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

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

	(X1) PROVIDER/SUPPLIER/CLIA !DENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
		A. BUILDING			c	
	435043	B. WING	_		06/	19/2024
NAME OF PROVIDER OR SUPPLIER SPEARFISH CANYON HEALTHCARE			10	20 N 10TH STREET		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI TAG	x			(X5) COMPLETION DATE
INITIAL COMMENTS		F	000			
CFR Part 483, Subpa Term Care facilities w through 6/19/24. Area of care, sexual abuse resident who had not repositioning and inco Canyon Healthcare w noncompliance at F60 Quality of Care	ort B, requirements for Long as conducted from 6/18/24 as surveyed included quality and neglect related to a received timely ontinence care. Spearfish as found to have past	F	684	Past noncompliance: no plan of correction required.		
Quality of care is a fu applies to all treatment facility residents. Bas assessment of a resident residents receives accordance with professer plan, and the resident	ndamental principle that and care provided to ed on the comprehensive dent, the facility must ensure treatment and care in essional standards of nensive person-centered sidents' choices. Total Department of Health orted incident (FRI) review, w, record review, and policy ailed to ensure one of one oning and incontinence care ovided according to her plan ow the plan of care for her ontinence needs potentially a higher risk for discomfort, eakdown. This citation is compliance based on review ons the provider			Past noncompliance: no plan of correction required.		(X6) DATE
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE INITIAL COMMENTS A complaint health some complaint health some care facilities were through 6/19/24. Area of care, sexual abuse resident who had not repositioning and incomplaint of care care of care at 10 care care of care care care care care is a function of the corrective accordance with profession of the corrective accordance of care care plan, and the resident's (1) repositioning and incomplaint of care care plan, and the resident's (1) reposition of care. Failure to foll repositioning and incomplaced resident 1 at a infection, and skin broconsidered past nonof the corrective actic implemented immedia findings include:	ROVIDER OR SUPPLIER SH CANYON HEALTHCARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 6/18/24 through 6/19/24. Areas surveyed included quality of care, sexual abuse, and neglect related to a resident who had not received timely repositioning and incontinence care. Spearfish Canyon Healthcare was found to have past noncompliance at F684. 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:	ROVIDER OR SUPPLIER SH CANYON HEALTHCARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 6/18/24 through 6/19/24. Areas surveyed included quality of care, sexual abuse, and neglect related to a resident who had not received timely repositioning and incontinence care. Spearfish Canyon Healthcare was found to have past noncompliance at F684. 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.	CORRECTION IDENTIFICATION NUMBER: 435043 B. WING SIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 6/18/24 through 6/19/24. Areas surveyed included quality of care, sexual abuse, and neglect related to a resident who had not received timely repositioning and incontinence care. Spearfish Canyon Healthcare was found to have past noncompliance at F684. 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:	ROUNDER OR SUPPLIER BY CANYON HEALTHCARE SUMMARY STATEMENT OF DEPTICIPATION SUMMARY STATEMENT OF DEPTICIPATION (EACH DEPTICIPATY MUST BE PRECEDED by FULL REGULATORY OR LSO IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 6/18/24 through 6/19/24. Areas surveyed included quality of care, sexual abuse, and neglect related to a resident who had not received timely repositioning and incontinence care. Spearfish Canyon Healthcare was found to have past noncompliance at F684. 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 residents (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 eare 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:	A BULLONS 435043 8. WIND TREETADDRESS. CITY, STATE, ZIP CODE 1220 N 19TH STREET SPEARFISH, SD 57783 SIMMARY STATEMENT OF DEFICIENCIES GEAR OFFICIENCY MIST SEP PRECODED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 6/18/24 through 6/19/24. Areas surveyed included quality of care, seval abuse, and neglect related to a resident who had not received timely repositioning and incontinence care. CFR(s): 483.25 \$ 483.25 Quality of care Quality of care Quality of care is a fundamental principle that applies to all treatment and care in accordance with professional standards of practice, the comprehensive sassessment 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 (FR) review, observation, interview, recording to the plan of care, Failure to follow the plan of care for her repositioning and incontinence care needs were being provided according to the plan of care, Failure to follow the plan of care for her repositioning and incontinence care needs were being provided according to the plan of care, Failure to follow the plan of care for her repositioning and incontinence care needs were being provided according to the plan of care, Failure to follow the plan of care for her repositioning and incontinence care needs were being provided according to the plan of care, Failure to follow the plan of care for her repositioning and incontinence care needs were being provided according to the plan of care, Failure to follow the plan of care for her repositioning and incontinence needs potentially placed resident. Tat a higher risk for discomfort, infection, and skin breakdown. This clation is considered

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 ifollowing 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.

If continuation sheet Page 1 of 3

Facility ID: 0021

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:	A. BUILDII	RIPLE CONSTRUCTION NG	C C	
		435043	B. WING_		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	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	ATTACA DEFENDENCED TO THE	SHOULD BE COMPLETION	
F 684	Continued From page	e 1	F	684		
	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. 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. 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'					

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		435043	B, WING_			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			ID PREFI TAG	X (EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 684	resident's care plan or repositioning and incoverifying the CNA's reaccurately reflected eand incontinence care; observer revealed staff had be when to provide residincontinence care; int family members confirming ongoing stincontinence care and being conducted; and policies confirmed a care expectations. Based on the above if at F684 occurred on provider's implemented.	ontained individualized ontinence care interventions; esident care sheets ach resident's repositioning eneeds as directed in their ations and interviews en educated and understood ent repositioning and erviews with residents and rmed they felt resident care in a timely manner; saff audits of resident direpositioning needs were a review of the provider's clear definition of resident information, non-compliance 6/8/24, and based on the ed corrective actions for the firmed on 6/19/24, the	F	684			