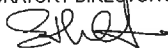


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/26/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/19/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>AVANTARA WATERTOWN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>415 FOURTH AVE NE</b> <b>WATERTOWN, SD 57201</b>	
(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 on 3/19/24. Areas surveyed included texture of diets served, hydration, weight loss, and notification of family with a change of condition. Avantara Watertown was found not in compliance with the following requirement: F677.	F 000		
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)  §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the provider failed to ensure oral care was consistently performed and accurately documented for three of four sampled residents (2, 3, and 4). Findings include:  1. Observation and interview on 3/19/24 at 9:40 a.m. with resident 2 revealed: *He had a considerable amount of plaque build up on his bottom teeth. *He stated that the staff did not consistently assist him with brushing his teeth daily. *He stated that he had not had his teeth brushed in approximately three days. *He was able to locate his toothbrush and the bristles on the toothbrush were hard, dry, and appeared to have not been used for some time.  Review of resident 2's electronic medical record	F 677	1. Resident 2, 3, and 4 all had teeth brushed by staff on 3/19/24. Residents 2, 3 and 4's care plans were reviewed and updated to reflect residents need for assistance. Resident 3 was offered to see a dentist for his teeth condition, which he refused on 4/1/23.  2. An audit was completed by DON or Designee of all residents to determine which residents need assistance to maintain good oral hygiene by 4/10/2024. Policy for oral hygiene was created and approved facilities medical director and introduced during QAPI meeting. All resident care plans reviewed and updated to ensure they reflect they residents need for assistance with oral care.  3. All Staff were educated on the facilities policy and procedure for oral hygiene. All CNAs were educated on proper documentation on oral care and that oral hygiene should be completed two times a day in the morning, and at night. All education will occur on 4/10/24. If staff do not complete education by 4/10/2024 they will be educated prior to next shift worked.  4. DON or designee will complete audits of oral hygiene and documentation of oral hygiene 3 times weekly to ensure proper care and hygiene has been completed and that teeth brush bristles are soft and wet for 4 weeks, then two times weekly for 4 weeks then weekly until sustained compliance achieved. Results of audits reported to QAPI.	

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



TITLE

Administrator

(X6) DATE

4/8/24

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 677	<p>Continued From page 1</p> <p>(EMR) revealed staff had documented that he had completed his oral care on 3/19/23 at 9:28 a.m.</p> <p>Interview with certified nursing assistant (CNA) D regarding resident 2's oral care revealed she: *Assisted the resident with his morning care on 3/19/24. *Had not assisted him with his oral care as she had documented in the EMR at 9:28 a.m.</p> <p>Review of resident 2's 1/22/24 care plan revealed: *The resident was at risk for alterations in personal care related to decreased mobility. *Interventions included the following: - "I do have full upper dentures and a partial lower. I am able at this time to care for them once I have things set up for me. Please assist as needed. My staff will make sure I get this done at least twice daily."</p> <p>Review of resident 2's EMR revealed: *The 1/15/24 Minimum Data Set (MDS) progress note for resident 2 stated the following: -The quarterly MDS review was completed on 1/19/24. - Resident had a full upper and a partial lower denture, his natural teeth were "in poor condition/cavity like." *A 2/25/24 SeniorDent progress note stated "Note heavy plaque on teeth today with bleeding with scaling mod debri [moderate debris] on partial and denture. He [Resident 2] said he sometimes does forget to take them out to clean them enc [encourage] staff to help with this daily if possible."</p> <p>2. Observation and interview on 3/19/24 at 11:15</p>	F 677		

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F 677	<p>Continued From page 2</p> <p>a.m. with resident 3 revealed:</p> <ul style="list-style-type: none"> <li>*He had missing teeth and visible plaque buildup on his lower teeth by the gum line.</li> <li>*He stated that he had not had his teeth brushed in a couple days.</li> <li>*The toothbrush bristles were dry and did not appear to have been used recently.</li> </ul> <p>Review of resident 3's EMR revealed that oral care was documented as completed on 3/19/24 at 11:06 a.m.</p> <p>Interview on 3/19/24 at 11:40 a.m. with CNA F regarding resident 3's oral care revealed:</p> <ul style="list-style-type: none"> <li>*The resident performed oral care independently. She would ask him if he had brushed his teeth and would assist him with setting up his toothbrush.</li> <li>*When asked how she confirmed that the resident had completed his oral care, she stated she would have asked him.</li> <li>*When asked if she had asked the resident about his oral care today, she said "No."</li> <li>*She stated that she had documented in the EMR that his oral care was completed without verifying with the resident.</li> </ul> <p>Review of resident 3's 2/1/24 care plan revealed:</p> <ul style="list-style-type: none"> <li>*The resident was at risk for alterations in personal care related to decreased mobility.</li> <li>*The resident had his natural teeth, and they were in poor health.</li> <li>*Interventions included the following: -"I may be able to brush my own teeth once set up if I am not too tired, otherwise please make sure I get my teeth brushed twice a day. Please provide oral care with a mouth swab as needed throughout the day and night."</li> </ul>	F 677			

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F 677	<p>Continued From page 3</p> <p>Review of resident 3's EMR revealed: *The 2/12/24 MDS progress note for resident 3 stated the following: -The resident's quarterly MDS review was completed on 2/12/24. -The resident denied any broken or sharp teeth along with any other mouth concerns. Teeth appeared to have cavities but reported no pain.</p> <p>3. Observation on 3/19/24 at 11:30 a.m. of resident 4 revealed that her toothbrush was dry and the toothbrush bristles were hard. She was unable to answer if she had her teeth brushed.</p> <p>Review of resident 4's EMR revealed that oral care was documented as completed for resident 4 on 3/19/24 at 10:09 a.m.</p> <p>Interview on 3/19/24 at 11:50 a.m. with CNA E regarding resident 4's oral care revealed: *She stated that she had brushed resident 4's teeth that morning. *When asked about resident 4's toothbrush being dry and appeared that the toothbrush had not been used that morning, she stated that she had thrown away the toothbrush she used that morning on resident 4.</p> <p>Review of resident 4's 10/16/23 care plan revealed: *The resident was at risk for alterations in personal care related to decreased mobility. *The resident had her natural teeth, and they were in good condition. *There were no interventions listed on how to care for the resident's teeth.</p> <p>4. Interview on 3/19/24 at 3:40 p.m. with director of nursing (DON) B and registered nurse (RN) C</p>	F 677		

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F 677	Continued From page 4 revealed that they expected oral care would have been completed on all residents twice daily.  5. Interview on 3/19/24 at 4:00 p.m. with administrator A revealed the provider did not have a policy for oral care.	F 677			

