

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

PRINTED: 05/29/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435043</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/02/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPEARFISH CANYON HEALTHCARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1020 N 10TH STREET</b> <b>SPEARFISH, SD 57783</b>	
(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
F 000	INITIAL COMMENTS	F 000		
F 610 SS=D	<p>Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on review of provider's 4/24/24 South Dakota Department of Health (SD DOH) facility reported incident (FRI), record review, observation, interview, and policy review, the provider failed to ensure a thorough investigation was completed for one of one resident (1) who had a burn from hot coffee.</p>	F 610		

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

TITLE

(X6) DATE

*Charlotte Rothery* *Administrator* *5-29-24*

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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F 610	<p>Continued From page 1</p> <p>1. Review of provider's SD DOH FRI revealed the following: *On 4/24/24 resident 1 had a coffee burn from spilling her hot coffee on her lap at breakfast. *A certified nursing assistant (CNA) [D] alerted licensed practical nurse (LPN) C of the spill. *LPN C "assessed the skin and noted redness and two small blisters to the right upper, inner thigh. CNA [D] stated that resident was in dining room for breakfast and resident spilled coffee in own lap."</p> <p>Review of resident 1's electronic medical record revealed the following: *Her Brief Interview of Mental Status score was a five, which meant her cognition was impaired. *A 3/28/24 hot liquid safety evaluation revealed she was not at risk for spilling hot liquids. *A 4/24/24 hot liquid safety evaluation revealed she had cognitive impairment, tremors or abnormal muscle movements of her hands, and altered range of motion or contractures of her fingers. -This evaluation included an intervention that she was to be provided a cup with a lid and to drink hot liquids at a table only.</p> <p>Observation at on 5/1/24 at 12:02 p.m. of resident 1 in the dining room revealed she had a two-handed cup with a lid for her coffee.</p> <p>Interview on 5/1/24 at 3:10 p.m. with director of nursing B regarding resident 1's burn revealed: *Resident 1 was cognitively impaired and was not able to say what happened. *An unknown CNA [D] observed resident 1 spill her coffee at approximately 8:30 a.m. on 4/24/24. *That CNA [D] took resident 1 to her room and</p>	F 610	<p>Corrective Action</p> <p>Administrator/DON/designee will utilize an Investigation Checklist Form with each reportable incident. This form includes the following: -Resident name and DOB -Date, Time, and Location of the Incident -First Reported by (Name and Title) -Reported to (Name and Title), Date and time reported -Description of the Incident (who, what, where, when) -Alleged Perpetrator (Staff, Family, Visitor, Other) *If alleged perpetrator is a member of staff, he/she must be immediately suspended pending the investigation. -Staff name, date, and time of suspension, by whom -Assessment of Resident -Resident Interview Summary -Immediate interventions -Care Plan Reviewed/Revised -Name/Title, date, and time person called -Who placed the call -Reported to along with date/time -Who completed online report (name/title) and report id -Witness statements to include names of witnesses, date, and signature</p>	June 16, 2024

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F 610	<p>Continued From page 2</p> <p>called for a nurse [LPN C], to assist, over the walkie-talkie.</p> <p>*There were no statements from individuals who may have had knowledge of the event.</p> <p>Interview on 5/1/24 at 3:43 p.m. with LPN C regarding resident 1's coffee burn revealed:</p> <p>*She thought CNA D was the CNA who notified of her of the event but was not sure.</p> <p>*She went to resident 1's room to assess the resident for the coffee burn.</p> <p>-Resident 1's right abdomen was red and her right inner thigh was red and had a blister on it.</p> <p>-She contacted the resident's physician and received an order for Silvadene for "partial thickness burn".</p> <p>Interview on 5/2/24 at 9:22 a.m. with CNA D regarding resident 1's coffee burn revealed:</p> <p>*An unknown therapist had notified her resident 1 had spilled her coffee on herself in the dining room.</p> <p>-She was not able to recall who that therapist was.</p> <p>*After she was notified, she took resident 1 to her room and called for a nurse [LPN C] over the walkie-talkie to assess resident 1.</p> <p>-LPN C had responded to that call.</p> <p>Review of the provider's 3/2018 Abuse and Neglect-Clinical Protocol policy revealed:</p> <p>***The staff, with the physician's input as needed, will investigate alleged abuse and neglect to clarify what happened and identify possible causes."</p> <p>***The physician will provide adequate documentation regarding significant negative outcomes that have resulted from a resident's underlying medical illnesses or conditions,</p>	F 610	<p>Identification of Others</p> <p>All residents have the potential to be affected.</p> <p>Systematic Changes</p> <p>Administrator/DON/IDT to review facility policy on Accidents and Incidents- Investigating and Reporting on or before June 16, 2024.</p> <p>Administrator/DON/designee to provide education to all staff regarding the reporting and investigating process; specifically, what a reportable is and how to report on or before June 16, 2024.</p> <p>Monitoring</p> <p>Administrator/DON/designee will audit 2 reportable incidents per week for 1 month beginning on or before June 16, 2024, to determine if the Investigation Checklist Form is used and a thorough investigation has been completed. Audits will continue 2 times per month for 1 month. Then monthly until the QAPI committee determines the facility is demonstrating sustained compliance. Any issues identified during these audits will be corrected immediately and re-education will be provided at the time of the audit.</p>	<p>June 16, 2024</p> <p>June 16, 2024</p>

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F 610	Continued From page 3 despite appropriate care."  Review of the provider's 7/2017 Accidents and Incidents - Investigating and Reporting policy revealed: **All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the Administrator." **The Nurse Supervisor/Charge Nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident." **The following data, as applicable, shall be included on the Report of Incident/Accident form." -"The circumstances surrounding the accident or incident." -"The name(s) of witnesses and their accounts of the accident or incident;" -"The signature and title of the person completing the report."	F 610			