PRINTED: 07/07/2025 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	INCATICIOATION AN IMPEO		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		435051		ing			C 06/18/2025	
		433031	a. wave		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	06	/18/2025	
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
AVANTAR	A ARROWHEAD				500 ARROWHEAD DR			
				R	APID CITY, SD 57702			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFII TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 000	CFR Part 483, Subpa	urvey for compliance with 42 art B, requirements for Long was conducted on 6/16/25	F	000		ogoverne e e e e e e e e e e e e e e e e e e		
	medication administration medical provider notical a resident's medical of the resident abuse. Avanot in compliance with F580, F600, and F76	ation, medication errors, fication related to changes in condition, and potential staff rantara Arrowhead was found th the following requirements: 0.	The state of the s	MAN WARRING OLD THE SALES.			7/18/25	
F 580 SS=D	CFR(s): 483.10(g)(14 §483.10(g)(14) Notific (i) A facility must immonsult with the residence consistent with his or representative(s) who consistent with his or representative(s) who consistent in injury and his physician intervention (B) A significant charmental, or psychosocideterioration in health status in either life-the clinical complications (C) A need to after the aneed to discontinue treatment due to advect the commence anew for (D) A decision to transcribed from the facility status in either life-the clinical complications (C) A need to after the aneed to discontinue treatment due to advect the commence anew for (D) A decision to transcribed from the facility status in either life-the clinical complications (C) and commence an	cation of Changes. nediately inform the resident; ent's physician; and notify, her authority, the resident en there is- ving the resident which as the potential for requiring n; age in the resident's physical, dial status (that is, a n, mental, or psychosocial reatening conditions or n); eatment significantly (that is, e an existing form of erse consequences, or to m of treatment); or efer or discharge the	F	580	1. No immediate correction could occur for resident 2's missing Depo-Provera for 10/20/24, 12/12/17/25, and 4/18/25. Resident 2 provided with his May dose on 5/24/25. No further corrective accould be taken for resident 2 as I was discharged on 7/2/2025. All residents who take medications I the potential to be affected. The or designee will review progress for the last 30 days to determine unavailable medications were reported to the provider and all follow-up completed. 2. The DON or designee will educate all nurses in facility on Notification of Change of Conditi Policy, Medication Error Policy, Following Physician Orders to ensure nurses know the expectations of what to do when medication is not available and he to obtain the medication, and documentation required when a	9/24, was tion ne nave DON notes if all		
Λ	<u> </u>	ded upon request to the			medication is not administered p physician order.	GI	(X6) DATE	

Any deficiency statement ending with an esterisk (*) denotes a deficiency which the institution may be expised from schedule 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.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION		SURVEY PLETED
						С
		435051	B, WING		06	/18/2025
	ROVIDER OR SUPPLIER RA ARROWHEAD			STREET ADDRESS, CITY, STATE, ZIP CODE 2500 ARROWHEAD DR RAPID CITY, SD 57702		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8E	(X5) COMPLETION DATE
F 580	resident and the reside when there is- (A) A change in room as specified in §483.1 (B) A change in reside State law or regulation (e)(10) of this section. (iv) The facility must reupdate the address (no phone number of the representative(s). §483.10(g)(15) Admission to a composite dis §483.5) must disclose its physical configurat locations that comprispart, and must specify room changes between under §483.15(c)(9). This REQUIREMENT by: Based on South Dake (SD DOH) facility-reportivew, interview, and failed to ensure the prescribed medication of one sampled reside Findings include: 1. Review of the province and inappresident 3. *As part of the investigment in the resident 3.	also promptly notify the lent representative, if any, or roommate assignment. 0(e)(6); or ent rights under Federal or es as specified in paragraph ecord and periodically nailing and email) and resident estimate the composite distinct part (as defined in en its admission agreement ion, including the various et the composite distinct of the policies that apply to en its different locations is not met as evidenced explain the provider explain the provider explain was notified that a had not been given to one ent (2).	F 5	The DON or designee will review nurses' documentation each wo day to monitor for medications documented as unavailable and up to ensure medication adminisprocedures were followed and medication obtained. Education occur no later than July 30, 202: Those not at the education sess be educated prior to their first shworked. 3. The DON or designee will audrandom resident's medication administration records per week verify medications were given as prescribed and without medication error from omission and approprimedical provider notification was completed timely per policy. The will be weekly for 4 weeks then monthly for 2 months. Results of audits will be discussed by the Dor designee at the monthly Quali Assessment Process Improveme (QAPI) meeting with IDT and Medication/discontinuation/revisof audits based on findings. 4. 7/30/2025	follow stration will 5. ion will aift to audit the ON ty ent dical lation	

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		INCAPICIONTION AND GARGO.		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
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		435051	B. WING			06/	18/2025	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 2500 ARROWHEAD DR	IP CODE			
ATOSTIAN	ni hirizaki imum			RAPID CITY, SD 57702				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG		CTION SHOULD B		(X5) COMPLETION DATE	
F 580	Continued From page	e 2	F	580				
	may control sexually injections had not be	p-Provera [medication that inappropriate behaviors] en administered for April ation was unavailable for his	es manera d'un vis evis-g					
	Review of resident 2's electronic medical record (EMR) revealed: *He was admitted on 5/21/21 and his diagnoses. *He was admitted on 5/21/21 and his diagnoses.		Materiagon (AM) TOTALE (AMANAGA)	and the state of t		***************************************		
*He was admitted on 5/21/21 and his diagnoses included intracranial (within the scull) injury with loss of consciousness, hemiplegia and		CONNECTION OF THE OWNER OF THE OWNER OF THE OWNER OWNE			gen dan anagganin anag			
	affecting the left side, speaking), dementia,		1 3000 per circumstante per colores e constante per co			and management of the same		
Andrewsky visited and the state of the state	seizures, and trauma *His Brief Interview fo	tic brain injury. or Mental Status (BIMS)	CERTAIN OF THE PROPERTY OF THE			90		
A Company of the Comp	moderately cognitively	as 9, which indicated he was y impaired. 5/23 order date, indicated	COPY (PROM) - 4 SEE			48		
nego-aper Lazir yearden and in	*Depo-Provera intram MG/ML [milligram/mill	nuscular Suspension 150 liliter] (Medroxyprogesterone	\$6. \$ 60					
and the second		/e))" I intramuscularly at bedtime eoplasm (an abnormal						
444	tissue growth that occurrence grow more than norm	curs when cells divide and all) of uncertain behavior."						
