PRINTED: 07/24/2024 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING		С
		435039	B. WING		07/17/2024
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
	4 NORTON			3600 SOUTH NORTON AVENUE	
AVANIAK	A NORTON			SIOUX FALLS, SD 57105	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	
F 000	INITIAL COMMENTS		F 000		
F 812 SS=F	CFR Part 483, Subpater Care facilities withrough 7/17/24. Area allegations of resident and ostomy cares, all resident by a staff meresident property, accident producers with the facility accident producers and local producers, and local laws or regulation producers, and local	t neglect related to catheter egations of abuse of a simber, misappropriation of sident hazards related to ith the dietary department ratures, menu substitutions, ss. Avantara Norton was ce with the following sore/Prepare/Serve-Sanitary 2) by requirements. re food from sources sed satisfactory by federal, sies. cood items obtained directly subject to applicable State culations. It is not prohibit or prevent roduce grown in facility ompliance with applicable d-handling practices. It is not preclude residents is not procured by the facility. It is prepare, distribute and ance with professional rivice safety.	F 812	2 1. The Overhead hood panels cleaned 7/18/2024. Overhead hood panels on victeaning schedule for the hood panels at the convection oven and clean dishes storage. Kitchen is free of odors. The diroom ceiling was cleaned on 7/18/24. Kitchen Ceiling will be replaced at contractor's earliest availability. Implemented deep clean of dish room initiated 7/31/24. Intek contacted 08/0 will have deep clean scheduled at their earliest availability. Presto-x contacted visited 7/28/2024 for removal of fruit filter Trash is removed before and after each service and at the end of shift. Trash candded to weekly cleaning schedule. The will be repaired by 08/26/2024. Repaire water backing up into the Dish room at Chemical storage closet 7/18/2024. Underside of the sink cleaned 7/18/2024. Walls and counters cleaned 07/18/2024.	daily 01/24 and lies. n meal ans e sink ed and led.
	by:	is not met as evidenced		Stainless steel panels ordered on 7/25/ be installed once received.	Z4 WIII
LABORATORY	DIRECTOR'S OR PROVIDER!	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
				LNHA	08/05/2024
Any deficiency	statement ending with an a	stock (*) denotes a deficiency which the	institution may b	e excused from correcting providing it is determined the	

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 date of survey whether or not a previous provided following the date of survey whether or not a previous provided for hursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility of program participation.

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

Event ID: 6 5011

Facility ID: 0074

If continuation sheet Page 1 of 7

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION G	COMPLETED
		435039	B. WING		C 07/17/2024
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3600 SOUTH NORTON AVENUE SIOUX FALLS, SD 57105	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE COMPLETION
F 812	Based on observation and policy review, the a clean and sanitary one of one kitchen a and implement safe of one kitchen. Finding 1. Observation and in 3:31 p.m. to 3:45 p.m. dietary manager (DN *The overhead ventice convection oven and shelves were covered dust. *There was a punger dish room. *In the dirty dish room. *In the dirty dish room. *In the dirty dish room. *There was dried foot the ceiling. -Fruit flies were flying. There was a large contrash cans. -The sink leading into leaking. -DM B claimed the same was full of water and not been leaking for and the same standing that sink. -The underside of the unidentified gray string dripping water. -The walls under the food splatters and a substance that appermitdew. -Some of the metal way one of the metal way on the metal way of the metal way on the m	on, interview, record review, e provider failed to maintain foodservice environment on and two of two kitchenettes food storage practices in one angs include: Interview on 7/16/24 from an in the main kitchen with all B revealed: Idiation hood panels above the action all all and is a layer of grease and and small coming from the dirty and splattered extensively on a glattered extensively on a gla	F 81	Dishwasher cleaned 7/18/202 Chemical storage closet order 08/26/2024 will be replaced wavailable. Walk in Cooler floor 7/18/2024 and replacement fon 7/25/2024, and will be repavailable. Walk in cooler concinspected and repaired 7/26/stored appropriately in the wAll undated food items remove Warren kitchenette 7/17/202 addressed flying insects on 7/Contaminated food disposed Supplement refrigerator clear 7/18/2024. Warren kitchenet under sink was cleaned and refrigerator clear 7/18/2024. Warren and East Kit drawers and cupboards clean Initiated cleaning schedules for Kitchenettes 8/1/2024. 2. Administrator or designee education to Dietary Departm Operation and Sanitation policenvironmental safety policy, policy, Hoods and Filters polics storage policy, Dish machine cleaning schedules policy on Any staff that are unable to a education will receive education will receive education to include observation cleanliness, kitchen safety, Pr storage weekly x 4 weeks. Au reviewed and revised throughmeeting. Addendum: Audits will be presented.	red by when r was cleaned floor ordered baired when denser 24. All food is alk-in cooler. wed from 24. Presto-x 28/24. of 7/17/24. ned the cupboard epaired chenette's led 7/18/2024. or provided nent on icy, Floor safety cy, Food policy, 7/31/2024. ttend cion prior to will complete of kitchen roper Food dits will be h QAPI

