

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

PRINTED: 03/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435054	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/17/2025
NAME OF PROVIDER OR SUPPLIER AVANTARA REDFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 THIRD STREET EAST REDFIELD, SD 57469		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000			
F 806 SS=G	<p>A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted on 3/17/25. The area surveyed was resident neglect and dietary services as it related to resident food allergies. Avantara Redfield was found not in compliance with the following requirement: F806.</p> <p>Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5)</p> <p>§483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;</p> <p>§483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI) record review, interview, and policy review, the provider failed to ensure the safety for one of one sampled resident (1) who was served a food item she had a documented food allergy to. The failure of serving the resident a food item that was identified as a food allergy resulted in the resident's allergic reaction symptoms and need for evaluation and treatment at the emergency department. This citation is considered past non-compliance based on a review of the corrective actions the provider implemented following the incident. Findings include:</p>	F 806	<p>Past noncompliance: no plan of correction required.</p>		

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

TITLE

(X6) DATE

Diane Forgey, Administrator

3/30/25

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 806	<p>Continued From page 1</p> <p>1. Review of the provider's 3/10/25 SD DOH FRI regarding resident 1 revealed:</p> <p>*On 3/8/25 at 5:22 p.m. she was served cake that contained strawberries for dessert.</p> <p>*Licensed practical nurse (LPN) C recognized the issue and immediately did an assessment and contacted the physician.</p> <p>*An order for 50 milligrams (mg) of Benadryl (an antihistamine to treat allergy symptoms) was received and administered.</p> <p>*Staff were to monitor for signs and symptoms of an allergic reaction.</p> <p>*Resident 1's family was notified.</p> <p>*At 8:12 p.m. further assessment showed slight swelling of resident 1's tongue.</p> <p>*She was transferred to the local emergency department for further evaluation.</p> <p>*She received 40 mg of Prednisone (a steroid) and returned to the provider.</p> <p>*Resident evaluations throughout the night revealed no new symptoms.</p> <p>*Administrator A reviewed video footage in the dining room on the evening of 3/8/25.</p> <p>*Cook D was not using the meal tray tickets when serving supper.</p> <p>*Cook D was suspended on 3/10/25 for failure to follow facility policy regarding meal tray tickets.</p> <p>*Cook D was re-instated on 3/12/25 after education for meal tray tickets and resident allergies had been reviewed.</p> <p>Review of resident 1's electronic medical record (EMR) revealed:</p> <p>*Her Brief Interview for Mental Status (BIMS) assessment score was 3 which indicated she had severe cognitive impairment.</p> <p>*Her care plan indicated she was allergic to strawberries.</p>	F 806			

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F 806	<p>Continued From page 2</p> <p>Interview on 3/17/25 at 3:33 p.m. with guest services aide F regarding resident food allergies revealed:</p> <p>*Staff had received education on resident food allergies and signs and symptoms of allergic reactions.</p> <p>*She indicated the resident's face could turn red, and the resident may be holding their throat if they were having trouble breathing or swallowing.</p> <p>*She stated when serving residents their trays at mealtimes there was a sheet with their allergies listed on it.</p> <p>*Staff needed to make sure that there were no items on the tray that were listed as an allergy.</p> <p>Interview on 3/17/25 at 4:00 p.m. in the kitchen with cook E regarding resident food allergies and meal tray tickets revealed:</p> <p>*A list of residents and their food allergies was posted on a cupboard door in the kitchen.</p> <p>*The meal tray tickets also had resident food allergies listed on them.</p> <p>*The dietary staff were to always review the resident meal tray tickets to ensure they were not serving any food to a resident that they were allergic to.</p> <p>*If there was something on the menu that a resident was allergic to, the cook was to provide an alternative item that contained the same nutritive value.</p> <p>Interview on 3/17/25 at 4:30 p.m. with administrator A and director of nursing (DON) B regarding resident food allergies revealed:</p> <p>*The kitchen had a list of residents with food allergies.</p> <p>*The resident's meal tray cards also listed any food allergies.</p> <p>*They reviewed video footage in the dining room</p>	F 806			

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F 806	<p>Continued From page 3</p> <p>of the day of the incident and the cook that day was not using the meal tray tickets.</p> <p>*Staff were educated on accommodation of resident food allergies and signs and symptoms of allergic reactions.</p> <p>*Audits were to be completed by the dietary manager or designee of randomly selected meals.</p> <p>-Weekly for four weeks.</p> <p>-Monthly for three months.</p> <p>-Audit results were to be reviewed at the monthly quality assurance meeting for compliance and further recommendations.</p> <p>*It was their expectation that the policy for resident allergies and meal tray tickets be followed to ensure the safety of the residents.</p> <p>Review of the provider's 5/20/20 Food Allergy/Intolerance Awareness policy regarding resident food allergies revealed:</p> <p>***Food that accommodates resident allergies, intolerances, and preferences should be prepared and served.</p> <p>*Written instructions for food to be avoided should be documented during the initial dietary interview/pre-screen (Form 101) and detailed tray or resident card identification honored.</p> <p>*A food substitute for the food allergy, intolerance, or preference should be consistent with the usual or ordinary food item provided by the community."</p> <p>The provider implemented the above actions to ensure the deficient practice does not recur was confirmed after record review revealed the facility had followed their quality assurance process, education was provided to all staff regarding resident safety related to their process for accommodations of food allergies, and signs and symptoms of allergic reactions. Observation and</p>	F 806			

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F 806	Continued From page 4 interviews revealed staff understood the education provided. Based on the above information non-compliance at F806 occurred on 3/8/25, and based on the provider's implemented corrective actions for the deficient practice confirmed on 3/17/25, the non-compliance is considered past non-compliance.	F 806			