

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



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

October 27, 2017

Carol Regier  
Keystone Treatment Center  
1010 East 2<sup>nd</sup> St  
Post Office Box 159  
Canton, SD 57013

Re: Keystone Treatment Center

Dear Ms. Regier:

On September 14, 2017, 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 Todd McCaskell at the Office of Health Care Facilities Licensure & Certification at (605) 773-3356.

Sincerely,

A handwritten signature in cursive script that reads 'Chris Qualm'.

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)

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**DATE:** September 27, 2017

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

**FROM:** Chris Qualm, Administrator *C.Q./gk*  
Office of Health Care Facilities Licensure and Certification  
615 E. 4<sup>th</sup> Street  
Pierre, SD 57501-1700

**RE:** Compliance Survey conducted September 14, 2017

**BY:** Travis Nelsen, Sr. Health Facilities Surveyor

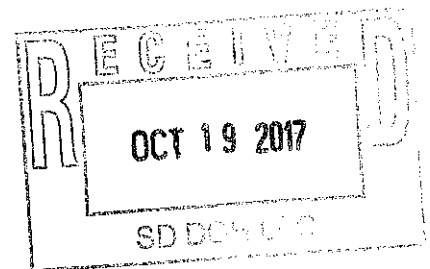
**SURVEY TYPE:** Environmental Sanitation, Safety, Fire Prevention, and Accessibility

**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:** 122 total capacity



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**INTRODUCTION**

Enclosed please find the list of deficiencies relating to state rules identified as a result of the September 14, 2017, 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 October 7, 2017.** 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 September 14, 2017 the following deficiencies were noted

1. The ninety minute fire rated cross-corridor door located between room 222 and 223 would not close by itself. The door was dragging on the frame and had to be forced shut.

**Plan of Correction:**

Maintenance staff will adjust door & Frame until self closure is attained. Risk Manager or his designee will monitor operation of door during monthly fire drills.

**Date of Correction:** 10/20/17

2. Need to seal the penetrations or holes in the ceiling and walls in the IT/Storage room in the front administration hall. Wires and conduit have been run through the sheetrock of the ceiling and walls leaving holes where smoke and fire can escape.

**Plan of Correction:**

Maintenance Staff will close holes with Metal Groumet and insulating foam. Safety Officer will verify closure is intact on quarterly walk through.

**Date of Correction:** 10/20/17

Administrator: Carol A. [Signature]  
Date: 10/26/17