DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/10/2025 FORM APPROVED OMB NO. 0938-0391

AND DI AN OF CORRECTION IDENTIFICATION NUMBER.			IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		435060	B. WING _		C 07/02/2025
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 302 ST CLOUD STREET RAPID CITY, SD 57701	0110212023
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOOT CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 000	INITIAL COMMENT	S	FO	000	
F 732 SS=E	CFR Part 483, Subp Term Care facilities through 7/2/25. Area environmental clean to weight monitoring physician's orders, for resident's medical comealtime assistance Avantara Saint Cloucompliance with the Posted Nurse Staffir CFR(s): 483.35(i)(1) §483.35(i) Nurse Staffir CFR(s): 483.35(i)(1) Data must post the following basis: (i) Facility name. (ii) The current date. (iii) The total number by the following cate unlicensed nursing some resident care per shing (A) Registered nurses (B) Licensed practical vocational nurses (according to the facility must provide the facility must pr	liness, resident care related, the implementation of alls, injuries, and changes in onditions, sufficient staffing, and mechanical lift use. d was found not in following requirement: F732. In glassian programment in following requirement: F732. In glassian programment in following requirement: F732. In glassian programment in following requirements. The facility in glassian programment in facility in glassian programment in facility in glassian programment in facility in gramment in facility in gramment in facility in facility in gramment in facility i		1. No immediate corrective action of for the failure to ensure daily staff in was consistently updated with chardaily staffing hours. 2. All residents are risk for not bein accurate staffing. 3. The Administrator will educate the Nursing (DON), Assistant Director of (ADON), and the interdisciplinary to the Posting of Daily Staffing policy daily staffing of registered nurses (Icensed practical nurses (LPNs) and an ursing assistants (CNAs) informate consistently posted and updated as occur. The on-call manager each of responsible to ensure if the staffing change throughout the day, the posupdated to reflect these changes. The daily staff information will be remorning meeting to ensure it is being consistently and updated with changed action will occur no later than Account and action will occur no later than Account and action will occur no later than Account action will be reconsistently and updated with change date action will occur no later than Account action will be reconsistently action account action of the staffing account	nformation ages in the g informed of the Director of of Nursing the part (IDT) on to ensure RNs), and certified ion is a changes ay will be a hours sting is The posting of viewed duringing posted ages.
Ashalay Alta		<u></u>		Administrator	07/20/25

Ashaley Altena 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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED	
		435060	B. WING				02/2025	
NAME OF P	ROVIDER OR SUPPLIER	100000			STREET ADDRESS, CITY, STATE, ZIP CODE	1 077	02/2025	
AVANTAF	RA SAINT CLOUD			302 ST CLOUD STREET RAPID CITY, SD 57701				
(X4) ID PREFIX TAG			ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOU		3E	(X5) COMPLETION DATE	
F 732	residents, staff, and signature staffing data. The fact written request, make available to the public exceed the community of the facility must mai staffing data for a mi required by State law This REQUIREMENT by: Based on South Dale (SD DOH) complaint review, facility assess review, the provider staffing information vactual number of nur those staff had worke shifts reviewed. Find 1. Review of the 6/23 intake report reveale concerned "there is rethe residents." The complainant revealed "The complainant revealed "The complainant has shift was short-staffe "constant [job] posting-The complainant was staffing in the complainant was short-staffe "constant [job] posting-The complainant was staffing in the complainant was short-staffe "constant [job] posting-The complainant was staffing in the complainant was short-staffe "constant [job] posting-The complainant was staffing in the complainant was short-staffe "constant [job] posting-The complainant was staffing in the complainant was short-staffe "constant [job] posting-The complainant was short-staffe "constant [acce readily accessible to visitors. access to posted nurse cility must, upon oral or enurse staffing data or for review at a cost not to ity standard. data retention requirements. Intain the posted daily nurse nimum of 18 months, or as an	F		4. The Administrator or designee will co audit of the daily staff posting 5 days pe ensure daily staff information is consiste posted. Audits will be weekly for four we then monthly for two months. Results of will be discussed by the DON or design monthly Quality Assurance and Process Improvement (QAPI) meeting with the II Medical Director for analysis and recommendation for continuation/discontinuation/revision of based on audit findings.	ently eks, and audits ee at the output		

