

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

PRINTED: 01/22/2020  
FORM APPROVED  
OMB NO. 0938-0391

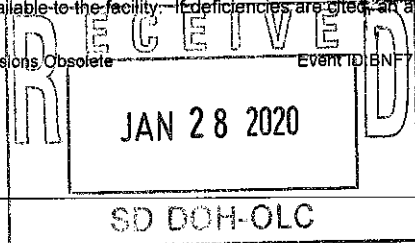
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  01/08/2020
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NAME OF PROVIDER OR SUPPLIER  AVERA BRADY HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 500 S OHLMAN MITCHELL, SD 57301
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F 000	INITIAL COMMENTS	F 000		
F 880 SS=D	<p>Surveyor: 26632 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 1/6/20 through 1/8/20. Avera Brady Health and Rehab was found not in compliance with the following requirement: F880.</p> <p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify</p>	F 880	<p>Hand Hygiene:</p> <ul style="list-style-type: none"> <li>On 1/10/2020, all nurses and CNAs were provided with written education by the Director of Nursing (DON) on hand hygiene.</li> <li>On 1/27/2020, CNAs B, C, and D were counseled on Avera's Hand Hygiene and Other Infection Prevention Practices by the Director of Nursing and Assistant Director of Nursing. This information was placed into the employees' personnel file.</li> <li>On 1/15/2020 and 1/20/2020, CNAs received education at a mandatory meeting on hand hygiene according to Avera's Hand Hygiene and Other Infection Prevention Practices after removing gloves after perineal care or anytime removing gloves. CNAs unable to attend the mandatory meetings will be educated by the completion date.</li> <li>On 1/23/2020, nurses received education at a mandatory meeting on hand hygiene according to Avera's Hand Hygiene and Other Infection Prevention Practices after removing gloves, after perineal care or anytime removing gloves. Nurses unable to attend the mandatory meeting will be educated by the completion date.</li> </ul>	2/7/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Julie Hoffmann	TITLE  Administrator	(X6) DATE  1/27/2020
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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 880	Continued From page 2 Based on observation, interview, and policy review, the provider failed to ensure: *Four of four certified nursing assistants (CNA)(A, B, C, and D) performed hand hygiene and glove use per their policy for four of four observed residents (16, 27, 48, and 53). *One of one CNA (B) performed cleaning and/or disinfection of resident care equipment including equipment shared among residents. *Two of two observed residents' (13 and 36) nasal cannulas were not on the floor. Findings include:  1. Observation on 1/6/20 at 3:15 p.m. with CNAs A and B during personal care for resident 48 revealed: *Both CNAs: -Performed hand hygiene and put on gloves. *CNA A had: -Assisted the resident to stand using a standing lift. *CNA B had: -Removed the resident's soiled brief and put it in the garbage. -Performed perineal care. -Obtained personal wipes and cleaned bowel movement (BM) off the resident's bottom. -Put a new brief on the resident and pulled up the resident's pants up with her soiled gloves. - Removed her gloves and did not perform hand hygiene. *Without doing hand hygiene she had: -Removed the resident's sling - Applied heel protectors to her feet. -Brushed her hair. *CNA A had: -managed the stand lift controls. -removed the lift from the resident's room. -removed her gloves, and performed hygiene.	F 880	A hand hygiene competency will be performed annually with all nursing staff.  The DON or designee will conduct weekly audits on hand hygiene to ensure compliance with Avera's Hand Hygiene and Other Infection Prevention Practices. Findings will be reported by the DON or designee to the QAPI committee monthly for 3 months or until QAPI committee determines compliance has been reached.  1/28/2020 Addendum:  On 1/28/2020 CNA A was counseled on Avera's Hand Hygiene and Other Infection Prevention Practices by the Assistant Director of Nursing. This information was placed into the employee's personnel file.  JH	

