

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/19/2024
NAME OF PROVIDER OR SUPPLIER  Spearfish Canyon Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 N 10th Street Spearfish, SD 57783	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>42558</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 one of one resident's (1) repositioning and incontinence care needs were being provided according to her plan of care. Failure to follow the plan of care for her repositioning and incontinence needs potentially placed resident 1 at a higher risk for discomfort, infection, and skin breakdown. This citation is considered past non-compliance based on review of the corrective actions the provider implemented immediately following the incident.</p> <p>Findings include:</p> <p>1. Review of the provider's 6/10/24 SD DOH FRI and resident 1's electronic medical record revealed:</p> <p>*At the time of the incident, resident 1 was on comfort care with a pending hospice referral.</p> <p>-She was incontinent of urine and unable to reposition herself without the staff's assistance.</p> <p>-She had a urinary tract infection (UTI) with a pending urinalysis lab culture and sensitivity results and anticipated orders for antibiotic treatment.</p> <p>*On 6/8/24 at 5:30 a.m., bath aide D found resident 1 lying in her bed with a urine-saturated incontinence brief and linens.</p> <p>*Certified nursing assistant (CNA) C was responsible for her care and admitted during the investigation that he had not provided repositioning or incontinence care to resident 1 during his night shift which started on 6/7/24 at 10:00 p.m.</p> <p>Interview on 6/19/24 at 11:00 a.m. with director of nursing (DON) B revealed an investigation was immediately initiated, no other similar incidents were identified, and education was provided to all care staff regarding repositioning and incontinence care.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The provider implemented systemic changes to ensure the deficient practice does not recur was confirmed after: record review revealed the provider had followed their quality assurance process; staff training and education of repositioning and incontinence care needs had been provided; verifying ongoing staff education was being provided to ensure residents' repositioning and incontinence care needs were being met; care plan review verified each resident's care plan contained individualized repositioning and incontinence care interventions; verifying the CNA's resident care sheets accurately reflected each resident's repositioning and incontinence care needs as directed in their plans of care; observations and interviews revealed staff had been educated and understood when to provide resident repositioning and incontinence care; interviews with residents and family members confirmed they felt resident care was being provided in a timely manner; confirming ongoing staff audits of resident incontinence care and repositioning needs were being conducted; and review of the provider's policies confirmed a clear definition of resident care expectations.</p> <p>Based on the above information, non-compliance at F684 occurred on 6/8/24, and based on the provider's implemented corrective actions for the deficient practice confirmed on 6/19/24, the non-compliance is considered past non-compliance.</p>		