

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

PRINTED: 02/04/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/22/2025
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY CANTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1022 NORTH DAKOTA AVENUE CANTON, SD 57013		
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F 000	INITIAL COMMENTS	F 000			
F 689 SS=G	<p>A complaint survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted on 1/22/25. The areas surveyed included quality of care/treatment related to resident safety/falls and resident neglect. Good Samaritan Society Canton was found to have past non-compliance at F689 for not ensuring the safety of a resident during a lift transfer.</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), record review, observation, interview, and policy review the provider failed to ensure the safety of one of one sampled resident (1) who was injured while being transferred by staff by staff with the use of a lift. This citation is considered past non-compliance based on a review of the provider's corrective actions immediately following the incident. Findings include:</p> <p>1. Review of the provider's 1/9/25 SD DOH FRI for resident 1 revealed: *On 1/8/25 at 3:15 p.m. staff were transferring him with the use of a sit-to-stand lift (a</p>	F 689	Past noncompliance: no plan of correction required.		

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

Scott C. Larson

TITLE

Administrator

(X6) DATE

2/4/2025

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	Continued From page 1 mechanical lift used to assist from a seated to a standing position). *He complained of left shoulder pain and let go of the lift's handles. *His arms went above his head, and he slid below the sling. *Staff lowered him to the ground. *His vitals and range of motion were assessed and were within his normal limits. *He had a history of shoulder pain and did not report increased shoulder pain at that time. *He did not report increased shoulder pain on subsequent staff rounds on 1/8/25. *A fall intervention was initiated for him to be transfer with the use of a total lift (a mechanical lift and sling used to lift a person's full body) and the assistance of two staff due to his inability to safely use the sit-to-stand lift. *His physician performed a follow up visit on 1/9/25 and the resident had expressed increased shoulder pain. *The physician ordered x-rays for his left arm and shoulder. *The x-ray indicated he had an acute impacted traumatic fracture of the humeral head and neck. *His family was notified of the x-ray findings. *Director of nursing (DON) B interviewed the staff involved regarding the incident. -The sling used was the proper size. -A time out (paused to ensure all straps and belts were secure) was completed prior to mobilizing the lift. -The chest safety strap was not secured per protocol. *Education was initiated for all staff regarding the safe resident handling policy and hands-on competencies related to the lifts. *Audits regarding lift use were initiated and were to continue for four weeks, then monthly for six	F 689			

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F 689	<p>Continued From page 2</p> <p>months to ensure continued compliance and staff competency of lift use and safe resident handling.</p> <p>2. Observation and interview on 1/22/25 at 10:50 a.m. with resident 1 regarding 1/8/25 the incident with the sit-to-stand lift revealed:</p> <ul style="list-style-type: none"> *He was sitting in his wheelchair in his room. *His left arm was in a sling. *He confirmed that he had a history of left shoulder pain. *He did not think he was injured that day when he was lowered to the floor. *His arm started hurting more the day after the incident. *His physician was making rounds that day and asked him how he was doing. *He mentioned that his left shoulder hurt more than usual. *His arm and shoulder were x-rayed and that was when he found out there was a fracture. *He stated that he still felt safe and that he was taken care of by the staff. <p>3. Observation and interview on 1/22/25 at 12:15 p.m. with certified nursing assistant (CNA) C and resident 2 while in her room regarding proper lift use and education revealed:</p> <ul style="list-style-type: none"> *Resident 2 was being transferred from her wheelchair to a commode. *CNA C attached the sling to the sit-to-stand lift and used the appropriate loops. *She fastened the safety belt around resident 2's chest. *Once resident 2 was lifted off her wheelchair CNA C took a timeout (paused and ensured all straps and belts were secure). *Resident 2 was transferred to the commode. *CNA C stated lift safety was a current focus and staff had been retrained on lift use the week of 	F 689			

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F 689	Continued From page 3 1/13/25. 4. Interview on 1/22/25 at 2:15 p.m. with director of nursing (DON) B regarding the incident with resident 1 and lift training revealed: *All residents received a transfer/lift assessment upon admission and quarterly. *The transfer/lift assessment was part of their safe resident handling program to ensure resident safety. *Direct care staff received training upon hire and annually for safe resident handling. *She completed the investigation for the incident when resident 1 was lowered to the floor. *The staff involved did not follow facility protocol by not ensuring the strap around his chest was secured. *She immediately re-educated the staff involved. *She implemented re-education for all direct care staff on safe resident handling and transfer audits were to be completed. *Resident 1's care plan was updated to reflect that staff were to use a total lift for his transfers. 5. Review of the provider's revised 12/23/24 Safe Resident Handling Program (SRHP) regarding resident transfers revealed: **"Completes the GSS #670- Safe Resident Handling Equipment Competency Validation Checklist." **"Performs a TIME OUT every time the appropriate mobility devices are used." **"Reports to licensed nurse identified unsafe transfer process such as skin shearing, arm/shoulder injuries (chicken wing appearance), inconsistent weight bearing (rolling ankles, knee injury)." The provider implemented actions to ensure the	F 689			

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F 689	<p>Continued From page 4</p> <p>deficient practice does not reoccur was confirmed on 1/22/25 after record review revealed:</p> <ul style="list-style-type: none"> *The provider followed the SRHP ensuring education and training was provided to all direct care staff. *The resident's care plan was updated to reflect his current transfer assistance needs. *Audits on safe resident handling and lifts had been completed on 1/10/25 and 1/16/25. *The audits were planned to be reviewed and discussed at the next quality assurance meeting. *Observations and staff interviews revealed the staff understood the education provided and the safe resident handling process. <p>Based on the above information, non-compliance at F689 occurred on 1/8/25, and based on the provider's implemented corrective action for the deficient practice confirmed on 1/22/25, the non-compliance is considered past non-compliance.</p>	F 689		