



SOUTH DAKOTA
DEPARTMENT OF HEALTH

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Division of Healthcare Access & Quality and Health Protection

Health Protection

Licensure and Certification

Public Health Preparedness and Response

Rural Health

DATE: April 15, 2021

TO: Action for the Betterment of the Community – New Dawn Center

RE: Compliance Survey conducted on March 29,2021

BY: Cindy Koopman Viergets, Senior Health Facilities Surveyor
Department of Health, Health Care Facilities Licensure and Certification

CC: Muriel J. Nelson
Program Manager, Office of Licensing and Accreditation
Department of Social Services

CLASSIFICATION: Alcohol and Drug Treatment Facility (Residential)

CODE STANDARDS: Administrative Rules of South Dakota 67:61 – Substance Abuse Disorders
National Fire Protection Association Code 101 Life Safety Code, 2000
Edition, chapters 1-10 inclusive and chapter 23.
Americans with Disabilities Act Accessibilities Guidelines (ADAAG)

The purpose of this survey was to conduct an initial survey, evaluate the operation, and determine compliance with South Dakota Administrative Rules 67:61.

The following is a list of items that were found out of compliance with the above rules. Please provide a plan of correction, correction date, and quality assurance plan for the following noted deficiencies. 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 May 16, 2021.** Please indicate staff position or titles, not personal names, in your plan of correction if/when you identify what staff position will be responsible for corrections or monitoring compliance. Please sign the plan of correction prior to returning. In lieu of mailing, you may scan and email your copy to the following: Muriel.nelson@state.sd.us, chris.kenyon@state.sd.us and cindy.koopmanviergets@state.sd.us

If you have questions regarding the survey, please do not hesitate to contact the Department of Health.

New Dawn Center (19271 Hwy 79, Vale, SD 57788)

1. Four random food, linen, mattress, and housekeeping storage areas had bare bulbs that were not shielded or coated to protect them from shattering if broken.
Date of correction: 4/17/21
Plan of correction: purchased a shield for the basement light for the paper products and emailed Cindy about the other three that were in the pantry (LED bulbs). Cindy stated they were fine uncovered.
Staff position responsible: Jim Yung

2. Two of two laundry rooms had:
 - a. Kick down devices on the self-closing doors that would allow them to be propped open. Kick down devices cannot be used on laundry room doors.
 - b. Paper backed foil exhaust ducts on the dryers. Paper back foil exhaust ducts cannot be used on dryers.**Date of correction: 4/17/21**
Plan of correction: purchased two magnet closers for the back of the laundry room doors and also replaced the exhaust ducts on the dryers.
Staff position responsible: Victor Robertson

3. The self-closing door between the garage and the man cave was propped open with a large rock. A vehicle was parked in that garage. A self-closing door between a garage and a recreation area cannot be propped open.
Date of correction: 4/17/21
Plan of correction: removed rock and allowed door to self close
Staff position responsible: Kara Graveman

4. The wheelchair accessible ramp at the front door appears to have sunk and created an uneven transition of about two inches between the ramp landing and the door sill.
Date of correction: 5/1/2021
Plan of correction: We will be installing a metal transition ramp so clients are able to access the main ramp area.
Staff position responsible – Victor Robertson and Jim Yung

Technical assistance was given at the time of the survey. The following items did not rise to the level of a deficiency but must also be corrected so as not to become plans of correction in the future:

1. Paperwork must be kept for the fire drills to ensure the drill was initiated and executed according to guidelines. Those guidelines call for one drill per shift per calendar quarter.
2. The dietary department should have the ServSafe certificate available for view.
3. The sink at the end of the three-compartment sink must be identified as a handwashing sink.
4. A hair restraint must be worn when preparing food in the kitchen.

5. The two purchased small fire extinguishers in the maintenance shop should be added to the monthly inspection. *done*
6. The lighting in the north shower room was dim and needed brighter bulbs. *Fixed*

Agency Signature: _____

K. J. J. J.

Date: _____

4-20-21