STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	433827	A. BUILDING _____ B. WING _____	02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD CLINIC LENNOX	108 S MAIN POST OFFICE BOX 662 LENNOX, SD 57039

(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 survey for compliance with 42 CFR Part 491, Subpart A, requirements for rural health clinics, was conducted on 2/12/24. Sanford Clinic Lennox was found not in compliance with the following requirement: J041.	J 000		
J 041	PHYSICAL PLANT AND ENVIRONMENT CFR(s): 491.6(a) 491.6(a) Construction: The clinic and the center is constructed, arranged, and maintained to insure access to and safety of patients, and provides adequate space for the provision of direct services. This STANDARD is not met as evidenced by: Based on observation and interview, the provider failed to ensure water temperatures for hand sinks used by patients were maintained at a safe temperature level for 3 of 7 (The procedure room, exam room 3, and the patient bathroom) clinic rooms. Findings include: 1. Observation on 2/12/24 from 10:48 a.m. to 11:10 a.m. revealed the following temperatures at the hand sinks: *Procedure room water temperature was 141.0 degrees Fahrenheit(F). *Exam room water temperature was 129.6 degrees F. *Patient bathroom water temperature was 136.1 degrees F. Interview on 2/12/24 at 12:15 p.m. with the director of clinic operations A revealed he: *Confirmed the water temperature for the procedure room hand sink was over 140 degrees	J 041	On 2/12/2024, Sanford Maintenance adjusted the control settings on the water heater and ensured water temperatures for the exam rooms, procedure room, and patient bathroom sinks were between 100 - 125 degrees Fahrenheit. No adverse patient outcomes were noted from the out-of-range hot water temperatures.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Shane Hamilton | Director of Clinic Operations | 02/21/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	433827	A. BUILDING _____ B. WING _____	02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD CLINIC LENNOX	108 S MAIN POST OFFICE BOX 662 LENNOX, SD 57039

(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 041	Continued From page 1 F. *Agreed the water temperatures at the hand sinks could be unsafe for the clinic's patients. Interview on 2/12/24 at 2:10 p.m. with accreditation specialist B revealed the clinic had not created a policy for hand sink water temperatures.	J 041	Beginning 2/21/24, Sanford Lennox Licensed staff member will test the water temperature in the 4 exam rooms, 1 procedure room, and 1 patient bathroom using a digital thermometer, daily when the clinic is open for 1 week and then weekly for 3 weeks to ensure compliance of hot water temperatures between 100-125 degrees Fahrenheit. Licensed staff member will report results of the temperature monitoring to the Director of Clinic Operations/ Designee each day the temperature monitoring occurs. The Director will address any temperatures that are out of range. In order to ensure sustained compliance, clinic staff will monitor water temperatures as part of monthly enviornmental monitoring.	3/22/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	433827	A. BUILDING _____ B. WING _____	R 03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD CLINIC LENNOX	108 S MAIN POST OFFICE BOX 662 LENNOX, SD 57039

(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 revisit health survey for compliance with 42 CFR Part 491, Subpart A, requirements for rural health clinics, was conducted on 3/28/24. Sanford Clinic Lennox was found in compliance.	{J 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.