supplies, suction machine, defibrillator, cardiac monitor, chest tubes, and indwelling urinary catheters. This STANDARD is not met as evidenced by: Based on observation, interview, record review, and manufacturer's instructions for use (IFU), the provider failed to ensure; *Two of two defibrillators (a device that delivers an electrical shock to correct life-threatening heart rhythms) were checked daily for proper functioning according to the manufacturer's IFU and provider's daily checklist. Findings include: 1. Observation and review of crash cart checklists on 2/24/26 at 3:10 p.m. in the emergency department (ED) trauma room 1 revealed the Manual Defibrillator-Lifepak 15 had not been completed during the day shift on 2/22/26. Further review of weekly checklists for February 2026 revealed that between February 1, 2026 through February 21, 2026, there were 16 times	C 888	In response to C888 Defibrillator checklists reviewed on March 3, 2026. Director of nursing will provide education on manual defibrillator checklist, instructions and documentation to staff at Mandatory Meeting on March 23, 2026. Policy/checklist? reviewed/updated? All patients are potentially at risk. Audits on the trauma room and treatment room defibrillator checklists will be conducted for compliance. Audits will be conducted week days for 2 weeks, 2 times a week for 4 weeks, then weekly for 4 weeks by DON, RN Coordinator or designee. Audits will be discussed at monthly QAPI meetings and will be brought to quarterly QAPI committee meetings by DON or designee and reviewed for one year or until deemed no longer necessary.	April 11, 2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Rena Robbennolt, CNP</i>	TITLE Administrator	(X6) DATE 3/17/2026
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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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NAME OF PROVIDER OR SUPPLIER AVERA MISSOURI RIVER HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST GARFIELD GETTYSBURG, SD 57442	
(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 888	Continued From page 1 the defibrillator checklist was not completed. 2. Observation and record review on 2/24/26 at 3:20 p.m. in emergency department treatment room 1 revealed the Manual Defibrillator weekly checklist had not been completed during the day shift on 2/22/26. Further review of the weekly checklists for February 2026 revealed that between February 1, 2026 through February 21, 2026, there were 16 times the defibrillator checklist was not completed. 3. Interview on 2/24/26 at 9:45 a.m. with registered nurse (RN)/unit manager D revealed that she expected staff to complete the defibrillator checklist at the beginning of the shift and to document the checks on the weekly checklist. 4. Interview on 2/25/26 at 10:12 a.m. with Director of Nursing (DON) B revealed that ED defibrillator checks should be performed at the beginning of each shift and documented on the weekly checklist. The checklist includes visually inspecting the defibrillator unit, its cables, supplies required to operate the unit, ensuring the battery is charged, and ensuring the crash cart is locked. 5. Review of 2019 Physio-Control LifePak 15 Monitor/Defibrillator Operation Instructions revealed: "The User Test is a functional test of the LifePak 15 monitor/defibrillator. The user test should be performed only as a test and not while using the defibrillator during patient care. Perform the User Test as part of completing the daily Operator's Checklist." 6. Review of the provider's Manual Defibrillator	C 888		

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C 888	Continued From page 2 weekly checklist instructions revealed "At the beginning of each shift, inspect the unit. Initialing each shift indicates all requirements have been met."	C 888		
C1120	<p>PROTECTION OF RECORD INFORMATION CFR(s): 485.638(b)(1)</p> <p>The CAH maintains the confidentiality of record information and provides safeguards against loss, destruction, or unauthorized use. This STANDARD is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure that one of one sampled patient's (24) health information was protected from view by staff and other patients on one observed computer monitor in emergency department (ED) trauma room 1.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Observation on 2/23/26 at 3:10 p.m. in ED trauma room 1 revealed a yellow post-it note placed on the computer monitor with patient 24's name, date of birth, and vital signs. 2. Observation and interview on 2/24/26 at 9:45 a.m. in ED trauma room 1 with registered nurse (RN)/unit manager D revealed the yellow post-it note was still placed onto the computer monitor. RN/Unit manager D removed the post-it note and acknowledged that this was protected health information and should not have been there. 3. Interview on 2/24/26 at 10:12 a.m. with director of nursing (DON) B revealed that she expected that protected health information would not be visible to unauthorized staff or other patients. 	C1120	<p>In response to C1120 Director of nursing will provide education on the confidential information policy and responsibility to respect the privacy rights of patients, their families, employees and third parties. Education will be at Mandatory Meeting on March 23, 2026. Avera HIPAA Privacy and Confidentiality re-education assigned to all hospital staff on March 10, 2026 to be completed by April 5, 2026. All patients are potentially at risk. Audits for exposed PHI in the trauma room, outpatient room, treatment room, ED nurses' station will be conducted week days for 2 weeks, 2 times a week for 4 weeks and then weekly for 4 weeks by the DON/RN Coordinator or designee. Audits will be discussed at monthly QAPI meetings and will be brought to quarterly QAPI committee meetings by DON or designee and reviewed for one year or until deemed no longer necessary.</p>	April 11, 2026

