

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/18/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431328	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER PIONEER MEMORIAL HOSPITAL - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 315 N WASHINGTON AVE POST OFFICE BOX 368 VIBORG, SD 57070		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
C 000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 485, Subpart F, Subsections 485.605-485.645, requirements for Critical Access Hospitals (CAH) and Long Term Care Services ("swing bed"), was conducted from 9/3/24 through 9/5/24. Pioneer Memorial Hospital was found not in compliance with the following requirement: C1024.	C 000			
C1024	PATIENT SERVICES CFR(s): 485.635(b)(1)(i) (1) General (i) The CAH provides those diagnostic and therapeutic services and supplies that are commonly furnished in a physician's office or at another entry point into the health care delivery system, such as a low intensity hospital outpatient department or emergency department. These CAH services include medical history, physical examination, specimen collection, assessment of health status, and treatment for a variety of medical conditions. This STANDARD is not met as evidenced by: Based on observation, policy review, and interview, the provider failed to monitor expiration dates of laboratory supplies used for the safe collection of patient specimens in one of one specimen collection area. Findings include: 1. Observation on 9/3/24 at 4:00 p.m. in the laboratory specimen collection area revealed: *There had been 33 eight milliliter (ml) BD Vacutainer lithium heparin (anticoagulant) blood collection tubes with an expiration date of 8/30/24, stored on the counter with other patient blood collection supplies.	C1024	C1024 Completion Date: 9/23/2024 1. Director of Laboratory/Director of Laboratory designee removed the expired blood collection tubes on 9/3/2024. New blood collection tubes were received to replace the expired blood collection tubes on 9/4/2024. 2. No adverse patient outcomes were noted for patients due to the blood collection tubes. 3. Director of Lab ordered new lots of the blood collection tubes on 9/3/2024. The new blood collection tubes were received on 9/4/2024 to replace the expired tubes. Director of Laboratory/ Director of Laboratory designee will monitor blood collection tubes monthly to ensure there are no outdated tubes. All Laboratory Staff were re-educated by the Director of Clinic Operation on outdated blood collection tubes on 9/23/2024. 4. Beginning 9/23/2024, the Director of Laboratory/Director of Laboratory Designee will complete audits monitoring blood collection tubes. Audits will be completed weekly for two weeks, and then monthly for two months to ensure no outdated blood tubes are in the laboratory. If audits are not at 100% audits will be repeated until compliance is achieved. Audit results will be brought to the Quality Assurance and Performance Improvement Committee by the Director of Laboratory for further recommendations.		9/23/2024 FL

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

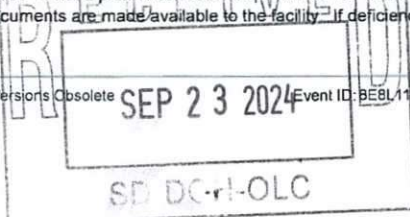
(X6) DATE

James Kelly

CEO

9/23/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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NAME OF PROVIDER OR SUPPLIER PIONEER MEMORIAL HOSPITAL - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 315 N WASHINGTON AVE POST OFFICE BOX 368 VIBORG, SD 57070		
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C1024	<p>Continued From page 1</p> <p>*There had been an additional 50 eight ml BD Vacutainer lithium heparin blood collection tubes with an expiration of 8/30/24, stored in the storage cabinet in this area.</p> <p>*There had been four 8.5 ml BD Vacutainer ACD-A (anticoagulant/preservative) blood collection tubes with an expiration date of 7/31/24, stored on the counter with other blood collection supplies.</p> <p>*The expired vacutainer tubes had been available for use to collect patient specimens.</p> <p>*There had been no additional, unexpired lithium heparin or ACD-A vacutainer tubes available for patient specimen collection.</p> <p>Review of the provider's 7/30/24 Supplies Quality Program policy revealed:</p> <p>*Supplies should have been inspected at a minimum of a monthly basis to remove outdated or defective supply products from the supply inventory.</p> <p>*The laboratory department had not been included in the provider's areas for a monthly inspection.</p> <p>Interview on 9/3/24 at 4:15 p.m. with laboratory supervisor A revealed:</p> <p>*The laboratory did not have a policy for checking laboratory supplies for expiration dates.</p> <p>*The laboratory had not documented when supplies had been checked for expiration, but it should have been done monthly.</p> <p>*He confirmed the expired 8 ml lithium heparin tubes had been used for collection of patient specimens for blood chemistry testing.</p> <p>*He confirmed the expired 8.5 ml ACD-A tubes had been used for collection of patient specimens that were sent out for testing.</p> <p>*He confirmed the laboratory did not have any of</p>	C1024			

