

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435090	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER Five Counties Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 405 6th Avenue West Lemmon, SD 57638	

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 - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47780</p> <p>Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI), complaint report, record review, interview, and policy review, the provider failed to ensure:</p> <p>*They had followed their policy after one of one sampled resident (1) who had fallen and was not referred to therapy after those falls.</p> <p>*Assessments accurately reflected a resident's status for five of five sampled residents (2, 3, 4, 5, 6). Specifically, the provider failed to assess vital signs and ensure that vital signs were documented accurately on skilled nursing assessments.</p> <p>Findings included:</p> <p>1. Review of the provider's SD DOH FRI submitted on 1/7/25 at 12:38 p.m. regarding resident 1 revealed:</p> <p>*Staff assisted the resident to the bathroom, gave her the call light, reminded her to ring the call light when she was done and left to help another resident.</p> <p>*Staff had heard resident 1 calling for help and found her on the bathroom floor with her pants and incontinence pull-up down, sitting on her bottom with her right arm in the wheel of the wheelchair (wc) and her left arm behind her to support herself.</p> <p>*Staff had moved the wc and did a quick assessment, then moved the resident to the wc where the registered nurse completed a full assessment.</p> <p>-Redness noted to buttock where she was sitting on the floor, some redness noted to left underarm [left under arm] (resident states this is from bars on the side of toilet).</p> <p>-Resident is c/o [complaining of] pain in left ankle. Mild redness noted there and some puffiness, much like the right ankle and CNA [certified nursing assistant] reports it may have been like that prior to fall.</p> <p>*At 5:00 am, resident continues to complain of left ankle pain an ER [emergency room] physician notified.</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 - Some</p>	<p>*Resident was transported to the clinic for a physician ordered x-ray which determined a non-displaced fracture.</p> <p>Review of resident 1's electronic medical record (EMR) revealed:</p> <p>*She was admitted to the facility on [DATE].</p> <p>*Her diagnoses included: chronic systolic heart failure, diabetes, macular degeneration, hypertension, and muscle weakness.</p> <p>*She had started physical therapy (PT) on 5/22/24. Her PT Assessment indicated:</p> <p>-Her therapy diagnosed included: a history of falls, risk of falls, weakness, and imbalance.</p> <p>-She required the use of a a sit-to-stand (mechanical lift used to assist from a seated to standing position) supervision or minimal assistance. For chair-to-bed or chair-to-chair transfers, she required moderate staff assistance. For toilet transfers, she required moderate staff assistance.</p> <p>*She was discharged from PT servoces on 6/19/24.</p> <p>*Her PT discharge assessment indicated:</p> <p>-For the chair-to-bed or chair-to-chair transfers, she required staff supervision or minimal assistance. For toilet transfers, she required staff supervision or minimal assistance.</p> <p>-She was to have restorative therapy for ambulation, transfers, and active range of motion (AROM) for upper and lower extremities, three to five times a week.</p> <p>*Minimum Data Set (MDS) review note from PT on 8/22/24 stated: [resident 1] uses a w/c for mobility around the facility. She is refusing to ambulate. She is requires mod [moderate] assistance in transfers. She is on a walk-to dine and AROM. Restorative programs atthis [at this] time. No therapy indicated at this time.</p> <p>*She had fallen on 8/27/24, 10/20/24 and 1/4/25.</p> <p>*The falls event checklist related to her falls on 8/27/24 and 10/20/24 did not have the therapy department box checked as notified.</p> <p>*After her 8/27/24 and 10/20/24 falls, there was no documentation that indicated physical therapy was notified or a therapy referral was sent.</p> <p>-Death in the facility on 1/19/25.</p> <p>Interview on 1/22/25 at 10:45 a.m. with physical therapist C revealed:</p> <p>*He was one of two physical therapist who were employed with the facility.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*He was unaware of any referrals sent to the physical therapy department for resident 1 after she had fallen on 8/27/24 or 10/20/24.</p> <p>*He stated if the therapy department had gotten a referral there would have been documentation in the resident's chart.</p> <p>-There was no documentation in resident 1's chart for a therapy referral or therapy services after she had fallen.</p> <p>Interview on 1/22/25 at 2:05 p.m. with director of nursing (DON) B revealed:</p> <p>*She was unaware a referral had not been sent to the therapy department after resident 1 had fallen on 8/27/24 and 10/20/24.</p> <p>*She was not sure why the therapy department was not notified.</p> <p>*She confirmed the therapy department notification box on the falls event checklist for resident 1's falls on 8/27/24 and 10/20/24 were not check marked.</p> <p>Review of the provider's reviewed December 2024 Fall policy revealed:</p> <p>*Purpose: To provide a safe living environment for residents and to protect them from injury.</p> <p>*Post-Fall Management:</p> <p>-PT will be notified of each fall as it occurs. Referrals for evaluation made as indicated.</p> <p>51816</p> <p>2. Review of SD DOH complaint report submitted on 1/15/25 at 4:53 p.m. revealed:</p> <p>*The complainant wished to remain anonymous.</p> <p>*The complainant reported concerns with the accuracy of resident assessments and timeliness of the documentation of resident assessments at the facility.</p> <p>3. A review of resident 2's electronic medical record (EMR) revealed:</p> <p>*Her diagnoses included secondary hypertension (high blood pressure from an underlying medical condition), hyperlipidemia (high cholesterol), chronic obstructive pulmonary disease (COPD), anemia, peripheral vascular disease (progressive circulation disorder caused by narrowing, blockage, or spasms in a blood vessel), and essential hypertension (the most common type of high blood pressure).</p> <p>*Previous vital signs were documented instead of having checked and documented her current vital signs each day. From 10/4/24 to 11/12/24, her:</p> <p>- Blood pressure was checked on 33 out of 41 days.</p> <p>(continued on next page)</p>		

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