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C1120	Continued From page 3 4. Review of the provider's 1/13/2025 Confidential Information policy revealed "It is the policy of the covered entities of Avera Health (hereinafter referred to collectively as "Avera") to respect and protect the privacy rights of patients, their families, employees and third parties. All information (either hard copy, electronic, or verbal) associated with medical records, human resources, performance improvement, quality/risk management, research, financial, or organizational of any kind is strictly confidential and release of information should be directed to the source department for proper release. In addition, any information about Avera's business, patients, families, employees or third parties which is disclosed or becomes known in the course of an employee's job must be kept confidential."	C1120		
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NAME OF PROVIDER OR SUPPLIER AVERA MISSOURI RIVER HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST GARFIELD GETTYSBURG, SD 57442
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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 2/24/2026. Avera Missouri River Health Center was found in compliance.</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Rena Robbennolt, CNP</i>	TITLE Administrator	(X6) DATE 3/16/2026
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K 000	<p>INITIAL COMMENTS</p> <p>A recertification survey was conducted on 2/24/2026 for compliance with 42CFR 485.623(d) (1), requirements for critical access hospitals (and swing bed). Avera Missouri River Health Center was found in compliance.</p>	K 000		
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S 000	<p>Compliance/Noncompliance Statement</p> <p>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:75, Hospitals, Specialized Hospital, and Critical Access Hospital facilities, was conducted from 2/23/26 through 2/25/26. Avera Missouri River Health Center was found not in compliance with the following requirement(s): S275 and S349.</p>	S 000		
S 275	<p>44:75:07:16 Nutritional Screening and Assessments</p> <p>A licensed nurse or dietary manager must complete a nutritional screen upon each patient admission and make a referral to the dietitian of any patient:</p> <p>(1) With a significant change in diet, eating ability, or nutritional status; (2) Receiving tube feedings; or (3) With a disease or condition that puts the patient at significant nutritional risk.</p> <p>A monthly tube feeding assessment must include nutritional adequacy of calories, protein, and fluids. An annual assessment shall be completed for each swing bed patient.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, policy review, and interview the provider failed to ensure that eleven of twenty three patients (6, 7, 8, 10, 11, 12, 13, 14, 15, 19 and 23) had received a nutritional assessment during their hospitalization.</p> <p>1. Record review of patient 6's electronic medical record (EMR) revealed: *She had been admitted from 9/16/25 through</p>	S 275	<p>In reponse to S275: Policy: reviewed on March 16, 2026. CDM will receive daily census sent via email. IT workorder entered to ensure patients are populated to CDM My List. Staff will be provided education on Nutritional Assesment Policy at Mandatory Meeting on March 23, 2026. All patients are potentially at risk. Audits to ensure nutritional screening and assessments are being completed on hospital patients will be conducted week days for 2 weeks, 2 times a week for 4 weeks, then weekly for 4 weeks. Audits will be discussed at monthly QAPI meetings and will be brought to quarterly QAPI committee meetings by CDM or designee and reviewed for one year or until deemed no longer necessary.</p>	April 11, 2026

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

TITLE

(X6) DATE

Rena Robbennolt, CNP

Administrator

3/16/2026

South Dakota Department of Health

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S 275	<p>Continued From page 1</p> <p>9/19/25 with a diagnosis of right flank pain *She had not received a nutritional assessment by certified dietary manager (CDM) C or a dietitian consult during her hospitalization.</p> <p>2. Record review of patient 7's EMR revealed: *She had been admitted from 6/26/25 through 6/30/25 with a diagnosis of sepsis (body's immune response to infection). *She had not received a nutritional assessment by CDM C or a dietitian consult during her hospitalization.</p> <p>3. Record review of patient 8's EMR revealed: *She had been admitted from 3/29/25 through 3/31/25 with a diagnosis of gastrointestinal bleeding. *She had not received a nutritional assessment by CDM C or a dietitian consult during her hospitalization.</p> <p>4. Record review of patient 13's EMR revealed: *He had been admitted from 9/28/25 through 9/30/25 with a diagnosis of chronic respiratory failure with hypoxia (low oxygen in the blood) and chronic obstructive pulmonary disease (COPD) (inflammatory lung disease that causes obstructed airflow). *He had not received a nutritional assessment by CDM C or a dietitian consult during his hospitalization.</p> <p>5. Record review of patient 14's EMR revealed: *She had been admitted from 9/1/25 through 9/4/25 with a diagnosis of acute hypoxic respiratory failure (condition where the lungs cannot adequately transfer oxygen to the blood). *She had not received a nutritional assessment by CDM C or a dietitian consult during her hospitalization.</p>	S 275		

