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

PRINTED: 10/12/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		435120	B. WING _			09/29/2022	
NAME OF PROVIDER OR SUPPLIER PIONEER MEMORIAL NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP COD 315 NORTH WASHINGTON ST VIBORG, SD 57070	E		
(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 CO ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE		
F 000	with 42 CFR Part 483 for Long Term Care fa	th survey for compliance 8, Subpart B, requirements acilities, was conducted from /22. Pioneer Memorial	FC				
LABORATORY (	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE	
Lindsey Hauger				Administrator		10/13/2022	

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.

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

Event ID: FIUO11

Facility ID: 0101

If continuation sheet Page 1 of 1

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/12/2022 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE &	MEDICAID SERVICES	_			CIVID N	J. 0330-0331
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		435120	B. WING			09/	/29/2022
NAME OF PROVIDER OR SUPPLIER  PIONEER MEMORIAL NURSING HOME				31	REET ADDRESS, CITY, STATE, ZIP CODE 5 NORTH WASHINGTON ST BORG, SD 57070		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 000		ey for compliance with 42	E	000			
	CFR Part 482, Subpa Emergency Prepared Term Care Facilities,	rt B, Subsection 483.73, ness, requirements for Long was conducted from 9/26/22 eer Memorial Nursing Home					
ABORATORY I	DIRECTOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE
Lindsey Hauger					Administrator	1	0/13/2022

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.

