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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 435078 | A. BUILDING _____ B. WING _____ | 10/19/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| AVERA EUREKA HEALTH CARE CENTER | 202 J AVENUE EUREKA, SD 57437 |

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| F 000 | INITIAL COMMENTS<br><br>A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 10/16/23 through 10/19/23. Avera Eureka Health Care Center was found not in compliance with the following requirements: F761 and F880. | F 000 | | |
| F 761 SS=D | Label/Store Drugs and Biologicals<br>CFR(s): 483.45(g)(h)(1)(2)<br><br>§483.45(g) Labeling of Drugs and Biologicals<br>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.<br><br>§483.45(h) Storage of Drugs and Biologicals<br><br>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.<br><br>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, record review, | F 761 | Education/re-education will occur with all nurses by November 10, 2023 regarding proper storage of medications per Avera policy #6806529 - "Medication Storage." Audits will be completed by Director of Nursing and Quality Assurance nurse twice weekly for four weeks to ensure compliance with Medication Storage policy. After four weeks of monitoring demonstrating expectations are being met, monitoring will reduce to twice monthly for one month. Monthly monitoring will continue at minimum for two months. Monitoring results will be reported by Administrator, Director of Nursing or designated Quality Assurance nurse to the Quality Assurance Performance Improvement committee quarterly and continued until the facility demonstrates sustained compliance determined by the committee. | 11/10/23 |

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

Carmen Weber

TITLE: Administrator

(X6) DATE: 11/6/23



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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| F 761 | Continued From page 1<br>and policy review, the provider failed to ensure one of one sampled resident (54) had his insulin medication stored in an appropriate and safe manner according to the provider's policy and accepted standards of practice<br>Findings include:<br><br>1. Observation on 10/16/23 at 5:56 p.m. in the family dining room refrigerator revealed:<br>*There was a black plastic bag in the lower righthand drawer.<br>*The black bag contained two boxes of Lantus insulin pens, two boxes of Novolog insulin pens, and four loose Novolog insulin pens.<br>-The boxes of insulin were not sealed, indicating they had been opened.<br>*The loose pens and the boxes of insulin had prescription labels, indicating it was for resident 54.<br>*The refrigerator had a piece of paper taped to it that read "This refrigerator is for resident and Activity department only..."<br>*There was a temperature log for September 2023 taped to the outside of the refrigerator door.<br>-Only the freezer temperatures were recorded on the temperature log.<br>-There were only five days of freezer temperatures recorded.<br>-There was no temperature log for the refrigerator.<br><br>Observation on 10/17/23 at 9:32 a.m. of the same refrigerator revealed that the insulin was no longer in the refrigerator.<br><br>2. Interview on 10/18/23 at 11:26 a.m. with director of nursing (DON) B about the above observations revealed:<br>*She was aware that the insulin for resident 54 | F 761 | | |

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| F 761 | Continued From page 2<br>was in that refrigerator.<br>*They had kept it in there due to not having enough room in the nurse's medication refrigerator.<br>*Resident 54's daughter had brought that insulin from home for the resident to use.<br>-She thought that the resident's daughter had just brought the insulin in on 10/16/23.<br>*The local pharmacist gave them approval to store the resident's insulin at their store.<br>*She confirmed that the refrigerator in the family dining room, where they had been storing the resident's insulin, was not their normal practice and was not an appropriate area to store insulin.<br>-All staff had access to that refrigerator.<br>-Visitors also had access to that refrigerator if they were using the family dining room.<br>-The refrigerator was not locked.<br><br>3. A phone interview was attempted with the resident's daughter on 10/19/23 at 10:26 a.m. with no answer. A voicemail was left explaining the purpose of the call. Resident 54's daughter returned the call on 10/23/23 at 9:48 a.m. after the conclusion of the survey. She confirmed she brought the insulin to the facility on 10/6/23.<br><br>4. Review of a nursing note entered on 9/11/23 at 6:12 p.m. revealed:<br>*"Resident's daughter [name redacted] had called today and stated that they have some insulin that was rec'd [received] from the VA [Veteran's Administration], wanting to know if we can use it. I did check with [DON B] and we are able to use it, will need to take it to pharmacy when daughter brings it. I did leave message with [resident 54's daughter] on her voicemail notifying her of above, and also asked her to let us know when she is coming and to keep pens chilled until she can get | F 761 | | |