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		SURVEY LETED
		435039	B. WING _			l .	17/2024
10.10	ROVIDER OR SUPPLIER A NORTON			36	TREET ADDRESS, CITY, STATE, ZIP CODE 600 SOUTH NORTON AVENUE IOUX FALLS, SD 57105		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 812	-There was a gray sluthe dishwasher. *There was standing storage closetThere was a strong pathat roomDM B explained that pipes that day and ha about 30 minutes. The through the floor drain closet when the water *The door to the chem warped from water day board was chipping at *In the walk-in cooler: -The metal floor pane unidentified black sub-Some of the metal floand corroded away, expensedThe condenser was a food items belowThere was a case of potentially hazardous *The floor in the walk-with bits of food, crumice. 2. Continued observa 7/16/24 at 3:50 p.m. witchenette revealed: *There were at least the unlabeled and undate refrigeratorDM B was aware of the planned on throwing the had claimed them by	water in the chemical bungent smell coming from they had work done on the d to shut the water off for e water came back up in the chemical storage was turned back on. hical storage closet was image and the particle way. ling was caked with an istance. for panels were chipped exposing the subfloor dripping water onto boxes of sausage stored above other foods. In freezer was scattered hibs, plastic packaging, and tion and interview on with DM B in the Warren hree containers of d food items in the resident whose containers and had those items away if no one	FE	312	reviewed in QAPI monthly to determine additional audits must be completed. 08/05/2024.		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION		E SURVEY PLETED
		435039	B. WING		07	/17/2024
	ROVIDER OR SUPPĹIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3600 SOUTH NORTON AVENUE SIOUX FALLS, SD 57105		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 812	*The cupboard under water damage and al *The drawers and cu collection of crumbs, unidentifiable particle *DM B indicated she of the drawers and cu 3. Continued observa 7/16/24 at 4:00 p.m. kitchenette revealed: *That kitchenette was Warren kitchenette was Warren kitchenette was particles in the drawe *The cupboards were splatters. *DM B indicated that clean the kitchenette 4. Interview on 7/17/2 administrator A about that she was briefed indicated the mainter planned to assess th 5. Interview on 7/17/2 about the concerns in revealed: *The staff had cleanid document every day. *Each role had differed *She reviewed the cleansure the areas we *She said that she moutside. There's goint they get in and go to the said that she in the said that she moutside. There's goint they get in and go to the said that she in the said that she moutside. There's goint they get in and go to the said that she in the said that she moutside. There's goint they get in and go to the said that she in the said that she moutside. There's goint they get in and go to the said that she in the said that she moutside. There's goint they get in and go to the said that she in the said that she moutside. There's goint they get in and go to the said that she in the said that she moutside. There's goint they get in and go to the said that she in the said that she moutside. There's goint they get in and go to the said that she in the said that she moutside.	the sink appeared to have a unidentifiable black stain. phoards had an extensive dust, dirt, and other is. was not aware of the state uphoards in that kitchenette. Ation and interview on with DM B in the East is in a similar state as the interview of the state and cuphoards. It is and cuphoards. It is at the end of each day. At at 2:16 p.m. with it the leaking sink revealed on the situation that day, and hance department had the situation that day. At at 3:45 p.m. with DM B in the dietary department ing tasks to perform and interview and the ent task assignments. It is a significant in the situation of the situation that day. At at 3:45 p.m. with DM B in the dietary department ing tasks to perform and interview and i	F 812			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
,4421240.			A. BOILDI	NG _		,	c
		435039	B. WING			07/	17/2024
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
AVANTA D	A NORTON			36	600 SOUTH NORTON AVENUE		
AVANIAN	ANORION			S	IOUX FALLS, SD 57105		
(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 APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 812	bugs. *They discovered a control of the dietal checklists from April 2 that staff had signed as having been composed as hall maintain the sar Nutrition Services Decompliance with writts schedules developed Director of Food and qualified nutrition prospective. The Director of Food and qualified nutrition all cleaning and sanith Nutrition Services Described as Review of the prospective of the pr	rack in the seam of the sink, the cause of the leaking. The cause of th	F	812			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION	(X3) DATE COMPI	
		435039	B. WING			07/	17/2024
	ROVIDER OR SUPPLIER			36	REET ADDRESS, CITY, STATE, ZIP CODE 00 SOUTH NORTON AVENUE OUX FALLS, SD 57105		
(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 APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 812	control." *Procedure: -"1. Food and Nutritic report safety problem Director of Food and clinically qualified nut -2. The Director of Food and clinically qualified responsible for community problems immediately maintenance." 10. Review of the propolicy revealed: *Policy: "Floors shall manner." *Procedure: -"1. Floors should be -"8. Any spills occu immediately." 11. Review of the profilters policy revealed: *"5. Hoods must be dust at all timesa. Because of a pote important that hood fenforced cleaning so and dust at all times. *11. Hood light fixtue two weeks or when see protective guards owe operating condition." 12. Review of the propolicy revealed: *Policy: "Food items."	on Services personnel should as immediately to the Nutrition Services or other crition professional. Sood and Nutrition Services or ead nutrition professional is nunicating any safety by to the Administrator and sovider's 2/2/12 Floor Safety be maintained in a safe kept clean and dry." I writing should be cleaned sovider's 8/31/18 Hoods and	F	812			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII	IPLE CONSTRUCTION NG		E SURVEY IPLETED
		435039	B. WING_		07	//17/2024
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 3600 SOUTH NORTON AVENUE SIOUX FALLS, SD 57105	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 812	practice. Any expired should be discarded.' *Procedure: "Leftov according to 'RefrigerFood brought to the kitchen must have the appropriate federal, s *"Raw Meat -1. Raw meat is to be containers separately other raw foods at ter Fahrenheit] or less." 13. Review of the propolicy revealed: *"Sanitation of Equipr-Frequency: After eac -1. Carefully remove and all curtains2. Thoroughly clean3. Remove debris a4. Wipe exterior of r dispenser. Dry and p -Frequency: Weekly1. Clean dishmachin solution2. Check to see if d arms, top and bottom	or outdated food products ers should be dated rated Leftover Storage.' community from an offsite at kitchen inspected by tate, or local authorities." estored in drip-proof r from cooked meats and imperatures of 41 [degrees evider's 8/31/18 Dishmachine ment: ch meal top wash arms, scrap trays, and replace dishmachine. ind rinse interior of machine. machine and soap	F	312		