

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

PRINTED: 07/13/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>43A073</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/29/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>SANFORD CHAMBERLAIN CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 S BYRON BLVD CHAMBERLAIN, SD 57325</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	
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 6/26/22 through 6/29/22. Sanford Chamberlain Care Center was found in compliance.  A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care Facilities, was conducted from 6/26/22 through 6/29/22. Areas surveyed included quality of care. Sanford Chamberlain Care Center was found in compliance.	F 000			

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



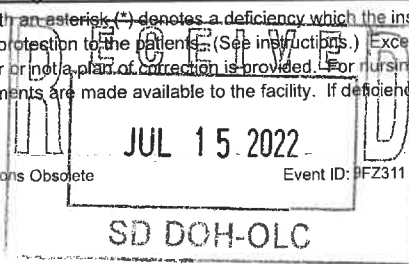
TITLE

Sr. Director/Administrator

(X6) DATE

7-15-22

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.



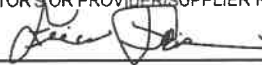


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E 000	Initial Comments  A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care Facilities, was conducted from 6/26/22 through 6/29/22. Sanford Chamberlain Care Center was found in compliance.	E 000			

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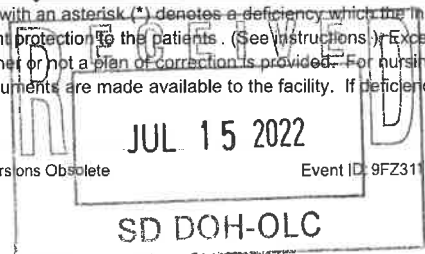
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7-15-22

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NAME OF PROVIDER OR SUPPLIER  <b>SANFORD CHAMBERLAIN CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 S BYRON BLVD CHAMBERLAIN, SD 57325</b>	
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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 6/28/22. Sanford Chamberlain Care Center 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 K222 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 222 SS=D	Egress Doors CFR(s): NFPA 101  Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are	K 222	Magnetic lock was adjusted by maintenance to allow egress at less than 15lbs of pressure.  Maintenance supervisor or designee will monitor doors weekly x 4 weeks then monthly reporting data monthly to QAPI until QAPI committee deems appropriate.  All egress doors will be monitored using a measuring device to ensure no more than 15 lbs. required to open.	6-28-22

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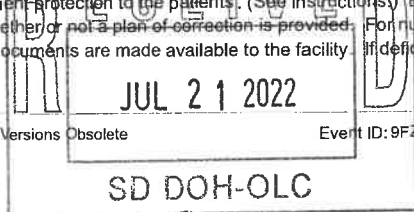
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Sr. Director/Administrator

(X6) DATE

7/21/22

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K 222	<p>Continued From page 1</p> <p>being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 <b>DELAYED-EGRESS LOCKING ARRANGEMENTS</b></p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 <b>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</b></p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p> <p>18.2.2.2.4, 19.2.2.2.4 <b>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</b></p> <p>Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation, testing, and interview, the</p>	K 222		

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K 222	<p>Continued From page 2</p> <p>provider failed to provide operable egress doors as required at one randomly observed exit door location (north Hamilton exit door). Findings include:</p> <p>1. Observation beginning on 6/28/22 at 2:15 p.m. revealed the north exit door on the Hamilton wing was provided with delayed-egress hardware. That delayed-egress hardware is unable to be easily opened. Testing of the doors delayed-egress hardware revealed it would not enter the irreversible process to unlock the door without applying greater than fifteen pounds of force in the direction of the path of egress.</p> <p>Interview at the time of the observation with the maintenance director confirmed those conditions. He stated he was unaware that door took greater than fifteen pounds of force to enter the delayed egress process.</p> <p>Failure to provide working delayed-egress door hardware as required increases the risk of death or injury due to fire.</p> <p>The deficiency affected 100% of the smoke compartment occupants.</p> <p>Ref: 2012 NFPA 101 Section 19.2.2.2.4(3), 7.2.1.6.1.1(3)(a)</p>	K 222		





South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10606</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/29/2022</b>
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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 6/26/22 through 6/29/22. Sanford Chamberlain Care Center was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement  A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 6/26/22 through 6/29/22. Sanford Chamberlain Care Center was found in compliance.	S 000		

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

TITLE

(X6) DATE

STATE FORM



Sr. Director/Administrator

7-15-22

