PRINTED: 07/24/2024 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED. IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING _ C B. WING 435054 07/17/2024 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1015 THIRD STREET FAST **AVANTARA REDFIELD** REDFIELD, SD 57469 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 000 INITIAL COMMENTS F 000 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 7/16/24 through 7/17/24. The area surveyed was nursing services related to a resident's bandages on his wound not being changed. Avantara Redfield was found not in compliance with the following requirement: F658. 1. No immediate correction could be F 658 F 658 Services Provided Meet Professional Standards made for the missing documentation SS=D CFR(s): 483.21(b)(3)(i) on 6/24/24 and 7/14/24. All residents could potentially be at risk. §483.21(b)(3) Comprehensive Care Plans 2. The DON or designee will provide education to all licensed nursing staff The services provided or arranged by the facility, regarding the Skin and Pressure Injury as outlined by the comprehensive care plan, Prevention Program Policy and to ensure documentation of treatments (i) Meet professional standards of quality. are recorded in the medical record. This REQUIREMENT is not met as evidenced by 7/31/2024. Those not in attendance will be educated prior to Based on observation, interview, record review, their next shift worked. and policy review, the provider failed to ensure 3. The DON or designee will audit 5 random resident's Treatment wound care treatments were completed per administration records weekly to ensure physician orders and documented for one of one proper documentation. Results of audits resident (2). Findings include: will be presented by the DON or designee at the monthly QAPI meeting for 1. Observation and interview on 7/16/24 at 1:58 8/9/2024 discussion of effectiveness and p.m. with resident 2 and licensed practical nurse recommendations. (LPN) D revealed: *He was seated in his recliner with the footrest in the up position. *There was a wound dressing on his left foot. *LPN D removed the wound dressing and stated it was a vascular wound. *Resident 2 stated he had a scheduled appointment the next day with a vascular surgeon for possible amoutation of his left foot. *Resident 2 stated that a nurse who worked the

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

night shift had not completed his dressings "a

Diane Forgey, Administrator

TITLE

(X6) DATE

07/26/24

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that tions.) Except for nursing homes, the findings stated above are disclosable 90 days other safeguards provide sufficient protection to the patients. (Se following the date of survey whether or no a part of correction is provided for rursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility of depictures are cited, an approved plan of correction is requisite to continued program participation.

JUL 29 2024 Went ID

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FORM CMS-2567(02-99) Previous Versions Cosolete

Facility ID: 0035

If continuation sheet Page 1 of 5

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMPED:		PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		435054	B. WING_			C 07/17/2024	
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F 658	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 6	58			

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F 658	regarding resident 2 *The provider had d of their hallway cam resident 2 had his w 6/24/24. *On 7/6/24 he had re dressing changed. *On 7/7/24 he had w to have the dressing F's care of his foot. *On 7/13/24 on the not have time to cor -That nurse had not she had not had tim changeThere was no docu notification had occu *When a wound dre be completed, the p notifiedThere was no docu physician had been Interview on 7/17/22 nursing assistant (Corevealed: *He only called for a bathroom. *When a resident re have notified the nu Interview on 7/17/24 a.m. regarding resid *When a resident re document that in the it to the nurse on du	at 8:19 a.m. with DON B revealed: etermined, through reviewing era-taped recordings that round treatment completed on refused to have his wound wanted to wait until a later time of changed and he refused RN first (day) shift the nurse did implete the dressing change. If	F 65			

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F 658	required. Interview on 7/17/24 are garding resident 2 regarding the night. The process for whe complete a treatment. *The process for whe complete a treatment. Communicate that to attempt to complete to the treatment administer and notify the resident treatment. The medication admit the treatment administer are to document who medication or treatment resident had refused. Review of the provided Job Description reveal and cold compounds "Provide wound care "Completes medical provided and other in with nursing policies we confidentiality." "Ensure each Guest care."	at 11:15 a.m. with LPN D revealed: care provided by her. he had refused a nurse's shift. est cares when he needed in a nurse was unable to during their shift was to: the next shift so they would he treatment. eatment was not completed at's physician of the missed inistration record (MAR) and estration record (TAR) had an een a resident refused the ent, which included why that er's 12/1/19 RN Floor Nurse aled: vise all treatments ans including but not limited en, Foley catheter care, hot and intravenous therapy." e when needed." records documenting care formation in accordance while maintaining strict receives person centered er's 12/1/19 LPN Floor Nurse aled:	F	658				
	*"Administer or super	vise all treatments						

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F 658	prescribed by physicia to pressure ulcer care hot and cold compour *"Provide wound care *"Completes medical riprovided and other infi with nursing policies wonfidentiality."	ans including but not limited , Foley catheter care, and nds." when needed." records documenting care ormation in accordance	F	658			