

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

PRINTED: 05/30/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER FOUNTAIN SPRINGS HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 WESLEYAN BLVD RAPID CITY, SD 57702		
(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 on 5/22/24. The areas surveyed included quality of care, falls, and resident safety related to a resident who fell during improper use of a standing frame mechanical lift. Fountain Springs Healthcare Center was found to have past noncompliance at F689.	F 000	Past noncompliance: no plan of correction required.		
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 a facility reported incident (FRI) review, observation, interview, record review, and manufacture operator's instruction review, past noncompliance was confirmed for an incident occurring on 4/29/24. Findings include: 1. Review of the provider's 4/29/24 SD DOH FRI revealed: *On 4/29/24 certified nursing assistant (CNA) E did not use a standing frame mechanical lift as directed in the manufacturer's instructions and resident 2's care plan when she released the safety buckle while the resident was in the lift, and he fell. -Resident 1 was not injured.	F 689	Past noncompliance: no plan of correction required.		

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

TITLE

(X6) DATE

Kristine Harvey

Executive Director

5/30/2024

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 2. The provider's implementation of systemic changes to ensure the deficient practice does not recur was confirmed after: record review revealed the facility had followed their quality assurance process, education was provided to all direct care staff regarding mechanical lift safety and following resident's care plan/care sheets, observations and interviews revealed staff understood how to correctly operate mechanical lifts according to each resident's individualized care plan/care sheet, a new device evaluation was completed regarding resident safety utilizing a standing frame lift, review of the appropriate sling sizes for each resident's mechanical lift needs, review of staff schedules confirmed staffing levels met resident assistance needs, and verifying certified nurse aide (CNA) competencies and audits were being performed. Based on the above information, non-compliance at F689 occurred on 4/29/24, and based on the provider's implemented corrective actions for the deficient practice confirmed on 5/22/24, the non-compliance is considered past non-compliance.	F 689			