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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		435004	B. WING_			
NAME OF PROVIDER OR SUPPLIER  PRAIRIE HEIGHTS HEALTHCARE				STREET ADDRESS, CITY, STATE, 2 400 8TH AVENUE NW ABERDEEN, SD 57401	ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	( (EACH CORRECTIVE CROSS-REFERENCED		
F 000	INITIAL COMMENTS		FC	000		
	with 42 CFR Part 483 for Long Term Care fa	th survey for compliance B, Subpart B, requirements Conducted from				
LABOHATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Darcy Albricht				Administrator		(X6) DATE 02/16/2023

Any delicione, statement enviring with an asterisk (\*) denotes other safeguards provide sufficient protection of the patients following the date of survey whether of not a blan observed to the safe of the safe ice the institution may be excused from correcting providing it is determined that cept for nursing homes, the findings stated above are disclosable 90 days ng homes, the above findings and plans of correction are disclosable 14 cies are cited, an approved plan of correction is requisite to continued days following the date these docu are made available to the facility. If program participation.

FORM CMS-2567(02-99) Previous Versions Obs

Event ID: 05PK11

Facility ID: 0033

If continuation sheet Page 1 of 1

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		435004	B. WING		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	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
E 000	Initial Comments		E 00	0			
	CFR Part 482, Subpa Emergency Prepared Term Care Facilities,	ey for compliance with 42 art B, Subsection 483.73, Iness, requirements for Long was conducted from 2/6/23 e Heights Healthcare was					
		SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE	
	Albrecht	SOFFLIER REFRESENSATIVES SIGNATURE	Δ	dministrator		6/2023	
Any delicency other safeguar following the d	stelement enviling will an a ds provide sufficient protect ate of survey whether ar not the date these documents	ion to the patients (See instructions.) Exce	nt for nursing the homes, the	e excused from correcting providing it is determine homes, the findings stated above are disclosable 9 above findings and plans of correction are disclosal an approved plan of correction is requisite to contin	that days ble 14		

FORM CMS-2567(02-99) Previous Versions Obsolete

program participation.

Event ID: 05PK11

FEB 1 6 2022

SD DOH-OLC

Facility ID: 0033

If continuation sheet Page 1 of 1



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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
		435004	B. WING			02/	07/2023
NAME OF PROVIDER OR SUPPLIER  PRAIRIE HEIGHTS HEALTHCARE			40	TREET ADDRESS, CITY, STATE, ZIP CODE DO 8TH AVENUE NW BERDEEN, SD 57401			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 000 K 226 SS=C	Life Safety Code (LS) occupancy) was conditioned.  Heights Healthcare B compliance with 42 C for Long Term Care F  The building will mee 2012 LSC for existing upon correction of de and K321 in conjunct commitment to continuate safety standards.  Horizontal Exits CFR(s): NFPA 101  Horizontal Exits Horizontal exits, if us 7.2.4 and the provision 18.2.2.5.7, or 19.2.2.18.2.2.5, 19.2.2.5  This REQUIREMENT by: Based on observation failed to maintain the of one randomly observation latching hards cross-corridor doors 162 were not function include:	ey for compliance with the C) (2012 existing health care ducted on 2/7/23. Prairie Building 01 was found not in CFR 483.90 (a) requirements		2226	Aberdeen Plan of Correction for Annu Safety Code Survey of 2/7/23.  The statements on this plan of correct not admittance to and do not constitut agreement with the alleged deficiencin herein. To remain in compliance with federal and state regulations, the cent taken or will take action set forth in the following plan of correction. The plan correction constitutes the center's ass of compliance. All alleged deficiencies have been or will be corrected by the indicated.  1) The bottom latching hardware leave ninety-minute fire-rated cross-corridors adjacent to rooms 161 and 162 were reand a thermal pin was installed at the tof the door on 2/8/23 by the maintenant door will latch.  2) Maintenance Director will audit the ulatches of the cross-corridor door adjace rooms 161 and 162 5x/week for 8 weeensure the latch is functioning properly  3) QAPI meets monthly; audits will be to meeting for review by the QAPI tean this time a decision will be made to eith continue or be resolved.	s of the doors emoved oottom ce so	2/26/23
		SUPPLIER REPRESENTATIVE'S SIGNATURE	۸ ماء	min	TITLE 02	/16/20	(X6) DATE
Jarcy	Albrecht		Adi	11111	istratur UZ	110120	23

Ally felicibles statement enriting 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 plant 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 averaged patients. It deficiencies are cited, an approved plan of correction is requisite to continued

Program participation.

