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 12/27/2024

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

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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 12/26/24 through 12/27/24. Area surveyed included nursing services related hospice services. Avantara Norton was found not in compliance with the following requirement: F684.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on the South Dakota Department of Health (SD DOH) facility reported incident (FRI), interview, record review, and policy review the provider failed to establish and ensure ongoing open communication with the hospice services provider regarding the use of an overlay air mattress (an air-filled mattress placed over a regular non-air mattress) that had been used by one of one sample resident (1). Findings include: 1.Review of the provider's 12/20/24 SD DOH FRI revealed: *On 12/13/24 [name] wound nurse asked [name] administrator about [name] resident [1] having an overlay air mattress on her bed versus having an alternating low air loss mattress (a type of	F 684	1. No immediate corrective action can be taken for the failure to communicate with hospice when the air-filled overlay was removed from resident 1's bed and her mattress was replaced with an alternating low air loss mattress. Resident 1 discharged from the facility on December 26, 2024. 2. All residents receiving hospice services are at risk for the provider not establishing and ensuring ongoing open communication with the hospice provider regarding implementation of any type of air mattress. A full-house audit of all residents receiving hospice services will be completed to ensure the hospice provider has been notified if a resident is on any type of air mattress no later than February 10, 2025. 3. Administrator, Director of Nursing (DON), and governing body in collaboration with hospice service providers reviewed the Hospice Services policy to ensure establishment and maintaining open communication about care and services being provided and understanding resident care equipment allowed or not allowed in the facility. DON will use nursing judgement to determine what resident care equipment will be allowed or not allowed in the facility. DON or designee will educate the interdisciplinary team (IDT) and all licensed and unlicensed nursing staff on the Hospice Services policy to ensure they are aware of their role and responsibilities with leadership expectations about care and services delivered in a collaborative manner and to ensure communication with hospice provider when the use of an air mattress is implemented.	2/10/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Ashley Nickel	Administrator	1/13/2025

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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F 684	Continued From page 1 mattress that combines low air loss and alternating pressure to help prevent and treat pressure ulcers) in her room. *Per quality assurance (QA) team it is facility preference to utilize alternating low air loss mattress. *[name] wound nurse visited with [name] resident regarding the alternating low air loss mattress versus an overlay air mattress. [name] resident had been agreeable to try the new mattress. *[name] maintenance director brought the alternating low air loss mattress to [name] resident room and switched out the mattresses. [name] maintenance director verified the mattress was inflating and functioning appropriately as witnessed by [name] administrator. *On 12/14/24 [name] certified nursing assistant (CNA) got [name] resident out of bed and indicated the air mattress was inflated and working. [name] resident complained of back and buttock pain. -[name] CNA notified the nurse of [name] resident's complaint. [name] resident received pain medication as ordered by the physician. *On 12/14/24 at 8:30 a.m. [name] resident's daughter had stopped at the nurses' station and told [name] licensed practical nurse (LPN) and [name] med aide that [name] resident air mattress was flat, and that [name] resident had slept bad and could feel the bars on the bed. -[name] LPN assessed the air mattress, and it was plugged in, and the mattress was on static pressure (all the air cells within the mattress remain inflated at a constant pressure) instead of alternating pressure and changed it to the appropriate setting upon identification. *On 12/14/24 at 8:55 a.m. [name] resident's daughter returned to the nurses' station and was upset about the air mattress.	F 684	This education will be completed no later than January 23, 2025. Those associates not in attendance at the education session due to vacation, sick leave, or casual work status will be educated prior to their first shift worked. 4. The DON or designee will audit all residents receiving hospice services to ensure ongoing communication with the hospice provider regarding any implementation of any type of air mattress. Audits will be completed weekly X 4 weeks and then monthly for 2 months. Results of audits will be discussed by the DON or designee at the monthly Quality Assessment Process Improvement (QAPI) meeting with the IDT and Medical Director for analysis and recommendation for continuation/discontinuation/revision of audits based on audit findings.	

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F 684	Continued From page 2	F 684		

2. Interview on 12/26/24 at 1:43 p.m. with CNA I regarding resident 1's air mattress revealed:
*She had helped get resident 1 out of bed and ready for breakfast.
*She had not known that resident 1's overlay air mattress had been removed and switched for an alternating low air loss mattress.
*She had informed the nurse that resident 1 had complained of lower back pain and the nurse had visited with resident 1.
*Resident 1's daughter had sat on the mattress and could feel the springs of the bed.
*She does not check the controls on the air mattress to make sure it is functioning properly.

