

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A137		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/18/2025	
NAME OF PROVIDER OR SUPPLIER AVERA BORMANN MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH 4TH STREET , PARKSTON, South Dakota, 57366			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 9/15/25 through 9/18/25. Avera Bormann Manor was found not in compliance with the following requirement: F761.		F0000				
F0761 SS = D	<p>Label/Store Drugs and Biologicals</p> <p>CFR(s): 483.45(g)(h)(1)(2)</p> <p>§483.45(g) Labeling of Drugs and Biologicals</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and policy review, the provider failed to:</p> <p>Ensure a controlled medication (medications at risk for abuse and addiction) was securely stored by one of one</p>		F0761			10/15/2025	

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 reverse for further 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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F0761 SS = D	<p>Continued from page 1</p> <p>registered nurse (RN) E who placed a controlled medication (Norco) in an unsecured cabinet in the north hallway and did not administer that medication to one of one sampled resident (4) as ordered by the resident's physician.</p> <p>Ensure controlled medication patches were handled and securely stored for destruction according to the provider's policy.</p> <p>Findings include:</p> <p>1. Observation on 9/16/25 11:12 a.m. of the personal protective equipment (PPE) cabinet in the north hallway next to room 204 revealed:</p> <p>*The cabinet was recessed in the north hallway and contained washable gowns and disposable gloves on the shelves.</p> <p>*A medicine cup with an unidentified medication tablet on the bottom shelf of that cabinet.</p> <p>2. Observation and interview on 9/16/25 at 12:24 p.m. with director of nursing (DON) B of the north hallway PPE cabinet revealed:</p> <p>*A medication cup on the bottom shelf of the cabinet with an unidentified medication in it.</p> <p>*She agreed it was not secured and should not be stored there.</p> <p>*She expected medications to be administered as ordered by the physician.</p> <p>*She took that medication to the pharmacy for identification.</p> <p>3. Follow up interview on 09/16/2025 at 1:43 p.m. with DON B regarding the medication observed in the hallway PPE cabinet revealed:</p> <p>*The pharmacist identified the medication as Norco 5 milligram (mg)/32 mg [(Hydrocodone Bitart/Acetaminophen). A controlled pain medication]</p> <p>*Resident 4 had an order to receive one Norco 5-325 5mg/325mg tablet by mouth at midnight, 6:00 a.m., noon, and 6:00 p.m.</p> <p>*She contacted registered nurse (RN) E, who worked the</p>	F0761					

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F0761 SS = D	<p>Continued from page 2 night before, and RN E confirmed she placed that medication cup with the medication in it in the PPE cabinet.</p> <p>*RN E told DON B that she set the medication in the PPE cabinet to assist another resident, and forgot she put it in the cabinet.</p> <p>*She confirmed that medication was resident 4's Norco.</p> <p>4. Interview on 9/17/25 at 3:55 p.m. with RN E revealed:</p> <p>*Resident 4 was administered her medications between 5:30 and 6:30 a.m.</p> <p>*She stated she must have gotten the prepared resident 4's Norco for administration and then a staff member asked for assistance with another resident.</p> <p>*She put the medication cup with the Norco in it in the PPE cabinet to go help with the other resident.</p> <p>*She forgot she put the Norco in the PPE cabinet.</p> <p>*She signed the medication off as given when she completed the medication count at shift change with the oncoming day nurse, and the count was accurate.</p> <p>*She was not sure if she placed the Norco in the PPE cabinet the morning of 9/12/25 or 9/13/25.</p> <p>*She knew all medications needed to be secured and administered as ordered.</p> <p>5. Interview on 9/17/25 at 4:45 p.m. with resident 4 regarding her pain revealed:</p> <p>*She felt she received her pain medications as scheduled, and her pain was under control.</p> <p>6. Interview on 9/18/ 25 at 1:15 p.m. with DON B regarding medication administration and storage revealed:</p> <p>*Staff were educated annually on the 5 rights of medication administration (a set of safety checks used by healthcare professionals to prevent medication errors) through an on-line learning format.</p> <p>*She expected staff who administered medications to</p>			F0761			