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F 880	<p>Continued From page 3</p> <p>Interview on 1/8/20 at 9:55 a.m. with CNA B regarding the above observation of personal care with resident 48 revealed: *She agreed that after perineal care was performed she should have taken off her soiled gloves and done hand hygiene before putting on the resident's clean brief and clothes. *She should have done hand hygiene every time she took off her gloves.</p> <p>2. Observation on 1/8/20 at 7:48 a.m. with CNA C during personal care for resident 27 revealed the CNA: *Performed hand hygiene and put on gloves. *Assisted the resident to the bathroom. *Pulled down the resident's pants and soiled brief. -Removed the soiled brief and put it in the garbage. -Removed her gloves. *Without performing hand hygiene she had: - Got a new brief from the resident's dresser and hung it over the walker. -Made the bed and left the room. *Went to the clean linen closet and got a clean top sheet. -Returned to the resident's room and continued making the bed.</p> <p>Interview on 1/8/20 at 9:59 a.m. with CNA C concerning personal care with resident 27 revealed: *She agreed hand hygiene should have been done: -After removing gloves. -After leaving a resident's room when personal care had been done. -Before going to a clean linen closet when she had just been in a resident's room doing care.</p>	F 880		

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F 880	<p>Continued From page 4</p> <p>3a. Observation on 1/8/20 at 8:15 a.m. with CNA D during personal care for resident 16 revealed: *The CNA had knocked on the resident's door, and went into the residents room and without any hand hygiene put on gloves. *With those gloves on she: -Assisted the resident with putting on socks. -Assisted the resident to sit up in bed. -Put a gait belt on the resident. -Walked with the resident to the bathroom. - Pulled down the resident's soiled pull-up and assisted her to sit on the toilet. -Removed the soiled pull-up and put it in the garbage. *With those soiled gloves she: -Got a new pull-up and pad from the dresser. - Put the pull-up on her and pulled it up to the resident's knees. *The resident continues to sit on the toilet while the CNA: -Put pants on and pulled them to resident's knees. -Put shoes, and a brace on her. -Turned on the water, wet a washcloth, and applied soap, and gave it to the resident to wash her face. *CNA removed those soiled gloves and without doing hand hygiene she put on new gloves and continued to assist the resident with cleaning and dressing while she was sitting on the toilet. *CNA D removed her gloves, performed hand hygiene, and left the room to allow the resident to finish going to the bathroom.</p> <p>3b. Observation on 1/8/20 at 8:27 a.m. with CNA C during personal care for resident 16 revealed: *The CNA entered the resident's room, performed hand hygiene, and put on gloves.</p>	F 880		

