

Division of Health Systems Development and Regulation
Health Protection
Licensure and Certification
Public Health Preparedness and Response
Rural Health

August 22, 2018

Sent to facility via email.

Carol Regier, Administrator
Keystone Treatment Center
1010 East 2nd St.
PO Box 159
Canton, SD 57013

Re: Keystone Treatment Center

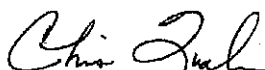
Dear Ms. Regier:

On July 19, 2018, the South Dakota Department of Health, Office of Health Care Facilities Licensure & Certification conducted a survey of your inpatient chemical dependency facility for compliance with state rules. This visit found deficiencies whereby corrections were required.

We are accepting your plans of correction for the deficiencies. Please notify this office at (605) 773-3356 if you are unable to correct the deficiencies as outlined in your plan of correction.

If you have any questions relating to the deficiencies, contact Jim Bailey at the Office of Health Care Facilities Licensure & Certification at (605) 367-5434.

Sincerely,



Chris Qualm, Administrator
OFFICE OF HEALTH CARE FACILITIES LICENSURE & CERTIFICATION
CQ:jrj

cc: Melanie Boetel, Division of Community Behavioral Health with copy of PoC (via email)

615 East 4th Street | Pierre, SD 57501 P605.773.3356 F605.773.6667



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DATE: August 2, 2018

TO: Carol Regier, Administrator
Keystone Treatment Center
1010 East 2nd St.
PO Box 159
Canton, SD 57013

FROM: Chris Qualm, Administrator *CQ/98*
Office of Health Care Facilities Licensure and Certification
615 E. 4th Street
Pierre, SD 57501-1700

RE: Compliance Survey conducted July 19, 2018

BY: Travis Nelsen, Sr. Health Facilities Surveyor

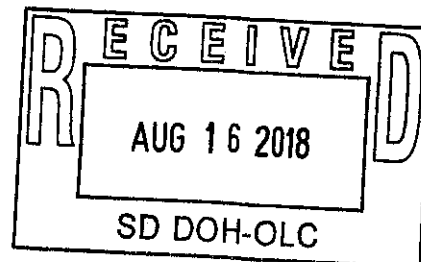
SURVEY TYPE: Environmental Sanitation, Safety, Fire Prevention, and Accessibility

CODE STANDARDS: Administrative Rules of South Dakota (ARSD)
44:78 Inpatient chemical dependency
67:61 Substance Disorders
National Fire Protection Association Code 101 "Life Safety Code" 2000
edition, Chapters 1-10 inclusive and chapter 33
Americans with Disabilities Act Accessibilities Guidelines
(ADAAG)

CC: Melanie Boetel, Accreditation Program Manager
Department of Social Services Division of Behavioral Health

CLASSIFICATION: Inpatient Chemical Dependency Treatment Facility

BED CAPACITY: 126 total capacity



Keystone Treatment Center
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INTRODUCTION

Enclosed please find the list of deficiencies relating to state rules identified as a result of the July 19, 2018, survey of your facility by the above surveyor from this office.

The purpose of this visit was to survey the facility and make an evaluation of the operation and to determine its compliance with the above code standards.

We request that you provide this office with your plan of correction stating the completion date for the corrections, the corrective action you have taken, or the plan of correction that you intend to make. **The plan must be submitted to our office by August 12, 2018.** Please refer to the enclosed Plan of Correction Guidelines in completing your own plan and retain a copy of the correction plan for your own records.

Based on observation and interview on July 19, 2018, the following deficiencies were noted

1. The water temperature for the hot water in the public bathroom by the gym was 140 degrees Fahrenheit. It must not exceed 125 degrees Fahrenheit.

Plan of Correction:

Temperature on water heater was turned down immediately. Maintenance department will maintain monthly monitoring sheet for all facility faucets.

Date of Correction:

07-19-18

2. Restroom vents were covered with lint and should be cleaned. May want to put all vents on a cleaning schedule.

Plan of Correction:

Vents have been cleaned. Cleaning of vents will be included with vent filter replacement schedule maintained by maintenance staff.

Date of Correction:

07/23/18

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3. The shower base in the old building women's bathroom had a crack in the fiberglass.

Plan of Correction:

Shower base will be replaced by outside agency, and will be monitored by C.F.O or designated staff on monthly walk through.

Date of Correction: 10/15/18

4. The men's restroom in the old building had glass board that had the corner broken off and missing grout in the shower stalls.

Plan of Correction:

Glass board and grout will be replaced by outside agency, and monitored by C.F.O, or designated staff on monthly walk through.

Date of Correction: 10/15/18

5. Throughout the facility soiled linen should not be stored where clean linen is stored. There should be designated areas for both with clear separation.

Plan of Correction:

Will use rubber maid bins in different plant locations away from clean linen storage. Process will be monitored weekly by C.O.O or designated staff.

Date of Correction: 09/30/18

6. There were sand bags placed in front of the door of the northwest exit. That exit was not usable. All exits must be free and clear of obstruction at all times.

Plan of Correction:

Sand bags have been moved to garage, and drainage from building roof has been re-routed to appropriate side of building. Sump pumps will be used as needed. *opposite*

Date of Correction: 08/10/18

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7. The lid to the water softener tank had not been replaced and insects were able to get into the tank. The tank needs to be cleaned and the lid replaced.

Plan of Correction:

Tank has been cleaned and lid replaced. Will monitor lid placement when replenishing salt, and C.F.O or designate will check on monthly walk through.

Date of Correction: 07/20/18

8. The ninety-minute fire rated door located between the gym and administration would not latch into the floor. Those doors need to be both top and bottom latching.

Plan of Correction:

Door has been adjusted and will monitor on monthly fire drills by maintenance supervisor.

Date of Correction: 07/20/18

9. The backflow preventer for the fire sprinkler system had not been tested annually.

Plan of Correction:

Back flow has been tested and item has been added to annual fire alarm system maintenance. C.F.O or designate will monitor annually.

Date of Correction: 07/26/18

On a side note, Lori had noticed that neither room where the bed bug boxes were located had self-closing devices equipped on the door. Both of those rooms would be considered hazardous and should be equipped with self-closing devices.

Administrator: Carol A. Fester CEO
Date: 8-14-18