

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

PRINTED: 08/03/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431329	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/29/2026
NAME OF PROVIDER OR SUPPLIER SANFORD CHAMBERLAIN MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 S BYRON CHAMBERLAIN, SD 57325		
(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 complaint health survey for compliance with 42 CFR Part 485, Subpart F, Subsections 485.601-485.649, requirements for Critical Access Hospitals was conducted from 7/28/26 through 7/29/26. Areas surveyed included nursing care, patient assessment, documentation, implementation of physician orders, and applicable hospital policies and procedures. Sanford Chamberlain Medical Center was not in compliance with the following requirement: C1046.	C 000			
C1046	NURSING SERVICES CFR(s): 485.635(d)(1) Nursing services must meet the needs of patients. (1) A registered nurse must provide (or assign to other personnel) the nursing care of each patient, including patients at a SNF level of care in a swing-bed CAH. The care must be provided in accordance with the patient's needs and the specialized qualifications and competence of the staff available. This STANDARD is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) complaint report, record review, interview and policy review, the provider failed to ensure a Modified Early Warning Score (MEWS) (a scoring system for patients aged 18 and up using a patient's level of alertness and physiological vital signs to identify patients likely to deteriorate) was calculated and documented on admission, at least once during each shift, and when the patient was transferred from the emergency department (ED) to a medical unit for four of the five sampled patients (1, 2, 4, and 5).	C1046	A retrospective review was completed on the medical records identified during the survey (Patients 1, 2, 4, and 5). The facility verified the deficiency related to failure to consistently document Modified Early Warning Score (MEWS) assessments upon admission, during transfer from the Emergency Department to the inpatient unit, and at least once per shift as required by "Deterioration-Change in Patient Status - Chamberlain" policy. All involved nursing staff received immediate counseling and re-education regarding MEWS documentation requirements and escalation procedures. The identified patients had been discharged or transferred; therefore, no additional patient-specific corrective actions could be completed. The Director of Nursing (DON) or designee will conduct a retrospective review of all inpatient admissions and Emergency Department to inpatient transfers occurring within thirty (30) days prior to the survey date to identify any additional instances in which MEWS documentation requirements were not met. (continue page 2)	8/31/2026	

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.

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C1046	Continued From page 1 This had the potential to delay the recognition of changes in a patient's condition and the implementation of appropriate monitoring and interventions. Findings include: 1. Review of the 6/17/26 SD complaint report revealed patient 1 presented to the ED on 3/28/26 at 6:24 p.m. with dehydration, hypotension (low blood pressure), and acute renal failure. While in the ED, patient 1's MEWS score was documented as a 2, which indicated his vital signs (heart rate, blood pressure, respirations, and temperature) were to be rescored when obtaining routine vital signs. Patient 1 was admitted to the medical unit at approximately 8:07 p.m. on 3/28/26. During the next two days, the patient experienced urinary retention, bleeding around the urinary catheter (flexible tubing inserted into the bladder to drain urine), blood in the urine, increased abdominal pain and distention, and increased oxygen requirements. Patient 1 was transferred by AirMed to a higher level of care hospital on 3/30/26 at 7:45 a.m. following deterioration in the patient's condition. 2. Review of patient 1's EMR revealed he was admitted to the medical unit on 3/28/26 at 8:07 p.m. There was no documentation that a MEWS assessment was completed following admission to the medical unit from the ED, and least once during each shift, or recalculated when patient 1's condition changed. Patient 1 transferred on 3/30/26 at 7:45 a.m. to a higher level of care hospital. 3. Review of patient 2's EMR revealed she admitted to the medical unit on 7/27/26 at 2:07	C1046	Any deficiencies identified will be addressed through immediate staff feedback and education. The facility has reinforced the requirements of the Deterioration/Change in Patient Status Policy, which requires MEWS assessment and documentation on admission, upon transfer from the Emergency Department to the inpatient unit, at least once every shift, and when patient condition changes. DON or designee will complete mandatory education with all licensed nursing staff regarding: • MEWS scoring and documentation requirements. • Required frequency of assessment. • Documentation expectations within the electronic medical record. • Appropriate interventions and physician notification requirements based on MEWS scores. • Recognition and escalation of patient deterioration. New licensed nursing staff onboarding and annual competency validation processes will be updated to include MEWS education and competency verification. The DON or designee will audit five (5) inpatient records weekly for twelve (12) weeks to verify: • MEWS documentation upon admission. • MEWS documentation during Emergency Department to inpatient admissions. • MEWS documentation at least once per shift. • Appropriate interventions and provider notification when indicated by MEWS score. Any identified noncompliance will result in immediate corrective action and additional education by the DON or designee. (continue page 3)	