and a second fee	Intramuscular Susper	25 indicated "Depo-Provera nsion 150 MG/ML ne Acetate (Contraceptive))"	And the state of t					
ңе меде чередел оролга	Directions: "Inject 1 m	ni intramuscularly every day for neoplasm of uncertain	and the state of t					
осоососососососососососососососососососо		's medication administration of they had not administered	Separate surjection of the separate surjection o					
organización (co cypagos)		wera injections for 10/20/24,	White day.					
THE CONTRACT OF THE CONTRACT O	*A progress note on sindicated "the Depo-Favailable	5/18/25 at 10:51 p.m. Provera medication was not				a vindina de la companya de la compa		

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDI	IPLE CONSTRUC		(X3) DATE SURVEY COMPLETED				
		435051	B. WING		#*************************************		06/18/2025		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2500 ARROWHEAD DR RAPID CITY, SD 57702					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRIE EACH CORRECTIVE ACTION SH DSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(XS) COMPLETION DATE		
F 580	refill request sent". *A progress note on indicated " the Depo-Medication [is] not average pharmacy". *A progress note on indicated "the Depo-Pavailable. Order place "A progress note on indicated "the Depo-Pavailable, ordered from "There was no docum Depo-Provera missed "There was no docum was notified that resid Depo-Provera doses 2/17/25. 3. Review of resident on 6/17/25 revealed: "A medication error of 4/18/25 and 5/19/25, was notified that the inthose ordered monthing those ordered monthing the proof of the proof	2/17/25 at 6:37 p.m. Provera allable. Order sent to 12/18/24 11:23 p.m. Provera Medication [is]not ed with pharmacy." 10/20/24 at 10:28 p.m. Provera Medication is not m pharmacy". nentation of resident 2's 1 dose on 4/18/25. nentation that the physician dent 2 had not received his on 10/20/24, 12/19/24 and 2's medication errorreport sport was completed for and indicated the physician resident had not received by Depo-Provera injections. ation error report completed hysician that resident 2 had red monthly Depo-Provera 2/19/24 and 2/17/25. 5 at 12:59 p.m. with director invested: rogress notes daily and the progress notes that ad not received his ordered a injections. was no documentation that ified that resident 2 had not Depo-Provera injections on	F	80					

AND DO AN OF CORDECTION IN THE PROPERTY OF MINISTERS			(X2) MULTIPLE CONSTRUCTION (X3) E			
AND PLAN OF	CORRECTION	inchi in	A. BUILDIN	G	COMPLETED	
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		435051	B. Wind		06/18/2025	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
AVANTAR	RA ARROWHEAD			2500 ARROWHEAD DR		
WANTINK	N MINIORIII CAD			RAPID CITY, SD 57702		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTION	(X6)	
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		
TAG	REGULATUREOR	EGO IDENTIF THIS INFORMATION	ind	DEFICIENCY)		
Landa de la companya				S STATE OF THE STA		
F 580	Continued From page	3 4	F 58	30		
			Circumstate (Circumstate Circumstate Circu			
	5. Review of the prov	ider's updated 9/30/24				
	Following Physician (Orders policy revealed:	r i	***		
	Procedure:			The state of the s		
	, ,	ould be notified when an	***	Victoria de la companya del companya de la companya del companya de la companya d		
		for any reason (omission,			and the second s	
		ck, resident refusals, etc)."			1,15	
F 600		•	F 60	1. Certified Nurse Assistant F is no	7/18/25	
SS=E	CFR(s): 483.12(a)(1)		Not consens.	longer employed at Avantara Arro	whead	
	0400 40 5	on Abronal Mandaud, mad	My ea	as a result of Resident 1's allegation		
		m Abuse, Neglect, and	*	abuse and no further immediate a		
	Exploitation	right to be free from abuse,	*	can be taken at this time. No further		
		ition of resident property,	3	corrective action could be taken for		
ž		efined in this subpart. This	*	resident 2 as he was discharged of	n	
	includes but is not lim		St Manna	7/2/2025. No further corrective act		
GO COL		involuntary seclusion and	\$	could be taken for resident numbe	r 3 as	
AC de des		ical restraint not required to	go: outsides	she was discharged on 7/3/2025.	411	
	treat the resident's me	edical symptoms.	90 Maria	residents have the potential to be		
) To a second	affected, and the Social Service		
1	§483.12(a) The facility	y must-		Designee will interview all resident		
				are able to be interviewed in the fa		
		e verbal, mental, sexual, or		no later than July 16, 2025, to dete		
	physical abuse, corpo	*		if they have concerns regarding at	use III	
and the second	involuntary seclusion;	is not met as evidenced		the facility.		
