

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

PRINTED: 02/06/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/30/2024
NAME OF PROVIDER OR SUPPLIER AVERA BORMANN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH 4TH STREET PARKSTON, SD 57366		
(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	F 000			
F 600 SS=G	<p>A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted on 1/30/24. The area surveyed was accidents. Avera Bormann Manor was found not in compliance with the following requirements: F600 and F658.</p> <p>Free from Abuse and Neglect CFR(s): 483.12(a)(1)</p> <p>§483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on review of the South Dakota Department of Health (SD DOH) online report, observation, record review, interview, and policy review, the provider failed to ensure one of three sampled residents (20) received appropriate care to prevent a burn from a warm pack.</p> <p>1. Review of the SD DOH online report revealed the following: *On 1/20/24 restorative aide F applied a warm pack on the back of resident 20's neck.</p>	F 600			

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

Mary Kummer

TITLE

LTC Administrator

(X6) DATE

02/13/24

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: 02/06/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/30/2024
NAME OF PROVIDER OR SUPPLIER AVERA BORMANN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH 4TH STREET PARKSTON, SD 57366	
(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 600	<p>Continued From page 1</p> <p>-The warm pack was a heated wet hand towel wrapped in Chux (disposable waterproof-under pad).</p> <p>-Resident 20's cognition score was a 4.</p> <p>Observation and interview on 1/30/24 at 12:22 p.m. resident 22 in his room revealed: *He was seated in a Broda [a specialized wheelchair] chair. *He made no eye contact, and was unable to respond coherently to questions.</p> <p>Review of resident 20's electronic medical record revealed his: *12/27/23 Brief Interview of Mental Status score was a 4, meaning he was cognitively impaired. *Diagnoses Included Alzheimer's Disease and Lewy Body dementia with behavioral disturbance, and anxiety. *Medication administration record included a 1/20/24 physician order for Silver Sulfadiazine (Silvadene 1%) to the right side of the neck for a burn. *Care plan included the following: -"Resident blank stares and is verbally unresponsive to family and staff." -"Staff will anticipate needs." -"Chronic Pain-as evidenced by: hx [history] of headaches, GERD [gastroesophageal reflux disease], monitor for facial grimacing and nonverbal s/s [signs and symptoms] of pain." -He required the assistance of two staff members for most activities of daily living.</p> <p>Interview on 1/30/24 at 10:44 a.m. with restorative aide (RA) F regarding the above-referenced report revealed: *Her employment began in March, 2023, and she: -Had transferred from a sister facility.</p>	F 600	<ol style="list-style-type: none"> All nursing and restorative nursing staff were notified on 1/24/24 to discontinue use of any warm packs on resident 20 and also on all residents who are cognitively incapable of communicating needs. The warm pack policy and procedure in use at the time of the incident has been discontinued. The nursing staff and restorative staff will now apply blankets or towels warmed in a commercial warmer (set to 130 degrees F per manufacturer guidelines for injury prevention) to residents requesting heat application. The policy and procedure for heat therapy has been changed to reflect warm blanket/towel use. This policy and procedure will be followed by the nursing and restorative nursing care staff. All nursing and restorative care staff will be trained on the new policy by 2/21/24. All nursing and restorative care staff will also be trained on the preparation and application of the warm blankets/towels. This training will be given by the DON and/or designee. This training will also be completed by 2/21/24. The charge nurse will be responsible for checking and documenting the temperature of the towel warmer once per shift. 	2/21/24

