

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

**ORIGINAL**

PRINTED: 01/15/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435032</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/14/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>CUSTER REGIONAL SENIOR CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1065 MONTGOMERY ST CUSTER, SD 57730</b>	
(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 000}	INITIAL COMMENTS  Surveyor: 32334 A phone revisit survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 1/14/14. Custer Regional Senior Care was found not in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.  The building will meet the requirements of the 2000 LSC for existing health care occupancies upon correction of deficiencies identified at K069 and K74 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	{K 000}		
{K 069} SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96  This STANDARD is not met as evidenced by: Surveyor: 32334 Based on record review, interview, and 1/6/14 plan of correction review from the 11/19/13 life safety code survey the provider failed to conduct the required annual inspection of the kitchen range exhaust ductwork in one of one location (dining service kitchen hood). Findings include:  1. Record review of the provider's 1/6/14 plan of correction from the 11/19/13 life safety code survey revealed a cleaning report dated 8/8/12 for the exhaust hood over the heat producing appliances in the kitchen area. That hood exhausted heat, smoke, and vapors to the outside through ductwork up to the roof exhaust fan. Comments on that report from the service	{K 069}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: \_\_\_\_\_ (X6) DATE: *1/20/14*

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.

**JAN 23 2014**  
If continuation sheet  
**SD DOH L&C**

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{K 069}	Continued From page 1 company providing the cleaning revealed the roof exhaust fan was not equipped with a hinge to provide access to the ductwork. That ductwork from the hood to the roof exhaust fan should have been inspected and cleaned annually or more frequently if inspection indicated such. Interview with the plant operations supervisor revealed the duct work from the hood to the exhaust fan was not being cleaned and inspected. According to the plan of correction with a completion date of 1/6/14 revealed the roof exhaust fan would have a hinge installed to allow access to the ductwork for inspection and cleaning. The plant operations supervisor revealed the hinge had not yet been installed due to weather related delays.	{K 069}	Custer Heating will be coming on Monday Jan 20 <sup>th</sup> , weather permitting, to perform the requested roof exhaust fan maintenance. In the event that ice/snow are still present on the roof a boom truck will be hired to perform the cleaning on Tuesday Jan 21 <sup>st</sup> .	1/21/14
{K 074} SS=E	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.  Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13  Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3), 10.3.4. 19.7.5.3	{K 074}		

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{K 074}	Continued From page 2  This STANDARD is not met as evidenced by: Surveyor: 32334 Based on observation, interview, and 1/6/14 plan of correction review from the 11/19/13 life safety code survey the provider failed to prove curtains were flame resistant in one randomly observed area (equipment storage alcove in 100 wing). Findings include:  1. Observation and review of the provider's 1/6/14 plan of correction from the 11/19/13 life safety code survey revealed decorative curtains on the alcove in the 100 wing were being used to hide equipment storage. Further observation revealed those curtains were not composed of a flame resistant material. Interview with plant operations supervisor at the time of observation confirmed that finding. He believed those curtains had been provided with a flame resistant treatment. He could not provide the specifications of that treatment and whether it actually had been applied.  According to the plan of correction with a completion date of 1/6/14 revealed all curtains would be treated with flame retardant pretreatment. Interview with the housekeeping supervisor revealed the flame retardant pretreatment had been ordered and was on hand but had not yet been applied to the unprotected decorative curtain on the alcove in the 100 wing.	{K 074}	Decorative curtains in L-cove on the 100 wing have been treated with a flame retardant dip. The Director has verified with housekeeping that this process was completed and performed on all facility decorative curtains by January 17 <sup>th</sup> .	1/17/14	