		is flot flist as evidenced	3	2 Alumina Hama Administrator ar		
	by: A Based on South D	akota Department of Health		Nursing Home Administrator or Designee completed education will	h all	
ĺ		orted incident (FRI), record	***	staff on the Abuse and Neglect Po		
	, , , , , , , , , , , , , , , , , , , ,	, the provider failed to		and if resident to resident abuse is		
	protect the resident's			witnessed, staff is to separate the		
	,	ise by one of one certified		residents and notify charge nurse		
27	nursing assistant (CN			immediately. Education will occur	no	
	morning cares for one	of one sampled resident		later than July 30, 2025. Those no		
	(1).			the education session will be educ		
4	Findings Include:		3	prior to their first shift worked.		
	1. Review of the prov	ider's SD DOH FRI	and comme			
and the second s	TERESTON OF BID PROV	INCOME AND				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDI	IIVG ,	nicirconya.com record security course wholestering as substitution of the security of the secu		С	
		435051	B. WING			1	18/2025	
NAME OF P	ROVIDER OR SUPPLIER		1	5	STREET ADDRESS, CITY, STATE, ZIP CODE	307	1012024	
,					2500 ARROWHEAD DR			
AVANTAR	IA ARROWHEAD			RAPID CITY, SD 57702				
	CHARLENAT	ATTUCKE OF DETINITIONS		_	PROVIDER'S PLAN OF CORRECTION		0/5	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
	Continued From page submitted on 6/14/25 *Resident 1 informed mistreated by CNA F routine. *Resident 1 had told (QMA) G that he had bed transfer, and reporten. *Resident 1 received well as PRN (as need ankle pain. *LPN E conducted an and noted skin abrasifight shins of the reside *Resident had a bruis previous fall. *CNA F was suspend outcome of the provide *Le was admitted on included Parkinson's central nervous system pressure), weakness, of the spaces within the provided proceived the nervee the nerve weakness, of the spaces within the proceived included the nerve the nervee the nervee weakness, of the spaces within the proceived resident nervous system pressure), weakness, of the spaces within the proceived resident nervee weakness.	at 10:45 a.m. revealed: CNA D that he had been during his morning care qualified medication aide injured his ankle during a orted a pain level six out of his scheduled Tylenol as led) hydrocodone for the assessment of the resident ons on both the left and dent. e on his right eye from a led from working pending the ler's investigation.		600	DEFICIENCY)	or n to , y.		
4	assessment score wa	r Mental Status (BIMS) s 13, which indicated he	7					
Of March 1997 common annual compression	eye that is yellow and states it is from his pn wears his cap and wa evening and staff noti [complains of] pain or		NA CANADA			en la companya de la		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF	LE CONSTRUCTION	COMPLETED			
		TI, COMBATO	Assart communication control and a control a	С			
	435051	B. WING		06/18/2025			
NAME OF PROVIDER OR SUPPLIEF AVANTARA ARROWHEAD	3		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 ARROWHEAD DR RAPID CITY, SD 57702				
PREFIX (EACH DEFIC	RY STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD 8 CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)				
and 6/17/25, india *A skin alteration 6/10/25 at 6:30 p Bruising length 1 [not applicable]. F *A handwritten not after the incident his] R [right] eye Abrasion L [left] s [complaint of] pai scab". 3. Review of CN/ *Her professional current, and her p checks identified *She completed r one-person assis repositioning of re *She completed a 3/27/25. 4. Interview on 6/ 1 revealed he sta *He had felt CNA *CNA F made hir fast enough for he routine on 6/14/2: *He had injured h him in bed. *He had injured h him out of his bed *His ankle had no couple of days. 5. Phone interview	a completed on 6/3/25, 6/9/25, cated no skin concerns. evaluation was completed on .m., indicating "a facility-acquired .0, width 1.0, depth 0, stage N/ A R eye". Die dated 6/14/25 from LPN E from CNA F indicated "Bruise [to dark purple/blue and yellow thin R [right] shin-abrasion c/o in [in his] ankle joints L [left] wrist A F's personnel file revealed: I certifications or licenses were pre-employment background in areas of concern. In mechanical and total lift training, it transfer training, turning and esident training, on 9/27/24. Abuse and neglect training on 18/25 at 3:07 p.m. with resident ited: I F was upset with him. In feel like he was not moving er during his moming care	F 60					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		435051	B. WING	hi Abrid Arma A	and homomorphis de de segmentation in the selection for the months of the selection of the	1	C /18/2025
	ROVIDER OR SUPPLIER		*	STREET ADDRESS, CITY, STATE, ZIP CODE 2500 ARROWHEAD DR RAPID CITY, SD 57702			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRU DEFICIENCY)		(X5) COMPLETION DATE
F 600	resident 1 revealed si *Resident 1 had repo upset with him and we morning care routine *Resident 1 had ment morning care, CNA F caused him discomfor *She had informed ac resident's concerns. 6. Interview on 6/18/2 regarding the 6/14/25 revealed: *She noticed esident crackly that morning of the had informed her during his morning of CNA F, and he report of six out of ten. *Resident 1 had want his regular scheduled 7. Interview on 6/18/2 administrator A regard resident 1 revealed: *She had gotten a call that resident 1 had re had "roughed" him up routine that day, and to process. *Administrator A and of K interviewed resident that CNA F had "roug morning care routine. *Administrator A had i stated resident 1 was pain during his mornir	ne stated: rted to her that CNA F was as "rough" during his that day. iioned to CNA D during his had bent his foot, which it to his ankle. Iministrator A about the 5 at 4:05 p.m. with QMAG FRI involving resident 1 1's voice was shaky and which was unlike him. that his ankle was injured are routine on 6/14/25 with ed that he had a pain level ed something stronger than Tylenol for his pain. 5 at 4:57 p.m. with ing the 6/14/25 FRI for I from CNA D who stated ported to CNA D that CNA F during his morning care that his ankle was hurt in the social worker director (SSD) to 1 and he stated to them	F	600			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			n wawa			J.	C	
		435051	B. WING			06.	/18/2025	
	ROVIDER OR SUPPLIER LA ARROWHEAD			STREET ADDRESS, CITY, STATE, ZIP CODE 2500 ARROWHEAD DR RAPID CITY, SD 57702				
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F 600	*Administrator A had reported resident 1 his mistreated him and his ankle was in pain routine. *Administrator A state pending an investigated resident interviews to safe in the facility, the final investigation yet be completed and autorial becompleted and autorial becom	interviewed QMA G who ad mentioned CNA F had a had informed QMA G that after his morning care and CNA F was suspended ion. Ind SSD K had completed determine if they feeling by have not finished their to determine all education to dits to be completed. Indexical Department of Health orted incident (FRI), record the provider failed to right to be free from sexual sampled resident (2) who had advances towards one of its (3). Index's 5/13/25 SD DOH FRI In Y) J reported to the the the ursing (ADON) C that she int 2 with one of his hands ent 3's shirt. Indicately put on 1:1 (one staff rivision during the the camera footage, and it ought resident 3 to the ent 2 then propelled his esident 3 backed up his itioned him next to resident seen on the camera	F.					
