

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

PRINTED: 06/27/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435043	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/19/2024
NAME OF PROVIDER OR SUPPLIER SPEARFISH CANYON HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1020 N 10TH STREET SPEARFISH, SD 57783	
(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	Past noncompliance: no plan of correction required.	
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. 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 one of one resident's (1) repositioning and incontinence care needs were being provided according to her plan of care. Failure to follow the plan of care for her repositioning and incontinence needs potentially placed resident 1 at a higher risk for discomfort, infection, and skin breakdown. This citation is considered past non-compliance based on review of the corrective actions the provider implemented immediately following the incident. Findings include:	F 684	Past noncompliance: no plan of correction required.	

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

TITLE

(X6) DATE

Charlotte Pennington

Administrator

6-27-24

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 684	<p>Continued From page 1</p> <p>1. Review of the provider's 6/10/24 SD DOH FRI and resident 1's electronic medical record revealed: *At the time of the incident, resident 1 was on comfort care with a pending hospice referral. -She was incontinent of urine and unable to reposition herself without the staff's assistance. -She had a urinary tract infection (UTI) with a pending urinalysis lab culture and sensitivity results and anticipated orders for antibiotic treatment. *On 6/8/24 at 5:30 a.m., bath aide D found resident 1 lying in her bed with a urine-saturated incontinence brief and linens. *Certified nursing assistant (CNA) C was responsible for her care and admitted during the investigation that he had not provided repositioning or incontinence care to resident 1 during his night shift which started on 6/7/24 at 10:00 p.m.</p> <p>Interview on 6/19/24 at 11:00 a.m. with director of nursing (DON) B revealed an investigation was immediately initiated, no other similar incidents were identified, and education was provided to all care staff regarding repositioning and incontinence care.</p> <p>The provider implemented systemic changes to ensure the deficient practice does not recur was confirmed after: record review revealed the provider had followed their quality assurance process; staff training and education of repositioning and incontinence care needs had been provided; verifying ongoing staff education was being provided to ensure residents' repositioning and incontinence care needs were being met; care plan review verified each</p>	F 684		

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F 684	<p>Continued From page 2</p> <p>resident's care plan contained individualized repositioning and incontinence care interventions; verifying the CNA's resident care sheets accurately reflected each resident's repositioning and incontinence care needs as directed in their plans of care; observations and interviews revealed staff had been educated and understood when to provide resident repositioning and incontinence care; interviews with residents and family members confirmed they felt resident care was being provided in a timely manner; confirming ongoing staff audits of resident incontinence care and repositioning needs were being conducted; and review of the provider's policies confirmed a clear definition of resident care expectations.</p> <p>Based on the above information, non-compliance at F684 occurred on 6/8/24, and based on the provider's implemented corrective actions for the deficient practice confirmed on 6/19/24, the non-compliance is considered past non-compliance.</p>	F 684			