

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431503	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/20/2026
NAME OF PROVIDER OR SUPPLIER Avera @ Home			STREET ADDRESS, CITY, STATE, ZIP CODE 4509 PRINCE OF PEACE PLACE 1325 S CLIFF AVE, SIOUX FALLS, South Dakota, 57103	
(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
L0000	INITIAL COMMENTS A recertification survey for compliance with 42 CFR Part 418, Subparts C-D, requirements for hospice, was conducted from 5/18/26 through 5/20/26. Avera @ Home was found not in compliance with the following requirement: L834.	L0000	L0834 Sanitary environment The agency has ensured that all unused patient care supplies in central supply, at nurses stations and within patient care areas are unopened and are within the manufacturer labeled non-expiration dates. The agency has ensured that all multi-use items, including but not limited to bleach wipe containers, are within the manufacturer non-expiration dates. All employees that access, utilize, stock and order patient care supplies will be educated according to policy titled "Supply Management and Infection Prevention".	July 4, 2026
L0834	Sanitary environment CFR(s): 418.110(k) §418.110(k) Standard: Sanitary environment. The hospice must provide a sanitary environment by following current standards of practice, including nationally recognized infection control precautions, and avoid sources and transmission of infections and communicable diseases. This STANDARD is NOT MET as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure that opened or expired patient care supplies were not available and ready for patient use in one of one central supply room. Findings include: 1. Observation on 5/20/26 at 10:50 a.m. inside the central supply room revealed there were multiple shelving units on which individual plastic storage bins sat. Those bins held various types of medical supplies for patients' use. Inside one bin on the top shelf of cart F, there were single-use plastic medication syringes inside sealed plastic bags. There were also loose, unpackaged syringes that lay beneath, among, and on top of those sealed bags. Inside another bin, there were individually packaged adult-sized tracheostomy masks (a medical device that fits over a tracheostomy site). One package was torn open, exposing that mask. Inside a third bin, there were individually packaged "Oxymasks" (oxygen masks) with attached tubing. One package was torn open, exposing the mask and tubing. Inside one of the storage bins on the second shelf	L0834	Plan: The agency policy "Supply Management and Infection Prevention" has been created and reviewed with all staff engaged in accessing, utilizing, stocking and ordering patient care supplies. Staff will store, utilize, monitor and stock patient supplies in accordance with the policy, including but not limited to, reviewing for unopened supply stock and supply stock within manufacturer expiration dates. Education: Avera @Home Sioux Falls Hospice will educate staff on the "Supply Management and Infection Prevention" policy. This education will occur by July 4th, 2026. Audit: The Agency Manager will ensure that bi-weekly audits are performed for 100% of central storeroom supplies, nurse station supplies and patient care area supplies to observe for compliance in following the policy and process "Supply Management and Infection Prevention", including but not limited to, review that all unused single use supply stock is within its original unopened packaging and that all supply stock is within manufacturer expiration dates for a period of 3 months and then reduce to a monthly period for 1 year. Results will be tracked and reported to the Quarterly Quality Advisory Committee. Person Responsible: Agency Manager Date of Substantial Compliance: July 4th, 2026.	

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 reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 30 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cathy Kellogg, RN, BSN Manager</i>	TITLE <i>RN Nurse Manager</i>	(X6) DATE <i>6/9/2026</i>
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L0834	<p>Continued from page 1</p> <p>of cart F, there were more individually packaged oxygen masks. One package was torn open, exposing the mask. Inside another bin, there were individually packaged one-way valves with filters (a piece of medical equipment used with a rescue breathing mask). One package was torn open, exposing the valve. Inside a third bin, there were individually packaged "Air Entrainment Masks" (a type of oxygen therapy mask). One package was torn open, exposing the mask.</p> <p>On the shelving unit between cart A and cart E, there were six canisters of bleach wipes. The expiration date on one canister was December 2025. Two other canisters had expiration dates of March 2026.</p> <p>2. Observation and interview on 5/20/26 at 11:30 a.m. with care assistant (CA) D at the south nurses' station revealed there was a canister of bleach wipes on the counter of that nurses' station. The expiration date on the bleach wipe canister was August 2025. CA D used the bleach wipes to disinfect items such as patients' shower chairs and wheelchairs. She did not know that the bleach wipes she was using were expired. She acknowledged that the expired canister should have been discarded.</p> <p>3. Interview on 5/20/26 at 1:40 p.m. with registered nurse (RN) F regarding management of the patients' medical supplies in the central supply room revealed that support specialists B and G were responsible for maintaining the central supply room which included discarding damaged or expired medical supplies. RN F stated that the individually packaged patient care supplies, like oxygen masks, were single-use items. If those packaged supplies were opened and not used, they were expected to be discarded.</p> <p>4. Interview on 5/20/26 at 1:45 p.m. with support specialist B revealed that she and support specialist G ordered and stocked the patient care supplies in the central supply room. It was the responsibility of "anybody really [who used the central supply room]" to ensure that expired or damaged patient care supplies were removed and discarded from that room. She stated, "We keep on top of that really well."</p> <p>5. Observation and interview on 5/20/26 at 4:35 p.m. with manager A in the central supply room revealed she acknowledged the above findings. She stated that opened, unused patient supplies were not free from contaminants and should be removed and discarded from the central supply room. It was the</p>	L0834		