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

PRINTED: 02/06/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/30/2024
NAME OF PROVIDER OR SUPPLIER AVERA BORMANN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH 4TH STREET PARKSTON, SD 57366		
(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 600	<p>Continued From page 2</p> <p>-Had worked as the RA for about three months. -Had previously worked for the provider for a "a year or two a few years ago". *She had started placing warm packs on residents' necks before completing the restorative nursing care to help loosen the residents' neck muscles. -She had no training in the use of warm packs. -She had no guidance from a nurse or physical therapist in the use of warm packs. -Warm packs were heated up in the microwave for 30 seconds. *On 1/20/24 she had heated three warm packs in the microwave and she: -Took two of the warm packs and placed them on resident 21 and resident 22's necks. -Thought the third warm pack had cooled. -Then placed the third warm pack back in the microwave and warmed it for another 30 seconds. --That warm pack she wrapped in a Chux with the plastic side out, and placed on the back of resident 20's neck, was "not on for 20 minutes." -She had not "thought it would get that hot (to cause a burn)."</p> <p>Interview on 1/30/24 at 12:38 p.m. with certified nursing assistant (CNA) G regarding the use of warm packs revealed: *CNAs did not use warm packs. *RA F and nurses had used them for resident care.</p> <p>Observation and interview on 1/30/24 at 12:45 p.m. of resident 20 with registered nurse (RN) D revealed: *The mid-back of resident 20's neck had an area of eschar (a collection of dead tissue within the wound of the skin) approximately the size of a</p>	F 600	<p>5. Director of nursing or designee will audit/observe heat therapy application to ensure the new policy/procedure is followed for residents who have current orders for warm packs/heat therapy. Each application of heat therapy will be audited daily X 7 days. Results of the audits will be presented to the quality assurance committee on 2/20/24. The QA committee will determine if further auditing is needed. The temperature documentation will also be audited daily X 7 days, weekly X 1 month and monthly X 3 months to assure the charge nurse is checking and documenting temperatures per policy. Auditing will be done by DON or designee. The results of the first weeks audit will be presented to the QA committee on 2/20/24. The weekly auditing will be presented during the March QA meeting and the monthly audits will be presented during the April, May, and June QA meetings.</p>		

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

PRINTED: 02/06/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/30/2024
NAME OF PROVIDER OR SUPPLIER AVERA BORMANN MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH 4TH STREET PARKSTON, SD 57366		
(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 600	<p>Continued From page 3</p> <p>quarter, and on the right side of the back of his neck were two areas of eschar the approximate size of dimes.</p> <p>*RN D stated those eschar areas were caused from a warm pack burn on 1/20/24.</p> <p>-CNAs and RA F were able use warm packs on residents that were cognitively aware and could tell them if the warm pack was too hot.</p> <p>-She was not certain who would have trained CNAs and RAs in the use of warm packs.</p> <p>-She thought the RA F would have known how to use them, as "she had been trained in restorative."</p> <p>Interview on 1/30/24 at 12:56 p.m. with RN C regarding the use of warm packs for residents revealed:</p> <p>*On 1/20/24 she observed resident 20's neck after staff notified her of a possible burn.</p> <p>-The back of his neck was red, was not raised, or blistered.</p> <p>--She placed a cool pack on it and called his medical provider.</p> <p>*She stated the area had not become open and had some eschar tissue on the area where the warm pack had been placed.</p> <p>*Warm packs were only used on residents who were cognitively aware and could say if the warm packs were "too warm".</p> <p>*She was not certain who had trained CNAs and RAs in the use of warm packs.</p> <p>Interview on 1/30/24 at 1:06 p.m. with administrator A regarding the use of warm packs and restorative nursing care revealed:</p> <p>*There was not a restorative nursing care training program for staff.</p> <p>-CNAs were trained, during their CNA certification course, and how to complete basic restorative</p>	F 600	<p>6. A physicians order will be obtained for all residents using a warm towel. An order for the PRN application of a warm towel will be added to our admission orders for all future residents. The charge nurse may assess a resident for pain and direct the other nursing or restorative staff to apply a warm towel for that resident.</p> <p>An audit will be completed by DON or designee to assure all residents currently using warm towels have a physician's order. The results of this audit will be reviewed at the QA mtng held on 2/20/24.</p>	

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

PRINTED: 02/06/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/30/2024
NAME OF PROVIDER OR SUPPLIER AVERA BORMANN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH 4TH STREET PARKSTON, SD 57366	
(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)	(X6) COMPLETION DATE
F 600	<p>Continued From page 4 care.</p> <p>*There was no documented restorative nursing care training for RA F.</p> <p>*A RA job description was requested from administrator A and was not provided by the end of the survey period.</p> <p>-She thought RA F had not signed a RA job description, as she had started her employment as a CNA.</p> <p>*Thought RA F had RA training during her previous employment with a sister facility.</p> <p>-There was no documentation to support that the training had occurred.</p> <p>Interview on 1/30/24 at 3:25 p.m. with administrator A and clinical care coordinator (CCC) E regarding the use of warm packs revealed:</p> <p>*RA F was also a CNA.</p> <p>*RA F was not provided initial training in restorative nursing care as:</p> <p>-She previously worked at this facility.</p> <p>-Her employment was transferred from a sister facility.</p> <p>*CCC E stated nurses may have known RA F was using warm packs for resident 20's neck but she was not certain.</p> <p>*Administrator A stated the process for warm packs had been changed on 1/24/24.</p> <p>-The process now included not using warm packs on cognitively impaired residents.</p> <p>-Training for the nursing employees regarding the new process was completed on 1/24/24.</p> <p>DON B was not available for an interview during the survey period.</p> <p>Review of the provider's September 2023 facility assessment revealed:</p>	F 600		