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| F 761 | Continued From page 3<br>them here."<br><br>5. Review of the provider's 1/1/14 "Medication Storage" policy revealed:<br>*"Policy: All drugs are stored under proper conditions with regard to sanitation, temperature, light, moisture, ventilation, segregation, safety and security."<br>*Under the "Procedure" section:<br>-"Refrigerators used for drug storage shall maintain a temperature between 35 - 46 [degrees Fahrenheit] ... at all times."<br>-"All refrigerated or frozen medications shall have the dates of reconstitution and expiration, pharmacist's initials, and storage requirements on all labeling."<br>-"All products in full, unopened cases can be stored in the general warehouse area with the exception of controlled substances or those requiring refrigeration. Once a case or carton is opened the contents are to be moved to the pharmacy area."<br>-"The following will be recorded on the environmental recording form on each business day:"<br>--"The temperature of refrigerators and freezers: If the temperature moves out of the acceptable ranges, immediate action will need to be taken. A repair service will be called if necessary and the drugs/solutions will be checked for damage and discarded if necessary." | F 761 | | |
| F 880 SS=E | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and | F 880 | | |

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| F 880 | Continued From page 4<br>comfortable environment and to help prevent the development and transmission of communicable diseases and infections.<br><br>§483.80(a) Infection prevention and control program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;<br><br>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;<br>(ii) When and to whom possible incidents of communicable disease or infections should be reported;<br>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;<br>(iv)When and how isolation should be used for a resident; including but not limited to:<br>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and<br>(B) A requirement that the isolation should be the least restrictive possible for the resident under the | F 880 | Directed Plan of Correction<br>a. All residents (including residents 48, 52, and 54) with affected non-critical resident care equipment (CPAP machines, nebulizers, toilet tongs) were identified within the facility. Avera policy #14607693 "Avera LTC - Disinfection of Non-Critcal Resident Care Equipment" outlines care for CPAP machines and Nebulizers and other non-critical equipment.<br>b. CPAP: Daily - Wipe out the mask daily with clean wash cloth. Weekly - soak mask and head gear with mild soap and water for 30 minutes and air dry. Document intervention daily and weekly as indicated. Director of Nursing and Quality Assurance nurse will audit cleaning and documentation two times weekly for four weeks to ensure compliance for all residents with CPAP machines. After four weeks of monitoring demonstrating expectations are being met, monitoring will reduce to twice monthly for one month. Monthly monitoring will continue at minimum for two months. Monitoring results will be reported by Administrator, Director of Nursing or designated Quality Assurance nurse to the Quality Assurance Performance Improvement committee quarterly and continued until the facility demonstrates sustaned compliance determined by the committee.<br>c. Nebulizer cleaning: Daily - rinse nebulizer, empty excess water from nebulizer cup, open to room air and place on a clean,dry paper towel, store in a clean, dry location in resident's room to air dry. Every 24 hours, disassemble and wash nebulizer cup with soap and water, rinse and air dry as above or when visibly soiled. Document intervention daily.<br><br>continued on next page... | 11/10/23 |

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| F 880 | Continued From page 5<br>circumstances.<br>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and<br>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.<br><br>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.<br><br>§483.80(e) Linens.<br>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.<br><br>§483.80(f) Annual review.<br>The facility will conduct an annual review of its IPCP and update their program, as necessary.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, record review, and policy review, the provider failed to:<br>*Ensure one of one sampled resident's (52) nebulizer machine and one of one sampled resident's (48) continuous positive airway pressure (CPAP) machine tubing was appropriately cleaned per policy guidelines.<br>*Develop and implement hygienic and infection control guidelines for the maintenance of one of one sampled resident's (54) perineal care (peri-care) wiping tongs (a long-handled device used to maintain independence in wiping oneself after toileting).<br>Findings include:<br><br>1. Observation and interview on 10/17/23 at 10:25 | F 880 | Director of Nursing and Quality Assurance nurse will audit cleaning and documentation two times weekly for four weeks to ensure compliance for all residents with nebulizer machines. After four weeks of monitoring demonstrating expectations are being met, monitoring will reduce to twice monthly for one month. Monthly monitoring will continue at minimum for two months. Monitoring results will be reported by Administrator, Director of Nursing or designated Quality Assurance nurse to the Quality Assurance Performance Improvement committee quarterly and continued until the facility demonstrates sustained compliance determined by the committee.<br>d. Peri-care/Toilet tongs: new medical grade toilet tongs have been ordered for resident use. The new tongs have a cleanable surface and will be cleaned by resident or Certified Nurse Assistant with a peri-care wipe after each use and disinfected daily by housekeeping staff and/or nursing staff using facility approved disinfectant. Tongs will be kept in a clean urinal in the resident's bathroom when not in use; clean urinal will be replaced monthly. Documentation will occur each shift for cleansing of toilet tongs. Director of Nursing and Quality Assurance nurse will audit cleaning and appropriate documentation two times weekly for four weeks to ensure compliance for all residents with toileting tongs. After four weeks of monitoring demonstrating expectations are being met, monitoring will reduce to twice monthly for one month. Monthly monitoring will continue at minimum for two months . Monitoring results will be reported by Administrator, Director of Nursing or designated Quality Assurance nurse to the Quality Assurance Performance Improvement committee quarterly and<br><br>continued on next page..... | |

