

To: Leslie Smith-Director
500 E 9th St
Winner, SD 57580

From: Chris Qualm, Administrator
Office of Health Care Facilities Licensure and Certification
615 East 4th St.
Pierre, SD 57501-1700

Re: Compliance Survey conducted 10/3/2017

By: Derek Schiefelbein, Sr. Health Facilities Surveyor

Classification and Address: Southern Plains Behavioral Health
500 East 9th Street
Winner, SD 57580

405 Whittecar Ave,
Gregory, SD 57105

Survey Type: Physical Environment
Safety and Accessibility
Americans with Disabilities Act Accessibilities Guidelines (ADAAG)
ADAAG and Physical Environment

Code Standards: Administrative Rules of South Dakota (ARSD) 67:62 Mental Health
2000 Edition of Life Safety Code (LSC)
Memorandum of Understanding with Department of Human Services

Cc: Mary LeVee, Department of Social Services
Division of Behavioral Health Services

The purpose of this survey was to conduct an initial survey, evaluate the operation, and determine compliance with South Dakota Administrative Rules 67:62.

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 November 27, 2017.** 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:

██████████@state.sd.us, Heidi.gravett@state.sd.us and derek.schiefelbein@state.sd.us.

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

500 East 9th St. Winner

1. The mens and womens toilet rooms did not meet ADAAG standards. ADAAG 4.16.1
Date of correction: 11/13/2017

Plan of correction: The BOD have been informed of the Compliance Survey conducted on 10/3/2017 at SPBHS. Phone calls (Nov. 6 & 8, 2017) along with an email have been placed to the state related to clarification on this deficiency. Currently SPBHS has one handicap accessible public restroom.

405 Whitticar Ave, Gregory

1. The mens and womens toilet rooms did not meet ADAAG standards. ADAAG
Date of correction: 11/07/2017

Plan of correction: A letter has been written and sent to the landlord pointing out the deficiencies and asking them to make corrections.

132 North Main Street, Mission

1. The slope on the ramp was ten inches high by seven and one half feet long. The ramping did not meet ADAAG standards. ADAAG 4.8.1
Date of correction: 11/07/2017

Plan of correction: A letter has been written and sent to the landlord pointing out the deficiencies and asking them to make corrections.

2. The mens and womens toilet rooms did not meet ADAAG standards. ADAAG 4.16.1
Date of correction: 11/07/2017

Plan of correction: A letter has been written and sent to the landlord pointing out the deficiencies and asking them to make corrections.

501 E. 3rd Street, White River elementary school

1. The toilet room did not meet ADAAG standards. ADAAG 4.16.1
Date of correction: 11/07/2017

Plan of correction: A letter was sent to the White River School District making them aware of these deficiencies.

LSC Chapter 23 & 27

500 East 9th Street, Winner

1. Fire extinguisher tages should be signed off on the backside of the tag.

Date of correction: 10/06/2017

Plan of correction: All staff training was conducted on checking and recording the fire extinguisher every month along with proper signing of the tags.

405 Whitticar Ave, Gregory – behind Avera Medical Clinic

No deficiencies found.

132 North Main Street, Mission

1. The gas-fired furnace in the rear entrance (the main entrance to the facility) was not provided with one hour fire separation to the facility or the exit pathway. LSC 27-3.2

Date of correction: 11/07/2017

Plan of correction: A letter has been written and sent to the landlord pointing out the deficiencies and asking them to make corrections.

2. The walls of the facility had wood paneling on them that did not appear to be Class A, B, or C finish. This office would need verification of the product specification information that indicates flame spread and smoke developed ratings. LSC 27-3.3.2

Date of correction: 11/07/2017

Plan of correction: A letter has been written and sent to the landlord pointing out the deficiencies and asking them to make corrections.

501 E. 3rd Street, across from White River elementary school

1. All five exit signs were not illuminated.

Date of correction: 11/07/2017

Plan of correction: A letter was sent to the White River School District making them aware of these deficiencies.

2. The furnace was not provided with one hour fire separation.

Date of correction: 11/07/2017

Plan of correction: A letter was sent to the White River School District making them aware of these deficiencies

3. Fire extinguisher tags should be signed off on the backside of the tag.
Date of correction: 11/07/2017

Plan of correction: A letter was sent to the White River School District making them aware of these deficiencies

Agency Signature: Debbie Smith, Ex. Dir.
Date: 11/13/2017