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

PRINTED: 02/06/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/30/2024
NAME OF PROVIDER OR SUPPLIER AVERA BORMANN MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 601 NORTH 4TH STREET PARKSTON, SD 57366		
(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 600	<p>Continued From page 5</p> <p>*One RA was scheduled for five days per week. *Staff competency was to have been assessed annually.</p> <p>Review of the provider's November 2023 Restorative Nursing Care Program policy revealed: **"The Restorative Nursing Care Program, coordinated by the Director of Physical Therapy, provides exercises for patients based on their individualized needs. A physical therapist evaluates and designs the exercise program for each patient. The patient care staff is instructed by the physical therapist on how to carry out that exercise program."</p> <p>Review of the provider's undated Warm Packs policy revealed: **"Warm Packs -Moisten wash cloth or towel with warm water from the faucet. Wring cloth or towel out, place in microwave no more than 30 seconds, then place in a plastic bag and wrap with a dry cloth. Apply to affected area. Check every 15-30 minutes and reheat/reapply as needed. Do NOT place wet cloth/towel in microwave more than 30 seconds ...Check area where warm pack is applied every 15-30 [minutes]." -"This policy was developed as a guide for the delivery of health services and is not intended to define the standard of care." *The policy did not include who was able to apply warm packs to residents.</p> <p>Review of the provider's revised August 2020 Abuse, Neglect, Mistreatment and Misappropriation of Resident Property policy revealed: **"Definitions of Abuse and Neglect"</p>	F 600		

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

PRINTED: 02/06/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/30/2024
NAME OF PROVIDER OR SUPPLIER AVERA BORMANN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 601 NORTH 4TH STREET PARKSTON, SD 57366		
(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)	(X6) COMPLETION DATE	
F 600	Continued From page 6 -“f. Neglect is the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.” “Abuse policy” -“Additionally, residents will be protected from abuse, neglect, and harm while they are residing at the facility.” -“The facility will strive to educate staff and other applicable individuals in techniques to protect all parties.”				
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on a review of the South Dakota Department of Health (SD DOH) online report, interview, and policy review, the provider failed to ensure one of one sampled restorative aide (F) provided appropriate care to prevent a burn on one of one sampled resident (20) from a warm pack. 1. Review of the SD DOH online report revealed the following: *On 1/20/24 restorative aide F applied a warm pack on the back of resident 20's neck. -The warm pack was a heated wet hand towel wrapped in Chux (disposable waterproof under pad).	F 658	1. Restorative aide F was notified on 1/24/24 to discontinue use of any warm packs on resident 20 and on all residents who are cognitively incapable of communicating needs. 2. The policy and procedure for heat therapy has been changed to reflect warm blanket/towel use. This policy and procedure will be followed by nursing and restorative nursing care staff. All nursing and restorative care staff will be trained on the new policy by 2/21/24. 3. Restorative aide F has been educated to apply blankets or towels warmed in the commercial warmer (set to 130 degrees F per manufacturer guidelines for injury prevention) to residents requesting heat application.	2/21/24	

