

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2026
NAME OF PROVIDER OR SUPPLIER Fountain Springs Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Wesleyan Blvd Rapid City, SD 57702	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI), interview, record review, and policy review, the provider failed to ensure the safety of a resident regarding the use of devices according to the care plan when one of one sampled resident (1) who needed to be transferred with a stand aid lift (a mechanical device used to assist from a seated to a standing position) while using a gait belt and pivot transfer (after assisting a resident to a standing position without a lift, the resident then turns their body to move to another surface). This citation is considered past non-compliance based on a review of the corrective actions the provider implemented following the incident. Findings include: 1. Review of the provider's 1/15/25 submitted SD DOH FRI final report regarding resident 1 revealed: *On 1/15/26, the physical therapy (PT) staff reported to administrator A and director of nursing (DON) B that resident 1 reported that certified nurse assistant (CNA) C transferred her to the bed the night before on 1/14/26 without using the stand aid lift. Resident 1 complained of increased pain to her left knee due to that transfer. CNA C was suspended pending investigation of the event. *The resident's care sheet (a personalized document that addresses a resident's care needs) included transfer instructions that the staff were to use the sit-to-stand lift for transferring resident 1. *CNA C admitted to moving her from the commode seat to the bed with a gait belt and a pivot transfer instead of using the stand aid lift. Resident 1 complained of pain in her left knee after the transfer. CNA C notified the nurse who then provided resident 1 with pain medication. *CNA C received disciplinary action for not transferring a resident in the manner that was indicated on that resident's care sheet. CNA C completed individual education on following the resident care sheets regarding how a resident was to be transferred. She was then allowed to return to work. *The provider performed weekly audits on the staff when they transferred residents and provided education to the staff regarding following a resident's care sheet and how to use a stand aid lift. 2. Review of resident 1's electronic medical record (EMR) revealed: *She was admitted to the facility on [DATE]. Upon admission, she was able to transfer with the assistance of one staff and used her walker for ambulation (walking). *Resident 1 fell on 1/11/26. She reported to staff that she was trying to transfer herself into her recliner without staff assistance. She denied pain after the fall and had no signs or symptoms of an injury. *On 1/12/26 resident 1 complained of pain and rated it an 8 out of 10 (using the 10 point scale) to her left leg. She was transferred to the emergency room for evaluation after her provider and power of attorney (POA) were notified. She had an x-ray (a non-invasive form of medical imaging to check for bone injuries) that did not show any new injuries. *After returning to the facility, resident 1 was re-evaluated by a physical therapist on 1/13/26 who recommended using a stand aid lift for safe transfers. *Resident 1 was re-evaluated by her medical provider on 1/13/26 and started on a Lidocaine 5% patch [a pain-relieving patch] and Tramadol 25mg as needed up to three times daily [a pain medication] for increased pain to her right knee and leg. *Resident 1</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>process and:*Counseled CNA C regarding ensuring all residents are transferred according to their care sheets.*An all staff meeting was conducted on 1/15/26 regarding the need to follow the resident's transfer status on the care sheet. If staff could not attend in person, they were expected to review the information and sign the education sheet.*Audits were performed from 1/14/26 through the time of survey of staff performing resident transfers.*Reporting to the quality assurance committee the above audit findings. Based on the above information, non-compliance at F689 occurred on 1/14/26, and based on the provider's implemented corrective actions on 1/15/26 and additional corrective action plans, for the deficient practice confirmed on 2/12/26, the non-compliance is considered past non-compliance.</p>		