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F 880	<p>Continued From page 5</p> <p>*With those same gloves she:</p> <ul style="list-style-type: none"> <li>-Assisted the resident to stand up from sitting on the toilet.</li> <li>-Went to the sink, got a washcloth, turned on the water and wet the washcloth.</li> <li>-Returned to the resident and washed the resident by reaching through her legs to the front of her, sliding the washcloth from the front to the back.</li> <li>-Did that same technique five to six times without changing the washcloth.</li> <li>--The front area of the resident would have been contaminated by the back area.</li> <li>-Went to the sink, got a dry towel, and then dried the resident.</li> </ul> <p>*With those same soiled gloves on the CNA: -</p> <ul style="list-style-type: none"> <li>Assisted the resident to stand up from sitting on the toilet.</li> <li>-Pulled up the resident's clean pull-up and pants.</li> <li>-Walked with her to her wheelchair.</li> <li>-Assisted her to sit down, and removed the gait belt.</li> </ul> <p>*She removed her gloves and without doing hand hygiene she:</p> <ul style="list-style-type: none"> <li>-Assisted her to the sink and brushed her hair. -</li> <li>Picked up lipstick, removed the cap, and applied it on the resident's lips.</li> </ul> <p>4. Observation on 1/8/20 at 8:40 a.m. with CNA C and CNA D during the transfer of resident 53 with a full body lift:</p> <p>*Both CNAs:</p> <ul style="list-style-type: none"> <li>-Applied the sling around the resident while readjusting and touching the resident. -</li> <li>Hooked up the sling to the full body lift and transferred the resident to the bed.</li> <li>-Touched the resident, the bed covers, and the lift with their hands.</li> </ul> <p>*CNA D:</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>-Without doing hand hygiene put on gloves. - Opened the resident's brief and checked the resident for incontinence of urine or bowel movement (BM). -Stated, "She is dry." -Removed her gloves and washed her hands: -- Turned on the water, wet her hands, and applied soap to her hands. --Rubbed her hands under the running water, rinsed off the soap while she rubbed for five to six seconds. --Dried her hands with a paper towel, and turned off the water with a dry paper towel. *CNA C: -Performed hand hygiene. -Then pushed the full body lift into resident 67's room and left it there. -She did not clean the lift when she took it from resident 53's room. *Later that day at 10:52 a. m. the lift was pushed up to resident 67"s bed and touching it.</p> <p>Interview on 1/8/20 at 10:09 a.m. with CNA's C and D confirmed there were missed opportunities for hand hygiene while doing personal care with above observation of resident 53. *CNA C was not sure about cleaning the lifts between residents. She said someone comes in and disinfects them at another time.</p> <p>5. Interview on 1/8/20 at 5:43 p.m. with assistant director of nursing (ADON), director of nursing (DON), and the administrator about the above observations with those residents' personal care confirmed: *There were missed opportunities for hand hygiene. *Hand hygiene should have been done before putting on gloves and after removing gloves.</p>	F 880		

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F 880	<p>Continued From page 7</p> <p>*Soiled gloves should have been removed and hand hygiene done before dressing a resident. *When washing a resident's perineal area a different part of the washcloth should have been used with each wipe. *Cleaning and disinfecting of shared equipment should have been performed between resident use. *The ADON said she had done some audits in areas but had not documented anything.</p> <p>Review of the provider's January 2020 Hand Hygiene and Other Infection Prevention Practices policy revealed: **C. Handwashing with soap and water and/or with alcohol based handwash agents is to be done: - 1. For the patients and residents protection:" --"Before applying gloves." --"After contact with patient or resident's intact skin when taking a pulse or blood pressure, lifting a patient or resident, etc." --"When moving from contact with contaminated body site to a clean body site." -2. For the employee's protection." --"After removing gloves." **D. Handwashing Procedure:" -1. Turn on water to comfortable temperature. -2. Wet hands up to wrists. -3. Apply soap. Work into a lather, wash all surfaces of the hands, finger, and nails for at least fifteen seconds. -4. Rinse well, keeping hands pointed down..."-5. Dry hand well with paper towels. -6. Use a paper towel to turn off the faucet. -7. Dispose of paper towels properly." **F. Other Aspects of hand hygiene." -5. Change gloves during patient care if moving from contaminated body site to a clean body site."</p>	F 880	<p>Perineal Cares:</p> <ul style="list-style-type: none"> <li>On 1/27/ 2020, GNA C was educated on perineal care per <i>The Nursing Assistant 5<sup>th</sup> Addition by JoLynn Pulliam</i>.</li> <li>On 1/15/2020 and 1/20/2020, CNAs received education at a mandatory meeting on perineal care as set forth in the <i>The Nursing Assistant 5<sup>th</sup> Addition by JoLynn Pulliam</i>. CNAs unable to attend the mandatory meetings will be educated by the completion date.</li> <li>On 1/23/2020, nurses received education at a mandatory meeting on perineal care as set forth in the <i>The Nursing Assistant 5<sup>th</sup> Addition by JoLynn Pulliam</i>. Nurses unable to attend the mandatory meeting will be educated by the completion date.</li> </ul> <p>A perineal care competency will be performed annually with all nursing staff.</p> <p>The DON or designee will conduct weekly audits on appropriate perineal care to ensure compliance with the <i>The Nursing Assistant 5<sup>th</sup> Addition by JoLynn Pulliam</i>. Findings will be reported by the DON or designee to the QAPI committee monthly for 3 months or until QAPI committee determines compliance has been reached.</p>	

