

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435042	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Avera Mother Joseph Manor Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE 1002 North Jay Street Aberdeen, SD 57401	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>50915</p> <p>Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI) review, observation, interview, record review, and policy review, the provider failed to ensure the safety of one of one sampled resident (1) who fell from his wheelchair while being pushed by facility staff. Failure to use wheelchair pedals may have contributed to resident 1's fall. This citation is considered past noncompliance based on the corrective actions the provider implemented immediately after the incident.</p> <p>Findings include:</p> <p>1. Review of the provider's 7/26/24 SD DOH FRI report revealed:</p> <p>*On 7/26/24, occupational therapy assistant (OTA) C was wheeling the resident back to his room. The resident was holding his feet off the floor; wheelchair pedals were not attached to wheelchair. During the transport, resident 1's feet dropped to the floor, causing him to fall forward out of the wheelchair.</p> <p>*He hit his head on the floor during the fall, causing a laceration and bleeding.</p> <p>*He was evaluated in the emergency department at the local hospital.</p> <p>*A chest X-ray revealed he had multiple left side rib fractures.</p> <p>Interview on 8/28/24 at 8:44 a.m. with director of nursing (DON) B revealed:</p> <p>*After the 7/26/24 fall, resident 1's care plan had been updated to always use foot pedals when transporting him in the wheelchair.</p> <p>*A trial was conducted with foot pedal bags attached to resident's wheelchair instead of keeping foot pedals in the resident's closet, making foot pedals easily accessible when needed.</p> <p>*The trial was successful, and they ordered foot pedal bags for all wheelchairs.</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
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of employee education records revealed staff had been educated on topics related to safe resident transport and workplace safety as part of the provider's annual education for all employees reviewed.</p> <p>The provider implemented actions to ensure that the deficient practice does not reoccur. That was confirmed on 8/28/24 after record review revealed that resident 1's care plan was updated to always have foot pedals on his wheelchair when transporting, education had been provided to employees regarding safe resident transport and workplace safety, and staff were able to verbalize when wheelchair pedals should be used during transports.</p> <p>Based on the above information, non-compliance at F689 occurred on 7/26/24, and based on the provider's implemented corrective actions, the deficient practice confirmed on 8/28/24, the non-compliance is considered past non-compliance.</p>		