DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/06/2020 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER AVAITARA NORTON SUMMARY STATEMENT OF DEFICIENCIES (SACA) CEPICESSO'S MUST BE PRECEDED BY FULL (PREFIX (SACA) CEPICESSO'S MUST BE PLAN OF CORRECTION OF THE APPROPRIATE COMPANIES (PREFIX (SACA) CEPICESSO'S MUST BE PRECEDED BY FULL (PREFIX (SACA) CEPICESSO'S MUST B	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED	
INME OF PROVIDER OR SUPPLIER AVANTARA NORTON SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (REGULATORY OR LISC IDENTIFYING SPORMATION) FOR INITIAL COMMENTS Surveyor: 16386 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure & Certification Office on 4/30/20. Avantara Norton was found in compliance with 42 CFR Part 483.80 infection control regulation: F880. Avantara Norton was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 65			435039	B. WING	,	04/30/2020
FREEN REGULATORY OR LSC IDENTIFYING INFORMATION) FROM INITIAL COMMENTS Surveyor: 16385 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure & Certification Office on 4/30/20. Avantara Norton was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 85	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3600 SOUTH NORTON AVENUE					
Surveyor: 16385 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure & Certification Office on 4/30/20. Aventrara Norton was found in compliance with 42 CFR Part 483.80 infection control regulation: F880. Avantara Norton was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 65	PREFIX	(EACH DEFICIEI	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE COMPLETION
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X8) DATE 5-6-2000	F 000	Surveyor: 16385 A COVID-19 Focus was conducted by of Health Licensure 4/30/20. Avantara to compliance with 42 control regulation: I Avantara Norton was CFR Part 483.73 re	sed Infection Control Survey the South Dakota Department e & Certification Office on Norton was found in 2 CFR Part 483.80 infection F880. as found in compliance with 42	F 000		
	ABORATORY		ER/SUPPLIER REPRESENTATIVE'S SIGNATU	ŔĔ	TITLE //	

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: The copy of the findings stated above are disclosable 90 days following the date of survey whether provided 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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