

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

PRINTED: 12/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2022
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NAME OF PROVIDER OR SUPPLIER AVERA OAHE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 700 E GARFIELD GETTYSBURG, SD 57442
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 12/5/22 through 12/7/22. Avera Oahe Manor was found in compliance.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE <i>Kristi Livornant</i>	(X6) DATE 12.23.22
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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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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 from 12/5/22 through 12/7/22. Avera Oahe Manor was found in compliance.	E 000			

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

TITLE

Kristi Livermont

(X6) DATE

12.23.22

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DEC 27 2022

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NAME OF PROVIDER OR SUPPLIER AVERA OAHE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 700 E GARFIELD GETTYSBURG, SD 57442	
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K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 12/6/22. Avera Oahe Manor was found not in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities. Please mark an F in the completion date column for K241 deficiencies identified as meeting the FSES. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of deficiencies identified at K293 and K916 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 241 SS=C	Number of Exits - Story and Compartment CFR(s): NFPA 101 Number of Exits - Story and Compartment Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not require the entry into the same adjacent smoke compartment. 18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4 This REQUIREMENT is not met as evidenced by: Based on observation and document review, the provider failed to maintain acceptable exits from each floor level of the building. The basement storage area had only one exit. Findings include: 1. Observation on 12/6/22 at 1:50 p.m. revealed	K 241		F

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Kristi Livermont

(X6) DATE
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K 241	Continued From page 1 the basement storage area did not have the required number of acceptable exits. It had only one exit that discharged onto the main level corridor. The exterior exit discharge location was not apparent at the corridor level location from the basement stair enclosure. The basement storage area was adjacent to the boiler room (a hazardous location) that could not be designated as an approved emergency egress path. Review of previous survey data confirmed that condition had existed since the original construction. The building meets the FSES. Please mark an "F" in the completion date column to indicate correction of the deficiencies identified in K000. This deficiency would not affect any of the residents and minimal staff within the facility.	K 241		
K 293 SS=C	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to maintain exit lighting for three randomly observed exit signs (east of room E-10, link to villa, and east end of east hall). Findings include: 1. Observation beginning on 12/6/22 at 12:05	K 293	Three of three exit signs were complete with two of two functioning lamps, on December 9, 2022, and will be audited monthly to ensure compliance. Findings will be brought by the Administrator to QAPI quarterly until QAPI committee deems no longer necessary.	January 25, 2023

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K 293	Continued From page 2 p.m. revealed the exit sign over the smoke doors next to room E-10 had one of two lamps not functioning for the fixture. Interview with the maintenance technician at the time of the observations confirmed that condition. He stated he was not aware of the requirement for both lamps to be functioning. 2. Observation beginning on 12/6/22 at 12:16 p.m. revealed the link to the villa had one of two lamps not functioning for the fixture. Interview with the maintenance technician at the time of the observation confirmed that condition. 3. Observation beginning at on 12/6/22 at 12:32 p.m. revealed the east end of the east hall had one of two lamps not functioning for the fixture. Interview with the maintenance technician at the time of the observation confirmed that condition. The deficiencies affected three locations required to be provided with a marked and identifiable path of egress.	K 293		
K 916 SS=D	Electrical Systems - Essential Electric System CFR(s): NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This REQUIREMENT is not met as evidenced	K 916	Generator will be tied to annunciator panel located at the nurse station by January 25, 2023, and audited monthly to ensure in proper working condition. Findings will be brought by the Administrator to QAPI quarterly until QAPI committee deems no longer necessary.	Jan 25, 2023

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K 916	Continued From page 3 by: Based on observation, testing, and interview the provider failed to maintain a remote annunciator in a continuously occupied location (nurses station generator annunciator). Findings include: 1. Observation at on 12/6/22 1:33 p.m. revealed the generator annunciator was mounted at the nurses station. When tested the annunciator did not function. Interview with the maintenance technician at the time of the observation confirmed those findings. He stated the current generator was a replacement from the hospital when they completed construction and had a new unit installed. He stated he believed that he was told they were unable to connect the used generator to the existing annunciator. This deficiency has the potential to affect 100% of the occupants of the building.	K 916		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10624	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2022
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NAME OF PROVIDER OR SUPPLIER AVERA OAHE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 700 E GARFIELD AVE GETTYSBURG, SD 57442
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S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 12/5/22 through 12/7/22. Avera Oahe Manor was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 12/5/22 through 12/7/22. Avera Oahe Manor was found in compliance.	S 000		

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

TITLE *Kristi Livermont* (X6) DATE 12.23.22



