STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435054	A. BUILDING _____ B. WING _____	C 04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA REDFIELD	1015 THIRD STREET EAST REDFIELD, SD 57469

(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
F 000	INITIAL COMMENTS A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 4/14/25 through 4/15/25. Areas surveyed included resident neglect, and dietary services. Avantara Redfield was found not in compliance with the following requirement: F812.	F 000		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to follow food safety standard pratices to ensure resident food temperatures were monitored and recorded according to the provider's policy for all meals prepared and served in one of one kitchen.	F 812	1. There is no corrective action to be made to missing food temperatures on the Food Temperature Chart. 2. The Dietary Manager provided re education to all cooks on the Food Temperatures Policy on 4/16/25. 3. The Dietary Manager or designee will audit 5 random meal services for food temperature completion weekly x 4 and monthly x 3 to ensure adherence to the Food Temperatures Policy. Results of the audits will be presented by the Dietary Manager or designee at the monthly QAPI meeting for discussion of effectiveness and recommendations.	4. 5/12/25

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

Diane Forgey, Administrator | 4/23/2025

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 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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F 812	Continued From page 1 Findings include: 1. Observation and interview on 4/14/25 at 4:45 p.m. with cook C in the kitchen revealed: *He was checking the temperature of the food for the evening meal. *He took the temperature of each food item five to fifteen minutes before it was served. *Staff were to document food temperatures on the food temperature chart for all meals. 2. Interview and record review on 4/15/25 at 9:50 a.m. with dietary manager B regarding food temperatures revealed: *Staff were instructed to take food temperatures for all meals. *The food temperatures were to be documented in the food temperature chart. *He stated it had been a struggle to get some staff to document the food temperatures. *He had implemented a new food temperature system on 4/1/25 to try to improve charting by the dietary staff. *In March 2025, there were no food temperatures documented for 23 of 31 days. -One day in March, only the breakfast food temperatures were documented. -Five days in March, only the breakfast and lunch food temperatures were documented. *In April 2025, there were no food temperatures documented for two of the first fourteen days. -Three days in April, only the breakfast and lunch food temperatures were documented. *It was his expectation that dietary staff would document the food temperatures for all meals. *He agreed there was missing food temperature documentation for several meals in March and April 2025.	F 812		

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F 812	Continued From page 2 3. Interview on 4/15/25 at 11:25 a.m. with administrator A regarding food temperatures revealed: *She knew there were issues with the dietary staff not documenting food temperatures for meals. *It was her expectation the dietary staff would document food temperatures on the food temperature chart for all meals. *She agreed the temperatures were not being taken or documented as they should be. 4. Review of the provider's revised 3/19/2020 Food Temperature policy revealed: *"Food should be served at proper temperature to insure [ensure] food safety and palatability." *"Record reading on Food Temperature Chart (FORM 401) or Food Temperature/Sanitation Combined Record (FORM 401B) and/or Always available Food Temperature Chart (FORM 401A) or other designated form at [the] beginning of [the] trayline and end of [the] trayline. If temperatures do not meet acceptable serving temperatures, reheat the product or chill the product to the proper temperature. Take the temperature of each pan of product before serving."	F 812		