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F 880	<p>Continued From page 8</p> <p>"H. Any electronic equipment or paper documents used in direct patient care areas in the hospital and long term care areas are frequently found to be contaminated with pathogenic organisms."</p> <p>"2. They are to be cleaned daily, whenever visibly soiled and if in direct contact with patients or contaminated surfaces."</p> <p>Review of provider's January 2020 Disinfection of Non-Critical Patient Care Equipment policy revealed:</p> <p>*Non-Critical items were those that came into contact with intact skin but not mucous membranes.</p> <p>*Noncritical resident care items were to be cleaned between/after each resident use. *All reusable resident care equipment removed from a resident room/procedure room was disinfected before use on another resident.</p> <p>Surveyor: 41088</p> <p>6a. Observations of resident 36's room on 1/6/20 at 2:44 p.m., on 1/7/20 at 10:04 a.m., and on 1/8/20 at 8:06 a.m. revealed:</p> <p>*Her oxygen concentrator was turned off and located next to her recliner.</p> <p>-The tubing and nasal canula were lying directly on the floor.</p> <p>b. Observations of resident 13's room on 1/6/20 at 3:06 p.m. and on 1/7/20 at 10:19 a.m. revealed:</p> <p>*Her oxygen concentrator was turned off and located next to her bed.</p> <p>-The tubing and nasal canula were lying directly on the floor.</p>	F 880	<p>Lift Cleaning:</p> <ul style="list-style-type: none"> <li>On 1/15/2020 and 1/20/2020, CNAs received education at a mandatory meeting on recommended lift cleaning per the Disinfection of Non-Critical Patient Care Equipment policy. CNAs unable to attend the mandatory meeting will be educated by the completion date.</li> <li>On 1/23/2020, nurses received education at a mandatory meeting on recommended lift cleaning per the Disinfection of Non-Critical Patient Care Equipment policy. Nurses unable to attend the mandatory meeting will be educated by the completion date.</li> </ul> <p>A lift cleaning competency will be performed annually with all nursing staff.</p> <p>The DON or designee will conduct weekly audits on appropriate lift cleaning to ensure compliance with the Disinfection of Non-Critical Patient Care Equipment policy. Findings will be reported by the DON or designee to the QAPI committee monthly for 3 months or until QAPI committee determines compliance has been reached.</p>	



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F 880	<p>Continued From page 9</p> <p>c. Interview on 1/08/20 at 5:48 p.m. with the ADON, the DON, and the administrator revealed: *They were unaware the oxygen tubing in resident 36 and 13's rooms were located directly on the floor. *They would expect the staff to follow infection control practices and ensure the tubing was placed in a bag off the floor when not in use.</p> <p>Review of the revised November 2019 Care/Cleaning of O2 Concentrators policy revealed: "Purpose: To maintain clean O2 concentrators/tubing to control source of infections. *Use standard precautions." -The policy did not address how the oxygen tubing was to be stored when not in use.</p>	F 880	<p>Oxygen Tubing:</p> <ul style="list-style-type: none"> <li>On 1/10/2020, all Oxygen tubing was placed into protective bags. Written education was provided to all nursing staff that all Oxygen tubing needs to be placed in a protective bag when not in use by the resident.</li> <li>On 1/15/2020 and 1/20/2020, CNAs received education at a mandatory meeting to place Oxygen tubing into a protective bag when not in use by the resident. CNAs unable to attend the mandatory meetings will be educated by the completion date.</li> <li>On 1/23/2020, nurses received education at a mandatory meeting to place Oxygen tubing into a protective bag when not in use by the resident. Nurses unable to attend the mandatory meeting will be educated by the completion date.</li> </ul> <p>Annual education will be provided to all nursing staff for appropriate placing of Oxygen tubing.</p> <p>The DON or designee will conduct weekly audits on Oxygen tubing placement in protective bags to ensure compliance with the Care/Cleaning of O2 Concentrators policy. Findings will be reported by the DON or designee to the QAPI committee monthly for 3 months or until QAPI committee determines compliance has been reached.</p>	