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

Event ID: FIU01

Facility ID: 0101

If continuation sheet Page 1 of 1

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

PRINTED: 10/12/2022 FORM APPROVED OMB NO. 0938-0391

PIONEER MEMORIAL NURSING HOME  NAME OF PROVIDER OR SUPPLIER  HAST20  NAME OF PROVIDER OR SUPPLIER  PIONEER MEMORIAL NURSING HOME  PROVIDER MEMORIAL NURSING HOME  STREET ADDRESS.CITY, STATE, ZIP CODE 1ST MORTH WASHINGTON BY  ISS MORTH WASHINGTON BY  TAG  NAME OF PROVIDER OR SUPPLIER  PIONEER MEMORIAL NURSING HOME  PREFIX TAG  INITIAL COMMENTS  A recartification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 9/2772.2 Pioneer Memorial Nursing Home was found not in compliance with 2 CFR 48.9 0(a) requirements for Long Term Care Facilities.  The building will meet the requirements of the 2012 LSC for existing health care occupancy) was conducted on 9/2772.2 Pioneer Memorial Nursing Home was found not in compliance with 2 CFR 48.9 0(a) requirements for Long Term Care Facilities.  The building will meet the requirements of the 2012 LSC for existing health care occupancy) was conducted on 9/2772.2 Pioneer Memorial Nursing Home was found not in compliance with 5 cfr. Closing Devices CFR(s). NFPA 101  Doors with Self-Closing Devices Doors in an exit passageway, stainway enclosure, or horizontal exit, more barrier, and  1 Coal amoke detectors designed to detect smoke passing through the opening or a required smoke detection system; at large and system; and  2 Local smoke detectors designed to d	CENTERS FOR MEDICARE & MEDIC					A CALIFORNIA TION	(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER  PIONEER MEMORIAL NURSING HOME  (Y4) ID PREFIX REMAINANCY STATEMENT OF DETICIENCIES SUPPLIED FOR THE PROPERTY MUST BE PRECIDED BY PULL REGULATORY OR LISC IDENTIFYING INFORMATION)  K 000 INITIAL COMMENTS  A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 9/27/22. Ploneer Memorial Nursing Home was found not in compliance with 42 OFR 483 90 (a) requirements for Long Term Care Facilities.  The building will meet the requirements of the 2012 LSC for existing health care occupancy) was conducted on 9/27/22. Ploneer Memorial Nursing Home was found not in compliance with the fire safety standards.  K 223 Doors with Self-Closing Devices  CFR(s): NFPA 101  Doors with Self-Closing Devices  Doors in an exit passageway, stainway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1 8.2 that automatically closes all such doors throughbut the smoke compartment or entire facility upon activation of:  Required manual fire alarm system; and Loas smoke detection system; and Loas smoke detection system; and Automatic sprinkler system; if installed; and Automatic sprinkler system; in installed; and Automatic sprinkler system;			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					
MANE OF PROMDER OR SUPPLIER  PIONEER MEMORIAL NURSING HOME  2041D REGILATORY OR LSC IDENTIFYING INFORMATION)  REGULATORY OR LSC IDENTIFYING INFORMATION)  REGULATORY OR LSC IDENTIFYING INFORMATION)  R 4 recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 9/27/22. Ploneer Memorial Nursing Home 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 K223 in conjunction with the provider's commitment to continued compliance with the fire safety standards.  K 223  SS=E CFR(S) NFPA 101  Doors with Self-Closing Devices Doors in an exit passageway, stainway enclosure, or horizontal exits, moke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless helid open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:  * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the pening or a required smoke detection system; and * Automatic sprinkler system, infinstalled; and * Local smoke detectors designed to detect smoke detection system; and * Automatic sprinkler system, if installed; and * Local smoke detectors designed to detect smoke detection system; and * Automatic sprinkler system, if installed; and * Local smoke detectors designed to detect smoke detection system; in the service of the provider failed to maintain two of four hazardous areas (shower room converted to storage room now has a closer on corridor door as of 9-29-2022. Compliance with closer in place will be monitored by the Maintenance Director. This door will be monitored by the Maintenance Director. This door will be monitored by the maintenance staff and documented on a monthly bass in the preventative maintenance ano			435120	B. WING			09/:	27/2022
PIONEER MEMORIAL NURSING HOME  SUMMARY STATEMENT OF DEFICIENCIES  (CACH) D  REGULATORY OR LSC IDENTIFYING INFORMATION)  REGULATORY OR LSC IDENTIFYING INFORMATION)  A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancies upon correction of deficiencies identified at K223 in conjunction with the provider's commitment to confineed compliance with the fire safety standards.  K 223 Doors with Self-Closing Devices  Doors in an exit passageway, stainway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the dosed position, unless held open by a release device complying with 7.2.1.3.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:  Required manual fire aiam system; and  * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detectors system; and  * Automatic sprinkler system; in and  * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detectors of system; and  * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detectors of system; and  * Automatic sprinkler system; in installed; and  * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detectors of system; in and  * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detectors of system; and  * Automatic sprinkler system; in installed; and  * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detectors of system; and the provider failed to maintain two of four hazardous areas (shower room converted to storage room now has a closer on converted to storage room now has a closer on converted to storage room now has a closer on converted to storage room now has a closer on converted to storage room now has a closer on converted to storage room			433120		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
PROMER   Manual Nursing Home   Manual Nursing Home   Manual Nursing Home   Manual Nursing Home was found not in compliance with the providers commitment to continued compliance with the fire safety standards.   See See See See See See See See See S	NAME OF PR	ROVIDER OR SUPPLIER						
SUMMARY STATEMENT OF DEFICIENCIES   PREFIX TAG	DIONEER	MEMORIAL NURSING H	OME		•			
SAMMARY STATEMENT OF DEPICIENCISE   PREFIX TAG	FIONELIK				V1			(V5)
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Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 9/27/22. Ploneer Memorial Nursing Home 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 K223 in conjunction with the provider's commitment to continued compliance with the fire safety standards.  K 223 Doors with Self-Closing Devices  CFR(s): NFPA 101  Doors with Self-Closing Devices  Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:  *Required manual fire alarm system; and  *Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and  *Automatic sprinkler system, if installed; and  *Local smoke detection system; and  *Automatic sprinkler system, if installed; and  *Local smoke detection system; and  *Automatic sprinkler system, if installed; and  *Local smoke detection system; and  *Automatic sprinkler system, if installed; and  *Local smoke detection system; and  *Automatic sprinkler system, if installed; and  *Local smoke detection system; and  *Automatic sprinkler system, if installed; and  *Local smoke detection system; and  *Automatic sprinkler system, if installed; and  *Local smoke detection system; and  *Automatic sprinkler system, if installed; and  *Local smoke detection system; and  *Automatic sprinkler system, if installed; and  *Local smoke detection system; and  *Automatic sprinkler system, if installed; and  *Local smoke detection system; and  *Automatic sprinkler system, if installed; and  *Local smoke detection system; and  *Automatic sprinkler system, if installed; and  *Local smoke detection sys	K 000	A recertification surve	ey for compliance with the	K	000		13	
2012 LSC for existing health care occupancies upon correction of deficiencies identified at K223 in conjunction with the provider's commitment to continued compliance with the fire safety standards.  K 223  SS=E  Nors with Self-Closing Devices  CFR(s): NFPA 101  Doors with Self-Closing Devices  Doors in an exit passageway, stainway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:  * Required manual fire alarm system, and  * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and  * Automatic sprinkler system, if installed; and  * Loss of power.  18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8  This REQUIREMENT is not met as evidenced by:  Based on observation and interview, the provider failed to maintain two of four hazardous areas (shower room converted to storage and laundry) as required. Findings include:  K 223  Shower room converted to storage room now has a closer on corridor door as of 9-29-2022. Compliance with closer in place will be monitored by Maintenance Director monthly for 6 months and reported to QAPI Coordinator and Council.  The corridor door to laundy has been adjusted to close and latch properly as of 9-28-2022 by the Maintenance Director. This door will be monitored by the maintenance staff and documented on a monthly basis in the preventative maintenance book. This will also be reported to the QAPI Coordinator and Council for 6 months.		Life Safety Code (LSI occupancy) was cond Memorial Nursing Ho compliance with 42 C	C) (2012 existing health care ducted on 9/27/22. Pioneer me was found not in FR 483.90 (a) requirements					
SS=E  Doors with Self-Closing Devices CFR(s): NFPA 101  Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:  * Required manual fire alarm system; and  * Local smoke detections designed to detect smoke passing through the opening or a required smoke detection system; and  * Automatic sprinkler system, if installed; and  * Loss of power.  18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to maintain two of four hazardous areas (shower room converted to storage and laundry) as required. Findings include:  Shower room converted to storage room now has a closer on corridor door as of 9-29-2022. Compliance with closer in place will be monitored by Maintenance Director monthly for 6 months and reported to QAPI Coordinator and Council.  The corridor door to laundy has been adjusted to close and latch properly as of 9-28-2022 by the Maintenance Director. This door will be monitored by the maintenance staff and documented on a monthly basis in the preventative maintenance book. This will also be reported to the QAPI Coordinator and Council for 6 months.		2012 LSC for existing upon correction of de in conjunction with the continued compliance.	nhealth care occupancies ficiencies identified at K223 e provider's commitment to					
THE CONTROL OF PROVIDER IS DEPOSITED REPRESENTATIVE'S SIGNATURE	SS=E	Doors with Self-Closing Devices CFR(s): NFPA 101  Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:  * Required manual fire alarm system; and  * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and  * Automatic sprinkler system, if installed; and  * Loss of power.  18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to maintain two of four hazardous areas (shower room converted to storage and laundry)			223	room now has a closer on cordoor as of 9-29-2022. Compliwith closer in place will be monitored by Maintenance Dimonthly for 6 months and repto QAPI Coordinator and Coulon The corridor door to laundy his been adjusted to close and laproperly as of 9-28-2022 by the Maintenance Director. This dwill be monitored by the maintenance staff and document a monthly basis in the preventative maintenance both This will also be reported to the QAPI Coordinator and Counce 6 months.	rridor ance rector orted incil. as itch he loor nented ok. he sil for	
	ADODATORY	DIDECTOR'S OR BROWINED	SUPPLIER REPRESENTATIVE'S SIGNATUR			TITLE		(Xb) DATE