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S 275	<p>Continued From page 2</p> <p>6. Record Review of patient 15's EMR revealed: *She had been admitted from 5/21/25 through 5/24/25 with a diagnosis of COPD. *She had not received a nutritional assessment by CDM C or a dietitian consult during her hospitalization.</p> <p>7. Record review of patient 19's EMR revealed: *He had been admitted from 1/14/26 through 1/19/26 with a diagnosis of uncontrolled pain. *He had not received a nutritional assessment by CDM C or a dietitian consult during his hospitalization.</p> <p>8. Record review of patient 23's EMR revealed: *She had been admitted from 7/13/25 through 7/16/25 with a diagnosis of right lower lobe pneumonia (infection causing inflammation and fluid buildup specifically in the lower section of the right lung). *She had not received a nutritional assessment by CDM C or dietitian consult during her hospitalization.</p> <p>9. Record review of patient 10's EMR revealed: *She had been admitted to swing bed from 12/13/25 through 12/18/25 with a diagnosis of intraparenchymal hematoma (bleeding of the brain). *She was NPO (nothing by mouth) upon admission. *She had not received a nutritional assessment by CDM C or a dietitian consult during her hospitalization.</p> <p>10. Record review of patient 11's EMR revealed: *He had been admitted to swing bed from 4/2/25 through 4/18/25 with a diagnosis of chemotherapy induced enteritis (inflammation of</p>	S 275		

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S 275	<p>Continued From page 3</p> <p>the small intestine). *He had not received a nutritional assessment by CDM C or a dietitian consult during his hospitalization.</p> <p>11. Record review of patient 12's EMR revealed: *He had been admitted to swing bed from 2/2/26 through 2/5/26 with a diagnosis of left lower lobe pneumonia (an infection that inflames the air sacs in one or both lungs). *He had not received a nutritional assessment by CDM C or a dietitian consult during his hospitalization.</p> <p>12. Interview on 2/25/26 at 10:05 a.m. with director of nursing (DON) B revealed: *She expected the nutritional assessments to be completed for all patients. *She agreed the assessments were not being completed for all patients.</p> <p>13. Interview on 2/25/26 at 10:50 a.m. with administrator A revealed: *She expected staff to follow the policy for nutritional screening assessments. *She agreed that the nutritional assessments were not being completed for all patients.</p> <p>14. Interview on 2/25/26 at 2:00 p.m. with CDM C revealed she: *Had been the CDM for about a year. *Was the CDM for both the hospital and the nursing home. *Had not received any orientation regarding the process for patient nutritional screening at the hospital. *Agreed that the nutritional screenings should have been done for all patients. *Confirmed the nutritional screenings were not completed for all patients.</p>	S 275		

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S 275	Continued From page 4 15. Review of the provider's January 2023 Referrals to the Consultant Dietitian policy revealed that the dietary manager will screen all hospital patients within 72 hours of admission.	S 275		
S 349	44:75:13:09 Dietary Department The facility shall construct, equip, and install the dietary department in compliance with §§ 44:02:07:01, 44:02:07:02, and 44:02:07:04 to 44:02:07:95, inclusive. The installation of food service equipment must comply with § 44:75:14:10 unless the facility uses a commercial service. If a commercial service is used, dietary areas and equipment shall meet the requirements for sanitary storage, processing, and handling. This Administrative Rule of South Dakota 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 monitor and document the temperatures and sanitizer levels for one of one dish machine according to the provider's policy to ensure it reached the minimum wash cycle temperature of 120 degrees Fahrenheit and the minimum sanitizer level of 100 parts per million (PPM) for sanitization of dishes and equipment used to prepare and serve patients' meals after every meal service. Findings include: 1. Observation and interview on 2/24/26 at 11:10 a.m. in the main kitchen with cook E revealed: *A clipboard hanging on the wall at the end of the dish machine tray line with dish machine	S 349	In response to S 349: CDM will contact representative for the dish machine to clarify IFU and checklist and policy will be reviewed and updated, if needed, by April 11, 2026. Education will be provided on checklist, water temperature and sanitizer levels per dish machine IFU, documentation on checklist and notifying supervisor when out of range at Mandatory Meeting on March 23, 2026. All patients are potentially at risk. Audits will be completed on measuring of water temperature and sanitizer levels on the dish machine, for documentation of water temperature and sanitizer levels twice a day, and documentation of supervisor notification when out of range. Audits will be done week days for 2 weeks, 2 times a week for 4 weeks, then weekly for 4 weeks. Audits will be discussed at monthly QAPI meeting and will be brought to quarterly QAPI committee meetings by CDM or designee and reviewed for one year or until deemed no longer necessary.	April 11, 2026