	footage attempting to	lift resident 3's shirt when						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		435051	8. WING			06	/18/2025	
NAME OF P	ROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE			
AVANTAR	RA ARROWHEAD				2500 ARROWHEAD DR			
	W. I. C. C. C. P. I. I. I. I. I.			1	RAPID CITY, SD 57702			
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F 600	F 600 Continued From page 9 laundry aide H walked by, and he immediately removed his hand. *After laundry aide H walked by, resident 2 slid		F	600				
	the back of his hand placed it against her approximately 20 secondervened. *The facility reviewed	into her V-neck shirt and chest area, for conds before RN J resident 2's medication,	is discount to the second of t				Table 1	
	and identified that his monthly Depo-Provera [medication which may control sexually inappropriate behaviors] injection had not been administered for April 2025, and the medication		4 4 7		V provide commandorment of the		The second of th	
	*A medication review change resident 2's p	dministration in May 2025. led to a recommendation to sychiatric medication, as the ay have contributed to an					Transfer or the state of the st	
	change was approve appointment on 5/28/		Table don.		¥		*	
	errors, and instruction	ere educated on medication as were given that resident 2 male residents without direct	# 1 may consume the consumer to the consumer t		The same services			
	to be administered du at night to ensure bet	ons had now been scheduled iring the day shift instead of	Property (1970)		The state of the s		one of the state o	
		2's electronic medical						
S. S		5/21/21 and his diagnoses within the skull) injury with s, hemiplegia and weakness and partial	Of the Section of the					
Section Sectio	(difficulty speaking), o disorder, seizures, an							

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		8	A. BUILDING			(X3) DATE SURVEY COMPLETED C		
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	ROVIDER OR SUPPLIER			2	TREET ADDRESS, CITY, STATE, ZIP CODE 500 ARROWHEAD DR APID CITY, SD 57702	***************************************		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 600	assessment score we moderately cognitivel "A discontinued 10/24 "Depo-Provera intram MG/ML [milligram/mil Acetate (Contraceptive) Directions: "Inject 1m every 30 day (s) for no tissue growth that occur grow more than norm "A new 6/5/25 order of "Depo-Provera Intram MG/ML (Medroxypros (Contraceptive))" Directions: "Inject 1 m shift every 30 day (s) behavior. "A progress note on sindicated "Attempted attorney] of [resident 0633, resident 2's POPOA @ 637) Action: a "A progress note on sindicated "Contact we POA] to report [an] in female [a] resident. A Response: Aware of a concerns verbalized." 3. Interview on 6/18/24 director of nursing (A 5/13/25 FRI involving "She had received a sher that resident 2 had contact with resident 2 had contact w	as 9, which indicated he was y impaired. 5/23 order date, indicated huscular Suspension 150 liliter] (Medroxyprogesterone /e))" I intramuscularly at bedtime eoplasm (an abnormal curs when cells divide and ial) of uncertain behavior." Idate, indicated huscular Suspension 150 gesterone Acetate In intramuscularly every day for neoplasm of uncertain 5/24/25 at 7:07 a.m. to notify POA [power of 2] ([resident 2]'s POA @ 0634 and [resident 3]'s no answer". 5/24/25 at 3:07 p.m. as made with [resident 2's cident that occurred with ction: n/a [not applicable] investigation, no other 5/5 at 1:16 p.m. with assistant DON) C regarding the resident 2 revealed: call from RN J who informed d made inappropriate sexual 3. mera footage, and it was had placed resident 3 near		600				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			İ	Artifolde (MAC) - in a contracted to be and a cold of the cold of		3
		435051	B. WING	**************************************	06/	18/2025
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2500 ARROWHEAD DR RAPID CITY, SD 57702		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		8E	(X6) COMPLETION DATE
F 600	his wheelchair positio "The camera footage attempted to reach int moment, laundry aide 2 retracted his arm. A walked by, resident 2 hand to reach into res thumb was visibly stic appeared to rub his hi "The inappropriate co twenty seconds before immediately separate was placed on 1:1 sup safety of all the reside 4. Phone interview on RN J regarding the 5/ revealed she: "Returned to the nurs medications, and obse hand inside resident 3 "Immediately interven- to the dining room. "Stated resident 2 was after that. "Stated her shift had e incident, and she had next nurse during the 5. Interview on 6/18/25 of nursing (DON) B re- involving resident 2 re "She stated resident 2 re "She stated resident 2 supervision during the "During the medication	seen moving in his sident 3 and then backed up ned next to resident 3. showed that resident 2 to resident 3's shirt. At that H walked by, and resident fiter laundry aide H had used the back of his left ident 3's V-neck shirt. His king out of her shirt, and he and inside her shirt. Intact lasted approximately at RN J intervened and at the residents. Resident 2 pervision to ensure the ents during the investigation. 6/18/25 at 1:25 p.m. with 13/25 FRI for resident 2 perved resident 2 with his is shirt. The and redirected resident 2 approximately at and redirected resident 2 at 1:41 p.m. with director garding the 5/13/25 FRI vealed: was placed on 1:1 investigation of the incident in review, it was discovered lailed April and May 2025	F	600	The second secon	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		INDIVIDUO ATION NI INIDED-		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
435051 B. WING			C 06/18/2025			
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2500 ARROWHEAD DR RAPID CITY, SD 57702		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E COMPLETION	
	administered. *Following a consultate psychologist agreed to psychiatric medication. *They had placed an Depo-Provera injectic emergency kit (E-kit) would be available in the administration to resident 2 had receive later in May, and no for attempts to inapprove residents had been resupervision was disconstructed and integrated behavior the 5/13/25 incident a resident 3 was back to the sear any femal supervision of staff. *Audit after the 5/13/2 resident that received injection had not received inje	tion, the pharmacist and o change one of his one. additional dose of an in their electronic to ensure the medication the facility. It is a beginning that a beginning to the facility. It is an later confirmed that and a Depo-Provera injection for the ported. As a result, the 1:1 continued. It is a result, the 1:1 continued. It is a pointment and a confirmed that appointment after and it was determined to her baseline. It is a pointment and a confirment a confirment and a confirment and a confirment and a confirment a confirment and a confi	F 60	1. No immediate correction could occur for resident 4 missing gabapentin from 3/19/2025. Resid 4 missing gabapentin available in facility on 3/21/25. No immediate correction could occur for resident	o designation de la constantina della constantin	