3. Interview on 12/26/24 at 2:30 p.m. with LPN L regarding resident 1's air mattress revealed:
*She had spoken to resident 1 on 12/14/24, and resident 1 told her she did not sleep good last night.
*She had checked the air mattress, and it was inflated and hard, but switched the mattress function from static pressure to alternating low air pressure.
*Resident 1's daughter had informed her that the mattress on her bed was not the one that had been on her bed before.
*LPN L had helped with switching out the alternating low air loss pressure air mattress to a weight distribution mattress (a regular non-air mattress).

4. Interview on 12/26/24 at 3:00 p.m. with CNA/Med Aide J regarding resident 1's mattress revealed:
*Resident 1's daughter had informed her that the mattress was not working.
*She had informed resident 1's daughter that

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F 684	Continued From page 3 maintenance had replaced her overlay air mattress with one of the facilities air mattresses. *Hospice had called back after resident 1's daughter had contacted them, hospice had been fine with using a weight distribution mattress instead of an overlay air mattress. *CNA/Med Aide J had offered a regular mattress or a recliner, resident 1's daughter had indicated she would have taken a mattress off an empty bed and use it for her mother. -A regular mattress had been provided for resident 1 that day. 5. Interview on 12/26/24 at 3:30 p.m. with hospice registered nurse (RN) F regarding resident 1's mattress revealed: *On 9/18/24 hospice had suggested the use of an overlay air mattress for resident 1. *She had not known that an overlay air mattress was not acceptable at the facility. *She had attended care conferences for resident 1 and the overlay air mattress had not been mentioned during the conferences. *On 12/16/24 hospice had been notified that the company policy did not allow air overlay mattresses in their facility. 6. Interview on 12/26/24 at 3:45 p.m. with LPN G regarding resident 1's mattress revealed: *She had worked on 12/14/24 and had been unaware of what type of air mattress resident 1 had been using on her bed. *She had worked a few Saturdays prior to 12/14/24 and was unaware that resident 1 had an overlay air mattress on her bed. 7. Interview on 12/26/24 at 4:00 p.m. with RN unit manager C regarding resident 1's overlay air mattress revealed he had been unsure of when	F 684		

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F 684	Continued From page 4	F 684		

Continued From page 4
the use of overlay air mattress begun.

8. Interview on 12/26/24 at 4:15 p.m. with director of nursing (DON) B regarding resident 1's use of an overlay air mattress revealed he was unsure of when the over lay air mattress use had been implemented.

9. Interview on 12/27/24 at 8:40 a.m. with LPN wound nurse D regarding resident 1's overlay air mattress revealed:
*She had known that the overlay mattress had been used since 9/23/23.
*The mattress had been changed to one of their alternating low air loss mattresses for wound healing.
*The interdisciplinary team had discussed changing the overlay air mattress to one of their air mattresses.
*She had spoken to resident 1's daughter on 12/11/24 with a wound care and treatment update but did not recall informing her of changing the mattress on her mother's bed.
*On 12/13/24 the alternating low air loss pressure mattress had been placed on resident 1's bed.

10. Interview on 12/27/24 at 10:55 a.m. with administrator A, DON B, and senior regional nurse consultant K regarding resident 1's overlay air mattress revealed:
*Administrator A had known about resident 1's overlay air mattress since September when it arrived in the building from hospice.
*She had not thought an overlay air mattress was a mattress was an air mattress.
*She attempted to remove the overlay air mattress in October and again in November, and finally 12/13/24 they had removed the overlay air mattress with the assistance of maintenance.

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F 684	Continued From page 5 *She had not notified hospice until 12/16/24 that the overlay air mattress was against their company policy and not allowed in their facility. *She agreed that resident 1 was more comfortable on the overlay air mattress. -The overlay air mattress had been replaced on resident 1's bed on 12/21/24 for resident 1's comfort. 11. Review of resident 1's electronic medical record (EMR) revealed: *There had not been any documentation of: -Notification of resident 1's daughter of the changing of her air mattress on her bed. -Notification to hospice of the changing of her overlay air mattress and the provider's policy of the use of the overlay air mattress. Review of the provider's September 2024 Skin and Pressure Injury Prevention Program revealed: *Intervention and Prevention Measures-General Preventative Measures: -Identify risk factors for pressure injury development. -For a person in bed: --Determine is resident needs a specialized air mattress. --If a special mattress is needed, use one that contains foam, air, gel, or water, as indicated.	F 684		