STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435115	A. BUILDING _____ B. WING _____	C 03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALISADE HEALTHCARE CENTER	920 4TH ST GARRETSON, SD 57030

(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 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 3/11/25 through 3/12/25. The area surveyed was a resident's wheelchair did not have an antiroll back bracket and the care plan was not updated with that invervention. Palisade Healthcare Center was found not in compliance with the following requirements: F657 and F689.	F 000		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the	F 657	1. All residents have the potential to be affected. All residents wheelchairs were audited on 3-13-2025, to ensure care plan reflects devices in use. 2. The ED, DNS and interdisciplinary team were assigned education on person-center care plan to be completed by 3/28/25. 3. All staff educated on care plans accuracy, at meeting, held on 3/20/2025. All staff not in attendance will be educated prior to their next working shift. 4. The DNS or designee will audit four random residents to ensure care plan reflect devices in use, weekly times four weeks, then monthly times two months. The DNS or designee will bring audits to the monthly QAPI committee for further review and recommendations to continue or discontinue audits.	3/28/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lourdes Parker	Executive Director	3/28/2025

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 657	Continued From page 1 comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI), interview, and record review the provider failed to ensure one of one sampled resident's (1) care plan had been updated to reflect his current needs regarding the fall intervention for his use of a wheelchair with an anti-rollback bracket (to prevent it from rolling backward) as indicated in the provider's SD DOH FRI following the residents fall on 1/17/25 when he sustained a head laceration that required evaluation and stitches at a hospital. Findings include: 1. Review of the provider's SD DOH facility online report revealed: *On 1/17/25 Resident 1 had been sitting in his wheelchair in the common area near the nurses' station watching television. -The nurse heard a crash and resident 1 yelled. -The nurse noted resident 1 had tipped forward in his wheelchair and hit his head on the floor. -Resident 1 was assessed and had a laceration to his left eyebrow that needed repair and the resident was sent to the hospital. -Resident 1 was able to ambulate short distances with staff. -He used the wheelchair for locomotion and was able to propel himself in the wheelchair or staff would propel him for longer distances. -He was known to self-transfer and was forgetful. -He had diagnoses of dementia, diabetes, memory deficit, delirium, cerebral infarction and psychosis disorder with hallucinations. -The fall was investigated, and it appeared resident 1's wheelchair brakes were not locked	F 657		

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F 657	Continued From page 2	F 657		

when he attempted to self-transfer.
-A maintenance ticket had been placed to add an anti-roll back bracket on his wheelchair to prevent his wheelchair from rolling backwards if he attempted to self-transfer.
-Resident 1's care plan be updated to include that intervention.

2. Review of resident 1's care plan dated 1/2025 revealed:
*His problems list indicated:
-He was at high risk for falls related to confusion, deconditioning, gait and balance problems, incontinence, poor communication/comprehension, psychoactive drug use, unaware of safety needs and history of falls.
-He had multiple falls since admission due to cognition and impulsiveness.
-He had a fall on 1/17/25 and had sutures above his left eye.
*His interventions and tasks indicated staff to ensure:
-A bedside commode be placed by his bedside at night to ensure that his toileting needs were met.
-He had on appropriate nonskid footwear when walking or mobilizing in his wheelchair.
-He had his call light within reach and encourage him to use it for assistance as needed.
-Followed facility fall protocol.
-Followed medical doctors orders for treatment of laceration above his left eye.
-Provided a safe environment with even floors free from spills and/or clutter, adequate, glare-free light at night.
-Placed his bed in low position at night.
-He had handrails on walls.
-He had personal items within reach.
-His bed was kept in lowest position while he was

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F 657	Continued From page 3	F 657		

in bed.
-His room was kept free of clutter.
-Purposeful staff rounded to ensure his needs are met.
-Toileting assistance was offered to him upon rising, before and after meals, and a night and as needed.
-His wheelchair would be placed next to his bed and in a locked position.
-Included his wheelchair had an antiroll back bracket intervention.

3. Interview and observation on 3/12/25 at 12:00 p.m. with director of nursing (DON) B regarding resident 1's wheelchair revealed:
*Resident one was sitting in the incorrect chair.
*His wheelchair was found in another resident's room.
*She stated someone must have used his wheelchair for a different resident and had not returned it to resident 1.
*Resident 1 was assisted into his correct wheelchair.
*DON B stated each nurse manager had a group of residents they were responsible for to update their care plans, but this intervention had been missed.
*The provider did not have a specific care plan policy to review.

