

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

PRINTED: 08/27/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431338	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2024
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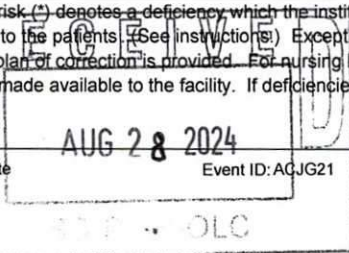
NAME OF PROVIDER OR SUPPLIER AVERA GREGORY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 110 S LOGAN AVE GREGORY, SD 57533
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING 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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K 000	INITIAL COMMENTS A recertification survey was conducted on 8/13/24 for compliance with 42CFR 485.623(d) (1), requirements for critical access hospitals (and swing bed). Avera Gregory Hospital (Building 01) was found not in compliance. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of deficiencies identified at K131 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 131	Multiple Occupancies CFR(s): NFPA 101 Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following: o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access. o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8. o The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served.	K 131	A new latching mechanism was ordered for door 1547 on 08/26/24. This will be installed and tested on this door no later than 09/24/24. Door 1007 and the board above the door with be sealed with material that will maintain the fire rating of the door no later than 09/24/24. All fire rated doors will be tested for proper latching and inspected to ensure they are properly sealed to prevent fire spread in the case of an emergency. This inspection will occur quarterly for one year. This inspection will be documented on the maintenance log, and it will be reported at the quarterly quality meeting by the maintenance manager to the administrator.	09/24/2024 <i>AT</i>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Anthony Timanus</i>	TITLE Administrator	(X6) DATE 08/27/2024
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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 gregory hospital			STREET ADDRESS, CITY, STATE, ZIP CODE 110 S LOGAN AVE GREGORY, SD 57533	
(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
K 131	<p>Continued From page 1</p> <p>19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 This STANDARD is not met as evidenced by: Based on observation, testing, and interview, the provider failed to maintain the fire-resistive design for one of two building separation walls (Northern two-hour wall separating the hospital and the clinic). Findings include:</p> <p>1. Observation and testing on 8/13/24 at 1:12 p.m. revealed the ninety-minute fire-rated doors in the separation wall between the hospital and the clinic (door # 1547 near the conference room) did not latch into the frame. The east leaf of that pair of doors had a latch that was malfunctioning and did not latch into the frame for three of three attempts.</p> <p>Interview with the maintenance technician at the same time confirmed that finding.</p> <p>2. Observation on 8/13/24 at 2:52 p.m. revealed the two-hour fire-rated separation wall between the hospital and the clinic (above door #1007 outside of the lab) had four layers of 5/8 inch gypsum board on the wall above the lay-in ceiling. The gypsum board had unsealed openings above a conduit in the middle of the corridor. Those openings were not sealed or provided with any approved material to maintain the fire rating of the wall.</p> <p>Interview with the maintenance technician at the same time confirmed that finding. He stated that conduit had been added to provide power from the back-up generator to the reverse osmosis filtration system in the dialysis clinic. These deficiencies could affect 100% of the occupants of either of the smoke compartments.</p>	K 131		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431338	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - OFFSITE BUILDINGS B. WING _____		(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER AVERA GREGORY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 110 S LOGAN AVE GREGORY, SD 57533		
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K 000	INITIAL COMMENTS A recertification survey was conducted on 8/13/24 for compliance with 42CFR 485.623(d) (1), requirements for critical access hospitals (and swing bed). Avera Gregory Hospital (building two) was found in compliance.	K 000		8/27/2024 <i>AT</i>	

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

Anthony Timanus

TITLE

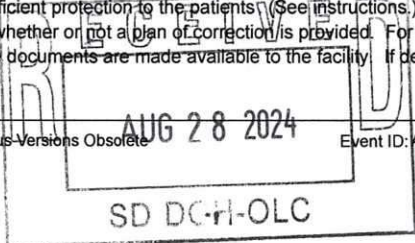
Administrator

(X6) DATE

8/27/2024

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AUG 28 2024



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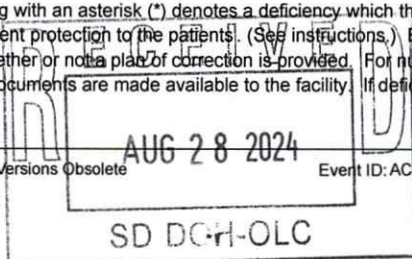
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C 000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 485, Subpart F, Subsections 485.605-485.645, requirements for Critical Access Hospitals (CAH) and Long-Term Care Services ("swing beds"), was conducted from 8/13/24 to 8/15/24. Avera Gregory Hospital was found in compliance.	C 000		8/27/2024 <i>AT</i>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Anthony Timanus* TITLE Administrator (X6) DATE 08/27/2024

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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 Hospitals, was conducted on 8/13/24. Avera Gregory Hospital was found in compliance.</p>	E 000		<p>8/27/2024</p> <p><i>AT</i></p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Anthony Timanus</i>	TITLE Administrator	(X6) DATE 8/27/2024
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