

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

PRINTED: 11/12/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/29/2024
NAME OF PROVIDER OR SUPPLIER AVANTARA NORTON			STREET ADDRESS, CITY, STATE, ZIP CODE 3600 SOUTH NORTON AVENUE SIOUX FALLS, SD 57105	
(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 10/28/24 through 10/29/24. The area surveyed was nursing services regarding the removal of a tunneled chest catheter removed by an untrained nurse at provider facility and review of care plan showed no revision of resident having a tunneled catheter or site location. Avantara Norton was not in compliance with the following requirements: F657 and F726.	F 000		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.	F 657	1.Resident 1's care plan has been revised to reflect resident no longer needing antibiotic therapy or having IV access site. 2.All residents with intravenous (IV) access for medication administration are at risk for not having their care plans updated to reflect their current individualized treatment. All residents with IV access for medication administration will have their care plans reviewed and revised to reflect their current individualized treatment, including type of IV access, route of administration, monitoring, and dressing changes as ordered by the physician no later than November 27, 2024. The Director of Nursing (DON) or designee will educate all licensed nurses on the Care Plan policy to ensure that residents with IV access for medication administration have care plans to reflect their current individualized treatment to include type of IV access, route of administration, monitoring, and dressing changes as ordered by their physician.	11/27/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Ashley Nickel	TITLE LNHA	(X6) DATE 11/22/2024
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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 657	<p>Continued From page 1</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on South Dakota Department of Health (SD DOH) facility reported incident (FRI), record review, and policy review the provider failed to ensure the care plan reflected the current individualized treatment needs for a tunneled chest catheter (a thin tube inserted into a vein in the chest, neck, or groin and tunneled under the skin to a large vein near the heart referred to as a central venous catheter (CVC) to allow access to the vein for medication administration) versus a peripherally inserted central catheter (PICC) inserted into a vein in the upper arm for one of one sampled resident (1). Findings include:</p> <p>1. Review of resident 1's electronic medical record revealed:</p> <p>*Multiple references of the tunneled chest catheter as referred to as a PICC line multiple times by the resident's clinical nurse practitioner (CNP) and the nursing home staff.</p> <p>*A health status note dated 10/11/24, that indicated resident 1 had a tunneled chest catheter placed on 10/10/24 on the right side of her chest in the hospital.</p> <p>*Resident 1 would be returning to the facility and was to receive intravenous (IV) antibiotics.</p> <p>*Her diagnoses included:</p> <ul style="list-style-type: none"> -End stage renal disease. -Dependence on renal dialysis. -Chronic pain. -Osteomyelitis (a bone infection that causes bone tissue inflammation and swelling). <p>*Resident 1's care plan:</p>	F 657	<p>Education will occur no later than November 27, 2024, and those not in attendance at education session due to vacation, sick leave, or casual work status will be educated prior to their first shift worked.</p> <p>3. The DON or designee will audit all residents that have IV access for medication administration to ensure their care plans reflect current individualized treatment to include type of IV access, route of administration, monitoring, and dressing changes per their physician's order. Audits will be weekly for four weeks, and then monthly for two months. Results of audits will be discussed by the DON at the monthly Quality Assessment Process Improvement (QAPI) meeting with the IDT and Medical Director for analysis and recommendation for continuation/discontinuation/revision of audits based on audit findings.</p>		

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F 657	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Did not reflect a tunneled chest catheter. -Indicated resident 1 was on antibiotic therapy related to an Osteomyelitis infection. -Did not indicate the route of administration for her antibiotics. -Did not address dressing changes for the insertion site. *Physicians order summary dated 10/11/24 included orders for: <ul style="list-style-type: none"> -"Ertapenem Sodium [an antibiotic] Injection Solution Reconstituted 1 Gram one time daily." -"Flush PICC before and after med admin every shift." -"PICC dressing change one time a day every Wed. for." -"Remove chest suture from tunneled catheter in 6 weeks, order (written 10/10/24) one time only for suture care for 1 Day." *She had an interdisciplinary team (IDT) meeting on 10/17/24. *Her 10/14/24 Vascular Access Evaluation did not mention a tunneled chest catheter or peripherally inserted central catheter (PICC) line. *Her 10/21/24 Vascular Access Evaluation did not mention a tunneled chest catheter or PICC line. *Her 10/21/24 Brief Interview for Mental Status (BIMS) assessment score was 10 which indicated she had moderate cognitive impairment. *She was currently hospitalized. <p>2. Review of the provider's September 2019 Care Plans Policy revealed:</p> <ul style="list-style-type: none"> **"Individual, resident-centered care planning will be initiated upon admission and maintained by the intradisciplinary team throughout the resident's stay to promote optimal quality of life while in residence." **"Physician's orders are referenced in the resident's care plan, but not rewritten into the 	F 657			