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| F 880 | Continued From page 6<br>a.m. with resident 52 revealed he:<br>*Was sitting in his recliner in his room with the lights off.<br>*Was noticeably short of breath (SOB).<br>*Stated it had not been a good day with his chronic obstructive pulmonary disease (COPD).<br>*Stated he administered his own nebulizer treatments up to four times a day.<br>-The nebulizer machine and the nebulizer medication solution were sitting on a table next to the resident.<br>*Stated he did not clean the nebulizer tank or the mouthpiece after each use as he feels he is getting weaker and already had multiple falls since he was admitted to the nursing home.<br>*Stated he had not had a staff member help him clean the nebulizer tank or the mouthpiece after each use.<br><br>Review of resident 52's electronic medical record revealed he:<br>*Was admitted to the facility on 8/09/23.<br>*Had a Brief Interview for Mental Status (BIMS) of 15 indicating intact cognition.<br>*Had diagnoses of COPD, pulmonary hypertension, bronchiectasis, impaired balance, history of falls, SOB, and was oxygen dependent.<br>*Received oxygen at 4 to 6 liters per minute via nasal cannula.<br>*Had a self-administration of medication evaluation completed on 8/16/23.<br>*Had a physician's order to have been able to self-administer medications daily.<br>*Had three falls since his admission.<br><br>Interview on 10/18/23 at 1:37 p.m. with director of nursing (DON) B and registered nurse (RN) charge nurse E regarding the above observation and interview with resident 52 revealed they | F 880 | and continued until the facility demonstrates sustained compliance determined by the committee.<br>e. The Administrator, Director of Nursing and Infection Control Nurse in consultation with the Medical Director have reviewed policies and procedures for the above identified areas on 11/2/23.<br>f. All facility staff who provide or are responsible for the above cares and services will be educated/re-educated on Avera policy #14607693 - "Avera LTC - Disinfection of Non-Critical Resident Care Equipment" and facility protocol by November 10, 2023 by Director of Nursing and Quality Assurance nurse through policy review and 1:1 hands on education/ demonstration for all Certifed Nursing Assistants and nursing staff. Education/ re-education will be provided to residents who share responsibility in cleaning their own non-critical equipment by November 10, 2023 through verbal instruction and 1:1 hands on teaching with use of teach-back method to ensure understanding.<br>g. System Changes: Root cause analysis was conducted by answering the 5 Whys. 5 Whys revealed a gap in communicating who was responsible for appropriate cleaning of above equipment. Residents and facility staff will have education/ re-education completed as stated above by 11/10/23 regarding appropriate cleaning/ disinfection of non-critical resident care equipment. Director of Nursing contacted the South Dakota Quality Improvement Organization on 11/2/23 and had a meeting with Susan Wilcox on 11/3/23 at 11:00 a.m. Discussed F880 findings and directed plan of correction. Collaborative ideas reviewed and implemented above in plan of correction. Auditing/monitoring will occur as indicated above. | |

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| F 880 | Continued From page 7<br>stated:<br>*There was no cleaning policy or procedure for the certified nursing assistants (CNAs) to assist him in cleaning his nebulizer tank and the mouthpiece.<br>-At the time the resident was admitted, he stated that he could clean his own nebulizer tank and the mouthpiece.<br>*They were not aware that he now felt that he could not clean his nebulizer tank and the mouthpiece due to his weakness and unsteadiness.<br><br>Review of resident 52's baseline care plan dated 8/9/23 and his most recent comprehensive care plan dated 10/2/23 revealed there was no documentation that the resident was responsible for cleaning his own nebulizer tank and the mouthpiece.<br><br>2. Observation and interview on 10/17/23 at 9:06 a.m. with resident 48 revealed he:<br>*Was resting in bed with the television on.<br>*Had a continuous positive airway pressure (CPAP) machine on his night stand next to his bed.<br>*Independently cleaned the mask for his machine daily.<br>*Had not cleaned the tubing for the CPAP machine, and could not recall staff cleaning the tubing for the machine.<br><br>Review of resident 48's care lan dated 6/5/23 revealed he:<br>*Was admitted on 5/31/23.<br>*Had a BIMS score of 15, indicating his cognition was intact. | F 880 | | |

