

Division of Health Systems Development and Regulation  
Health Protection  
Licensure and Certification  
Public Health Preparedness and Response  
Rural Health

September 21, 2017

Jessica Olson, Executive Director  
Wellspring, Inc.  
1205 E. St. James Street  
Post Office Box 1087  
Rapid City, SD 57701

Re: Wellspring, Inc.

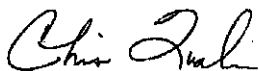
Dear Ms. Olson:

On August 7, 2017, the South Dakota Department of Health, Office of Health Care Facilities Licensure & Certification conducted a survey of your inpatient chemical dependency facility for compliance with state rules. This visit found deficiencies whereby corrections were required.

We are accepting your plans of correction for the deficiencies. Please notify this office at (605) 773-3356 if you are unable to correct the deficiencies as outlined in your plan of correction.

If you have any questions relating to the deficiencies, contact Todd McCaskell at the Office of Health Care Facilities Licensure & Certification at (605) 773-3356.

Sincerely,



Chris Qualm, Administrator  
OFFICE OF HEALTH CARE FACILITIES LICENSURE & CERTIFICATION  
CQ:jrj

cc: Melanie Boetel, Division of Community Behavioral Health with copy of PoC (via email)

RECEIVED AUG 24 2017

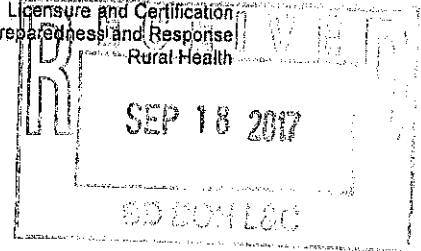


615 East 4th Street | Pierre, SD 57501 P605.773.3356 F605.773.6667

SOUTH DAKOTA  
DEPARTMENT OF HEALTH

Division of Health Systems Development and Regulation  
Health Protection

Licensure and Certification  
Public Health Preparedness and Response  
Rural Health



DATE: August 22, 2017

TO: Jessica Olson, Executive Director  
Wellspring, Inc.  
1205 E. St. James Street  
Post Office Box 1087  
Rapid City, SD 57709

FROM: Chris Qualm, Administrator *C. Q. / [signature]*  
Office of Health Care Facilities Licensure & Certification  
615 E. 4<sup>th</sup> Street  
Pierre, SD 57501-1700

RE: Licensure Survey for Inpatient Chemical Dependency  
Conducted on August 7, 2017

BY: Cindy Koopman Viergets, REHS, Senior Health Facilities Surveyor  
Health Care Facilities Licensure & Certification

CC: Melanie Boetel, Division of Community Behavior Health Services  
Department of Social Services

**CLASSIFICATION: Inpatient Chemical Dependency Treatment Facility**

**BED CAPACITY: Licensed beds – 15; Census – 7**

#### INTRODUCTION

A survey for compliance with the Life Safety Code (LSC) 2000 Existing Residential Board and Care occupancies and SDCL 34:12:13 Chapter 44:78 Inpatient Chemical Dependency Treatment Facility was conducted at the above facility on August 7, 2017. The purpose of this visit was to survey the facility and make an evaluation of the operation and to determine its compliance with South Dakota Administrative Rules.

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We request that you please provide this office with a plan of correction, correction date, and quality assurance performance improvement (QAPI) plan for the following noted deficiencies. The plan must be submitted to our office by September 1, 2017. Please refer to the enclosed Plan of Correction Guidelines in completing your own plan and retain a copy of the correction plan for your own records.

Based on random observation, testing, document review and interview completed with the operations director revealed and confirmed the following on the survey:

1. Four twenty minute rated self-closing doors to residents' bedrooms were either:
  - \* Propped open with rubber wedges or wadded towels.
  - \* Had items hung over the top of the door, and the door would not close.
  - \* Self-closing doors may not be propped open.

Plan of Correction and QAPI Plan: Installed magnetic door catches. The propping and/or blocking of self closing doors will be monitored daily by the maintenance staff. The monitored results will be recorded on the weekly Maint Sheet and reported to the Operation Director. This will be reported to the Executive Dir. once  
Date of Correction: 8-21-2017 (revised 9-13-2017) a month by the Operations Dir.

2. Two plastic shower curtains were soiled, hard to the touch, and needed to be replaced.

Plan of Correction and QAPI Plan: Replaced both shower curtains. Cleaning crew will keep a closer eye on when the curtains need to be changed. The cleaning staff will monitor the cleanliness daily and will report to the Operations Director when a replacement is needed or monthly whichever comes first. These results will be recorded on the monthly cleaning reports given to the Executive Dir. These findings will be reported  
Date of Correction: 8-10-2017 (revised 9-13-2017) once a month by the Operations Director.

3. An annual required commercial test on the fire alarm system had not been completed.

Plan of Correction and QAPI Plan: Test was completed and will be done every year from now on. A miscommunication caused it to be late by a month. A monthly test on the fire alarm system will be done by the maintenance staff. They will report this info to the Operations Director. The results of these test are recorded on the Monthly Maintenance Sheet and attached to the Monthly report given to the Executive Director. The annual inspection done by the commercial company will be monitored by the Operations Director yearly. The Operations Director will report the findings to the Executive Director yearly.  
Date of Correction: 8-14-2017 (revised 9-13-2017)

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4. The north exit door was blocked by a chair and a rolled up rug by the door. Egress cannot be impeded to an exit.