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L0834	Continued from page 2 responsibility of the staff person who opened that unused package to discard it. It was the responsibility of every staff person who used the central supply room to ensure that expired patient care supplies were discarded and not available for patient use. 6. A Central Supply Room Storage policy (including the provider's procedure for removing expired and damaged patient medical supplies) was requested from manager A on 5/20/26 at 4:10 p.m. On 5/25/26 at 10:50 a.m., manager A indicated there was no Central Supply Room Storage policy.	L0834		

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E0000	Initial Comments A recertification survey for compliance with 42 CFR 418.113 Emergency Preparedness, requirements for hospice, was conducted on 5/20/26. Avera @ Home was found in compliance.	E0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cathy Kellogg</i>	TITLE Hospice Manager	(X6) DATE 6/11/2026
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431503	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - DOURGHTY B... B. WING	(X3) DATE SURVEY COMPLETED 05/20/2026
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K0000 Bldg. 01	INITIAL COMMENTS A recertification survey was conducted on 5/20/26 for compliance 42 CFR 418.110 (c-k), requirements for Hospice Inpatient Care facilities Avera At Home was found in compliance.	K0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cathy Kellogg</i>	TITLE Hospice Manager	(X6) DATE 06/11/2026
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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11201S	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2026
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NAME OF PROVIDER OR SUPPLIER
AVERA AT HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**4509 PRINCE OF PEACE PLACE
SIOUX FALLS, SD 57103**

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S 000	Compliance/Noncompliance A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:79, requirements of inpatient hospice facilities, was conducted from 5/18/26 through 5/20/26. Avera at Home was found not in compliance with the following requirement: S100.	S 000		
S 100	44:79:06:01 Dietetic Services The facility shall have an organized dietetic service that meets the nutritional needs of patients and ensures that food is stored, prepared, distributed, and served in a manner that is safe, wholesome, and sanitary in accordance with the provisions of §44:79:02:04. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure standard food safety practices were followed during one of one observed meal service regarding: *Hand hygiene (the use of an alcohol-based hand sanitizer [ABHS] or handwashing) that was not performed by one of one cook (C) and two of two care assistants (CA) D and E. *Prepared food that was not held inside the steam table (a food-holding unit that maintains pre-cooked food at safe, steady serving temperatures) in a manner that mitigated the risk of cross-contamination, and kept the food palatable in appearance. *Nutritional meal supplements that exceeded their use-by dates (the manufacturer's recommended deadline to consume a product at peak quality and safety) and were available to serve to patients. Findings include:	S 100	S100 Dietetic Services The agency has ensured that all employees are performing hand hygiene (either handwashing or alcohol-based hand sanitizer, ABHS) and utilizing gloves that are involved in preparing or handling food according to the policy "Food Safety and Sanitation LTC Division Policy". All employees that prepare or handle food will be educated according to policy titled "Food Safety and Sanitation LTC Division Policy". The agency has ensured that all prepared food held inside steam tables is covered in a manner that mitigates risk of cross contamination, keeps the food palatable in texture and appearance and helps food maintain safe, steady serving temperatures of 140 degrees Fahrenheit or above by all employees preparing or handling food according to the policy "Food Safety and Sanitation LTC Division Policy". All employees that prepare or handle food will be educated according to policy titled "Food Safety and Sanitation LTC Division Policy".	July 4, 2026

