

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43L001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/15/2019
NAME OF PROVIDER OR SUPPLIER BLACK HILLS CHILDREN'S HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 24100 S ROCKERVILLE RD RAPID CITY, SD 57702	
(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
E 000	Initial Comments Surveyor: 15036 A complaint survey for compliance with 42 CFR, Part 483, Subpart G, Subsection 441.184, Emergency Preparedness requirements for Psychiatric Residential Treatment Facilities was conducted from 2/14/19 through 2/15/19. The Black Hills Children's Home was found not in compliance with the following requirement: E001.	E 000	1. The condition noted as not met has the potential to affect all of the residents. The Program Director and Safety Compliance Officer have gained an awareness of the requirements of an emergency preparedness plan by reviewing CMS State Operations Manual Appendix Z-Emergency preparedness for All Provider and Certified Supplier Types Interpretive Guidance dated June 2, 2017 and CMS memorandum dated February 1, 2019. 2. The facility will conduct a facility based and community based risk assessment that includes missing children. The facility will utilize an all-hazards approach that includes inclement weather risks for missing children. A revised runaway policies and procedures will be developed that covers missing children. Policies and procedures will be developed from the risk assessment. We will be developing policies and procedures to aid staff in the events of: tornados, severe thunderstorms, blizzards, forest fires, emerging infectious diseases, active shooter, explosion, suicide precautions and structure fires. A communications plan will be developed. It will cover use of the campus 799 all call system and two radios available to all staff supervising children on campus. We will be ordering and have on hand enough two way radios to ensure that staff supervising children always have a radio on their person. The facility will involve other state and local emergency preparedness staff in the preparation of its plan. The facility will conduct training, testing and drills connected to its emergency preparedness plan. We will begin this month with runaway drills for all shifts supervising children, a total of four. We will also document the use of strategies used to contain a recent Influenza A outbreak, in essence a test of that plan.	03/22/19
E 001	Establishment of the Emergency Program (EP) CFR(s): 441.184 The [facility, except for Transplant Center] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.* The emergency preparedness program must include, but not be limited to, the following elements: *[For hospitals at §482.15:] The hospital must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. *[For CAHs at §485.625:] The CAH must comply with all applicable Federal, State, and local emergency preparedness requirements. The CAH must develop and maintain a comprehensive emergency preparedness program, utilizing an all-hazards approach. This CONDITION is not met as evidenced by: Surveyor: 18560	E 001	3. Training records of those who supervise children will be reviewed to ensure that staff have received training in the areas identified from the risk assessment. Testing will be conducted and drills completed to ensure the system changes have been effective. The Safety/Compliance Officer will review the training records who supervise children. He will report quarterly to the Quality Improvement Committee. The Safety/Compliance Officer is responsible to monitor our compliance with the regulation. The Safety/Compliance Officer will conduct one drill each month from among the items listed in our emergency preparedness plan. We will continue on this schedule for one year.	

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

TITLE

(X6) DATE

Tim Fitzgerald

Program Director

03/05/19

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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E 001	Continued From page 1 Based on interview, the provider failed to establish a comprehensive emergency preparedness program. Findings include: 1. Interview on 2/15/19 at 3:20 p.m. with the program director revealed: *He was not aware of all of the requirements specified in the regulations for an emergency preparedness plan. *They had not: -Completed a facility-based and community-based risk assessment that included missing children. -Utilized an all-hazards approach that included inclement weather risks for missing children. -Developed and implemented policies and procedures from the risk assessment. -Developed a complete communication plan. -Had not involved other federal, state, tribal, regional, and local emergency preparedness staff. -Had not conducted training, testing, or drills related to emergency preparedness. *Their focus had been on active shooter and lockdown situations.	E 001	The Safety/Compliance Officer in the next year will report the drills to the Quality Improvement Committee according to the following schedules: March: Runaway April: Blizzard May: Building fire June: Forest fire July: Tornado August: Active shooter September: Severe Thunderstorm October: Suicide precautions November: Emerging infectious diseases December: Explosion The Safety/Compliance Officer will share the results of the first emergency drill with the Quality Improvement Committee on 3/22/19.		