en e	This REQUIREMENT by: Based on South Daki (SD DOH) facility-repo	w, and policy review, the	a verification of the second o	s missing Dep-Provera for 10/20/2 12/19/24, 2/17/25, and 4/18/25. Resident 2 was provided with his May dose on 5/24/25. No further corrective action could be taken for resident 2 as he was discharged of 7/2/2025.	24, Or	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
			A. BOILERIO		С		
		435051	B. WING			1	
ATAAAP ME B	Profes difference of the second and the second	433031	J. Hine.		**************************************	06/	18/2025
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
AVANTA	RA ARROWHEAD			-	00 ARROWHEAD DR		
		J		RA	APID CITY, SD 57702		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRU DEFICIENCY)		(X5) COMPLETION DATE
F 760	administered as order of two sampled reside include: 1. Review of the 3/21, *49 capsules of 400 n non-narcotic medicatis should have been avaresident 4 were missis. The provider's invest medications reveated when or how those ca *The FRI stated on 3/p.m. scheduled Gaba administered because administered because administer at that time. There was no indicated missed any other administrations related being available to administration and (QM/medication reordering *A reorder sticker was medication card. The indicated the soonest able to be refilled by p. That date was based medication that was dilled and how much oremain available to be *Medications were received doses or seven remained available to The overflow medications designed to store extra medicated for any unused for the formation of	red by the physician for two ents (2 and 4). Findings 725 SD DOH FRI revealed: nilligram (mg) Gabapentin (a on used to treat pain) that allable to be administered to ng. ligation of the above missing they were unable to identify apsules had gone missing. 19/25 resident 4's 10:00 pentin dose was not at twas not available to a scheduled Gabapentin do to the Gabapentin not ninister. 5 at 3:30 p.m. with qualified (a) L regarding the process revealed: affixed to each residents date on that sticker that medication would be charmacy. on the amount of elivered when it was lest of that medication should administered. ordered when a resident had a days of a medication that administer. tion cart (a medication cart			All residents who take medication risk and a complete audit of all resident and a complete audit of all resident to verify all medications were facility and available for resident to was completed on July 16, 2025. 2. The DON or designee will educe nurses in facility on Reordering of Medication protocol and Following Physician Orders to ensure nurse know the expectations of what to when a medication is not available how to obtain the medication. The DON or designee will review nurse documentation each working day monitor for medications document unavailable and follow up to ensure nurse followed and medication obtes and medication will occur no later than 30, 2025. Those not at the education session will be educated prior to the first shift worked. Additionally, an RXNow audit was conducted on James 2025 to determine that all facility thave access to the emergency medication supply and education medication unavailability was add new nurse orientation. 3. The DON or designee will audit random residents per week to vertheir medications in cart match the current medication list. The audit be weekly for 4 weeks then montifor 2 months.	sident's cons in in use atte all fuse and e es' to ted as re ures tained. July tion heir luly 8, users on ed to t 5 rify e will	7/18/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION AND SPEED.		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A BURDING		С			
		435051	B. WING	code anna Arenne	F also assauls assauls	06/18/2025		
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		ST	REET ADDRESS, CITY, STATE, ZIP CODE			
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				R/	APID CITY, SD 57702			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREFID TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X6) COMPLETION DATE	
F 760	*Medications were re- electronic medical re- medication administra -The needed medicat "reorder" option buttor sent an electronic cor pharmacy notifying the had been requested. *The reorder sticker of medication card after reordered. That committees and committees and step licensed nurses and committees and been reordered. 3. Interview on 6/16/2 registered nurse (RN) delivery by the pharm *The pharmacy had some delivery times twice do time daily on Saturdat scheduled Sunday de -The pharmacy had a for medication deliver scheduled Sunday de -The pharmacy had a for medication deliver scheduled delivery time administer from either overflow medication of have been available to facility's Emergency K -The E-Kit was a sect dispensing system the medication room. It w used resident medica *RN M confirmed that capsules of Gabapeni administration from th 4. Interview on 6/18/2:	ordered through a resident's cord (EMR) in their ation record (MAR). ion was selected and the n was clicked. That action munication to the em that a medication refill was removed from the a medication was nunicated to the other IMAs that the medication acy revealed: cheduled medication aily on weekdays and one ys. There were no diveries. In on-call number to arrange ies at times other than the medication was not available to the medication cart or the eart, the medication may o administer from the Git (E-Kit). Under the stocked with commonly tions. I both 100 mg and 400 mg tin were available for		760	Results of the audits will be discountly QAPI meeting with IDT Medical Director for analysis, recommendation for continuation/discontinuation/reviof audits based on findings. 4. 7/30/2025	and		

ANAME OF PROVIDER OR SUPPLIER AVANTARA ARROWHEAD SUMMARY STATEMENT OF DEFICIENCIES REGILATORY OR I.S. DEPRIFYING INFORMATION) PROVIDERS FLAN OF CORRECTION REGILATORY OR I.S. DENTIFYING INFORMATION) F 760 Continued From page 15 March 2025 MAR, March 2025 medication administration progress notes, and the March 2025 pharmacy provider's manifest logs (a record that lists and describes the medication delivered to the facility) revealed: A 20225 physicians order for resident 4's Gabapentin that Indicated: -one, 400 mg capsule was scheduled to have been administration progress which sometimes causes pain, weakness, and numbrass), Yon 3/5/25, the manifest log indicated the pharmacy refill the resident's Gabapentin, but it was too soon to have been refilled based on the amount of Gabapentin that should have been evallable for administration or facility. Yon 3/19/25, resident 4 was not administered to resident 4 for his 2:00 p.m. scheduled 400 mg dose. F-our Gabapentin capsules in the E-KILOn that same day, four Gabapentin capsules had been removed and administered to resident 4 for his 2:00 p.m. scheduled 400 mg dose. F-our Gabapentin dose. "Medication not available", on order, med not in med box [E-KI]" according to the medication administered his 9:00 a.m. Gabapentin dose. "Medication not available", on order, med not in med box [E-KI]" according to the medication sedministered his 9:00 a.m. Gabapentin dose. "Medication not available" according to the medication sedministered his 9:00 a.m. Gabapentin dose. "Medication not available" according to the medication administered his 9:00 a.m. Gabapentin dose. "Medication not available" according to the medication administered his 9:00 a.m. Gabapentin dose. "Medication not available" according to the medication administration progress note.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING				
