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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435102 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/03/2024 |
| NAME OF PROVIDER OR SUPPLIER Monument Health Sturgis Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 2140 Junction Avenue Sturgis, SD 57785 | |

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) |
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| F 0656 Level of Harm - Actual harm Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 35121 Substantial compliance was confirmed on 4/3/24 after record review revealed the facility had followed their quality assurance process; after mechanical lift education was provided to all nursing staff; after multiple staff interviews revealed competence and understanding of the mechanical lift training; after resident interviews confirmed transfers with a mechanical lift were provided with the proper number of staff; and after observations of staff showed they performed proper transfers with a mechanical lift. |

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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