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			A. BUILDING			С	
		435060	B. WING				/02/2025
NAME OF PROVIDER OR SUPPLIER				5	STREET ADDRESS, CITY, STATE, ZIP CODE		
AVANTARA SAINT CLOUD					302 ST CLOUD STREET		
				RAPID CITY, SD 57701			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 732	were needed during to the needs of the residents of the overnight residents. 4. Interview on 7/3/25 anonymous staff pers "Many nights" there and two certified nurs worked the overnight residents. -June 15, 2025 was to recalled that had occur of the prove 6/17/25 daily posted sovernight shift reveals "Those postings had care staff, the number worked the overnight hours each of those sthose shifts. *On 6/14/25: -Two licensed practic worked a twelve-hour a.m.). -Three CNAs had each (from 10:00 p.m. to 6 *On 6/15/25: -Two LPNs had each	rider's 6/25/25 facility I one to two licensed nurses the overnight shift to ensure dents had been met. Three deded during the overnight deds of the residents had 5 at 11:00 a.m. with an son D revealed: was only one licensed nurse de aides (CNA) who had deshift to care for 75 the last time that staff person durred. Frider's 6/14/25 through destaffing information for the ded: ded shift, and the amount of destaff had worked during frider's 6/14/25 through destaff had worked during	F	732	,		
	-Two LPNs had each -Four CNAs had each *On 6/17/25:	worked a twelve-hour shift. n worked an eight-hour shift. worked a twelve-hour shift.					

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		435060	B. WING				02/2025
NAME OF PROVIDER OR SUPPLIER AVANTARA SAINT CLOUD				30	TREET ADDRESS, CITY, STATE, ZIP CODE 02 ST CLOUD STREET RAPID CITY, SD 57701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOULD		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 732	not been updated to that were made for the Continued interview regarding the process taff posting informative was the responsible coordinator to have original daily posted had been no staffing. The unit manager has responsibility until shade the unit manager has responsibility until shade then assumed of May 2025. *Administrator A stathave then assumed of May 2025 or until to another staff personal to an	reflect the staffing changes hose overnight shifts. with administrator A as for completing the daily tion revealed: bility of the staffing completed any updates to the staffing information, but there is coordinator since April 2025. And assumed that the had left at the end of May attend the had left at the end of May attend the had not, but should that responsibility at the end she had delegated that task on to complete. 5 at 1:45 p.m. with the eimer's registered nurse and former assistant director complete. C was notified of staffing the end shift on 6/15/25, she excility's staff to determine if aff would come into work that the oleft for the travel staffing the oten at the travel staffing	F	732			

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NAME OF PROVIDER OR SUPPLIER AVANTARA SAINT CLOUD				STREET ADDRESS, CITY, STATE, ZIP CODE 302 ST CLOUD STREET RAPID CITY, SD 57701		01/02/2023		
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F 732	residents' cares from 10:30 p.m. that night -She had offered to sto work if she was no nurse had stated to I *All the residents exceeded were asleep when A had left the building series and series an	sted with providing the about 5:00 p.m. through is stay longer or to come back beded, but the overnight her, "I think we got it." beept one had been in bed and lizheimer's RN supervisor B that night. NAs had arrived early to work 25 (between 4:21 a.m. and to the night shift staff and the staff in providing care to the staff in providing that time and one licensed nurse who her's RN supervisor B had the facility during that time and the facility during that time and the staff, but the overnight hat additional offered sted she felt the above the implemented to support and the residents' care needs. See in the residents' care needs. See's 6/1/23 Posting of Daily led: See worked each day by RNs, as expected to have been seach shift, actual hours will are any changes to the	F7	32				