4. Review of the provider's Fall Management and Neurological check policy dated 1/2025 revealed:
*"Procedure:"
-"3. The Minimum Data Set (MDS), including Care Area Assessment (CAA) is utilized to further evaluate resident risk of falls and the development of the comprehensive care plan."
-'5. The licensed nurse (LN) updates care plans reflecting individualized intervention in an attempt

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F 657	Continued From page 4 to reduce or prevent falls." -"7. The residents care plan is reviewed quarterly and after a fall to determine effectiveness of current intervention and considers the residents goals, choices and preferences."	F 657		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §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 §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), observation, interview, record review and policy review, the provider failed to ensure one of one resident (1) had an antiroll back bracket on his wheelchair to prevent it from rolling backwards when he attempted to stand up and self-transfer after he fell on 1/17/25 sustaining a laceration to his head and going to the hospital for sutures to that area. Findings include: 1.Review of the provider's SD DOH facility online report revealed: *On 1/17/25 Resident 1 had been sitting in his wheelchair in the common area near the nurses' station watching television. -The nurse heard a crash and resident 1 yelled. -The nurse noted resident 1 had tipped forward in his wheelchair and hit his head on the floor. -Resident 1 was assessed and had a laceration	F 689	1.All residents have the potential to be affected. DNS audited all facility-reported incidents, for the month of March, to ensure interventions on reports were on care plans, 3/13/2025. 2. All staff to be educated on devices used for fall interventions and care planned, at the next all staff meeting, held on 3/20/2025. All staff not in attendance will be educated prior to their next working shift. 3.The DNS or designee will audit four random residents devices to ensure they are in use and care planned, weekly times four weeks then monthly times two months. The DNS or designee will bring the results of the audits to the monthly QAPI committee for further review and recommendation to continue or discontinue the audits.	3/28/2025

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F 689	Continued From page 5 to his left eyebrow that needed repair and the resident was sent to the hospital. -Resident 1 was able to ambulate short distances with staff. -He used the wheelchair for locomotion and was able to propel himself in the wheelchair or staff would propel him for longer distances. -He was known to self-transfer and was forgetful. -He had diagnoses of dementia, diabetes, memory deficit, delirium, cerebral infarction and psychosis disorder with hallucinations. -The fall was investigated, and it appeared resident 1's wheelchair brakes were not locked when he attempted to self-transfer. -A maintenance ticket had been placed to add an anti-roll back bracket on his wheelchair to prevent his wheelchair from rolling backwards if he attempted to self-transfer. -Resident 1's care plan be updated to include that intervention. 2. Interview on 3/11/25 at 10:44 a.m. with resident 1's family revealed: *Resident 1 liked to sit near the nurse's station and watch television. *Resident 1 had a fall a few months ago and had hit his head, and went to the hospital for stitches to his head. *They stated he would attempt to get up by himself. 3. Observation on 3/12/25 at 11:37 a.m. of resident 1 revealed: *He was sitting in his wheelchair in the common area near the nurses' watching television. -That wheelchair did not have an anti-roll back bracket on it. 4. Interview on 3/12/25 at 11:38 a.m. with certified	F 689		

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F 689	Continued From page 6 nursing assistant (CNA) C regarding resident 1's wheelchair revealed the wheelchair resident 1 was sitting in was not his wheelchair and it did not have an anti-roll back bracket on it. 5. Observation and interview on 3/12/25 at 11:45 a.m. with administrator A of resident 1's wheelchair revealed: *She confirmed that resident 1 was not in his wheelchair and the one he was in did not have the anti-rollback bracket. *She then left the area to look for resident 1's wheelchair. 6. Review of resident 1's care plan dated 1/2025 revealed: *His problems list indicated: -He was at high risk for falls related to confusion, deconditioning, gait and balance problems, incontinence, poor communication/comprehension, psychoactive drug use, unaware of safety needs and history of falls. -He had multiple falls since admission due to cognition and impulsiveness. -He had a fall on 1/17/25 and had sutures above his left eye. *His interventions and tasks indicated staff to ensure: -A bedside commode be placed by his bedside at night to ensure that his toileting needs were met. -He had on appropriate nonskid footwear when walking or mobilizing in his wheelchair. -He had his call light within reach and encourage him to use it for assistance as needed. -Followed facility fall protocol. -Followed medical doctors orders for treatment of laceration above his left eye. -Provided a safe environment with even floors	F 689		

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F 689	Continued From page 7	F 689		

free from spills and/or clutter, adequate, glare-free light at night.
-Placed his bed in low position at night.
-He had handrails on walls.
-He had personal items within reach.
-His bed was kept in lowest position while he was in bed.
-His room was kept free of clutter.
-Purposeful staff rounded to ensure his needs are met.
-Toileting assistance was offered to him upon rising, before and after meals, and a night and as needed.
-His wheelchair would be placed next to his bed and in a locked position.
-Included his wheelchair had an antiroll back bracket intervention.

7. Interview on 3/12/25 at 12:00 p.m. with director of nursing (DON) B regarding resident 1 revealed:
*Resident 1's wheelchair was found in another resident's room.
-She stated someone must have used his wheelchair for different resident or he may have been walking and they grabbed a different chair for him.
-Resident 1 had been assisted to his wheelchair that had the anti-rollback on it.
*DON B stated each nurse manager had a group of residents they were responsible for updating their care plans, but resident 1's wheelchair anti-rollback bracket intervention had been missed and was not on his care plan.

8. Review of the provider's Fall Management and Neurological check policy dated 1/2025 revealed:
*"Procedure:"
-"3. The Minimum Data Set (MDS), including Care Area Assessment (DAA) is utilized to further

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F 689	Continued From page 8 evaluate resident risk of falls and the development of the comprehensive care plan." -'5. The licensed nurse (LN) updates care plans reflecting individualized intervention in an attempt to reduce or prevent falls." -"7. The residents care plan is reviewed quarterly and after a fall to determine effectiveness of current intervention and considers the residents goals, choices and preferences."	F 689		