STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435059	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA LAKE NORDEN	**803 PARK STREET** **LAKE NORDEN, SD 57248**

(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
K 000	INITIAL COMMENTS A recertification survey was conducted on 3/18/25 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Avantara Lake Norden was found not in compliance. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of the deficiency identified at K363 and K712 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates	K 363	1. Automatic Door Dr., contractor, Jeremiah, was at the facility on March 21, 2025 to measure for a replacement door for the therapy room. He will send a quote and time-line for arrival of a replacement door. 2.All residents have a potential to be impacted by the inadequate door. 3. A Time-Limited Waiver will be completed for this defieciency and submitted with this Plan of Correction. 4.Upon arrival of the door, maintenance will install. Maintenance or designee will audit for the above identified citation weekly for for four weeks. After four weeks of monitoring expectations are being met, monitoring may reduce to monthly for two months. Monitoring results will be reported to the QAPI committee and continued until the facility demonstrates sustained compliance as determned by committee.	May 4, 2025 Time-Limited Waiver submitted

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Margaret Grimm	Administrator	04/03/2025

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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K 363	Continued From page 1 of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview the provider failed to ensure corridor doors would resist the passage of smoke for one randomly observed location (therapy room). Findings include: 1. Observation on 3/18/25 at 2:13 p.m. revealed the corridor door to the therapy room was not a 1.75" solid bonded wood core door like all other corridor doors in the facility. That door was of a hollow core construction. Further observation of that hollow core door revealed the top of the door where it should meet the door frame had a gap of approximately one-half of an inch. That gap would not resist the passage of smoke in the event of a fire. Interview with the maintenance supervisor at that same time confirmed that finding. He stated that door had been replaced by his predecessor. He further stated that door had seemed problematic to him because it was "sprung" in the frame and was of a hollow core construction he felt would	K 363		

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K 363	Continued From page 2 not hold up well over time. The deficiency had the potential to affect 100% of the occupants of that smoke compartment.	K 363		April 30, 2025
K 712 SS=D	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview the provider failed to ensure staff were familiar with the provider's fire drill procedures (closing corridor doors and checking the door for the fire location). Findings include: 1. Observation beginning on 3/18/25 at 3:04 p.m. revealed a drill for a simulated fire in resident room ten was being conducted. Further observation at that same time revealed an LPN C responded to the nurse call light in the simulated fire location. That LPN C then left the affected room without closing the do to limit the effects of smoke and fire. Interview with the administrator and maintenance supervisor directly following the fire drill confirmed	K 712	1. Education provided to LPN C on March 18, 2025 to close/confine the area the fire is located and to use the acronym RACE. A successful fire drill was completed March 25, 2025 with explanation of fire drill procedure. 2. All residents have a potential to be impacted by the failure to ensure staff were familiar with the fire drill procedure (closing corridor doors and checking the door for the fire location). 3.Education for all staff in April on Relias "Fire Safety: The Basics". Agency staff will be educated on the facilities fire drill procedure during orientation. 4. Maintenance or designee will conduct fire drills monthly and provide education as needed following drills. Findings from the fire drills will be presented to the QAPI committee and continued until the facility demonstrates sustained compliance as determined by committee.	

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K 712	Continued From page 3 those findings. They both acknowledged the fact that the door to the affected room was not closed in accordance with the facilities fire response policy. The deficiency had the potential to affect 100% of the building occupants.	K 712		

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E 000	Initial Comments A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness requirements for Long Term Care Facilities, was conducted on 3/18/25. Avantara Lake Norden was found in compliance.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Margaret Grimm

TITLE: Administrator

(X6) DATE: 04/03/2025

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