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F 657	Continued From page 3 care plan. *"The formal care plan (multi-page) is completed/updated by the IDT members prior to the care conference."	F 657			
F 726 SS=G	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced	F 726	1. All licensed nursing staff, including RN C, will have the appropriate competencies and skills sets to ensure appropriate identification, maintenance, use, and removal of a tunneled chest catheter vs a PICC line no later than November 27, 2024. In addition, all residents with a tunneled chest catheter or PICC line will have care plans that reflect the accurate devices in use and are being maintained no later than November 27, 2024. 2. All residents with a tunneled chest catheter or a PICC line are at risk resulting from licensed nursing staff not having the appropriate competencies and skill sets to ensure appropriate identification, maintenance, use of an IV access device. Administrator, DON, and Interdisciplinary team (IDT) in collaboration with the medical director, reviewed the policies and procedures for appropriate identification, maintenance, use, and removal of a tunneled chest catheter vs a PICC line by licensed staff. The facility does not have a designated infusion center. The DON or designee will educate all licensed nursing staff, to include RN C, on Managing Intravenous Devices to ensure appropriate identification, maintenance, use, and removal of a tunneled chest catheter vs a PICC line. This education	11/27/2024	

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F 726	Continued From page 4 by: Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI), record review, and interviews with facility staff failed to ensure the safety of one of one sampled resident (1) whose tunneled chest catheter (a thin tube inserted into a vein in the chest, neck, or groin and tunneled under the skin to a large vein near the heart referred to as a central venous catheter (CVC) to allow access to the vein for medication administration) was removed by registered nurse (RN) (C), not trained to safely perform that task. Findings include: 1. Review of providers 10/25/24 DOH FRI report revealed: **Resident 1 is receiving intravenous (IV) antibiotics for osteomyelitis [a bone infection that causes bone tissue inflammation and swelling]." **She had a tunneled chest catheter placed in her right chest area and on 10/17/24, that tunneled chest catheter was removed by RN C". -Although resident 1 had questioned RN C about removing it, she was told it was no longer needed. -The nurse practitioner was not notified of the mistake (the removal of her tunneled chest catheter). -She had approximately 1 month of IV antibiotic treatment remaining at the time of the reported incident. 2. Review of resident 1's electronic medical record revealed: *Multiple references to a peripherally inserted central catheter (PICC) usually inserted into a vein in the upper arm rather than to the tunneled chest catheter or CVC that resident 1 had in her right chest.	F 726	will include training about their roles and responsibilities for use and maintenance of a tunneled chest catheter vs PICC line. The DON or designee will educate all licensed nurses on the Care Plan policy to ensure residents with a tunneled chest catheter or a PICC line have care plans that reflect accurate device in use and is being maintained. DON or designee will educate all unlicensed nursing staff on their roles and responsibility when providing cares to those with a tunneled chest catheter vs PICC line. Education will occur no later than November 27, 2024, and those not in attendance at education session due to vacation, sick leave, or casual work status will be educated prior to their first shift worked. 3.DON or Designee will audit 5 licensed nurses while performing cares to ensure appropriate identification, maintenance, use and removal of a tunneled chest catheter vs a PICC line. DON or designee will interview 5 unlicensed nursing staff to ensure they understand their roles and responsibilities when providing cares to a resident with a tunneled chest catheter vs a PICC line. DON or designee will audit all residents with a tunneled chest catheter or a PICC line to ensure their care plans reflect accurate device in use and is being maintained. Audits and interviews will be weekly for four weeks, and then monthly for two months. Results of audits will be discussed by the DON at the monthly QAPI meeting with the IDT and Medical Director for analysis and recommendation for continuation/discontinuation/revision of audits based on audit findings.		

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F 726	<p>Continued From page 5</p> <p>-"Flush PICC line before and after medication administration every shift".</p> <p>-"PICC dressing change to be completed every Wednesday".</p> <p>*She is currently hospitalized.</p> <p>*Resident 1's diagnoses included:</p> <p>-End stage renal disease</p> <p>-dependence on renal dialysis</p> <p>-chronic pain.</p> <p>-Osteomyelitis</p> <p>*She had a (brief interview of mental status) BIMS score of 10, which indicated moderate cognitive impairment.</p> <p>-Resident 1 was on an antibiotic therapy related to an Osteomyelitis infection.</p> <p>*On 10/10/24, she had a tunneled chest catheter placed at the hospital on the right side of her chest and returned from the hospital on 10/11/24.</p> <p>*On 10/17/24, an order from resident 1's nurse practitioner directed "ok to remove PICC (a thin tube inserted into a vein in the arm, leg or neck and threaded into a large vein near the heart to allow long-term access to the vein) line".</p> <p>*On 10/18/24, an order was received from resident 1's nurse practitioner for placement of a new tunneled chest catheter to be placed on 10/22/24.</p> <p>3. On 10/28/24 at 4:10 pm PICC line removal policy, and IV medication administration policy and PICC line training/education was requested from administrator B.</p> <p>-Administrator B did not provide a PICC line removal policy by the end of the survey on 10/29/24.</p> <p>*Staff training and education requested for RN C revealed the education packet did not include:</p> <p>-Tunneled chest catheter placement or removal.</p> <p>-IV medication administration.</p>	F 726			