FORM CMS-2567(02-99) Previous Versions Dosolet EB 1 6 2022 Event to 59FK21

SD DOH-OLC

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		435004	B. WNG		02/07/2023	
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	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		ON
	162 did not latch. Inte maintenance at the tir confirmed that hardway. The deficiency had the residents of the facility	y-minute fire-rated adjacent to rooms 161 and strview with the director of me of the observation are did not latch.  e potential to affect all y.	K 22			
	having 1-hour fire res fire rated doors) or an system in accordance When the approved a system option is used separated from other partitions and doors in Doors shall be self-cla and permitted to have protective plates that from the bottom of the Describe the floor and	protected by a fire barrier istance rating (with 3/4 hour automatic fire extinguishing with 8.7.1 or 19.3.5.9. Sutomatic fire extinguishing I, the areas shall be spaces by smoke resisting accordance with 8.4. Desing or automatic-closing an annuated or field-applied do not exceed 48 inches a door.  It is a superficient in REMARKS.	K 32	1) The following doors were adjusted maintenance director so they latched 2/8/23:  a) the door from the oxygen storag to the corridor  b) the door from the laundry room to corridor  c) the door from the boiler/maintenarom to the corridor  2) The maintenance director will audit identified doors 5x/week for 8 weeks the doors are latching properly.  3) QAPI meets monthly; audits will be to meeting for review by the QAPI teath this time a decision will be made to coor to resolve.	on e room o the ance the 3 o ensure brought m. At	
	<ul><li>a. Boiler and Fuel-Fire</li><li>b. Laundries (larger the Common Repair, Maintenance)</li></ul>	ed Heater Rooms nan 100 square feet) ce, and Paint Shops s (exceeding 64 gallons) coms				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG <b>01 - Main Building 01</b>	(X3) DATE SURVEY COMPLETED
		435004	B. WING_		02/07/2023
NAME OF PROVIDER OR SUPPLIER  PRAIRIE HEIGHTS HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP CO 400 8TH AVENUE NW ABERDEEN, SD 57401	DDE
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	SEASO DESERVADED TO TI	ON SHOULD BE COMPLETION HE APPROPRIATE DATE
K 321	g. Laboratories (if cla Hazard - see K322) This REQUIREMENT by: Based on observatio provider failed to mai hazardous areas (oxy room and boiler/main Findings include:  1. Observation and te revealed the door fro to the corridor was ec closer but would not be required.  2. Observation and te revealed the door fro corridor was equippe and a magnetic hold- buildings automatic fi had coats hung on th hooks. Those coats p closing and latching i power of the automat 3. Observation and te revealed the door fro room to the corridor v automatic closer but frame as required.  Interview with the dire times of the observat findings.  The deficiencies affe	ssified as Severe  is not met as evidenced  n, testing, and interview, the	K	321	

	April 100 miles (100 m	

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02		(X3) DATE SURVEY COMPLETED		
		435004	B. WING_	B. WING		02/07/2023	
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	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	K	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	INITIAL COMMENTS  A recertification surve Life Safety Code (LSC occupancy) was cond Heights Healthcare B compliance with 42 C for Long Term Care F  The building will meet 2012 LSC for existing upon correction of deconjunction with the p continued compliance standards. Horizontal Exits CFR(s): NFPA 101  Horizontal Exits Horizontal exits, if use 7.2.4 and the provision 18.2.2.5.7, or 19.2.2.5  This REQUIREMENT by: Based on observation failed to maintain the of one randomly obse bottom latching hardw	ey for compliance with the C) (2012 existing health care lucted on 2/7/23. Prairie uilding 02 was found not in FR 483.90 (a) requirements acilities.  If the requirements of the health care occupancies ficiency identified at K226 in provider's commitment to e with the fire safety  ed, are in accordance with ms of 18.2.2.5.1 through 19.2.2.5.4.  It is not met as evidenced in and interview, the provider two-hour fire resistive rating erved horizontal exit. The ware on both leaves of the adjacent to rooms 161 and	K	2226		he sed n	2/26/23
_АВОНАТОНУ [	the bottom latching ha	/23 at 12:05 p.m. revealed ardware installed on both			TITLE		(X6) DATE

Darcy Albrecht

Administrator

02/16/2023

Any relaticiency statement enriting with an exercise (\*) denotes a refliciency which the institution other safeguards provide sufficient protection to the patients. (See instructions.) Except for no following the date of survey whether or not a plan of correction is provided days following the date these documents are made available to the facility indeficiencies are program participation.

FEB 16 2022

nich the institution may be excused from correcting providing it is determined that the state of the control of

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Ever: ID: 05FK21

Facility ID: 0033

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02		(X3) DATE SURVEY COMPLETED		
		435004	B. WING			02/07/2023	
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	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 226	leaves of the of ninety cross-corridor doors a 162 did not latch. Intermaintenance at the tir confirmed that hardway	y-minute fire-rated adjacent to rooms 161 and erview with the director of me of the observation are did not latch.	K	226			

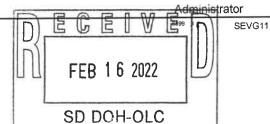
South Dakota Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER AND PLAN OF CORRECTION A. BUILDING: B. WING 02/08/2023 10588 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 400 8TH AVE NW PRAIRIE HEIGHTS HEALTHCARE ABERDEEN, SD 57401 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 Compliance/Noncompliance Statement 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.

LABOH TORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Darcy Albrecht



02/16/2023

If continuation sheet 1 of 1