Lindsey Hauger

Administrator

10/14/2022

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  A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED			
		435120	B. WING			09/	27/2022		
NAME OF PROVIDER OR SUPPLIER  PIONEER MEMORIAL NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 315 NORTH WASHINGTON ST VIBORG, SD 57070					
(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 223	Continued From page  1. Observation on 9/2 the shower room convigreater than 100 squal combustible items. The equipped with a close  2. Observation on 9/2 the laundry was great contained combustible was held magnetically closer could not function door when the magnetime of the observation	7/22 at 10:00 a.m. revealed verted to storage was are feet and contained he corridor door was not er.  7/22 at 11:00 a.m. revealed her than 100 square feet and her items. The corridor door y held open, however the ion to close and latch the et was released.  Intenance director at the n confirmed that finding.  The potential to affect 100% of		223					

South Dakota Department of Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION A. BUILDING: \_

(X3) DATE SURVEY COMPLETED

10698

B. WING

09/29/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

315 N WASHINGTON ST

IONEER I	MEMORIAL NURSING HOME	315 N WAS VIBORG, S	SHINGTON ST SD 57070		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (EACH DEFICIENCY MUST BE PRECED REGULATORY OR LSC IDENTIFYING IN	DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
S 000	Compliance/Noncompliance Stateme	ent	S 000		
	A licensure survey for compliance with Administrative Rules of South Dakota 44:73, Nursing Facilities, was conducted 9/26/22 through 9/29/22. Pioneer Me Nursing Home was found in compliant	a, Article cted from emorial			
S 000	Compliance/Noncompliance Stateme	ent	S 000		
	A licensure survey for compliance with Administrative Rules of South Dakota 44:74, Nurse Aide, requirements for iteraining programs, was conducted frough 9/29/22. Pioneer Memorial Nawas found in compliance.	a, Article nurse aide om 9/26/22			

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

TITLE

(X6) DATE

Lindsey Hauger

STATE FORM

Administrator

10/14/2022

D5JH11

6899

If continuation sheet 1 of 1