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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435051	A. BUILDING _____ B. WING _____	C 08/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA ARROWHEAD	2500 ARROWHEAD DR RAPID CITY, SD 57702

(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 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted on 8/6/24. Area surveyed included resident neglect. Avantara Arrowhead was found not in compliance with the following requirement: F689.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI), interview, and record review, the provider failed to ensure proper supervision for one of one sampled resident (1) who fell and received and injury when the resident was outside. Findings include: 1. Review of the SD DOH FRI revealed: *On 7/11/24 resident 1 walked outside and sat on a bench when a transportation staff member held the door open for him. *The transportation staff member had not notified any facility staff members. *Resident 1 had a fall while he was outside, which caused an abrasion on his forehead and his right knee. *Resident 1 was sent to the Emergency	F 689	1. Resident 1 was assessed by DON on 8/15/2024 for elopement risk. Care plan was reviewed, and no updates required. Administrator provided one on one education to the facility CNA/Bus Driver on the elopement policy and to notify charge nurses if a resident attempts to leave the facility or is exit seeking on August 13, 2024. CNA/Bus Driver was also informed of which residents are identified as an elopement risk and which residents can sit outside of the facility unsupervised. 2. DON or designee completed an audit of all residents' elopement assessments in facility on August 8, 2024, to determine who is at risk for elopement, what interventions are in place, and that their care plans reflect those interventions. Any identified issue will be corrected by IDT team no later than August 22, 2024. 3. The DON or designee will educate all staff on the elopement policy and to notify charge nurses if a resident attempts to leave the facility or is exit seeking. All staff will be informed of which residents are identified as an elopement risk and which residents can sit outside of the facility unsupervised.	8/22/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	[signature]	8/19/2024

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 689	Continued From page 1 Department (ED). Review of resident 1's electronic medical record (EMR) revealed: *He was admitted on 6/1/23. *He had a Brief Interview for Mental Status (BIMS) of 9 which indicated moderate cognitive impairment. *His diagnoses included of cerebral aneurysm, fall 2/13/24, anxiety, vascular dementia, and major depressive disorder. Review of resident 1's 7/08/24 care plan revealed: *An initiated focus on 5/9/24, that indicated he had extensive care needs and required the support/services of the long-term care (LTC) setting. His stay was planned for long term. -The goal for this focus was that his care needs would be provided during his stay at the facility. -The interventions for this goal included: "Take me outside when the weather permits, but I may wonder off so stay with me." Interview on 8/6/24 at 12:30 p.m. with administrator A revealed: *She was unaware the above reviewed initiated focus on 5/9/24 was in resident 1's care plan. -The staff member who initiated the above reviewed focus was not at the facility. *Before resident 1 fell, she had been watching him sitting on the bench and stated when he was ready to come back inside, he would ring the bell at the front door and staff would let him in. -He was in her eyesight, as the bench was outside her window. *She said resident 1 was not an elopement risk. -His last elopement assessment was completed on 6/6/24, indicated he was not an elopement	F 689	Education will occur no later than August 22, 2024. Those not in attendance at education sessions due to vacations, sick leave, or casual work status will be educated prior to their first shift worked. 4. DON or designee will complete an audit of all new admissions, change of conditions, and residents exhibiting new exit seeking behaviors to ensure completion of an elopement assessment, care plan has been updated, and that the elopement binder is up to date with resident information. Audits will be weekly for four weeks, then monthly for two months. Results of the audits will be discussed by the DON or designee at the monthly Quality Assessment Process Improvement (QAPI) meeting with IDT and Medical Director for analysis, recommendation for continuation/discontinuation/revision of audits based on findings.	8/22/2024

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F 689	Continued From page 2 risk. Interview on 8/6/24 at 1:53 p.m. with certified nursing assistant (CNA) E revealed: *She had been employed with the facility since 5/5/23. *Resident 1 was to have someone with him when he was outside before he fell. -Even when he was seated on the bench, he was to have someone with him. -She stated he was a wanderer. *She stated resident 1 did not use an assisted device. *She had seen activities and resident 1 walk outside. Interview on 8/6/24 at 1:59 p.m. with restorative/activities director D revealed: *She had been employed with the facility since 11/3/21. *Resident 1 had been on a restorative program since 8/2/23. *One of the programs was to go outside and walk around the facility. *He was not safe to be outside by himself even before he fell. -She stated resident 1 would get tired easily. -He could get disoriented and possibly wander off. Interview on 8/6/24 at 3:00 p.m. with licensed practical nurse F revealed: *She had been employed with the facility since 10/3/23. *Resident 1 should have had someone with him when he was outside even before he fell due to his wandering. *She stated even when he was seated on the bench, he should have someone with him.	F 689		

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F 689	Continued From page 3 Interview on 8/6/24 at 3:20 p.m. with administrator A regarding the above interviews revealed she stated she was not going to disagree with her staff.	F 689		