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

TITLE

(X6) DATE

Cathy Kellogg

Nurse Manager

06/09/2026

South Dakota Department of Health

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S 100	<p>Continued From page 1</p> <p>1. Observation on 5/20/26 at 9:25 a.m. in the cabinet beside the refrigerator in the dishwasher room revealed three, 11-ounce Ensure Max Protein Shakes (nutritional supplement) with use-by dates of April 2026. There were six, eight-ounce, orange-flavored Boost Breezes (nutritional supplement) with use-by dates of 3/9/26.</p> <p>2. Observation on 5/20/26 at 9:35 a.m. in the dining room kitchenette revealed that inside the steam table there were uncovered, individual metal containers that held scrambled eggs, gravy, oatmeal, Cream of Wheat, and cooked sausage and bacon in them. Those food items were being served for the breakfast meal service. Inside the mini-refrigerator, there were nutritional supplements including an orange-flavored Boost Breeze with a use-by date of 3/9/26.</p> <p>3. Observation and interview on 5/20/26 at 9:50 a.m. with cook C in the dining room kitchenette revealed the above food items inside the steam table remained uncovered. He acknowledged that the scrambled eggs, gravy, and oatmeal looked dry in appearance. There was a film on top of the Cream of Wheat. The temperature of both the oatmeal and Cream of Wheat were 130 degrees Fahrenheit (F). Cook C acknowledged that the holding temperature for those cereals should have been no less than 135 degrees F. He agreed that using the aluminum foil that was peeled back from each of the food containers inside the steam table would have helped keep that food at an acceptable holding temperature, improved the appearance of the food, and enhanced overall food safety.</p> <p>Cook C was responsible for checking the food</p>	S 100	<p>The agency has ensured that all nutritional meal supplements and food items stored on site at Dougherty Hospice House are within use-by-dates by all employees stocking or distributing nutritional meal supplements or food items to patients according to the policy "Supply Management and Infection Prevention". All employees that stock or distribute nutritional meal supplements or food items to patients will be educated according to policy titled "Supply Management and Infection Prevention".</p> <p>The agency has ensured that all employees preparing or handling food with facial hair such as beards or mustaches will utilize beard nets according to the policy "Food Safety and Sanitation LTC Division Policy". All employees that prepare or handle food will be educated according to policy titled "Food Safety and Sanitation LTC Division Policy".</p> <p>Plan: The agency policies "Food Safety and Sanitation LTC Division Policy" and "Supply Management and Infection Prevention" were reviewed with all staff engaged in preparing and handling food and with stocking and distributing nutritional meal supplements or food items to patients. Staff will prepare and handle food and stock food items in accordance with the policies, including but not limited to, observing proper hand hygiene, following prepared food storage standards, reviewing for and discarding outdated food items, and utilizing beard nets appropriately.</p>	July 4, 2026

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S 100	<p>Continued From page 2</p> <p>use-by dates like those on the above nutritional supplements. He did not know the orange-flavored Boost Breezes in the dishwasher room and in the kitchenette mini-refrigerator had exceeded their use-by dates. He stated those nutritional supplements should have been discarded.</p> <p>4. Observation on 5/20/26 from 11:39 a.m. through 12:11 p.m. in the kitchenette during the noon meal service revealed that without performing hand hygiene (HH), cook C retrieved plates from the cupboard to be used at the noon meal. He gathered pudding, Jello, and fruit cups for the meal. He continued to use his soiled hands to touch clean utensils inside a kitchenette drawer before removing the ones he intended to use during that meal service. He then properly washed and dried his hands.</p> <p>Cook C had a beard and a moustache. Without the use of a beard net (a disposable protective covering worn over facial hair to prevent loose hair from contaminating food), cook C folded back the aluminum foil on each food container inside the steam table, temped the food items with a food thermometer, then covered each receptacle with the foil. During the temping process, cook C's uncovered beard and moustache hovered over the opened food receptacles within six inches of the food.</p> <p>After food temping, cook C wiped his right hand across his back pocket. Without performing HH, he held a plate with his thumb touching the inner rim portion of the plate with one hand, and with the other hand, removed the foil on top of a food container inside the steam table, and began plating the first patient's meal. After plating that meal, cook C washed his hands with soap. He</p>	S 100	<p>Education: Avera @Home Sioux Falls Hospice will educate staff on the "Food Safety and Sanitation LTC Division Policy" policy and "Supply Management and Infection Prevention" policy. This education will occur by July 4th, 2026.</p> <p>Audit: The Agency Manager will ensure that hand hygiene audits are performed for 3 meals daily 3x weekly for 12 weeks to observe for compliance in following the policy and process "Food Safety and Sanitation LTC Division Policy", including but not limited to, hand hygiene for a period of 3 months and then reduce to a 1 meal weekly for nine months, with the entire audit lasting one year in total. Results will be tracked and reported to the Quarterly Quality Advisory Committee.</p> <p>The Agency Manager will review nutritional supplements and food items stored at Dougherty Hospice House to observe for compliance in following the policy and process "Supply Management and Infection Prevention", including but not limited to, discarding food items not within use-by-dates weekly for 3 months and then reduce to auditing once monthly for nine months, with the entire audit lasting one year in total. Results will be tracked and reported to the Quarterly Quality Advisory Committee.</p>	July 4, 2026