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C1046	Continued From page 2 a.m. from the ED with a diagnosis of dyspnea (trouble breathing) and confusion with bronchitis. Patient 2's first documented MEWS score was a 2 on 7/27/26 at 5:19 p.m. No further MEWS scores were documented, and patient 2 was discharged on 7/28/26 at 3:12 p.m. 4. Review of patient 4's EMR revealed he admitted to the medical unit on 6/4/26 from the ED with a diagnosis of hematuria (blood in urine). Patient 4's MEWS score was documented as a 2 on 6/4/26 at 9:28 p.m. No further MEWS scores were documented, and patient 4 was discharged on 6/5/26. 5. Review of patient 5's EMR revealed he arrived at the ED on 6/25/26 around 7:00 p.m. with a diagnosis of congestive heart failure (heart not pumping blood effectively) and hypokalemia (low potassium). No MEWS score was documented in the ED or upon transfer to the medical unit on 6/25/26. The only MEWS score documented during patient 5's stay was a 2 on 6/27/26 at 7:49 a.m. Patient 5 was transferred by AirMed to a higher level of care hospital on 6/28/26. 6. Interview and April 2026 nursing staff meeting attendance sheet review on 7/28/26 at 2:15 p.m. with clinical quality specialist E revealed that in April 2026, the nursing staff was provided education related to medications given for urinary issues, notification to family regarding patient's health status, chain of command policy, proper urinary catheter insertion, and early recognition of deterioration in patients with an emphasis on the documentation of MEWS scores. 7. Interview on 7/28/26 at 4:55 p.m. with clinical care leader A and director of nursing (DON) C	C1046	DON or designee will report audit results monthly to the Quality Assurance Performance Improvement committee monthly x 3 months or until committee deems necessary.		

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C1046	Continued From page 3 revealed the nurses were expected to document MEWS scores in the ED, upon transfer from the ED to the inpatient unit, once per shift on the inpatient unit, or more frequently based on the score, and implement interventions based on the score. Clinical care leader A confirmed patient 1 had only one MEWS score documented during his admission on 3/28/26. DON C stated that, with the education provided in April 2026 at the nursing staff meeting, not all staff were expected to be present, but the staff could read the meeting minutes or listen to a recording. No follow-up was done to ensure the staff who did not sign the attendance sheet were aware of the topics covered in the April 2026 nursing staff meeting. 8. Interview on 7/29/26 at 7:33 a.m. with registered nurse (RN) G revealed MEWS scores were documented in the ED, documented every shift on the medical unit, or as the patient's condition changed. She did not recall receiving any additional education on documenting MEWS scores. 9. Interview on 7/29/26 at 8:07 a.m. with RN F revealed he was not aware of how often MEWS scores were to be documented. He stated, "I chart by exception." He confirmed he did not attend the nurses' meetings and was not aware if any additional education was given regarding the documentation of MEWS scores. 10. Interview on 7/29/26 at 8:34 a.m. with RN B revealed she had cared for patient 1 on 3/29/26 and that she was "bad" about documenting MEWS scores. She stated, "I try to remember to document these scores, but when the patient transfers to the medical unit, there is no prompt as there is when the patient is in the ED." She	C1046			

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C1046	Continued From page 4 confirmed the MEWS score should be documented every shift or more frequently depending on the patient's score. She stated, "The patient [1] was not stable. He probably would have been scored as a 4." That score would have required additional interventions and monitoring. 11. Review of the April 2026, nursing staff meeting attendance sheet revealed RN G, RN F, and RN B did not sign the sheet. This sheet also revealed that of 39 nursing staff, only 12 staff had received the education. 12. Interview on 7/29/26 at 10:00 a.m. with chief executive officer (CEO) D revealed he was in his fifth week as the provider's CEO. He expected nursing leadership to ensure the nursing staff documented patient care in accordance with the provider's policies and procedures and to implement follow-up and education when deficient practices were identified. 13. Review of the provider's 3/23/26 Deterioration-Change in Patient Status policy revealed the purpose, "To assist staff members in objectively assessing patient condition and identifying subtle changes in condition." The nurses must calculate a MEWS score for each vital sign on admission, at least once every shift, and during nursing handoff when a patient transfers from the ED to a medical unit. The MEWS score was to be documented in the patient's electronic medical record (EMR). Interventions were then implemented based on the patient's score, including increased monitoring and physician notification when indicated.	C1046			