AVANTARA ARROWHEAD ARAPID CITY, SD 57702			435051	B. WING	 - despendition management for incident collegement coloring coloring and colleged in colleged. 	06/18/2025		
FREETX TAO REGULATORY OR I.S.C. IDENTIFYING INFORMATION) F760 Continued From page 15 March 2025 MAR, March 2025 medication administration progress notes, and the March 2025 pharmacy provider's manifest logs (a record that lists and describes the medication delivered to the facility), revealed: "A 2/22/25 physician's order for resident 4's Gabapentin that indicated: -one, 400 mg capsule was scheduled to have been administered three times each day (at 9:00 a.m., 2:00 p.m., and 10:00 p.m.) for his diagnosis of radiculopathy (a pinching of nerves which sometimes causes pain, weakness, and numbness). "On 3/5/25, the manifest log indicated the pharmacy had delivered a 30-day supply of 400 mg Gabapentin for resident 4. "On 3/17/25 and 3/19/25, staff had requested the pharmacy refill the resident's Gabapentin, but it was too soon to have been reflicted based on the amount of Gabapentin that should have been available for administration at facility. "On 3/19/25, the manifest log indicated there were ten, 100 mg Gabapentin capsules had been removed and administered to resident 4 for his 2:00 p.m. scheduled 400 mg doseFour Gabapentin capsules had also been removed on that day and administered to another resident. "On 3/19/25, resident 4 was not administered his 10:00 p.m. Gabapentin capsules had also been removed on that day and administered to in available], on order, med not in med box [E-Kit]" according to the medication administered his 9:00 a.m. Gabapentin dose. "Medication not available" according to the medication on the available of according to the medication of the medication of the medication of the medication of the me					2500 ARROWHEAD DR			
March 2025 MAR, March 2025 medication administration progress notes, and the March 2025 pharmacy provider's manifest logs (a record that lists and describes the medication delivered to the facility) revealed: *A 2/22/25 physician's order for resident 4's Gabapentin that indicated: -one, 400 mg capsule was scheduled to have been administered three times each day (at 9:00 a.m., 2:00 p.m., and 10:00 p.m.) for his diagnosis of radiculopathy (a pinching of nerves which sometimes causes pain, weakness, and numbness). *On 3/5/25, the manifest log indicated the pharmacy had delivered a 30-day supply of 400 mg Gabapentin for resident 4. *On 3/17/25 and 3/19/25, staff had requested the pharmacy refill the resident's Gabapentin, but it was too soon to have been refilied based on the amount of Gabapentin that should have been available for administration at facility. *On 3/19/25, the manifest log indicated there were ten, 100 mg Gabapentin capsules in the E-Kit. -On that same day, four Gabapentin capsules had been removed and administered to resident 4 for his 2:00 p.m. scheduled 400 mg dose. -Four Gabapentin capsules had also been removed on that day and administered to another resident. *On 3/19/25, resident 4 was not administered his 10:00 p.m. Gabapentin dose. *Medication not available[.] on order, med not in med box [E-Kit]" according to the medication administered his 9:00 a.m. Gabapentin dose. *Medication not available] on order, med not in med box [E-Kit]" according to the medication administered his 9:00 a.m. Gabapentin dose. *Medication not available* according to the medication not	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR	E COMPLETION		
		March 2025 MAR, Ma administration progre 2025 pharmacy provist that lists and describe to the facility) reveale "A 2/22/25 physician" Gabapentin that indicone, 400 mg capsule been administered the a.m., 2:00 p.m., and of radiculopathy (a pin sometimes causes panumbness). "On 3/5/25, the manification of pharmacy had delivering Gabapentin for remaining Gabapentin of Gabapentin available for administration of Gabapentin available for administration of Gabapentin capremoved on that day a resident. "On 3/19/25, resident 10:00 p.m. Gabapentin capremoved on that day a resident." On 3/19/25, resident 10:00 p.m. Gabapentin available[.] on order, rescording to the medi progress note. "On 3/20/25, the resident second of the medi progress note." "On 3/20/25, the resident available" according to the medi progress note. "On 3/20/25, the resident available" according to according to according to according the according to according the according to according the according to the according to the according to the according	arch 2025 medication ss notes, and the March der's manifest logs (a record as the medication delivered d: s order for resident 4's ated: s was scheduled to have ree times each day (at 9:00 10:00 p.m.) for his diagnosis inching of nerves which ain, weakness, and rest log indicated the red a 30-day supply of 400 sident 4. /25, staff had requested the sident's Gabapentin, but it been refilled based on the in that should have been ration at facility. iffest log indicated there papentin capsules in the our Gabapentin capsules d administered to resident 4 duled 400 mg dose. seules had also been and administered to another 4 was not administered his in dose. "Medication not med not in med box [E-Kit]" cation administered ntin dose. "Medication not othe medication	F 76				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPI AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING		MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
						С	
		435051	B. WING		reason, production and the second	06/18/2025	
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	Rental activities and the second	
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WAWAIWA	RA ARROWHEAD			1	RAPID CITY, SD 57702		
(X4) ID		ATEMENT OF DEFICIENCIES	ID ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 760	Continued From page	e 16	F	760			
	-DON B confirmed the	ere was no documentation					
	to support the pharma	acy had been contacted					
		papentin in the E-Kit so					
	resident 4 could have	been administered his 9:00	200		2		
	a.m.dose.						
