

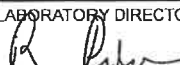
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/13/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/06/2024
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NAME OF PROVIDER OR SUPPLIER AVANTARA MILBANK	STREET ADDRESS, CITY, STATE, ZIP CODE 1103 SOUTH SECOND STREET MILBANK, SD 57252
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F 000	INITIAL COMMENTS	F 000		
F 677 SS=E	<p>A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 8/5/24 through 8/6/24. Areas surveyed included quality of care/treatment. Avantara Milbank was found not in compliance at: F677.</p> <p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review the provider failed to ensure activities of daily living (ADL) tasks were performed and accurately documented for four of four sampled residents (1, 2, 3, and 4) who were dependent on staff assistance. Findings include:</p> <p>1. Observations of resident 1 while in his room revealed he was sitting in his wheelchair in the center of the room and his call light was not within his reach: *On 8/5/24 at 3:35 p.m. *On 8/6/24 at 10:00 a.m. *On 8/6/24 at 1:06 p.m. *And again on 8/6/24 at 2:50 p.m.</p> <p>Interview on 8/5/24 at 3:40 p.m. with visitors who wished to remain anonymous revealed: *They had seen call lights on for at least 45 minutes. *They had helped residents with simple tasks because the residents were not getting help from</p>	F 677	<p>1. The care plans for Residents 1,2,3, and 4 were reviewed and updated to ensure accurate Comprehensive Care plans are in place including call lights being within reach or answered timely, and all residents who are dependent for ADL needs are at risk for their toileting and positioning plans not being followed or waiting for a longer time for assistance in the dining room. Dining practices have been reviewed with changes being made to ensure dignity is achieved during dining and residents are served when brought to their tables.</p> <p>2. Education will be provided to all staff by DON/designee on the following: Call light placement and timely response, toileting plans and positioning plans for residents that are dependent for ADLs: when dependent residents should be brought to the dining room (residents who require assistance with meals will be brought into the dining room when staff are ready to assist with their meal); Documentation of ADLs are to be documented in the Electronic Medical record for all residents. Education will occur no later than August 23rd, 2024 and those staff not in attendance at education session due to vacation, sick leave, or prn work status will be educated prior to their first shift worked.</p> <p>3. The DON/designee will conduct audits on: Call light placement and response times, toileting/positioning of dependent residents, documentation of toileting, and ensuring dependent residents are not taken to their table until staff are ready to assist with their meal. Audits will be five random resident observations/chart reviews - completed weekly for two weeks, then three random observations/chart reviews weekly for two weeks, and then one observation/chart review each one month. Results of the audits will be discussed by the DON/designee at the monthly QAPI meeting with the IDT and Medical Director for analysis and recommendation for continuation/discontinuation/revision of audits based on findings.</p>	09/10/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Acting Administrator	(X6) DATE 8/22/2024
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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 677	<p>Continued From page 1 staff.</p> <p>Interview on 8/6/24 at 1:40 p.m. with nurse consultant C revealed: *The facility does not have a rounding (periodic monitoring of residents' status and assisting with their needs) or positioning policy. *The facility must follow what was in each resident's care plan regarding how often they would do rounds.</p> <p>Interview on 8/6/24 at 2:00 p.m. with administrator A revealed: *She expected rounding on residents to be done at a minimum of every two hours. *Rounding can be specific to the resident's care plan that the facility must follow.</p> <p>Interview on 8/6/24 at 2:52 p.m. with director of nursing (DON) B revealed: *She expected call lights to always be within reach of residents. *She said even if residents had cognitive or physical declines, they should have an adaptive call light they can use.</p> <p>Review of the resident 1's electronic medical record (EMR) revealed: *His Brief interview for mental status (BIMS) score was a 00, which indicated severe cognitive impairment. *He needed assistance to alternate rest periods in bed with activity and being up in a chair for optimal comfort per his care plan. *He needed assistance to lay down on his bed daily to stretch out even if for a few minutes per his care plan. *His toileting documentation revealed he was assisted with toileting:</p>	F 677		