Plan of Correction and QAPI Plan: Chair and rug was moved. Staff was informed to never block the exit like this again.  
Training was given to staff by the Team Lead on keeping the egress clear. The egress clearance will be checked daily by the maintenance staff and be recorded on the Daily Maintenance Sheet. This will be reported to the Operations Director daily. These results will be reported on the monthly report given to the Executive Director.  
Date of Correction: 8-8-2017 Executive Director  
(revised 9-13-2017)

5. Impermeable mattress covers were not on all mattresses. Covers must be in place to maintain the cleanliness of the mattresses.

Plan of Correction and QAPI Plan: Mattresses were covered. The monitoring of covers being placed on mattresses will be done by the floor staff daily. These findings will be reported to their Team Lead who will report to the Operations Director. These results will be recorded on the Monthly Maintenance Sheet. These will be added to the Monthly report given to the Executive Director. Note: We are in the process of replacing all the mattresses within the year with water proof mattresses.  
Date of Correction: 8-16-2017  
(revised 9-13-2017)

6. The open closet shelving units in residents' rooms had bare wood surfaces and needed to be painted to provide a cleanable surface.

Plan of Correction and QAPI Plan: Shelves will be painted. Maintenance will keep a closer eye on these shelving units. The maintenance staff will monitor the shelving units weekly and report their findings on the Weekly Maintenance Sheet. These sheets will be given/reported to the Operations Director. The Weekly Maintenance Sheets will be audited by the Executive Director in the Monthly Report. These findings will be reported by the Operations Director to the Executive Dir. once a month.  
Date of Correction: 8-30-2017  
(revised 9-13-2017)

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7. Interview at the time of the survey with the custodian revealed:

- \* He used an Hb Quat for disinfection of the bathrooms.
- \* He would pour about "that much" disinfectant into a one gallon bottle and the mop bucket. "That much" was shown as a quick twist of the wrist and hand.
- \* He would add water to fill up the rest of the one gallon bottle after adding the disinfectant.
- \* He did not know what the directions were for using the disinfectant.

Review of the manufacturer's label revealed two ounces should be added to one gallon of water. The contact time revealed the surface must remain wet from thirty seconds to ten minutes depending on the bacteria or virus.

Plan of Correction and QAPI Plan: Reviewed all chemical bottles and identified the proper mixtures. Made sure cleaning crew had proper measuring cups and mixed chemicals per instructions. Training was given to the cleaning staff by the operations Director. The proper use and chemicals will be monitored by the cleaning staff and they will report to the operations Director. The operations Director will report findings in monthly report to Executive Director.  
Date of Correction: 8-17-2017 (revised 9-13-2017)

8. The shower floor in the accessible bathroom had unknown dark debris along the edges and in the corners that appeared to be mold. All surfaces of all bathrooms must be kept clean.

Plan of Correction and QAPI Plan: Cleaning crew will clean stall and remove old caulk. Cleaning crew will make more of an effort to keep stall clean. The operations Director will train the cleaning staff to insure the bathrooms are cleaned properly. The cleanliness will be monitored daily by the cleaning staff. Their findings will be reported to the operations Director. These will be added to the monthly report sent to the Executive Director.  
Date of Correction: 8-22-2017 (revised 9-13-2017)

9. Stacks of quilts and other bedding were stored directly on the floor in the linen closet. All clean linen must be protected from contamination.

Plan of Correction and QAPI Plan: Linens will be removed from the floor and either be put on shelves or put in totes. Staff was trained about maintaining clean linens by the operations Director. The linens will be monitored weekly and recorded on the weekly maintenance sheet. These sheets will be included in the monthly report sent to the Executive Director.  
Date of Correction: 8-29-2017 (revised 9-13-2017)

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10. The dryer in the north laundry room had an unrated aluminum foil dryer duct. Dryer ducts must be constructed of galvanized metal.

Plan of Correction and QAPI Plan: The dryer hose will be changed. It will be noted that all dryer hoses must be galvanized metal. To avoid this in the future.

The installation of the new hose will be monitored by the Operations Director and noted on the Daily Maintenance Sheet on the day of the hose being changed.

This Maintenance Sheet will be included in the Monthly report sent to the Executive Director.  
Date of Correction: 8-8-2017

11. The cook was not wearing a hair net while preparing food. All employees of the kitchen must have their hair restrained when conducting food preparation.

Plan of Correction and QAPI Plan: The Cook was instructed to start wearing a hair net or hat while preparing food.

The Operations Director will monitor the cook wearing hair restraint. This will be added to the Daily Maintenance Sheet.

This Sheet will be sent to the Executive Director as part of the Monthly report.  
Date of Correction: 8-7-2017

Administrator

Date:

James L. Phillips, Operations Dir.  
9-1-2017 (revised 9-13-2017)