	*On 3/20/25 at 12:52	p.m., ten, 100 mg	1			8	
	Gabapentin capsules						
	pharmacy and placed	in the E-Kit for					
	replacements.					İ	
		remained in the E-Kit from			000000		
	the time they were de				A COMPANIES AND A COMPANIES AN		
		4 was not administered his			***************************************		
		o.m. doses of Gabapentin			unique de la constante de la c		
	medication administra						
		abapentin was available in			ri conservation		
		r the resident's 2:00 p.m.			***************************************		
	and 10:00 p.m. doses	•			Vision in the second se	i	
1		MA failed to check the E-Kit			ar income	97	
		pentin. Those staff had					
	assumed the medicat	on was not delivered and			and a supplemental and a supplem		
	was not available for	administration.				Tan State of	
	*On 3/21/25, the resid	lent was not administered			qui de la companya de		
- Tables		Gabapentin. "Medication				1	
Da, Change		/ [with] pharm [pharmacy],			- december of	I	
V V		later today" according to			right order		
de la constante de la constant		istration progress note.			operation in the second		
OCC STATE OF THE PARTY OF THE P		bapentin had remained			Samuel		
dispession	available in the E-Kit t						
van LAW/RESAU	resident 4's 9:00 a.m.	check the E-Kit. They had				-	
Lideral Avenue	7	ion was not delivered and				ļ	
A Achanna S	was not available to fo					İ	
States str. 24.		macy manifest log had	4				
nim.co.en		Gabapentin capsules were				İ	
***************************************	delivered to the facility						
		ntin administration schedule					
		vith his 3/21/25 2:00 p.m.				Phatebour	
	dose that day.		***************************************				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		435051	B. WING			C 6/18/2025
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2500 ARROWHEAD DR RAPID CITY, SD 57702		9,10,202.0
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		ULDBE	(X5) COMPLETION DATE
	administrations were in a series of resident revealed: *He had an as-needed acetaminophen 325, to the was administered throughout the month. The reported pain level administered that PRI administered that PRI to the was no appareresident 4 having not scheduled Gabapentia acetaminophen relate *Resident 4's May 202 through June 17, 2025 missed Gabapentin mind been documented for the school of	e above missed medication medication errors. 4's March 2025MAR d (PRN) order for two tabs for pain. I that medication periodically that medication periodically that medication had varied. In the correlation between the pain that medication between administered his mand his need for PRN do to pain. S MAR and June 1, 2025 MAR revealed no further redication administrations delication errors revealed: I that resident was out of tin available again 3/21 r Report was completed	F	760		
and the second s	revealed: *Resident 2 had inapp resident 3. *As part of the investig reviewed resident 2's it that his monthly Depo- may control sexually in injections had not been	The second				Not provide a management of the contraction of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		435051	B. WING	B. Wing		C 06/18/2025	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 2500 ARROWHEAD DR RAPID CITY, SD 57702	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE APPROPRIA		(X5) COMPLETION DATE
F 760	May 2025 dose. 8. Review of resident record (EMR) reveales "He was admitted on included intracranial (loss of consciousness hemiparesis (musice paralysis) affecting th (difficulty speaking), or disorder, seizures, an "His Brief Interview for assessment score we moderately cognitivel "A discontinued 10/26" "Depo-Provera intram MG/ML [milligram/mill Acetate (Contraceptivel Directions: "Inject 1m every 30 day (s) for not tissue growth that occur grow more than norm "A new 6/5/25 order of "Depo-Provera Intram MG/ML (Medroxyprost (Contraceptive))" Directions: "Inject 1 m shift every 30 day (s) behavior. "A progress note on 5 indicated "the Depo-Provera intram MG/ML (Medroxyprost (Contraceptive))" Directions: "Inject 1 m shift every 30 day (s) behavior. "A progress note on 5 indicated "the Depo-Provera intram" A progress note on 1 indicated "the Depo-Provera interam" A progress note on 1 indicated "the Depo-Provera interam" A progress note on 1 indicated "the Depo-Provera interam" A progress note on 1 indicated "the Depo-Provera interam" A progress note on 1 indicated "the Depo-Provera interam" A progress note on 1 indicated "the Depo-Provera interam" A progress note on 1 indicated "the Depo-Provera interam" A progress note on 1 indicated "the Depo-Provera interam" A progress note on 1 indicated "the Depo-Provera interam" A progress note on 1 indicated "the Depo-Provera interam" A progress note on 1 indicated "the Depo-Provera interam" A progress note on 1 indicated "the Depo-Provera interam" A progress note on 1 indicated "the Depo-Provera interam" A progress note on 1 indicated "the Depo-Provera interam" A progress note on 1 indicated "the Depo-Provera interam" A progress note on 1 indicated "the Depo-Provera interam A progress note on 1 indicated "the Depo-Provera interam A progress note on 1 indicated "the Depo-Provera interam A progress note on 1 indicated "the Depo-Provera interam A progress note on 1 indicated "the Depo-Provera interam A progress note on 1 indicated "the Depo-Provera interam A progress note	2's electronic medical d: 5/21/21 and his diagnoses within the skull) injury with s, hemiplegia and weakness and partial e left side, dysphagia lementia, depressive d traumatic brain injury. r Mental Status (BIMS) s 9, which indicated he was y impaired. 5/23 order date, indicated auscular Suspension 150 iliter] (Medroxyprogesterone e))" intramuscularly at bedtime eoplasm (an abnormal aus when cells divide and al) of uncertain behavior." late, indicated auscular Suspension 150 resterone Acetate d intramuscularly every day for neoplasm of uncertain 1/18/25 at 10:51 p.m. rovera not available refill 1/17/25 at 6:37 p.m. rovera Medication not to pharmacy". 2/18/24 11:23 p.m. rovera Medication not		760			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION				E SURVEY PLETED	
A. DURL		A. BUILD	BUILDING			С	
		435051	B. WING	-KONTON-MA	06/18/2025		
NAME OF P	ROVIDER OR SUPPLIER			Γ	STREET ADDRESS, CITY, STATE, ZIP CODE		****
