



600 East Capitol | Pierre, SD 57501 P605.773.3356 F605.773.6667

Division of Healthcare Access & Quality and Health Protection

Health Protection

Licensure and Certification

Public Health Preparedness and Response

Rural Health

DATE: April 14, 2021

TO: Pennington County Sheriff's Office Addiction Treatment Services- Care Campus

RE: Compliance Survey conducted on March 31, 2021

BY: Cindy Koopman Viergets, Senior Health Facilities Surveyor

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

CLASSIFICATION: Alcohol and Drug Treatment Facility

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.

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 15, 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.

Administration and Counseling (321 Kansas City St, Rapid City, SD 57701)
Safe Solutions and Detoxification (321 Kansas City St, Rapid City, SD 57701)
Crisis Care (321 Kansas City St, Rapid City, SD 57701)
LS Facility (321 Kansas City St, Rapid City, SD 57701)

1. Monthly fire drills for the year 2020 were not completed once per shift per calendar quarter. There were eight hour shifts per day to complete morning, evening, and overnight shifts.
Date of correction: May 1, 2021
Plan of correction: Fire drills will be scheduled on all shifts, with sufficient frequency to familiarize all staff with proper fire drill procedure in accordance with NFPA 101 Life Safety Code.
Staff position responsible: Tech Supervisors and Housing Director

2. The fire alarm was not sounded for all fire drills in 2020.
Date of correction: May 1, 2021
Plan of correction: The fire alarm will be sounded during fire drills with sufficient frequency to familiarize all staff. Fire drills conducted during sleeping hours will be simulated by staff and the fire alarm will not be sounded.
Staff position responsible: Tech Supervisors and Housing Director

3. The evacuation time was not given for all fire drills in 2020.
Date of correction: May 1, 2021
Plan of correction: Remedial training on proper fire drill procedures and completion of fire drill documentation will be provided to the Tech Supervisors. Fire Drill Report will indicate start time of drill and time drill was completed. Fire Drill Reports will be reviewed by the Housing Director to verify times are accurately reported and in line with evacuation procedure expectations.
Staff position responsible: Tech Supervisors and Housing Director

4. All kitchenettes and dining rooms were using a disinfectant wipe that required a potable rinse after use. The wipes were used to sanitize the tables and left to dry.
Date of correction: May 1, 2021
Plan of correction: Disinfectant wipes containing Quat 25 were removed from food safe areas and replaced with Sanitizing wipes containing Quat 16 to clean food safe surfaces. Building Tech supplies the sanitizing chemicals. Facility staff and clients were educated on proper use of disinfecting and sanitizing agents for future prevention of misuse. Facility Tech Staff will monitor and supply residents with proper cleaning agents during chore completion and on an as-needed basis. Facility Tech Staff will inform the Building Tech when supplies are needed. Tech Supervisors will monitor both Tech Staff and Building Tech to ensure proper supplies are available and being used properly on a weekly and monthly basis. Any infraction will be followed up on with verbal correction and education.

Staff position responsible: Tech Staff, Building Tech, and Tech Supervisor

5. All refrigeration and freezer units must have thermometers inside the units.

Date of correction: April 15, 2021

Plan of correction: Thermometers were purchased for every refrigerator and freezer. They were installed on April 15, 2021. Temperatures are not being regularly monitored at this time due to the lack of client use.

Staff Position Responsible: Ordering – Administrative Staff and All Tech Staff

6. Four wall phones were not on the cleaning list to be disinfected after use by clients, at each shift, or at the end of the day.

Date of correction: May 1, 2021

Plan of correction: Cleaning and disinfecting client phones has been added to the daily client cleaning duties in the Residential Treatment area. Maintenance staff will clean and disinfect client phones in detox areas during daily cleaning.

Staff position responsible: Tech Staff and Building Tech

7. All showers located through the facility had no matting and the clients were not given shower shoes.

Date of correction: May 1, 2021

Plan of correction: Shower shoes are issued to clients in the Detox area. Clients in Residential Treatment wear their own clothing and are allowed to have shower shoes. Information will be added to the Client Handbook encouraging Residential Clients to wear shower shoes.

Staff position responsible: Housing Director

8. Sharp's containers were filled beyond capacity at the technicians' desks and the nurse offices.

Date of correction: May 21, 2021

Plan of correction: Nursing staff will check all sharps containers weekly and empty/dispose of as needed.

Staff position responsible: Facility Nurse and Housing Director

9. There was no readily available disinfectant or procedure for disinfection of exam tables, the electrocardiogram machine, and the vitals machine in nurse offices.

Date of correction: May 1, 2021

Plan of correction: Disinfectant wipes will be kept in the exam room and the nurse's office. Medical staff will wipe the equipment down with disinfectant wipes after each patient. Medical staff will be responsible for alerting the Building Tech when supplies are running low or need replenished.

Staff position responsible: Nursing, EMT Staff, Tech Staff, and Building Tech

10. Four large rolling carts (approximately sixty gallon) of dirty laundry and/or garbage were stored in the path of egress for the east detoxification exit. An amnesty box, table, chair, and wheelchair were stored in the path of egress for the south receiving exit.

Date of correction: May 17, 2021

Plan of correction: Laundry and garbage carts will not be stored in the hallways where egress was a concern. New laundry carts were purchased and will be stored in the soiled linen rooms in detox. The Garbage cart will be stored in the custodial closet. Table, chair, and wheelchair were removed from the detox entrance door. The amnesty box does not inhibit the path of egress.

Staff position responsible: All Tech Staff, Building Tech, and Housing Director

Agency Signature: Deanna Malon

Date: 5/11/2021