

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435115	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/17/2025
NAME OF PROVIDER OR SUPPLIER  Palisade Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  920 4th St Garretson, SD 57030	

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.  (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
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(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	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI) review, observation, interview, record review, and manufacturer's operator's instructions review, the provider failed to ensure: *The safety of one of one sampled resident (1) who fell from a total body lift (a mechanical lift and sling used to lift a person's full body) and sustained a hematoma (an injury that causes a localized collection of blood under the skin) while being transferred by one of one licensed practical nurse (LPN) (C) and one of one certified medication aide/certified nursing assistant (CMA/CNA) (F). *The sling sizes for eight of eight sampled residents (1, 2, 3, 4, 5, 6, 7, and 8) who used a total body lift for transfers were assigned according to the sling's manufacturer's instructions. Findings Include: 1. Review of the provider's 9/12/25 SD DOH FRI regarding resident 1 revealed: *On 9/12/25 at 11:20 a.m. LPN C and CMA/CNA F had been transferring resident 1 from her wheelchair to her bed. *CMA/CNA F had reported that resident [1] fell out of the [full-body lift] sling, and stated all 4 [four] sides of the sling were hooked up to the metal bar of the mechanical lift. *LPN C had stated that he didn't know how the sling slipped off the hook. *Resident 1 had stated, I was in the sling. I was being lifted up and the next thing I knew I was cracking my head but not from hitting it on the bar from hitting it really hard on the floor. *LPN C reported that resident 1 had a hematoma behind her left ear. *Resident 1 had neck pain and was transferred to the hospital for evaluation and returned later that same day. A hematoma to the back of the left ear was noted on the evaluation at the hospital. *The sling [used during that transfer] was noted to be an XL [size extra-large]. *[An] Audit was done 9/12/2025, to assess all sizes of slings to those residents who utilize them, and appropriate sizes are in place. 2. Review of resident 1's electronic medical record revealed: *Resident 1 was admitted on [DATE]. *Her diagnosis included osteochondrodysplasia (a genetic condition where there is a defect in the development of cartilage and bone, leading to skeletal abnormalities and disproportionate growth), anterior displaced Type II dens fracture (a fracture of the second cervical vertebra where the fractured fragment is moved forward), and quadriplegia (partial or complete loss of movement and/or sensation in the upper and lower parts of the body). *Her 9/3/25 Brief Interview for Mental Status (BIMS) assessment score was 15, which indicated her cognition was intact. *Her 9/3/25 care plan indicated that she required the assistance of two staff members and the use of a full-body mechanical lift for transfers. -There was no documentation of what size lift sling she used at that time. -A care plan intervention added on 9/14/25 indicated: I require a full body small sling for transfers with the mechanical lay down lift. I have one assigned to me with my room number on the tag. Ensure the loops [of the sling] are completely inside of the metal rings on the lift bar. *A 9/13/25 physician's order indicated wear the [cervical] collar whenever up out of bed. *Her 9/15/25 weight was 147.9 pounds (lbs). Review of resident 1's 9/4/25 Physical Therapy Evaluation revealed: *Resident 1 requires the Hoyer lift [a brand of full-body mechanical lift] for all transfers, and included that transfers with resident 1 using that lift had not been tested during that evaluation. *There was no documentation that the full-body lift sling size had been assessed during that evaluation. Review of resident 1's 9/12/25 hospital discharge summary indicated: *On 9/12/25, resident 1 sustained a head injury when she was transferred with the full-body mechanical lift, and she hit her head on the bed frame and then on the floor. *She reported mild discomfort. *A 9/12/25 Computed Tomography (CT) scan (a medical imaging test) showed an occipital scalp [back of the head] hematoma without underlying fracture, and changes since February 2025 though [the changes] may have been present on the August 2025 MRI (MRI) (a medical test to create highly detailed images inside the body). *There is clinical concern for new cord injury. Consider MRI. *Neurosurgery (a medical specialty focusing on the brain and spinal cord) did review and thought no acute recommendations aside from the collar to be worn while out of bed. 3. On 9/16/25 at 10:00 a.m., a resident census list, indicating which residents used mechanical and non-mechanical transfer lifts, a transfer policy, a resident safety policy, and instruction manuals or policies regarding the use of mechanical lifts and their slings was requested. Review of the facility provided documentation revealed: *The provider indicated they did not have policies regarding resident safety, resident transferring, or mechanical lift sling use. *The provider referred to the EZWay Classic Lift Operator's Instructions for all guidance on the use of the full-body mechanical lifts and the lift slings. *The provider's census indicated 12 residents required the use of a full-body mechanical lift. 4. Observation and interview on 9/16/25 at 11:36 a.m. with resident care manager (RCM)/registered nurse (RN) D and CNA J while assisting resident 7 to transfer using the full-body mechanical lift revealed: *Each resident who used a full-body</p>		