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

PRINTED: 12/09/2020 FORM APPROVED OMB NO. 0938-0391

ANAME OF PROVIDER OR SUPPLIER AVANTARA NORTH SUMMARY STATEMENT OF DESIGENCIES PREFEX REPORT (EACH DEFICIENCY MUST SE PRECEDED BY PULL PREFEX TAG FOOD INITIAL COMMENTS Surveyor: 18560 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 12/3/20. Avantara North was found in compliance with 42 CFR Part 483.01 resident rights and 42 CFR Part 483.01 resident fights and 42 CFR Part 483.07 resident fights and 42 CFR Part 483.07 resident rights and 42 CFR Part 483.07 resident fights and 42 CFR Part 483.07 resident rights and 42 CFR Part 483.07 resident ri	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AWANTARA NORTH INTID CATALOGUE SUMMARY STATEMENT OF DEPICIENCIES OF PRODUCTIVE, SD 57701 INTID CALLOCATION OF CORRECTION MUST BE PRECEDED BY PULL PREPIX TAG PRODUCTIVE OF THE PROPERTY OF T			435064	B. WING			12	/03/2020
FOOD INITIAL COMMENTS Surveyor: 18560 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 12/3/20. Avantara North was found in compliance with 42 CFR Part 483.70 resident rights and 42 CFR Part 483.70 resident rights and 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 45					16	S20 NORTH 7TH STREET		
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		Surveyor: 18560 A COVID-19 Focused was conducted by the of Health Licensure at 12/3/20. Avantara Nowith 42 CFR Part 483.80 infe F550, F562, F563, F5 F886. Avantara North was ff CFR Part 483.73 relatives at 15 Total residents: 45	Infection Control Survey e South Dakota Department and Certification Office on with was found in compliance 3.10 resident rights and 42 action control regulations: 583, F880, F882, F885, and and in compliance with 42 ated to E-0024(b)(6).		000	TITLE		(X6) DATE
	Krista Dittus					Administrator		12/09/2020

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: \$10I11

Facility ID: 0107

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