

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435101	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2026
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Canton		STREET ADDRESS, CITY, STATE, ZIP CODE 1022 North Dakota Avenue Canton, SD 57013	
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on South Dakota Department of Health (SD DOH) facility reported incident (FRI), record review, observation, interview, and policy review, the provider failed to ensure the staff followed accident prevention interventions and safe device use for three of three sampled residents (8, 25, and 39) who needed to be transferred by staff with the use of a total body lifts (a mechanical lift and sling used to lift a person's full body) as directed in the residents' care plans and according to the lift manufacturer's sling sizing instructions by four of four observed certified nursing assistants (CNAs) (B, E, H, and K) who did not verify which sling size to use to safely transfer the residents before transferring those residents. Findings include: 1. Review of the provider's 5/1/26 SD DOH FRI revealed that on 5/1/26, resident 39 was transferred from her wheelchair to her bed by CNA F who used a sit-to-stand lift. CNA F secured the sling's straps and chest strap clip. While transferring the resident, the strap on the right side of the sling came loose from the hook on the lift, and resident 39 fell backward. The chest strap clip broke, and she fell onto the floor on her right side. She was alert after her fall, had a skin tear on her right forearm, the right side of her face started to bruise, and the right side of her body was red. Registered nurse (RN) G completed a full body assessment on resident 39 and notified her physician, who advised RN G to send resident 39 to the emergency room (ER) for evaluation. The family was notified and agreed to send the resident to the ER for evaluation. CNA F transferred resident 39 according to her care plan, and no environmental hazards were identified that would have affected the mobility of the lift. The maintenance department evaluated the lift and lift sling and found the lift functioning appropriately. The lift sling did not have any rips, tears, or fraying, and the chest strap clip seemed to work before the chest strap clip broke during the transfer. The sling was discarded. Resident 39's ER evaluation and X-rays showed no acute findings or fractures. The only finding was a bruise on her right frontal scalp. The ER provider noted the resident was in no obvious distress, was resting comfortably, and aroused to open her eyes with minimal stimulation. Resident 39 returned to the facility with no new orders other than discontinuing a cranberry supplement. Resident 39's family member requested the resident to change from a sit-to-stand mechanical lift to a total body lift. Her care plan was updated with this intervention. The staff was educated at the facility huddle (a daily meeting where staff are updated on new information within the facility) and at shift change on the new intervention. Re-education was provided to the CNA's and nurses about safety mechanisms on the mechanical lifts, what to look for on the lift during the time-out (a time where the staff stop the transfer once tension is applied to the straps, but prior to the resident being lifted, to ensure the machine is working, the straps are placed correctly and securely), and what to assess on the slings before transferring a resident. All mechanical lifts with the same clip-type mechanism were inspected, in addition to the one involved in the fall, and routine (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 435101 If continuation sheet Page 1 of 4

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