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F 726	<p>Continued From page 6</p> <p>-Administrator B did not provide an IV medication administration policy.</p> <p>4. Interview on 10/28/24 at 4:35 p.m. with RN C revealed: *He has been employed at the facility for one year and two months. *He had no training during his employment at the facility regarding: -IV medication administration. -The placement or removal of PICC lines or tunneled chest catheters. -He states the only training he received was what was included in the training packet he completed when he was hired. *He reported resident 1 had one PICC line present on the date that he removed the line. -He thought resident 1 had a PICC line present because "that's the way it is noted in the chart." -He reported that the line he removed was located in resident 1's right upper chest. -He stated "Sometimes PICC lines can be present in that location of the body." -He stated he was aware resident 1 had an order for antibiotics through 11/16/24. *He stated that he removed the PICC line because he got an order from the nurse practitioner to do so. -He stated, "In my defense, I had the resident lie flat and hold her breath while I removed it."</p> <p>5. Interview on 10/29/24 at 8:27 a.m. with assistant director of nursing (ADON) F revealed: -She participated in antibiotic stewardship and infection control. -Every morning, she receives a list of residents who were receiving an antibiotic. *Resident 1's antibiotic therapy was discussed at the intradisciplinary team (IDT) meeting on</p>	F 726			

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F 726	<p>Continued From page 7</p> <p>10/17/24.</p> <p>-Note in resident 1's chart regarding the (IDT) meeting on 10/17/24 that indicated resident was not on an antibiotic, was written in error.</p> <p>-There was no order received by the facility to discontinue resident 1's IV antibiotic therapy.</p> <p>-Resident 1 was receiving IV antibiotic therapy on 10/17/24.</p> <p>6. Interview on 10/29/24 at 9:36 a.m. with director of nursing (DON) A revealed:</p> <p>*He was aware that the nursing staff had received an order from the nurse practitioner to remove resident 1's tunneled chest catheter.</p> <p>*An order was not received to discontinue resident 1's IV antibiotic therapy.</p> <p>-He was aware that the day before resident 1's catheter was removed, her nurse practitioner came to the facility for a visit with her and documented to continue her IV antibiotics through 11/16/24.</p> <p>-He stated, "Its possible that the nurse read the date of 11/16/24 and thought it said 10/16/24 as the date that the antibiotic therapy was to be completed."</p> <p>*He did not visualize the IV line that resident 1 had.</p> <p>*He stated that the facility received approximately one resident weekly with a PICC line present.</p> <p>-He stated the facility rarely receive residents with a tunneled chest catheter present.</p> <p>*He was not aware of any nursing education for the placement or removal of PICC lines or tunneled chest catheters.</p> <p>*He stated the pharmacy came on 9/12/24 to complete staff education for all nursing staff.</p> <p>*He states that the facility did not have a policy that includes PICC line removal or tunneled chest</p>	F 726			

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F 726	<p>Continued From page 8 catheter removal.</p> <p>7.Interview on 10/29/24 at 10:10 a.m. with Administrator B revealed: *She did not visualize the tunneled chest catheter that resident 1 had. -She was not aware of any policies regarding PICC line or tunneled chest catheter placement or removal. -She denied any education was provided by the facility to staff regarding PICC line or tunneled chest catheter placement or removal. *She denied any competencies regarding PICC line removals had been completed.</p> <p>8.Interview on 10/29/24 at 11:10 a.m. with licensed practical nurse (LPN) E revealed she: *Had no education regarding IV antibiotic therapy while employed at this facility. *Did not administer any IV antibiotics to resident 1. *Denied being present at a pharmacy training in September 2024.</p> <p>9.Interview on 10/29/24 at 11:15 a.m. with RN D revealed she: *Had administered IV antibiotics to resident 1 one time. *Had not had any training regarding IV antibiotic medication administration during her employment at this facility. *Was present at a pharmacy presentation in September 2024 but stated that no training was completed that day.</p>	F 726			