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

PRINTED: 06/25/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
					ı	С	
		435020	B. WING	· · · · · · · · · · · · · · · · · · ·	06/	19/2024	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
AVANTARA HURON				1345 MICHIGAN AVENUE SW			
AVANTAR	A HURON			HURON, SD 57350			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION S		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)				
	CFR Part 483, Subpa Term Care facilities w through 6/19/24. The quality of care/treatmenursing services, and food temperatures an Avantara Huron was fithe following requirem Food Procurement, St CFR(s): 483.60(i)(1)(2) §483.60(i) Food safet The facility must - §483.60(i)(1) - Procur approved or consideres state or local authoritici) This may include for	ound not in compliance with nent: F812 ore/Prepare/Serve-Sanitary 2) y requirements. e food from sources ed satisfactory by federal, es. ood items obtained directly subject to applicable State	F 00	1. The policies for cleaning kitchen equipmer reviewed by the Administrator, Dietary Manag Maintenance Director on 6/28/2024. The ice machine was thoroughly cleaned on sides on 6/26/2024 and the back will be comp 7/12/2024 as they are waiting for a chemical should arrive by 7/10/2024. Due to the age of machine, a new ice machine has been ordere will be delivered by 8/3/2024. The ceiling tiles above the refrigerator near the dietary manager's office that were mentioned during the survey were replaced with new tile maintenance department on 6/20/2024. The range hood and vents were cleaned by the maintenance department on 6/20/2024.	ger, and all pleted by which of the ice ed and ne deficient s by the	08/03/2024	
	(ii) This provision doe facilities from using pr gardens, subject to co safe growing and food (iii) This provision doe from consuming foods §483.60(i)(2) - Store, serve food in accorda standards for food ser This REQUIREMENT by:  Based on observation and policy review the range hood vents, ice were maintained in a	s not prohibit or prevent roduce grown in facility ompliance with applicable dehandling practices. It is not preclude residents of not procured by the facility. It is not procured by the facility of the prepare, distribute and note with professional roce safety. It is not met as evidenced on, interview, record review, provider failed to ensure the machine, and ceiling tiles clean condition in one of		tracked in the facility preventative maintenand program called TELS and are monitored on a basis for compliance. We have also created checklist for the Dietary Manager to monitor titems on a monthly basis for compliance as w.  3. Audits will be conducted on the ice machin ceiling tiles, and range hood and vents, to enthey are in compliance for proper sanitation wfor 4 weeks and then monthly for 3 months to compliance. These audits will be conducted in Maintenance Supervisor/designee.  4. Audit findings will be reported by the Main Supervisor/designee for 4 months at monthly meetings for discussion on the effectiveness correction plan, reduce frequency of the audit discontinue the audits, based on the audit find The Maintenance supervisor is responsible for overall compliance.	monthly a hese vell.  ne, sure that veekly ensure by the tenance QAPI of the is, or dings.	OCCUPATE.	
_ABORATORY I	DIRECTOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE	
Laurie L. Sol	lem			Administrator		07/02/2024	

Any deficiency statement ending with an asterist (\*) 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 fadility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

JUL 0 2 2024

SD DOH-OLC

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

Even ID: U88O11

Facility ID: 0073

If continuation sheet Page 1 of 4

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		405000			С		
		435020	B. WING		ATRICET ADDRESS OF A STATE AIR CORE	06/	19/2024
NAME OF PROVIDER OR SUPPLIER					STREET ADDRESS, CITY, STATE, ZIP CODE  345 MICHIGAN AVENUE SW		
AVANTAR	A HURON						
					HURON, SD 57350		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 812	initial tour of the main *The range hood ven greasy film and lint. *The sides of the ice water scale build up of *The back of the ice is scale deposits embed cooling fan. *Ceiling tiles above the manager's office had them.  2. Interview and obse p.m. with dietary aide revealed: *The range hood was service.  *She was not sure the the range hood and weekly kitchen clean *A sticker on the side documented the confrange hood in March  3. Interview on 6/18/2 manager A regarding machine, and ceiling *She did not have the cleaning schedule. *Maintenance was re vents in the range hood	include:  18/24 at 2:20 p.m. during the a kitchen revealed: ts were covered with a machine had a layer of hard on them. machine had hard water dided between the fins of the me refrigerator by the dietary several dark water stains on ervation on 6/18/24 at 2:30 e C regarding the range hood is cleaned by a contracted e last time they had cleaned it vents were not part of the ing schedule. The of the range hood had tractor had cleaned the of 2024.	F	812			
	*The ice machine wa from another area of	is moved into the kitchen the building.					

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		435020	B. WNG_		Of	C 6/19/2024	
NAME OF PROVIDER OR SUPPLIER  AVANTARA HURON				STREET ADDRESS, CITY, STATE, ZIP CODE 1345 MICHIGAN AVENUE SW HURON, SD 57350			
(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 CORREC X (EACH CORRECTIVE ACTION SHOUNDERSON OF THE APPR DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 812	*Staff had tried to cleatice machine in the para *Maintenance replaces the kitchen when the *She thought the stair due to condensation of duct.  *She agreed the rang ceiling tiles were not condensation of duct.  *She agreed the rang ceiling tiles were not condensation of duct.  *She agreed the rang ceiling tiles were not condensation of duct.  *A interview on 6/19/2 maintenance director ice maker, and ceiling *He used a computer document maintenance was restrange hood and vents *The vents had not be *They do have a contribution of the cleaned the ice maker had be years and was due to *He cleaned the ice maker had be years and was due to *He felt the condensation of the ceiling tiles *He agreed the ceiling by the dietary manager replaced.  5. Review of the 2024 monthly inspection reviewer to be cleaned me *Those tasks were materials.	an the sides and back of the st.  If d some of the ceiling tiles in the lights were installed. In so on the ceiling tiles were from the air conditioning the hood, ice machine, and clean.  If at 10:40 a.m. with the regarding the range hood, tiles revealed: program to track and the tasks. It is ponsible for cleaning the monthly. It is encleaned yet in June. It is replaced to that cleans the range from the air to had created the moisture of the chance of the month of the air to had created the moisture of the side of the moisture of the side of the model of the side of the moisture of the side of t	F	812			

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F 812	maintain the sanitation Services Department written, comprehensing developed for the cornection of nutrition professionals	ider's 2018 Cleaning ealed: tion Services staff shall on of the Food and Nutrition through compliance with we cleaning schedules mmunity by the Director of other clinically qualified s."	F 8	12		