



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

To: Burke Eilers, CEO  
Rich Cartney, COO  
Wellfully, Inc.  
22 Waterloo Street  
PO Box 1087  
Rapid City, SD 57709

From: Chris Qualm, Administrator *C. Q./sq*  
Office of Health Care Facilities Licensure & Certification  
~~615 E. 4<sup>th</sup> Street~~ *600 E. Capitol Ave.*  
Pierre, SD 57501-1700

Date: 5/7/2021

Survey Type: Environmental, Sanitation, Safety, Fire Prevention, Accessibility

Code Standards: Administrative Rules of South Dakota:  
\*46:04:20 – Inpatient Chemical Dependency  
NFPA Code 101 “LSC” 2009 Chapters 1-10 inclusive & Chapter 32  
Americans with Disabilities Act Accessibilities Guidelines (ADAAG)

CC: Muriel J. Nelson  
Division of Community Behavior Health Services  
Department of Social Services

Enclosed please find the list of deficiencies related to state rules identified as a result of the May 4, 2021 survey at your Inpatient Chemical Dependency and Alcohol and Drug facilities located at: Wellfully, 22 Waterloo Street, Rapid City SD 57709.

**CLASSIFICATION: Chemical Dependency Treatment Facility (Inpatient)**

**BED CAPACITY: 15, Census: 7**

As a result of the survey areas were discovered that will require a plan of correction. For each deficiency listed below, state the completion date for the corrections, the corrective action you have taken, or the plan of correction that you intend to make, and the person’s position title responsible for monitoring continued compliance.

**Please mail your plan of correction to our office no later than May 17, 2021. (Please do not include individual staff names in your plan. You may use the sample format listed below or use one that includes the same reporting requirements.)**

Observation, document review, and interview on 5/4/21 from 9:30 a.m. to 11:00 a.m. with the chief operating officer (COO) and building and grounds supervisor, revealed and confirmed the following on the survey:

1. Observation on 5/4/21 from 9:30 a.m. to 11:00 a.m. revealed two of four dryers on the second floor and the dryer in the kitchen had foil paper lined exhausts. Review of the prior survey on 9/17/19 revealed the dryer exhausts had also been written. Interview with the COO confirmed the exhausts had been noted on the prior survey.

**Corrective action taken or what plan is intended to make the correction:**

All 3 dryer vents were replaced with rigid venting.

**Date when correction was or will be made:** May 5<sup>th</sup>

**Staff position responsible for monitoring this area:** Maintenance Director

**How will this area be monitored in the future for continued compliance?**

COO will audit facility dryers quarterly and report results to the QA Committee.

**Technical assistance was also given at the time of survey. The items listed below must still be corrected but do not rise to the level of a deficiency.**

**\* Do not store the large garbage can in the second-floor corridor between the inpatient chemical dependency and the psychiatric residential treatment facilities.**

**\* Keep a supply of paper towels at the handwashing sink on the front line. Two more handwashing sinks were noted within the immediate area.**

**\* Do not use a commercial extension cord for the garbage disposal in the kitchen. This appliance must have a designated ground fault circuit interrupter outlet.**

RICH CARTNEY, COO



5/25/21