

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/28/2024
NAME OF PROVIDER OR SUPPLIER AVERA MOTHER JOSEPH MANOR RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1002 NORTH JAY STREET ABERDEEN, SD 57401		
(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 689 SS=G	<p>A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 8/27/24 through 8/28/24. The area surveyed was accident hazards related to a major injury resulting from a resident falling out of a wheelchair. Avera Mother Joseph Manor Retirement Community was found to have past non-compliance at F689.</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI) review, observation, interview, record review, and policy review, the provider failed to ensure the safety of one of one sampled resident (1) who fell from his wheelchair while being pushed by facility staff. Failure to use wheelchair pedals may have contributed to resident 1's fall. This citation is considered past noncompliance based on the corrective actions the provider implemented immediately after the incident. Findings include:</p> <p>1. Review of the provider's 7/26/24 SD DOH FRI report revealed: *On 7/26/24, occupational therapy assistant</p>	F 689	Past noncompliance: no plan of correction required.		

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

Paula Henrickson, Administrator 09/10/2024

TITLE

(X6) DATE

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 689	<p>Continued From page 1</p> <p>(OTA) C was wheeling the resident back to his room. The resident was holding his feet off the floor; wheelchair pedals were not attached to wheelchair. During the transport, resident 1's feet dropped to the floor, causing him to fall forward out of the wheelchair.</p> <p>*He hit his head on the floor during the fall, causing a laceration and bleeding.</p> <p>*He was evaluated in the emergency department at the local hospital.</p> <p>*A chest X-ray revealed he had multiple left side rib fractures.</p> <p>Interview on 8/28/24 at 8:44 a.m. with director of nursing (DON) B revealed:</p> <p>*After the 7/26/24 fall, resident 1's care plan had been updated to always use foot pedals when transporting him in the wheelchair.</p> <p>*A trial was conducted with foot pedal bags attached to resident's wheelchair instead of keeping foot pedals in the resident's closet, making foot pedals easily accessible when needed.</p> <p>*The trial was successful, and they ordered foot pedal bags for all wheelchairs.</p> <p>Review of employee education records revealed staff had been educated on topics related to safe resident transport and workplace safety as part of the provider's annual education for all employees reviewed.</p> <p>The provider implemented actions to ensure that the deficient practice does not reoccur. That was confirmed on 8/28/24 after record review revealed that resident 1's care plan was updated to always have foot pedals on his wheelchair when transporting, education had been provided to employees regarding safe resident transport and</p>	F 689			

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F 689	Continued From page 2 workplace safety, and staff were able to verbalize when wheelchair pedals should be used during transports. Based on the above information, non-compliance at F689 occurred on 7/26/24, and based on the provider's implemented corrective actions, the deficient practice confirmed on 8/28/24, the non-compliance is considered past non-compliance.	F 689			