The purpose of this survey was to conduct an initial survey, evaluate the operation, and determine compliance with South Dakota Administrative Rules 67:62:09.

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 11, 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: Mary.levee@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.

Spiel Addition, Eagle Butte- Business Occupancy

No deficiencies were found at this address.

Faith Community Center, 112 N 2nd Ave, Faith SD

1. The southwest exit door in the basement at the top of the stairs had double-action hardware. This could impede egress in case of an emergency. (Life Safety)

   Date of correction: November 1, 2017 - A letter requesting compliance was sent to Lessor. (copy attached)

   Plan of correction: As, this is a leased space a letter was sent to the Lessor requesting correction be made by changing to single-action hardware with a follow up in writing to Three Rivers when correction is completed.

McLaughlin Office, 305 2nd Ave West, McLaughlin SD

2. All three emergency lights in the corridor where not functioning on battery back-up (Life Safety)

   Date of correction: November 1, 2017 - A letter requesting compliance was sent to the Lessor. (copy attached)

   Plan of correction: As, this is a leased space a letter stating the deficiency was sent to the Lessor requesting correction be made with a follow up in writing to Three Rivers when correction is completed.
3. The fire extinguisher had not been inspected since April 2015. It should be annually.  
   (Life Safety)

   Date of correction: November 1, 2017 - A letter requesting compliance was 
   sent to the Lessor. (copy attached)

   Plan of correction: As, this is a leased space a letter stating the deficiency. 
   was sent to the Lessor requesting correction be made with a follow up in 
   writing to Three Rivers when correction is completed.

Lemmon Office, 11 East 4th Street, Lemmon SD

   No deficiencies were found at this address.

Agency Signature: [Signature]
   Executive Director

Date: 11/07/2017
November 1, 2017

John Mengenhausen, CEO
Horizon Health Care, Inc.
PO Box 99
Howard, SD 57349

Dear John,

The Department of Health recently completed a site review of each location Three Rivers rents, owns, or leases to assure that each facility is in compliance with applicable fire safety standards.

The DOH Surveyor noted one Life Safety deficiency at the Faith Community Health Center that needs to be addressed.

\[
\text{Life Safety Deficiency: "The southwest exit door in the basement at the top of the stairs had double-action hardware. This could impede egress in case of an emergency."}
\]

I appreciate your assistance in seeing that this deficiency is corrected and request that you notify me in writing when the hardware has been changed to single-action. Thank you!

Sincerely,

Susan Sandgren
Executive Director
November 1, 2017

Charlotte Moser
McLaughlin Hospital District
Box 536
McLaughlin, SD 57642

Dear Char,

The Department of Health recently completed a site review of each location Three Rivers rents, owns, or leases to assure that each facility is in compliance with applicable fire safety standards.

The DOH Surveyor noted two Life Safety deficiencies at the McLaughlin Hospital Building that need to be addressed.

Life Safety Deficiency: “All three emergency lights in the corridor were not functioning on battery backup.”

Life Safety Deficiency: The fire extinguisher had not been inspected since April 2015. It should be inspected annually.

I appreciate your assistance in seeing that these deficiencies are corrected and request that you notify me in writing when the corrections have been made. Thank you!

Sincerely,

Susan Sandgren
Executive Director