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| F 880 | Continued From page 8<br>*Had diagnoses of spinal cord injury, paraplegia, type 2 diabetes mellitus, and obstructive sleep apnea.<br>*Had a CPAP machine and needed assistance with the maintenance and cleaning of the machine.<br><br>Interview on 10/18/23 at 1:30 p.m. with DON B and RN F revealed:<br>*Resident 48 had a CPAP machine on his admission.<br>*The CPAP tubing was to have been cleaned weekly by staff.<br>*Staff were to document in the resident's electronic medical record each time the tubing was cleaned.<br>*They both confirmed there was no documentation that the CPAP tubing was cleaned weekly.<br><br>3. Observation on 10/17/23 at 1:17 p.m. in resident 54's room revealed there was a pair of metal kitchen tongs with wooden handles sitting on a pile of papers and clothing in a chair.<br><br>Continued observation on 10/18/23 at 11:20 a.m. with resident 54 in his room revealed:<br>*He came out of the bathroom with the pair of tongs in hand.<br>-There was a foul smell coming from the resident's vicinity as he rolled by in his wheelchair.<br>-There were unidentified fibers sticking to the end of the tongs.<br>-The metallic tip of the tongs had turned black in color.<br><br>Interview on 10/18/23 at 11:26 a.m. with DON B about the above observation revealed she: | F 880 | | |

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| F 880 | Continued From page 9<br>*Confirmed that resident 54 used those tongs to help wipe himself after using the restroom.<br>*Explained that was what he had done prior to moving into the nursing home.<br>*Was not positive if there was a cleaning or a maintenance schedule for those tongs.<br><br>Interview on 10/18/23 at 1:51 p.m. with charge nurse E about resident 54's cleaning tongs revealed:<br>*Resident 54 had been evaluated by occupational therapy (OT) for the use of the tongs.<br>-OT concluded that the tongs increased his independence.<br>*She had previously educated resident 54 about storing the tongs in the bathroom.<br>-She further explained that the resident was not always compliant with storing the tongs in the bathroom.<br>*She had fashioned a bedside urinal as a place where he could store his tongs, but he did not want to keep them there.<br>*When asked how often the tongs were cleaned, she confirmed that there was no cleaning schedule for any staff to clean or sanitize the tongs.<br>-She was aware that the wooden handles were not a cleanable surface.<br>-She indicated that the resident would clean the tongs with body wipes, but those wipes were not sanitizing wipes.<br><br>Interview on 10/19/23 at 8:53 a.m. with DON B about the resident's tongs revealed she:<br>*Confirmed there was no set schedule to clean or sanitize the tongs.<br>*Was not sure how often the resident would clean the tongs with the body wipes. | F 880 | | |

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| F 880 | Continued From page 10<br>Review of resident 54's care plan dated 8/24/23 revealed:<br>*Under the ADL (activities of daily living) section of his care plan:<br>-"Toilet use: Provide assist of 1 with toileting upon rising, before/after meals/activities, HS [hour of sleep] and as he calls for it or as he allows. At times he is independent with toileting as he is able. He uses a tong like device to hold toilet paper and wipe his rectal area after toileting that he brought from home and other times staff will assist him as he allows.<br>*There was no indication in his care plan about who was responsible for cleaning his tongs, or when his tongs were supposed to have been cleaned.<br><br>Review of the provider's 10/6/22 "Disinfection of Non-Critical Patient Care Equipment" policy revealed:<br>*"I. Purpose"<br>-"A. Cleaning, disinfecting and storing equipment and supplies is important in preventing the transmission of potential pathogens within the long-term care facility."<br>*"III. Policy:"<br>-"B. Resident equipment will be disinfected immediately following resident use when the item has been contaminated with blood or other potentially infectious material or is visibly soiled."<br>-"H. CPAP/BIPAP"<br>--"1. Daily - wipe out the mask with clean wash cloth and empty water chamber."<br>--"2. Weekly - soak mask and head gear with mild soap and water for 30 minutes, rinse and air dry. Check and clean the filter on the back of the machine - replace when gray."<br>--"3. Change mask and tubing per home medical company recommendations." | F 880 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 435078 | A. BUILDING _____ B. WING _____ | 10/19/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AVERA EUREKA HEALTH CARE CENTER | 202 J AVENUE EUREKA, SD 57437 |

