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

PRINTED: 12/29/2020 FORM APPROVED OMB NO. 0938-0391

A35068  B. WING  THE CONTROLLER OF SUPPLIER  AVANTARA WATERTOWN  ATTAC  ACCIVIDATION OF DESCRIPTION OF DEFICIENCIES  BEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATION OF DEFICIENCIES  GEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATION OF DEFICIENCIES  FOOD  INITIAL COMMENTS  FOOD  INITIAL COMMENTS  Surveyor: 25107  A COVID-19 Focused Infection Control Survey was conducted by the South Dakkota Department of Health Licensure and Certification Office on 127/16/20. Avantara Watertown was found in compliance with 42 CFR Part 483.80 infection control regulations: F50. F50. F50. F50. F50. F50. F50. F50.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
THE CONTROL OF PROVIDER OR SUPPLIER  AVANTARA WATERTOWN  SUMMARY STATEMENT OF DEFICIENCIES SUPPLIED TAG  SUMMARY STATEMENT OF DEFICIENCIES SUCCESSATION OF CORRECTION (CACH OUTCRETT) AND OF CACH OUTCRETT (CACH OUTCRETT)			435068	B. WING			12/16/2020	
PREERY TAG REGULATORY OR ISC IDENTIFYING INFORMATION)  FOOD INITIAL COMMENTS  Surveyor: 25107 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 12/16/20, Avantara Watertown was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6).  Total residents: 45					415	FOURTH AVE NE		
Surveyor: 25107 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 12/18/20. Avantara Watertown was found in compliance with 42 CFR Part 483.80 infection control regulations; F550, F563, F583, F880, F882, F885, and F886.  Avantara Watertown was found in compliance with 42 CFR Part 483,73 related to E-0024(b)(6).  Total residents: 45	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI	x	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
12/29/20		Surveyor: 25107 A COVID-19 Focused was conducted by the of Health Licensure a 12/16/20. Avantara W compliance with 42 C control regulations: Fr 880, F882, F885, and Avantara Watertown with 42 CFR Part 483 Total residents: 45	d Infection Control Survey e South Dakota Department and Certification Office on Vatertown was found in ER Part 483.80 infection 550, F562, F563, F583, and F886.  Was found in compliance 8.73 related to E-0024(b)(6).		000	TITLE		

Lynna M. Speier, Administrator

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 deficiencles are cited, an approved plan of correction is requisite to continued

program participation.

Event ID: KUDO11

Facility ID: 0055 DEC 29 2020 If continuation sheet Page 1 of 1