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F0761 SS = D	<p>Continued from page 3 follow the 5 rights for medication administration and the provider's medication administration policy.</p> <p>*She agreed the Norco should not have been left unattended in the PPE cabinet.</p> <p>7. Interview on 9/18/25 at 1:35 pm with administrator A regarding medication administration and storage revealed:</p> <p>*Staff should follow the 5 rights for medication administration.</p> <p>*She expected the staff who administered medications to follow the provider's policy for medication administration and storage to ensure medications were secured and administered as ordered.</p> <p>8. Interview on 9/17/25 at 11:50 p.m. with Medication Aide (MA) H regarding controlled medications revealed:</p> <p>*Controlled medications (medications at risk for abuse and addition) were to be stored in a locked box within the locked medication cart.</p> <p>*Resident 41 had an active order for a Fentanyl (a controlled pain medication) 12 mcg (microgram) transdermal (active ingredients are delivered across the skin) patch to be administered every 72 hours.</p> <p>*She had not applied or removed the Fentanyl patch from resident 41.</p> <p>-Only nursing were allowed to apply and remove Fentanyl (controlled pain medication) patches.</p> <p>9. Interview on 9/17/25 at 12:25 p.m. with RN D revealed:</p> <p>*Resident 41's Fentanyl patch was ordered and scheduled to be removed by the night shift nurse.</p> <p>-Her process was to place the used and exposed Fentanyl patch into a medication cup after being removed from the patient and placed in the locked box within the medication cart.</p> <p>- The exposed Fentanyl patch had then been destroyed by placing it into the Rx Destroyer (liquid chemical solvent) by both the night and day nurse the following morning.</p>	F0761					

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F0761 SS = D	<p>Continued from page 4</p> <p>*This process was done after nursing staff had accounted for all narcotics in the locked box at the beginning and ending of each shift.</p> <p>10. Interview on 9/17/2025 at 5:51 p.m. with RN E revealed she:</p> <p>*She would remove the used Fentanyl patch from a resident as ordered and place it back into the locked box within the medication cart.</p> <p>-The used Fentanyl patch would then be destroyed by the night nurse and the oncoming nurse the following morning.</p> <p>-That was the process that she was taught, and she had always done it that way.</p> <p>11. Interview on 9/18/2025 at 11:24 a.m. with director of nursing B regarding the provider's policy for controlled medications revealed:</p> <p>*Resident 41's used and exposed Fentanyl patch was not stored and destroyed according to the provider's policy.</p> <p>Review of the provider's 4/8/24 revised LTC Controlled Substances-System Standard Policy revealed:</p> <p>**"Policy"</p> <p>**"It is the policy of [Provider] to properly acquire, receive, store, administer, track, reconcile, document, and dispose of controlled substances consistent with State and federal guidelines."</p> <p>-"A. To provide pharmaceutical services to meet the needs of each resident."</p> <p>-"B. To accurately account for and reconcile controlled substances for prompt identification of loss or potential diversion."</p> <p>-"C. To educate nurses to identify discrepancies and the need for reconciliation and accountability."</p> <p>**"D. To provide a system that oversees that controlled substances are acquired, handled, administered, reconciled, stored, and disposed of properly."</p>	F0761					

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F0761 SS = D	<p>Continued from page 5</p> <p>- "E. To assure proper record-keeping for controlled substances."</p> <p>*"Procedure"</p> <p>- "C. Place controlled substance(s) received from the pharmacy in a locked storage area with limited staff access. CII meds will be maintained in a separately locked permanent affixed compartment. Schedule III, IV, V may be stored in a separate locked container or may be integrated with other medications as long as there is a system for accountable tracking (punch cards)."</p> <p>Review of the provider's revised Medication Disposal Policy dated June 2024 revealed:</p> <p>*"Medications that may not be returned to pharmacy (i.e., opened liquid medications, opened boxes of medications (nebulizers), opened eye drop bottles, etc.) will be destroyed in the facility."</p> <p>*"Controlled medications are disposed of in the facility by a pharmacist and a registered nurse. The registered nurse and pharmacist co-sign as each other's witness. Controlled medications may also be destroyed by two registered nurses if pharmacist is unavailable in a timely manner."</p>	F0761					