

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

PRINTED: 02/16/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/08/2023
NAME OF PROVIDER OR SUPPLIER PRAIRIE HEIGHTS HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 400 8TH AVENUE NW ABERDEEN, SD 57401		
(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	
F 000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 2/6/23 through 2/8/23. Prairie Heights Healthcare was found in compliance.	F 000			

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

Darcy Albrecht

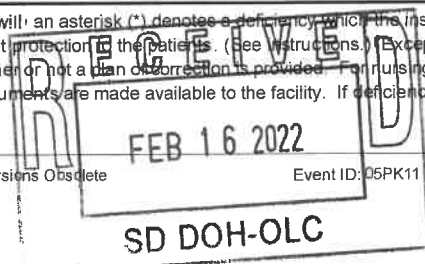
TITLE

Administrator

(X6) DATE

02/16/2023

Any deficiency statement containing 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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E 000	Initial Comments 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 2/6/23 through 2/8/23. Prairie Heights Healthcare was found in compliance.	E 000			

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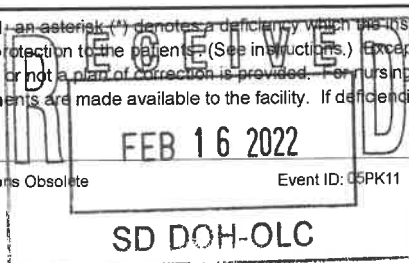
TITLE

Administrator

(X6) DATE

02/16/2023

All electronic statements 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 PRAIRIE HEIGHTS HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 400 8TH AVENUE NW ABERDEEN, SD 57401	
(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 A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 2/7/23. Prairie Heights Healthcare Building 01 was found not in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of deficiencies identified at K226 and K321 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000	Aberdeen Plan of Correction for Annual Life Safety Code Survey of 2/7/23. The statements on this plan of correction are not admittance to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or will take action set forth in the following plan of correction. The plan of correction constitutes the center's assertion of compliance. All alleged deficiencies cited have been or will be corrected by the dates indicated.	
K 226 SS=C	Horizontal Exits CFR(s): NFPA 101 Horizontal Exits Horizontal exits, if used, are in accordance with 7.2.4 and the provisions of 18.2.2.5.1 through 18.2.2.5.7, or 19.2.2.5.1 through 19.2.2.5.4, 18.2.2.5, 19.2.2.5 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to maintain the two-hour fire resistive rating of one randomly observed horizontal exit. The bottom latching hardware on both leaves of the cross-corridor doors adjacent to rooms 161 and 162 were not functioning properly. Findings include: 1. Observation on 2/7/23 at 12:05 p.m. revealed the bottom latching hardware installed on both	K 226	1) The bottom latching hardware leaves of the ninety-minute fire-rated cross-corridor doors adjacent to rooms 161 and 162 were removed and a thermal pin was installed at the bottom of the door on 2/8/23 by the maintenance so door will latch. 2) Maintenance Director will audit the upper latches of the cross-corridor door adjacent to rooms 161 and 162 5x/week for 8 weeks to ensure the latch is functioning properly. 3) QAPI meets monthly; audits will be brought to meeting for review by the QAPI team. At this time a decision will be made to either continue or be resolved.	2/26/23