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S 349	<p>Continued From page 5</p> <p>temperatures and sanitizer levels written on it.</p> <p>*Instructions for the dish machine checklist on the clipboard directed staff to document temperature and sanitizer PPM two times a day.</p> <p>*The instructions stated, "If water temperature is not at 120 degrees or above or chemicals are not within acceptable range contact supervisor."</p> <p>*The February 2026 dish machine checklist did not have temperatures documented for 11 of the 47 allocated checkboxes that should have been documented through the 2/24/26 a.m. shift.</p> <p>*The water temperatures for 19 of the 36 temperatures that were documented were below the acceptable range of 120 degrees Fahrenheit.</p> <p>*The PPM for sanitization was not documented in 13 of the 47 allocated checkboxes.</p> <p>*Cook E stated the dish machine water temperatures and sanitization levels should have been documented twice a day.</p> <p>*He would have notified his supervisor if there was an issue with the dish machine.</p> <p>*He agreed the dish machine checklist had not been completed according to the instructions.</p> <p>2. Interview on 2/24/26 at 11:25 a.m. with certified dietary manager (CDM) C revealed:</p> <p>*Dietary staff were trained to document the water temperatures and sanitizer levels for the dish machine at orientation.</p> <p>*She did spot checks to ensure staff had documented dish machine water temperatures and sanitizer levels.</p> <p>*She knew the documentation was not being completed twice a day and she was educating dietary staff.</p> <p>*She expected dietary staff to document water temperatures and sanitizer levels for the dish machine twice a day.</p> <p>*Dietary staff had not notified her of any issues with the dish machine.</p>	S 349		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10542S	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2026
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NAME OF PROVIDER OR SUPPLIER AVERA MISSOURI RIVER HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 606 E GARFIELD AVE GETTYSBURG, SD 57442
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S 349	<p>Continued From page 6</p> <p>*She would contact the vendor if there was an issue with the dish machine. *She confirmed the water temperature and sanitizer levels for the dish machine were not being documented properly.</p> <p>3. Review of the dish machine checklists for December 2025 and January 2026 revealed: *The December 2025 dish machine checklist did not have water temperatures documented for 8 of the 62 allocated checkboxes. -The water temperature for 26 of the 54 temperatures that were documented was below the acceptable range of 120 degrees F. -The PPM for sanitization was not documented in 5 of the 62 allocated checkboxes. *The January 2026 dish machine checklist did not have water temperatures documented for 8 of the 62 allocated checkboxes. -The water temperature for 24 of the 54 temperatures that were documented was below the acceptable range of 120 degrees F. - The PPM for sanitization was not documented in 6 of the 62 allocated checkboxes.</p> <p>4. Interview on 2/25/26 at 10:50 a.m. with administrator A revealed: *She expected dietary staff to follow the policy for the dish machine. *She agreed dietary staff had not documented the dish machine water temperatures and sanitizer levels appropriately.</p> <p>5. Review of the manufacturer's 12/2024 revised installation instructions revealed: **"Verify incoming water temperatures 120 [degrees] minimum." **"High concentrations of chlorine sanitizers and caustic detergents will cause damage to metals and welds. Do not exceed 50 parts-per-million"</p>	S 349		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10542S	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2026
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NAME OF PROVIDER OR SUPPLIER AVERA MISSOURI RIVER HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 606 E GARFIELD AVE GETTYSBURG, SD 57442
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S 349	<p>Continued From page 7</p> <p>(PPM) free or available chlorine. Any setting higher than 50 ppm will be dependent on local health requirements." **"Chemical dispensing is controlled by a mechanical cam timer. All chemical products must be adjusted for the product's concentration and local water conditions. It will be necessary to adjust initial factory settings."</p> <p>6. Review of the provider's 4/2025 Dish Machine Sanitizer Concentration Log policy revealed: **"1. The food service director will provide the dish washing staff with a log to be posted near the dish machine." **"2. Staff will be trained to record dish machine sanitizer concentration twice daily." **"3. The food service director will spot check this log to assure concentrations are appropriate, and staff is actually monitoring the dish machine concentration." **"4. Dish washing staff will be trained to report any problems with the dish machine to the food service director as soon as they occur.: **"5. The food service director will promptly assess any dish machine problems and take action immediately to assure sanitation of dishes."</p>	S 349		