

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

PRINTED: 02/10/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/27/2025
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NAME OF PROVIDER OR SUPPLIER SCOTCHMAN LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 503 WEST PINE PHILIP, SD 57567
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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 1/27/25. The area surveyed was resident safety related to a resident who was injured when a staff member was not following a resident's care plan for the use of a gait belt. Scotchman Living Center was found to have past non-compliance at F689.	F 000		
F 689 SS=G	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), interview, record review, and policy review, the provider failed to ensure the safety of one of one sampled resident (1) who fell, suffered head trauma, and required emergency room (ER) treatment when one of one certified nursing assistant (CNA) (B) failed to use a gait belt as directed in the resident's care plan while assisting the resident to the bathroom. Failure to use the gait belt potentially contributed to resident 1's fall which resulted in an injury that required treatment at the ER. This citation is considered past non-compliance based on review of the corrective actions the provider implemented following the incident. Findings include:	F 689	Past noncompliance: no plan of correction required.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Maureen Cadwell</i>	TITLE CEO/Administrator	(X6) DATE 02/10/2025
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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	<p>Continued From page 1</p> <p>1. Review of the provider's 1/10/25 SD DOH FRI regarding resident 1 revealed: *She was walking with her walker and certified nursing assistant (CNA) B to get dressed for the day. *She did not have a gait belt on. *She fell backward and hit her head on her end table, which caused a laceration to the back of her head. *She was transferred to the emergency room (ER) and her laceration was closed with eight staples. *On 1/10/25 following the above incident CNA B was provided immediate education regarding gait belt use.</p> <p>Resident 1 was out of the facility and not available for observation or interview at the time of the survey.</p> <p>Interview on 1/27/25 at 11:32 a.m. with director of nursing (DON) A revealed: *Resident 1 was impulsive and at times would not wait for CNAs to assist her before she started walking. *It was her expectation that staff were to use a gait belt when ambulating resident 1. *Education on gait belt use had been provided to all staff after the 1/10/25 incident.</p> <p>Interview on 1/27/25 at 12:15 p.m. with registered nurse (RN) C revealed: *Staff had been provided education on gait belt use that included: -When to use a gait belt. -When to put on and take off a gait belt. -The use of gait belts to transfer residents that had fallen.</p>	F 689			

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F 689	<p>Continued From page 2</p> <p>Review of resident 1's electronic medical record (EMR) revealed: *She was admitted on 10/6/21. *Her diagnoses included: dementia, Parkinson's disease with dyskinesia (involuntary muscle movements) with fluctuations, and abnormalities of gait and mobility. *On her 10/21/24 Fall Risk Evaluation she had a fall risk score of 17, which indicated she had a high risk for falls.</p> <p>*Review of resident 1's 1/27/25 care plan revealed: *She was identified to have a high risk for falls and had fallen multiple times. *She was able to ambulate with the use of a two-wheeled walker, gait belt, and stand-by staff assistance. *She required staff supervision for walking all distances while using her walker.</p> <p>Review of resident 1's ER notes revealed: *She was seen on 1/10/25 at 9:00 a.m. related to her fall. -She had a laceration to the right back side of her head. -She did not have a loss of consciousness. *She was discharged back to the facility on 1/10/25 at 9:45 a.m. with the following orders: -"Staples to be removed in 7 days." -"For the next 48 hours perform neuro check every 4 hours x4 [4 times] then every 8 hours along with monitoring vitals-if any changes in pupils, speech, vomiting, etc patient needs to be re-evaluated."</p> <p>Review of CNA B's employment and training records revealed:</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>*She was hired on 7/21/21.</p> <p>*On 1/20/25 she had attended the provider's "Team Meeting".</p> <p>Review of the provider's 1/20/25 "Team Meeting" information revealed:</p> <p>*A portion of that meeting addressed gait belt usage.</p> <p>*It indicated "Always use a gait belt with resident transfers and ambulation. Do not take shortcuts!"</p> <p>Review of the provider's 9/16/23 Fall and Fall Prevention policy revealed:</p> <p>**Residents who are High Risk [for falls] should utilize a gait belt with transfers and ambulation." -"Apply gait belt securely around resident's waist." -"One hand should be secured on gait belt with ambulation."</p> <p>The provider's implemented actions to ensure the deficient practice does not reoccur was confirmed on 1/27/25 after record review revealed:</p> <p>*DON A provided immediate education on 1/10/25 to CNA B after the fall regarding resident 1's need for a gait belt with transfers and ambulation.</p> <p>*Education was provided to all nursing care staff on 1/20/25 regarding gait belt use with transfers and ambulation as well as the need to follow residents' individualized care plans.</p> <p>*Staff interviews on 1/27/25 revealed the staff understood the education that had been provided.</p> <p>*Observations on 1/27/25 revealed staff were using gait belts with resident transfers and ambulation.</p> <p>*DON A audited to ensure staff were using gait belts with residents when walking them.</p> <p>*Resident falls and reportable incidents were reviewed through their Quality Assurance program.</p>	F 689			

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F 689	Continued From page 4 Based on the above information, non-compliance at F689 occurred on 1/10/25, and based on the provider's implemented corrective actions on 1/20/25 for the deficient practice confirmed on 1/27/25 the non-compliance is considered past non-compliance.	F 689			