STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435109	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Firesteel Healthcare Center	1120 East 7th Avenue Mitchell, SD 57301

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 - Actual harm Residents Affected - Few	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** 51094 Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI), record review, policy review, and interview the provider failed to ensure the safety of one of one sampled resident (1) who had a fall from the full mechanical lift and required hospitalization for injuries the following day. The citation is considered past non-compliance based on a review of the provider's corrective actions immediately following the incident. Findings include: 1. Review of provider's 10/4/24 DOH FRI resident 1 revealed: *On 10/4/24 at 11:30 a.m. resident fell from the full mechanical lift -Resident 1 was interviewed by staff and stated, it happened so fast I am not sure what happened. -Resident interview also indicated her legs went up in the air and head went down causing her to slide onto the floor on her back. -Her vital signs were taken and were within normal limits. -She complained of upper back pain. -She refused further evaluation. -Neuro checks (the assessment of mental status, coordination, and reflexes) were performed and were within normal limits. -She requested PRN (as needed) acetaminophen (pain medication) and to get up for lunch. -Her family and physician were notified of the fall. *Resident 1 was hospitalized on [DATE] for: -Increased hip pain as well as atrial fibrillation (AFIB), urinary tract infection (UTI), right ventricular response (RVR). -Her x-ray report showed a right hip fracture. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0689 Level of Harm - Actual harm Residents Affected - Few	-Non-surgical conservative treatment was recommended by an orthopedic doctor. *On 10/8/24 resident 1 was readmitted to facility 2.Review of resident 1's record revealed: *She had diagnosis including cardiomyopathy, gastro-esophageal reflux disease, constipation, hypertension, glaucoma, atrial fibrillation, major depressive disorder, and anxiety disorder. *She had a Brief Interview for Mental Status score of 13 meaning cognitively intact. *Her care plan has been updated to include use of EZ lift with assist of 2. *Care plan has been updated to include the correct sling size of medium. *72 hour neurological checks were completed following the fall. *An updated device evaluation was completed on 10/8/24. 3.Reviw of providers fall policy, dated March 2018 review revealed: *An interdisciplinary progress note, including a summary of the fall, the nursing evaluation, actions taken, who was notified, and the resident's current condition will be completed. *Nurse will complete nursing evaluation, notify necessary parties, and review resident's condition following a resident fall. *Resident's Morse scale will be updated for the resident following a fall. *The resident's family and physician will be notified following a fall. *Residents care plan will be updated to include newly identified interventions, as needed. *Nurse will complete neurological checks for 72 hours following the fall and resident's condition will be documented in nurse's notes in resident's chart. 4. Interview on 10/16/24 at 2:15 pm with CNA D and CNA E revealed: * CNA E states that she has been a CNA for [AGE] years * She reports that she has working this facility 2-3 months -She works on 400 and 500 wings -She reports that there are 2 sit to stand lifts and 2 full mechanical lifts available to use for 400 and 500 wings (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	*CNA D states that he thinks the sling used for resident 1 at the time of the fall was too large for her. -He states that when resident 1 was lifted from her bed, she became unbalanced and slid out of the sling and onto the floor. -He states that audits are being completed regarding lifts and transfers -He reports that prior to resident 1's fall, the sling that was with the lift was the one used for the resident, regardless of size. *CNA D and CNA E both state that they were immediately educated regarding lifts and transfers 5. Interview on 10/17/24 at 7:56 am with registered nurse (RN) C revealed: *She was the nurse on duty at the time of resident 1's fall -She states that she entered resident 1's room following the fall and observed her on the floor still strapped in the sling -She states that she observed that the sling had been placed on resident 1 incorrectly. -She states that the shoulder straps were longer than needed for the resident *She states that she completed an assessment and neuro checks on resident 1 *She states that staff education regarding lift procedure and correct sling size has been completed since resident 1's fall. 6. Interview on 10/17/24 at 11:35 am with director of nursing (DON) B revealed: *Mechanical lift and sling size education was completed for all care staff including CNA D and CNA E dated 10/7/24 *Mechanical lift competency was complete with CNA E on 10/4/24 *Facility assessments are completed annually and as needed *All resident care plans requiring lifts have been updated verifying the correct sling size for resident use *Audits have been completed for staff since the date of the incident -Audits were to be reviewed at the next scheduled quality assurance and performance improvement meeting on 11/8/24 (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	The provider implemented action on 10/4/24 to ensure the deficient practice does not recur and was confirmed on 10/17/24 after record review revealed the facility had followed their quality assurance process, education was provided to all direct care staff regarding mechanical lift safety and following residents' care plans, observations and interviews revealed staff understood how to correctly operate mechanical lifts according to each resident's individualized care plan, review of the appropriate sling sizes for each resident's mechanical lift needs, care plans were updated to include the resident's correct sling size, and verification certified nurse aide (CNA) competencies and audits were being performed.