



# South Dakota Healthcare Preparedness Coalition

## Comprehensive Integrated LTC HVA & Readiness Assessment (2026)

(Long-Term Care & Residential Care)

### 1. Executive Summary

The compiled 2026 Hazardous Vulnerability Assessment dataset reflects the risk profiles of 10 Long-Term Care (LTC), Skilled Nursing Facilities (SNF), and Assisted Living centers across South Dakota. The sample encompasses a mix of public and private facilities, ranging from isolated rural nursing homes (e.g., Fall River Health Services) to integrated regional care campuses (e.g., Avera Brady Campus).

Unlike acute care hospitals, LTC facilities operate as residential environments where the continuity of daily life—food, housekeeping, environmental controls, and basic medical care—is paramount. The data reveals that these facilities possess exceptionally high internal capabilities for managing daily resident support services. However, the data indicates healthcare networks have systemic vulnerabilities to external disruptions: **Cyberattacks** and **Highway HAZMAT / Transportation** incidents. Furthermore, rural facilities demonstrate a heavy reliance on the broader healthcare system for acute clinical interventions, as providers are rarely on-site 24/7.

### 2. Threat Landscape Analysis

The risk landscape for South Dakota's LTC sector is defined by the following categories:

#### A. Technological & Systemic Hazards (Highest Universal Risk)

- **Cybersecurity / IT Failures [VERY HIGH]:** This is the paramount threat. Universally Cyber scored as Very High. Modern LTC facilities rely on electronic health records (EHR), automated medication dispensing, and digital facility security. An IT outage strips staff of clinical histories and disrupts operational continuity.
- **Supply Chain & Support Service Disruptions:** The data heavily assesses "Food Delivery," "Housekeeping," and "Technical Services." While facilities



manage these well internally on a normal day, localized (Stand-alone) facilities explicitly identified **"Supply Chain Integrity"** as their primary barrier to capability, noting that major disruptions require immediate regional or federal (MOU/MAA) bailouts.

### **B. External & Natural Hazards (High Probability, High Structural Threat)**

Because LTC residents shelter-in-place and are difficult to evacuate, structural threats to the building are exceptionally dangerous.

- **Severe Thunderstorms & Lightning [HIGH]:** Scored universally high due to high regional flash density.
- **Hail & Damaging Winds [HIGH]:** Hail is historically the most frequent structural hazard, with one respondent noting 151 historical hail events in their sector over the past 20 years.
- **External Chemical HAZMAT, Highway [Moderate-HIGH]:** Unique to this dataset, HAZMAT incidents on adjacent highways represent a massive threat. For an LTC, a toxic plume requiring immediate evacuation of non-ambulatory residents is a nightmare scenario.

### **C. Biological & Internal Hazards (Low Frequency, Complex Management)**

- **Internal Criminal/Violent Events [LOW]:** Bomb threats, hostage situations, and internal biological exposures universally score low (occurring less than once every 20 years).
- **Epidemics / Pandemics:** The qualitative matrices show that while baseline infection control is strong (Mostly Complete), widespread epidemics severely strain these facilities, often triggering state or federal resource requests to manage prolonged staffing and PPE burn rates.

## **3. Vulnerability Profile by Facility Integration**

The dataset delineates risk based on how integrated the LTC is with an acute care system:

- **Hospital-Integrated Campuses:**
  - *Advantages:* These facilities benefit from the "halo effect" of an attached or parent hospital system, *"Providers are not present in facility at all times... However, the Health System assists with training, education, and real-time response."*
  - *Vulnerabilities:* While clinical response is robust, their tight integration makes them highly susceptible to cascading IT/Cyber failures that originate in the main hospital network.
- **Isolated/Rural LTCs:**
  - *Advantages:* Highly self-sufficient for daily "housekeeping and administrative" operations, generally scoring "Complete."



- **Vulnerabilities:** Profoundly vulnerable to external supply chain shocks. If a blizzard or highway closure halts food or oxygen delivery, their internal capabilities evaporate rapidly. They rely heavily on formal MOUs (Memorandums of Understanding) for survival during systemic events.

#### 4. Capability & Readiness Assessment (Coalition Consensus)

Across the qualitative scoring metrics for the Long-Term Care subset, the operational consensus is uniquely strong in specific areas:

- **Support Service Plans (Complete):** Facilities excel at planning for food delivery, housekeeping, and basic technical/administrative service continuity.
- **Real-World Activations:** Like the hospitals, formal command center activations are extremely rare, leading to theoretical rather than tested readiness.
- **Information Sharing (Complete):** A bright spot in the data—nearly all LTCs reported being "Completely" capable of sharing information with the broader HPC network, health department, and partner facilities.

#### 5. Primary Barriers to Capability

To achieve total operational resilience, the data indicates LTCs must overcome these identified barriers:

1. **Supply Chain Integrity:** Rural facilities cannot stockpile weeks of perishable goods or medical supplies; they are vulnerable to just-in-time delivery failures.
2. **Staffing & Clinical Isolation:** Because advanced providers (MDs/DOs) are rarely on-site 24/7, any sudden internal crisis requires EMS or hospital intervention, making them dependent on clear external communication lines.
3. **Evacuation Complexity:** The high threat of Highway HAZMAT clashes directly with the logistical impossibility of rapidly evacuating 20+ non-ambulatory residents.

#### Strategic Conclusion

South Dakota's Long-Term Care facilities demonstrate excellent internal management capabilities, scoring highly in daily operational continuity. However, a healthcare network exposes critical vulnerabilities to **Cyber Disruption** and **External Environmental/HAZMAT Threats**. Strategic coalition efforts for the LTC sector should pivot away from internal management training and focus heavily on **Supply Chain Resilience Planning** and **Regional Shelter-in-Place / Complex Evacuation Drills** to protect the state's most vulnerable patient populations during a systemic crisis.