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F 677	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Two times within a 24-hour period 12 out of 28 days. -Three times within a 24-hour period 12 out of 28 days. -Four times within a 24-hour period 4 out of 28 days. <p>2. Observation and Interview on 8/6/24 at 8:00 a.m. to 8:40 a.m. of residents 1, 2, 3, and 4 while at the assist table for the breakfast meal and registered nurse (RN) D passing medications revealed: *Residents 1, 2, 3, and 4 were seated in their wheelchairs at the assist table and were not being fed. *Other residents were served food and drinks when they arrived in the dining room. *RN D stated those residents (1, 2, 3, and 4) were the first to be brought in and the last to be fed because they are dependent on staff to assist them.</p> <p>3. Observations on 8/6/24 at 10:57 a.m. of residents 1, 2, and 3 revealed they were all seated in their wheelchairs in their rooms.</p> <p>4. Observations on 8/6/24 at 11:40 a.m. of residents 1, 2, 3, and 4 revealed they were all in their wheelchairs and brought to their table in the dining room for the lunch meal.</p> <p>5. Review of resident 2's EMR revealed: *Her BIMS score was 3, which indicated severe cognitive impairment. *She needed assistance to reposition up to every two hours per her care plan. *Her toileting documentation revealed she was assisted with toileting: -Two times within a 24-hour period 11 out of 28</p>	F 677		

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F 677	Continued From page 3 days. -Three times within a 24-hour period 16 out of 28 days. -Five times within a 24-hour period 1 out of 28 days. 6. Review of resident 3's EMR revealed: *His BIMS score was a 00, which indicated severe cognitive impairment. *His care plan revealed he is dependent on staff for: -Mobility -Transfers -Repositioning *His toileting documentation revealed he was assisted with toileting: -Two times within a 24-hour period 13 out of 28 days. -Three times within a 24-hour period 14 out of 28 days. -Five times within a 24-hour period 1 out of 28 days. 7. Observation on 8/5/24 at 3:25 p.m. of resident 4 in her room revealed: *She was seated in a high-back wheelchair with her eyes closed. *Heal protectors were applied to both feet. *She did not respond when spoken to. 8. Observation on 8/5/24 at 5:09 p.m. of resident 4 in her room revealed she was in the same position as above in her wheelchair. 9. Observation on 8/6/24 at 7:52 a.m. of resident 4 in the dining room revealed: *She was seated in a high-back wheelchair at a table. *Heal protectors were applied to both feet. *A staff member started assisting her to eat at	F 677		

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F 677	<p>Continued From page 4</p> <p>8:30 a.m. *She finished eating and was assisted back to her room at 8:55 a.m.</p> <p>10. Interview on 8/6/24 at 9:05 a.m. with CNA G regarding the dining schedule revealed: *The total assist (dependent on staff assistance) residents were brought to the dining room first for breakfast. *Then the residents who needed some assistance with dressing in the morning were helped and the independent residents were reminded to go to breakfast. *Once everyone was in the dining room she would help the total assist residents with eating breakfast.</p> <p>11. Observation on 8/6/24 at 10:10 a.m. of resident 4 in her room revealed she was still seated in the high-back wheelchair.</p> <p>12. Observation and interview on 8/6/24 at 10:35 a.m. with RN F revealed: *Resident 4 was in her high-back wheelchair in her room. *Care plans stated residents were to be repositioned every two hours. *She agreed resident 4 had been in her wheelchair since breakfast.</p> <p>13. Review of resident 4's EMR revealed: *She had a primary diagnosis of Parkinson's disease. *She had a BIMS score of 00 which indicated severe cognitive impairment. *Her care plan interventions dated 7/24/24 indicated staff were to turn and reposition her every two hours and as needed. *She was dependent on staff for bed mobility,</p>	F 677			

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F 677	Continued From page 5 transfers, locomotion, toileting and dressing. Review of the provider's 2/20/2024 Call Light Policy revealed: **4. Be sure call lights are placed within reach of residents." **6. For residents who are physically unable to depress the traditional call light but cognitively able to call for help, evaluate the need for alternate call system ..."	F 677			