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

TITLE

(X6) DATE

Darcy Albrecht

Administrator

02/16/2023

All deficiency statements 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 PRAIRIE HEIGHTS HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 400 8TH AVENUE NW ABERDEEN, SD 57401	
(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 321	<p>Continued From page 2</p> <p>g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, testing, and interview, the provider failed to maintain three separate hazardous areas (oxygen storage room, laundry room and boiler/maintenance room) as required. Findings include:</p> <p>1. Observation and testing on 2/7/23 at 1:15 p.m. revealed the door from the oxygen storage room to the corridor was equipped with an automatic closer but would not latch into the frame as required.</p> <p>2. Observation and testing on 2/7/23 at 1:48 p.m. revealed the door from the laundry room to the corridor was equipped with an automatic closer and a magnetic hold-open device tied to the buildings automatic fire alarm system. That door had coats hung on the outside with adhesive hooks. Those coats prohibited the door from closing and latching into the frame under the power of the automatic closer as required.</p> <p>3. Observation and testing on 2/7/23 at 3:31 p.m. revealed the door from the boiler/maintenance room to the corridor was equipped with an automatic closer but would not latch into the frame as required.</p> <p>Interview with the director of maintenance at the times of the observations confirmed those findings.</p> <p>The deficiencies affected one of numerous requirements for hazardous storage rooms.</p>	K 321		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435004	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2023
NAME OF PROVIDER OR SUPPLIER PRAIRIE HEIGHTS HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 400 8TH AVENUE NW ABERDEEN, SD 57401	
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K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 2/7/23. Prairie Heights Healthcare Building 02 was found not in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of deficiency identified at K226 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000	Aberdeen Plan of Correction for Annual Life Safety Code Survey of 2/7/23. The statements on this plan of correction are not admittance to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or will take action set forth in the following plan of correction. The plan of correction constitutes the center's assertion of compliance. All alleged deficiencies cited have been or will be corrected by the dates indicated.	
K 226 SS=C	Horizontal Exits CFR(s): NFPA 101 Horizontal Exits Horizontal exits, if used, are in accordance with 7.2.4 and the provisions of 18.2.2.5.1 through 18.2.2.5.7, or 19.2.2.5.1 through 19.2.2.5.4. 18.2.2.5, 19.2.2.5 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to maintain the two-hour fire resistive rating of one randomly observed horizontal exit. The bottom latching hardware on both leaves of the cross-corridor doors adjacent to rooms 161 and 162 were not functioning properly. Findings include: 1. Observation on 2/7/23 at 12:05 p.m. revealed the bottom latching hardware installed on both	K 226	1) The bottom latching hardware leaves of the ninety-minute fire-rated cross-corridor doors adjacent to rooms 161 and 162 were removed and a thermal pin was installed at the bottom of the door on 2/8/23 by the maintenance director so the door will latch. 2) Maintenance Director will audit the upper latches of the cross-corridor door adjacent to rooms 161 and 162 5x/week for 8 weeks to ensure the latch is functioning properly. 3) QAPI meets monthly; audits will be brought to meeting for review by the QAPI team. At this time a decision will be made to either continue or be resolved.	2/26/23

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Darcy Albrecht

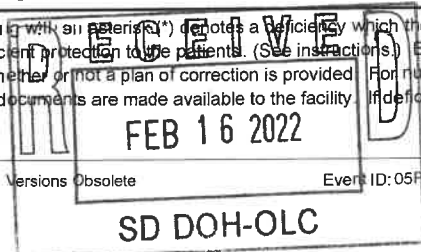
TITLE

Administrator

(X6) DATE

02/16/2023

An "excused" statement on this form 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 PRAIRIE HEIGHTS HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 400 8TH AVENUE NW ABERDEEN, SD 57401	
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K 226	Continued From page 1 leaves of the of ninety-minute fire-rated cross-corridor doors adjacent to rooms 161 and 162 did not latch. Interview with the director of maintenance at the time of the observation confirmed that hardware did not latch. The deficiency had the potential to affect all residents of the facility.	K 226		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10588	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2023
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NAME OF PROVIDER OR SUPPLIER PRAIRIE HEIGHTS HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 400 8TH AVE NW ABERDEEN, SD 57401
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S 000	<p>Compliance/Noncompliance Statement</p> <p>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 2/6/23 through 2/8/23. Prairie Heights Healthcare was found in compliance.</p>	S 000		

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

TITLE

(X6) DATE

Darcy Albrecht

Administrator

02/16/2023

STATE FORM

SEVG11

If continuation sheet 1 of 1