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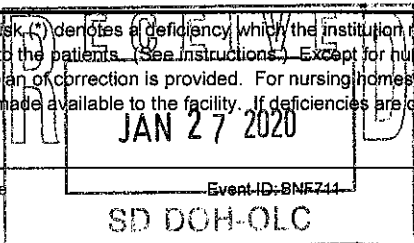
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E 000	<p>Initial Comments</p> <p>Surveyor: 26632 A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities, was conducted from 1/6/20 through 1/8/20. Avera Brady Health and Rehab was found in compliance.</p>	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Julie Hoffmann</b>	TITLE <b>Administrator</b>	(X8) DATE <b>1/27/2020</b>
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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.



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

PRINTED: 01/22/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/07/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AVERA BRADY HEALTH AND REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 S OHLMAN MITCHELL, SD 57301</b>
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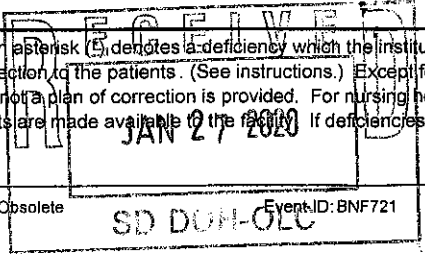
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 27198 A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 1/7/20. Avera Brady Health and Rehab Building 01 was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
**Julie Hoffmann**

TITLE  
**Administrator**

(X6) DATE  
**1/27/2020**

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 public. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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

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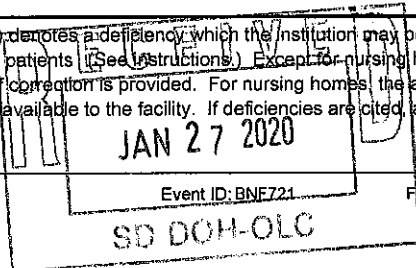
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - BUILDING 02</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/07/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AVERA BRADY HEALTH AND REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 S OHLMAN MITCHELL, SD 57301</b>
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(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
K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 27198 A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 1/7/20. Avera Brady Health and Rehab Building 02 was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Julie Hoffmann</b>	TITLE  <b>Administrator</b>	(X6) DATE  <b>1/27/2020</b>
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>03 - NORTH ADDITION</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/07/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>AVERA BRADY HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 S OHLMAN MITCHELL, SD 57301</b>	
(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
K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 27198 A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 1/7/20. Avera Brady Health and Rehab Building 03 was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.</p>	K 000		

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

TITLE

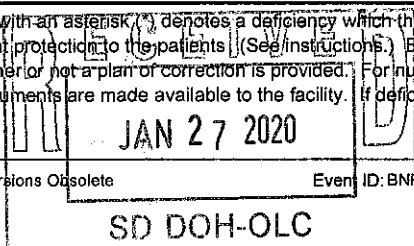
(X6) DATE

**Julie Hoffmann**

**Administrator**

**1/27/2020**

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.



South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10652</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AVERA BRADY HEALTH AND REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 S OHLMAN MITCHELL, SD 57301</b>
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(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) COMPLETE DATE
S 000	Compliance/Noncompliance Statement  Surveyor: 26632 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 1/6/20 through 1/8/20. Avera Brady Helath and Rehab was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement  Surveyor: 26632 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 1/6/20 through 1/8/20. Avera Brady Health and Rehab was found in compliance.	S 000		

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

Julie Hoffmann

STATE FORM

TITLE

Administrator

LJ6111

(X6) DATE

1/27/2020

If continuation sheet 1 of 1

