

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2025
NAME OF PROVIDER OR SUPPLIER Avera Maryhouse Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 717 East Dakota Pierre, SD 57501	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>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.</p> <p>Findings include:</p> <p>1. Review of the provider's 3/31/25 SD DOH FRI regarding resident 1 revealed:</p> <p>*He had a Brief Interview for Mental Status (BIMS) assessment score of 10, which indicated he was moderately cognitively impaired.</p> <p>*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.</p> <p>-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.</p> <p>-He was sent to the emergency room via ambulance for evaluation and treatment.</p> <p>-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).</p> <p>*Notes in the report indicated that:</p> <p>-Prior to the transfer the safety belt was secured within the tub-chairlift and fastened around resident 1's waist.</p> <p>*During the transfer resident 1 requested from CNA D that the safety belt be removed, and stated it was too tight.</p> <p>*The safety belt had been loosened by CNA D, but was not removed.</p> <p>*On 3/31/25 at 4:40 p.m. social worker C submitted an SD DOH FRI.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2025
NAME OF PROVIDER OR SUPPLIER Avera Maryhouse Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 717 East Dakota Pierre, SD 57501	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Interview on 7/1/25 at 11:15 a.m. with resident 1 in his room revealed:</p> <p>*He recalled when he fell off the whirlpool tub-chairlift on 3/30/25 at 6:40 p.m.</p> <p>*He denied he had removed the safety belt on the whirlpool tub chair.</p> <p>*He denied CNA D had removed the safety belt either.</p> <p>3. Interview on 7/1/25 at 2:39 PM with social worker C revealed:</p> <p>*She had interviewed resident 1 at the hospital on 3/31/25 regarding his fall on 3/30/25.</p> <p>*She had submitted the initial FRI that involved resident 1 to the SD DOH.</p> <p>4. Interview on 7/2/25 at 11:25 a.m. with administrator A and director of nursing B revealed:</p> <p>*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.</p> <p>*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.</p> <p>* In accordance with the facility's policy, a report of a resident's fall with a major injury must be completed no later than two hours of the (incident or known major injury?) to the SD DOH.</p> <p>*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.</p> <p>5. Review of the provider's 2/2025 Long Term Care Abuse, Neglect, Mistreatment and Misappropriation of Resident Property-System Standard Policy revealed:</p> <p>*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.</p> <p>-Immediately, but no later than 2 hours if the alleged violation involves abuse or results in serious bodily injury.</p>		