STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435047	A. BUILDING _____ B. WING _____	04/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA PIERRE	950 EAST PARK STREET PIERRE, SD 57501

(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
E 000	Initial Comments A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted on 4/1/25 Avantara Pierre was found not in compliance with the following requirements: E004 and E006.	E 000		
E 004 SS=D	Develop EP Plan, Review and Update Annually CFR(s): 483.73(a) §403.748(a), §416.54(a), §418.113(a), §441.184(a), §460.84(a), §482.15(a), §483.73(a), §483.475(a), §484.102(a), §485.68(a), §485.542(a), §485.625(a), §485.727(a), §485.920(a), §486.360(a), §491.12(a), §494.62(a). The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements: (a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following: * [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive	E 004	1. The emergency preparedness plan was reviewed on 4/24/2025. All memorandums of understanding/agreements were reviewed. The emergency and non-emergency transfer agreement that had not been updated since 4/9/2021 was removed from the emergency preparedness plan. The emergency and non-emergency transfer agreement has been revised and is awaiting signature from St. Mary's hospital. 2. All residents have been identified to be at risk for the emergency preparedness plan memorandums of understanding/agreements not being updated annually. 3. The Administrator will review the emergency preparedness plan at least annually to ensure the memorandums of understanding/agreements have been updated annually. 4. The Administrator or designee will review the emergency preparedness plan monthly for the next three months to ensure all memorandums of understanding/agreements have been updated annually. Results of the audits will be discussed by the Administrator or designee at the monthly Quality Assessment Process Improvement (QAPI) meeting with the interdisciplinary team (IDT) and Medical Director of analysis and recommendation for continuation/discontinuation/revision of review based on findings.	5/1/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Chase Watson	Administrator	4/25/2025

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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AVANTARA PIERRE	950 EAST PARK STREET PIERRE, SD 57501

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E 004	Continued From page 1 emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. * [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. * [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years. . This REQUIREMENT is not met as evidenced by: Based on record review and interview, the provider failed to update the emergency preparedness plan agreements (evacuation transfer) annually. Findings include: 1. Record review on 4/1/25 at 3:38 p.m. revealed no documentation that the provider's current emergency preparedness plan memorandums of understanding/agreements were updated annually. For example, the transfer agreement had not been updated annually since 4/9/21. Interview with the administrator at that same time confirmed that finding. He stated they did not have a more current agreement.	E 004		
E 006 SS=D	Plan Based on All Hazards Risk Assessment CFR(s): 483.73(a)(1)-(2) §403.748(a)(1)-(2), §416.54(a)(1)-(2),	E 006		

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AVANTARA PIERRE	950 EAST PARK STREET PIERRE, SD 57501

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E 006	Continued From page 2 §418.113(a)(1)-(2), §441.184(a)(1)-(2), §460.84(a)(1)-(2), §482.15(a)(1)-(2), §483.73(a)(1)-(2), §483.475(a)(1)-(2), §484.102(a)(1)-(2), §485.68(a)(1)-(2), §485.542(a)(1)-(2), §485.625(a)(1)-(2), §485.727(a)(1)-(2), §485.920(a)(1)-(2), §486.360(a)(1)-(2), §491.12(a)(1)-(2), §494.62(a)(1)-(2) [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.* (2) Include strategies for addressing emergency events identified by the risk assessment. * [For Hospices at §418.113(a):] Emergency Plan. The Hospice must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach. (2) Include strategies for addressing emergency events identified by the risk assessment, including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care. *[For LTC facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be	E 006	1. The emergency preparedness plan was reviewed on 4/24/2025. The emergency operations plan that had last been reviewed on 7/31/2021 has been removed from the emergency preparedness plan and was replaced with the document – introduction: emergency preparedness plan for Avantara Pierre. The risk assessment that had not been updated since 2017 was removed from the emergency preparedness plan and a new hazard and vulnerability assessment was completed on 4/24/2025 2. All residents are at risk for the facility not updating its hazard and vulnerability assessment annually. 3. The Administrator will review the emergency preparedness plan at least annually to ensure the hazard and vulnerability assessment has been updated. 4. The hazard and vulnerability assessment was completed on 4/24/2025. The hazard and vulnerability assessment will be completed annually when necessary.	5/1/2025

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AVANTARA PIERRE	950 EAST PARK STREET PIERRE, SD 57501

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E 006	Continued From page 3 reviewed, and updated at least annually. The plan must do the following: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents. (2) Include strategies for addressing emergency events identified by the risk assessment. *[For ICF/IIDs at §483.475(a):] Emergency Plan. The ICF/IID must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients. (2) Include strategies for addressing emergency events identified by the risk assessment. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the provider failed to update the emergency preparedness plan annually (emergency operations plan and risk assessment). Findings include: Record review on 4/1/25 at 3:40 p.m. revealed no documentation that the provider's current emergency preparedness plan was updated annually. For example, the emergency operations plan had last been reviewed on 7/31/2021 and the risk assessment had not been updated annually since 2017. Interview with the administrator at that same time confirmed that finding. He stated they did not	E 006		

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AVANTARA PIERRE	**950 EAST PARK STREET PIERRE, SD 57501**

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E 006	Continued From page 4 have a more current update for that assessment.	E 006		

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	435047	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/01/2025**

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AVANTARA PIERRE	**950 EAST PARK STREET** **PIERRE, SD 57501**

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K 000	INITIAL COMMENTS A recertification survey was conducted on 4/1/25 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Avantara Pierre was found in compliance.	K 000		5/1/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Chase Watson	Administrator	4/25/2025

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