STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435034	A. BUILDING _____ B. WING _____	C 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA MARYHOUSE LONG TERM CARE	717 EAST DAKOTA PIERRE, SD 57501

(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 7/1/25 through 7/2/25. The areas surveyed were resident safety related to a residewnt who fell from a bath chair and was injured, and an potential physical abuse of a resident by staff. Avera Maryhouse Long Term Care was found not in compliance with the following requirement: F609.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in	F 609	The facility does ensure to report resident incidents to the SD DOH within the required time frame of two hours if the resident sustains serious bodily injury or if the allegation involves abuse. All residents are potentially at risk. Unable to correct as incident is in the past. Administrator and or Director of Nursing (DON) will educate all nurses on the requirement to report all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property to the Department of Health. Education will include ensuring all alleged violations are reported within 24 hours or if the event involves abuse or results in serious bodily injury, the alleged violations are reported to the Dept of Health within 2 hours. The charge nurse will notify the Nurse Leader on call of any incident that may potentially need to be reported. The nurse leader will review each alleged violation, involve DON and Administrator if needed and will determine if incident needs to be reported, and then complete the initial report within the appropriate time-frame. The education in-service will be completed by 8/8/25.	8/15/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Talli Raske	Administrator	7/17/25

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 609	Continued From page 1 accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) facility reported incident (FRI) review, record review, interview, and policy review, the provider failed to ensure one of one resident's incident to the SD DOH within the required time two-hour frame. The resident sustained serious bodily injury related to a fall from the whirlpool tub chair. Findings include: 1. Review of the provider's 3/31/25 SD DOH FRI regarding resident 1 revealed: *He had a Brief Interview for Mental Status (BIMS) assessment score of 10, which indicated he was moderately cognitively impaired. *On 3/30/25 at 6:40 p.m., resident 1 had fallen off the whirlpool tub's chairlift while being transferred out of the whirlpool by certified nursing assistant (CNA) D after his bath. -The CNA notified other staff and the resident was assessed by licensed nursing staff and had been unconscious and bleeding noted to the resident's forehead. -He was sent to the emergency room via ambulance for evaluation and treatment. -He had sustained two subarachnoid hemorrhages (a type of stroke caused by bleeding into the space between the brain and the tissue that covers it), a closed fracture (broken bone that does not penetrate the skin) of nasal bones, one laceration (skin cut or tear) on the right side of his forehead, and one laceration on his right lower extremity (leg).	F 609	Administrator or designee will complete audits with each potential reportable incidents for 6 months to ensure all incidents are reported within the correct timeframes per the regulations. Any incident that occurrs will be evaluated to determine whether it meets the requirement to be reported to the DOH or if an internal investigation needs to be completed. Will extend audit duration if there is no incidents to report in 6 months. Results of the audits will be reported by the Administrator or designee and discussed at the bi-monthly Quality Assurance Performance Improvement (QAPI) meeting for further review and recommendations and/or continuation/ discontiuation of audits. The decision to continue or discontinue audits will be determined by the QAPI Committee if audits show compliance of meeting reporting timeframes. If substanial compliance has been achieved after the auditing period is complete, the QAPI committee will make a recommendation at that time to discontinue.	

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F 609	Continued From page 2 *Notes in the report indicated that: -Prior to the transfer the safety belt was secured within the tub-chairlift and fastened around resident 1's waist. *During the transfer resident 1 requested from CNA D that the safety belt be removed, and stated it was too tight. *The safety belt had been loosened by CNA D, but was not removed. *On 3/31/25 at 4:40 p.m. social worker C submitted an SD DOH FRI. 2. Interview on 7/1/25 at 11:15 a.m. with resident 1 in his room revealed: *He recalled when he fell off the whirlpool tub-chairlift on 3/30/25 at 6:40 p.m. *He denied he had removed the safety belt on the whirlpool tub chair. *He denied CNA D had removed the safety belt either. 3. Interview on 7/1/25 at 2:39 PM with social worker C revealed: *She had interviewed resident 1 at the hospital on 3/31/25 regarding his fall on 3/30/25. *She had submitted the initial FRI that involved resident 1 to the SD DOH. 4. Interview on 7/2/25 at 11:25 a.m. with administrator A and director of nursing B revealed: *They expected that a resident fall with a major injury to be reported by the nurse to the nurse leader who was to be on call at that time. *An email was to be sent out to the leadership staff to notify them of a resident fall with a major injury to notify them. * In accordance with the facility's policy, a report of a resident's fall with a major injury must be	F 609		

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F 609	Continued From page 3 completed no later than two hours of the (incident or known major injury?) to the SD DOH. *Administrator A had indicated that the facility is not "Very good" about getting incidents with a major injury reported within the required time two-hour frame. 5. Review of the provider's 2/2025 Long Term Care Abuse, Neglect, Mistreatment and Misappropriation of Resident Property-System Standard Policy revealed: *"All alleged violations of abuse, neglect, exploitation of residents, misappropriation of resident property, injuries of unknown origin, corporal punishment, and involuntary seclusion must also be reported by the facility to officials in accordance with State law, including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities." -"Immediately, but no later than 2 hours if the alleged violation involves abuse or results in serious bodily injury."	F 609		