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|---|---|---|---|---|
| F 880 | Continued From page 11<br>--"4. Water Chamber to be filled with distilled or sterile water."<br>-"I. Nebulizers"<br>--"1. Rinse with tap water, empty excess water from the neb cup, open to room air, and place on a clean, dry paper towel, covered with a paper towel in the patient's room to air dry for the next treatment."<br>--"2. The paper towel will be changed after each treatment."<br>--"3. Every 24hrs, disassemble and wash with soap and water, rinse and air dry as above, or when visibly soiled."<br>--"4. If not dry between uses, rinse with sterile water before use."<br>--"5. Discard and replace with new Neb set if grossly contaminated with the patient's secretions, malfunctions, or dropped on the floor."<br>--"6. Replace nebulizer set weekly or more frequently based on manufacturer instructions for use."<br>-"J. Disinfection Recommendations-"<br>--"1. Reusable resident care equipment: All applicable label instructions on [Environmental Protection Agency]-registered disinfectant products must be followed ..."<br>---"a. Between each resident use and when soiled ... a. Therapy equipment ..."<br>-"N. Monitoring of disinfection recommendations will be done by observation by management staff ..." | F 880 | | |

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

PRINTED: 10/30/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 435078 | A. BUILDING _____ B. WING _____ | 10/19/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AVERA EUREKA HEALTH CARE CENTER | 202 J AVENUE EUREKA, SD 57437 |

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|---|---|---|---|---|
| E 000 | Initial Comments<br><br>A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted from 10/16/23 through 10/19/23. Avera Eureka Health Care Center was found in compliance. | E 000 | | |

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

Carmen Weber | Administrator | 10/31/23

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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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 435078 | A. BUILDING **01 - MAIN BUILDING 01** B. WING _____ | **10/17/2023** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **AVERA EUREKA HEALTH CARE CENTER** | **202 J AVENUE EUREKA, SD 57437** |

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|---|---|---|---|---|
| K 000 | INITIAL COMMENTS<br><br>A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 10/17/23. Avera Eureka Health Care Center was found not in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities.<br><br>The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of the deficiency identified at K291 in conjunction with the provider's commitment to continued compliance with the fire safety standards. | K 000 | | |
| K 291 SS=C | Emergency Lighting<br>CFR(s): NFPA 101<br><br>Emergency Lighting<br>Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview, the provider failed to maintain battery pack emergency lighting for one of one required installation (switchgear room). Findings include:<br><br>1. Record review on 10/17/23 at 2:15 p.m. revealed the battery pack emergency light for the electric switchgear room did not have documented 90-minute annual testing. Interview with the maintenance manager during review confirmed that finding.<br><br>The deficiency affected one of numerous requirements for the emergency lighting system. | K 291 | A new LumaPro LED Emergency Light Model # 19L031 was installed in the electric switchgear room. The LED Emergency light will be tested monthly and a 90 minute test will be conducted annually. Battery in the light will be replaced annually. Adminstrator will report to the Quality Assurance Performance Improvement committee at their next meeting in January that a new light was installed that will meet the 1-1/2 hour duration of emergency lighting and will also report the findings of the monthly testing. | 10/23/23 |

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

Carmen Weber — Administrator — 11/6/23

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South Dakota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 10618 | A. BUILDING: _____ B. WING _____ | 10/19/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AVERA EUREKA HEALTH CARE CENTER | 202 J AVENUE EUREKA, SD 57437 |

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|---|---|---|---|---|
| S 000 | Compliance/Noncompliance Statement<br><br>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 10/16/23 through 10/19/23. Avera Eureka Health Care Center was found in compliance. | S 000 | | |
| S 000 | Compliance/Noncompliance Statement<br><br>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 10/16/23 through 10/19/23. Avera Eureka Health Care Center was found in compliance. | S 000 | | |

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

Carmen Weber

TITLE

Administrator

(X6) DATE

10/31/23

STATE FORM 6899 HUOT11 If continuation sheet 1 of 1