South Dakota Department of Health

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S 100	<p>Continued From page 3</p> <p>used his clean, wet hands to turn the unclean faucet handles off, then dried his hands with a paper towel, and resumed plating the patients' meals.</p> <p>CA E entered the kitchenette, and without performing HH, she put on a clean pair of gloves. She used her gloved hands to handle the paper menus, use the coffee machine, and retrieve items from the min-fridge to put on the patients' meal trays. She exited the kitchenette with a covered meal tray.</p> <p>CA D entered the kitchenette. Without performing HH, CA D put on a clean pair of gloves, and exited the kitchenette with a covered meal tray. CA D returned to the kitchenette, and without performing HH, put on a new pair of clean gloves before grabbing another meal tray, and leaving the kitchenette.</p> <p>After plating the third patient's meal, cook C washed his hands without using soap and used his unclean, wet hands to turn the unclean faucet handles off, then dried his hands with a paper towel, and returned to the meal service tasks.</p> <p>5. Interview on 5/20/26 at 2:00 p.m. with CA D regarding glove use revealed that "some of us" [the staff] used an ABHS before putting on gloves. She did not realize "it was an expectation" to consistently implement that process throughout the meal service.</p> <p>6. Interview on 5/20/26 at 3:40 p.m. with cook C revealed he thought a beard net was expected to be used for a certain length of facial hair. He did not know where the beard nets were stored.</p> <p>Regarding HH, cook C acknowledged failing to</p>	S 100	<p>The Agency Manager will ensure that food cover audits are performed for 3 meals daily 3x weekly for 12 weeks to observe for compliance in following the policy and process "Food Safety and Sanitation LTC Division Policy", including but not limited to, covering of prepared hot food to: maintain temps of 140 degrees Fahrenheit, prevent cross contamination and to maintain the appearance and palatability of food for a period of 3 months and then reduce to a 1 meal weekly for nine months, with the entire audit lasting one year in total. Results will be tracked and reported to the Quarterly Quality Advisory Committee.</p> <p>The Agency Manager will ensure that beard net audits are performed for 3 meals daily 3x weekly for 12 weeks to observe for compliance in following the policy and process "Food Safety and Sanitation LTC Division Policy", including but not limited to, the usage of beard nets for employees with facial hair for a period of 3 months and then reduce to a 1 meal weekly for nine months, with the entire audit lasting one year in total. Results will be tracked and reported to the Quarterly Quality Advisory Committee.</p> <p>Person Responsible: Agency Manager</p> <p>Date of Substantial Compliance: July 4th, 2026.</p>	July 4, 2026

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S 100	<p>Continued From page 4</p> <p>use soap and washing his hands with soap, but then touching the unclean faucet handles negatively impacted food safety as did failing to perform HH during transitions between kitchen activities.</p> <p>7. Interview on 5/20/26 at 4:10 a.m. with manager A regarding the above food service observations revealed she agreed there were opportunities to improve food safety and infection prevention and control practices among food-handling staff. The areas that needed improvement included HH and glove use, food handling, food service, food holding (time and temperature), and food storage.</p> <p>8. Review of the provider's revised January 2025 Food Temperature policy revealed the purpose of the policy was to ensure food was served safely and in a palatable manner. The procedure indicated that hot food was expected to be held at a temperature of 135 Fahrenheit or higher.</p> <p>9. Review of the provider's revised January 2025 Food Handling and Hygiene policy revealed, "All Dietary personnel shall wear hairnets or bonnets which completely cover the hair while in the kitchen." All dietary staff were expected to follow a hand washing technique that included, "20-30 seconds, use friction, hold hands down under running water, use a paper towel to turn the faucets off." There was no mention in this policy of using soap during handwashing. "Disposable gloves/utensils must be worn when direct contact with a food item is made." There was no mention in this policy of the expectation to perform hand hygiene before putting on gloves.</p> <p>10. A Food Storage and Labeling policy that addressed food use-by and expiration dates was requested on 5/20/26 at 4:10 p.m. from manager</p>	S 100		

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S 100	<p>Continued From page 5</p> <p>A, but it was not provided by the end of the survey.</p> <p>11. A revised 7/1/13 Standard Precautions policy included a section regarding Kitchen/Food Preparation that stated, "Food freshness: Observe expiration dates and general freshness of food."</p> <p>12. A Beard Net Use policy was requested on 5/20/26 at 4:10 p.m. from manager A, but it was not provided by the end of the survey.</p>	S 100		