AVANTA	A ARROWHEAD				2500 ARROWHEAD DR RAPID CITY, SD 57702		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	************************************	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 760	Continued From page	e 19	F	76	0		der verenteer gelein
	available, ordered fro	nentation of resident 2's	N. CC				
	on 6/17/25 revealed:	2's medication error report	Michigan de la company de la c				ende e vanamentenamentenamentenamen
	4/18/25 and 5/19/25,		3				enema vanamana vanama vanama vanama vanama vanama vanama vanama vanama vanama vanama vanama vanama vanama vana
		inistered on 4/18/25. The vailable on the date it was			2		distribution of the state of th
	due on 5/19/25 but we 5/24/25.	as later administered on					Other
	*There was no documerror was completed in	nentation that a medication report for resident 2's	And administration				
r (600 Padamas) institute	ordered monthly Depo	o-Provera injections that i on 10/20/24, 12/19/24 and	· Propositionists				
4 of 10 of 1		(MAR) revealed he had not					
VORDO :	been administered his Depo-Provera Injectio 2/17/25 and 4/18/25.	ns on 10/20/24, 12/19/24,	december of the second				iffer a birth frame of the control o
Titles vela-manonanaeranten	11. Interview on 6/18//		A				
***************************************		der button in the MAR	4				
ANTHORNAY Y VIIIA	dose.	s administering the current	2 : 12 K				
	reminder option within	s a medication re-order the MAR that staff could					
		ustomized for different when the medication was				ļ	
	expected to arrive from *She stated if there was	m the pharmacy. as a delay in receiving					

AND OF AN OF CODDECTION IN INTERCATION AN INCED.			X2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BUILDI	ING _			С
435051 B. WING		B. WING				/18/2025	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				2	500 ARROWHEAD DR		
AVANTAR	KA ARROWHEAD		., 1	R	APID CITY, SD 57702		
(X4) ID		ATEMENT OF DEFICIENCIES	(D		PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETION
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		DATE
F 760	Continued From page	20	F	760			PAPPER TO THE PA
	medication from the p	hermacy, those medication	ĺ				
	orders could be put o	n hold and then resumed		-			
	once the medication :	supply arrived from the		ļ			
	pharmacy.		1				
	12. Interview on 6/18	/25 at 11:36 a.m. with		-			
	director of nursing (D	ON) B revealed:	Ì	New Year			
		rogress notes daily and	-				
		he progress notes regarding		-			
		Depo-Provera injections that		Series Control			
	were not administered			-		8	
		was no documentation that		action and a			a de la constante de la consta
		rts were completed for		***************************************		7	
		ns not administered as 12/19/24 and 2/17/25.		Annana Cara			
		could set re-order reminders		a second			}
		m for different hours if the		Andrew Control			
	•	working that next shift for		op on the			
	consistency.			-			
	*She expected the sta	aff who administered	PACCONTENT OF	1			
	medications to report	to the next shift when they		1,000		ii.	
	had ordered residents	smedications from the	8	- magazin			
	pharmacy.			i melity da			
	_	staff did not follow their	rode.	ě.			
	policy for medication	errors.					
	Review of the provide	er's updated 2/20/24					
	Medication Errors pol	•	and the same of th				
	Policy:	•					
		n errors are identified to	***				
		lent effects. Errors will be					
	documented, investig						
		interventions and to prevent					
	recurrence."		-				40000
	Procedures		***************************************			ļ	
		error discovered will be	-			j	
		ledication Error Report form.	i i				
	Part 1 of the Form.	ng the error will complete					
	rait i ui uie rumi.		<u>i</u>				L

NAME OF PROVIDER OR SUPFLIER AVANTARA ARROWHEAD DOUBLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFCIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F760 Continued From page 21 "2. Each medication error will be reported to the resident's physician/designee and respond noted. Documentation of the notification will be completed on Part 2 of the Form white inthe successful aide most closely responsible for the error." "3. Part 3 of the Form will address how this error occurred and can be prevented in the future. This section will be completed by the nurse/medication aide most closely responsible for the error." "4. The Director of Nursing or designee will complete Part 4 of the Form white indicates the classification of the medication error and what slepps have been taken to prevent a future error." "5. The entire Medication Error Report will then be reviewed by the DON or designee will document actions on the Summary portion of the Form." "6. Medication errors will be reviewed by the Medical Director and Consultant Pharmacist. The review may be done via telephone, during routine visits or during QAP) [Quality Assurance and Performance Improvement] discussion." "7. The medication error will be entered into the Risk Management section of PCC [point click care] for trending and tracking purposes."	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED C			
AVANTARA ARROWHEAD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) F 760 Continued From page 21 2. Each medication error will be reported to the resident's physician/designee and respond noted. Documentation of the notification will be completed on Part 2 of the Form by the person contacting the physician/designee. The family will also be notified, and documentation will show who was notified, date and time." 3. Part 3 of the Form will address how this error occurred and can be prevented in the future. This section will be completed by the nurse/medication aide most closely responsible for the error." 4. The Director of Nursing or designee will complete Part 4 of the Form which indicates the classification of the medication error and what steps have been taken to prevent a future error." 5. The entire Medication Error Report will then be reviewed by the DND or designee will document actions on the Summary portion of the Form. 4. Medication errors will be reviewed by the Medical Director and Consultant Pharmacist. The review may be done via telephone, during routine visits or during QAPI [Quality Assurance and Performance Improvement] discussion." 7. The medication error will be entered into the Risk Management section of PCC [point click			435051	B. WING		06/18/2025	
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