STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435039	A. BUILDING _____ B. WING _____	C 09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA NORTON	3600 SOUTH NORTON AVENUE SIOUX FALLS, SD 57105

(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 from 9/25/24 through 9/26/24. Areas surveyed included quality of care related to administration of pain medications, wound care, cleanliness of the environment and resident care. Avantara Norton was found not in compliance with the following requirement: F655.	F 000		
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's	F 655	1. Resident 1 is no longer residing in the facility. All newly admitted residents are at risk for not having their baseline care plan completed. All new admissions are reviewed to ensure baseline care plans have been completed within 48 hours. 2. The DON or designee will provide education to all nursing staff on Care Plans policy by 11/10/24. Staff who do not complete the education by 11/10/24 will complete it prior to the next working shift. Baseline care plan will be initiated within 48 hours per facility policy. A review of all admissions baseline care plans will occur during morning and afternoon clinical meetings to ensure baseline care plan is completed. 3. DON or designee will audit all new admissions to ensure completion of Baseline care plan within 48 hours of admission per facility policy. Audits will be completed weekly x 4 weeks then monthly for two months. Audits will be	11/10/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Ashley Nickel	LNHA	10/16/2024

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 655	Continued From page 1 admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by: Based on the South Dakota Department of Health (SD DOH) complaint online report, observation, interview, record review, and policy review, the provider failed to ensure that one of one sampled resident (1) had a baseline care plan created that identified her care needs, goals, and interventions within 48 hours of admission. Findings include: 1. Review of SD DOH complaint online report revealed: *Resident 1 was admitted to the facility on 8/30/24. *The complainant reported that resident 1 experienced excruciating pain throughout the entire weekend following her admission. *It was also reported that the resident's room was not cleaned. *The complainant reported that resident 1 should have had dressing changes to her legs multiple	F 655	presented by the DON and reviewed in QAPI monthly to determine if additional audits must be completed or revised.	

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F 655	Continued From page 2 times per day. -The complainant reported that dressings changes were not completed, and drainage from resident 1's leg wounds would collect on the floor. 2. Observation throughout the facility on 9/25/24 revealed: *Resident rooms appeared to be clean and uncluttered. *Trash cans were empty. *The floors appeared clean. 3. Interview on 9/25/24 at 2:00 p.m. with director of nursing (DON) B revealed: *A member of the management staff performs the admission assessment and care plan when a new resident is admitted. -That could be the charge nurse the day of admission or the DON. *The resident's admission (baseline) care plan is to be completed within the first 48 hours of admission to the facility. 4. Interview on 9/26/24 at 10:30 a.m. with licensed practical nurse (LPN) E revealed: *She recalled the day resident 1 was admitted to the facility. *She stated the admission care plan should have been completed within 48 hours of admission to the facility. *When asked how staff would know how to provide care for the resident, she stated there are "daily care sheets" that are printed for staff. -The "daily care sheets" would have information from the resident's care plan, such as how the resident transferred and other specific care information related to the resident. -She stated this was not part of the resident's electronic medical record (EMR).	F 655		

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F 655	Continued From page 3 -She stated the care sheet would have been updated for resident 1 before she left work on 8/30/24, and would have given staff a brief care summary of the resident. -She could not provide a copy of the daily care sheet for resident 1 for 8/30/24. 5. Interview on 9/25/24 at 12:10 p.m. with certified nursing assistant D revealed: *She had worked for two years in the hallway where resident 1 resided. *She recalled resident 1 had resided on her hallway, "she was here for just a couple weeks." *She stated she knew how to care for residents because they would have a care plan with that information. -She stated she referred to the residents' care plans to know how much assistance they required. 6. Interview on 9/26/24 at 9:03 a.m. with social services director C revealed: *Resident 1 was admitted to the facility on Friday, 8/30/24 at approximately 3:30 p.m. *On admission, resident 1's son was not happy that his mother had been discharged from another facility, then admitted to this facility. 7. Review of resident 1's EMR revealed: *The resident was admitted on 8/30/24. *No care plan had been created to identify and inform staff of resident 1's cares, needs, goals, and interventions within 48 hours of her admission. *The resident's care plan was initiated on 9/3/24, day five of resident 1's stay. *Her pain medications were administered as ordered. *Her dressing changes were completed as	F 655		

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F 655	Continued From page 4 ordered. 8. Review of the facility's September 2019 Care Plans policy revealed: *Page 1, Policy: "Individual, resident-centered care planning will be initiated upon admission and maintained by the interdisciplinary team throughout the resident's stay to promote optimal quality of life while in residence." *Page 1, Policy: 6. "The DON will be responsible for holding the team accountable to initiating and completing the Admission care plan within 48 hours and the long-term care plan by day 21 and updated as necessary thereafter." *Page 2, Procedure: 2. "A Baseline Care plan is started by nursing staff on the first day of admission to provide guidance to direct care givers as soon as possible after admission and completed no later than 48 hours after admission. Nursing, Dietary, Therapeutic Recreation and Social Services Staff complete formal assessments, interviews and observations and begin formulating the full care plan as soon after admission as possible. (These departments do have areas that need to be completed by the 48-hour deadline)."	F 655		