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

PRINTED: 02/06/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/30/2024
NAME OF PROVIDER OR SUPPLIER AVERA BORMANN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 601 NORTH 4TH STREET PARKSTON, SD 57366		
(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 658	<p>Continued From page 7</p> <p>Interview on 1/30/24 at 10:44 a.m. with restorative aide (RA) F regarding the above-referenced report revealed:</p> <p>*She had started placing warm packs on residents' necks before completing their restorative nursing care to help loosen the neck muscles.</p> <p>-She had no training in the use of warm packs.</p> <p>-She had no guidance from a nurse or physical therapist in the use of warm packs.</p> <p>Interview on 1/30/24 at 12:45 p.m. of resident 20 with registered nurse (RN) D revealed:</p> <p>*CNAs and RA F were able to use warm packs on residents who were cognitively aware and could tell them if the warm pack was too hot.</p> <p>*She was not certain who would have trained CNAs and RAs in the use of warm packs.</p> <p>Interview on 1/30/24 at 12:56 p.m. with RN C regarding the use of warm packs for residents revealed:</p> <p>*Warm packs were only used on residents who were cognitively aware and could say if the warm packs were "too warm".</p> <p>*She was not certain who had trained CNAs and RAs in the use of warm packs.</p> <p>Interview on 1/30/24 at 1:06 p.m. with administrator A regarding the use of warm packs and restorative nursing care revealed:</p> <p>*There was not a restorative nursing care training program for staff.</p> <p>-CNAs were trained, during their CNA certification course, and how to complete basic restorative care.</p> <p>*There was no documented restorative nursing care training for RA F.</p> <p>*A RA job description was requested from</p>	F 658	<p>4. To ensure the new policy/procedure is followed for residents who have current orders for warm packs/heat therapy, the DON or designee will audit/observe heat therapy application by restorative aide F. Each application of heat therapy will be audited daily X 7 days. Results of the audit will be reviewed at the 2/20/24 quality assurance meeting. The committee will determine if further auditing is needed.</p> <p>5. A physicians order will be obtained for all residents using a warm towel. An order for PRN application of a warm towel will be added to our admission orders for all future residents. The charge nurse may assess a resident for pain and may direct the other nursing or restorative care staff to apply a warm towel for that resident. An audit will be completed by the DON or designee to assure all residents currently using warm towels have a physician's order. The results of this audit will be reviewed at the QA meeting scheduled on 2/20/24.</p> <p>6. The charge nurses will be responsible for checking and logging the temperature of the towel warmer once each shift. These temps. will be audited daily X 7 days, weekly X 1 month and monthly X 3 months. Auditing will be done by the DON or designee. The results of the first weeks audit will be presented to the QA committee on 2/20/24. The weekly auditing will be presented during the March QA meeting and the monthly audits will be presented during the April, May, and June QA meetings.</p>		

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

PRINTED: 02/06/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/30/2024
NAME OF PROVIDER OR SUPPLIER AVERA BORMANN MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH 4TH STREET PARKSTON, SD 57366		
(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 658	<p>Continued From page 8</p> <p>administrator A and was not provided by the end of the survey period.</p> <p>-She thought RA F had not signed a RA job description, as she had started her employment as a CNA.</p> <p>*Thought RA F had RA training during her previous employment with a sister facility.</p> <p>-There was no documentation to support that the training had occurred.</p> <p>Interview on 1/30/24 at 3:25 p.m. with administrator A and clinical care coordinator (CCC) E regarding the use of warm packs revealed:</p> <p>*RA F was a CNA.</p> <p>*RA F was not provided initial training in restorative nursing care as:</p> <p>-She previously worked at the facility.</p> <p>-Her employment was transferred from a sister facility.</p> <p>DON B was not available for an interview during the survey period.</p> <p>Review of the provider's September 2023 facility assessment revealed:</p> <p>*Staff competency was to have been assessed annually.</p> <p>Review of the provider's November 2023 Restorative Nursing Care Program policy revealed:</p> <p>**The Restorative Nursing Care Program, coordinated by the Director of Physical Therapy, provides exercises for patients based on their individualized needs. A physical therapist evaluates and designs the exercise program for each patient. The patient care staff is instructed by the physical therapist on how to carry out that</p>	F 658		

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

PRINTED: 02/06/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/30/2024
NAME OF PROVIDER OR SUPPLIER AVERA BORMANN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH 4TH STREET PARKSTON, SD 57366		
(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 658	<p>Continued From page 9 exercise program."</p> <p>Review of the provider's undated Warm Packs policy revealed: **Warm Packs -Moisten wash cloth or towel with warm water from the faucet. Wring cloth or towel out, place in microwave no more than 30 seconds, then place in a plastic bag and warp with a dry cloth. Apply to affected area. Check every 15-30 minutes and reheat/reapply as needed. Do NOT place wet cloth/towel in microwave more than 30 seconds...Check area where warm pack is applied every 15-30 [minutes]." -"This policy was developed as a guide for the delivery of health services and is not intended to define the standard of care." *The policy did not include who was able to administer warm packs to residents or any training that was required before to administering them those warm packs.</p> <p>Review of the provider's revised August 2020 Abuse, Neglect, Mistreatment and Misappropriation of Resident Property policy revealed: **Definitions of Abuse and Neglect" -"f. Neglect is the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress." **Abuse policy" -"The facility will strive to educate staff and other applicable individuals in techniques to protect all parties."</p> <p>Refer to F600.</p>	F 658			