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NAME OF PROVIDER OR SUPPLIER PIONEER MEMORIAL HOSPITAL - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 315 N WASHINGTON AVE POST OFFICE BOX 368 VIBORG, SD 57070		
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C1024	Continued From page 2 the lithium heparin 8 ml tubes or the ACD-A 8.5 ml tubes available that were not expired. Interview on 9/5/24 at 10:00 a.m. with director of nursing B confirmed that the laboratory was not included in the hospital Supplies Quality Program policy.	C1024			

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NAME OF PROVIDER OR SUPPLIER PIONEER MEMORIAL HOSPITAL - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 315 N WASHINGTON AVE POST OFFICE BOX 368 VIBORG, SD 57070		
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E 000	Initial Comments A recertification survey for compliance with 42 CFR Part 485, Subpart F, Subsection 485.625, Emergency Preparedness, requirements for Critical Access Hospitals, was conducted on 9/4/24. Pioneer Memorial Hospital was found in compliance.	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Samuel...

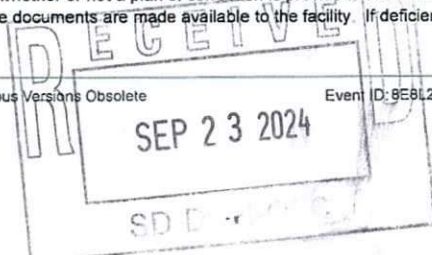
TITLE

CEO

(X6) DATE

9/23/2024

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NAME OF PROVIDER OR SUPPLIER PIONEER MEMORIAL HOSPITAL - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 315 N WASHINGTON AVE POST OFFICE BOX 368 VIBORG, SD 57070		
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K 000	INITIAL COMMENTS A recertification survey was conducted on 9/4/24 for compliance with 42CFR 485.623(d)(1), requirements for critical access hospitals (and swing bed). Pioneer Memorial Hospital, Building 1 was found in compliance.	K 000			

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John Wiley

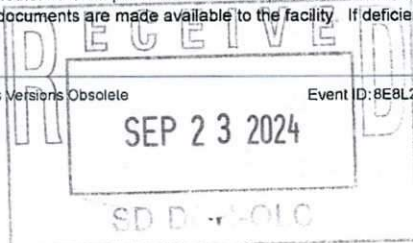
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NAME OF PROVIDER OR SUPPLIER PIONEER MEMORIAL HOSPITAL - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 315 N WASHINGTON AVE POST OFFICE BOX 368 VIBORG, SD 57070		
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K 000	INITIAL COMMENTS A recertification survey was conducted on 9/4/24 for compliance with 42CFR 485.623(d)(1), requirements for critical access hospitals (and swing bed). Pioneer Memorial Hospital, Building 2 was found in compliance.	K 000			

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Sumit Hossain

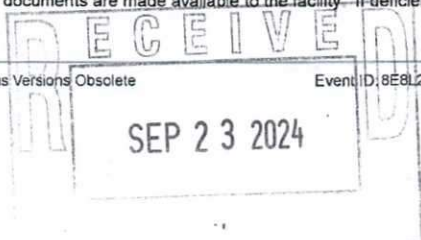
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South Dakota Department of Health

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S 000	<p>Compliance/Noncompliance Statement</p> <p>A licensure health survey for compliance with the Administrative Rules of South Dakota, Article 44:75, Hospital, Specialized Hospital, and Critical Access Hospital Facilities, was conducted from 9/3/24 through 9/5/24. Pioneer Memorial Hospital was found in compliance.</p>	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Annal Henry

TITLE
CEO

(X6) DATE

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STATE FORM

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