

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

PRINTED: 03/04/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/18/2021
NAME OF PROVIDER OR SUPPLIER  AVANTARA PIERRE			STREET ADDRESS, CITY, STATE, ZIP CODE 950 EAST PARK STREET PIERRE, SD 57501	
(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  Surveyor: 16385 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted by the South Dakota Department of Health Licensure and Certification Office on 2/17/21 through 2/18/21. Area surveyed included quality of care/treatment. Avantara Pierre was found not in compliance with the following requirement: F658.  A COVID-19 Focused Infection Control Survey was conducted on 2/17/21 through 2/18/21. Avantara Pierre was found in compliance with 42 CFR Part 483.10 resident rights and 42 CFR Part 483.80 infection control regulations F550, F562, F563, F583, F880, F882, F885, and F886.  Avantara Pierre was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6).  Total residents: 46	F 000		
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: Surveyor: 16385 Based on record review, interview, and policy review, the provider failed to ensure professional standards had been followed to ensure a significant weight gain (63.8 pounds) had been monitored and interventions for the weight gain	F658	1. No immediate corrective action can be taken for Resident 1, as she discharged from Avantara Pierre on 1/18/21. Resident 1's significant weight gain was identified, monitored and interventions were put in place on 1/13/21 to include Lasix 40mg po bid x 1 week, then Lasix 40mg po daily, consult with Dr. Syed, Nephrology, 3/8/21, draw CBC-D, BMP for congestive heart failure, A1C for diabetes, then draw another BMP in 1 week on 1/20/21 and to weigh resident 3 times per week.	3/29/2021  3/11/2021 (Signature)

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

TITLE

(X6) DATE

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 658	<p>Continued From page 1</p> <p>had been started timely for one of one sampled resident (1) who had a significant weight gain. Findings include:</p> <p>1. Review of resident 1's medical record revealed: *She had been admitted on 12/24/20 from the hospital after a fall at her home on 12/16/20. *She had been diagnosed at the hospital with acute chronic kidney injury secondary to overdiuresis (increased or excessive production of urine). *She had diagnoses that included: -Acute kidney failure. -Chronic kidney disease Stage 4 (severe). -Type 2 diabetes mellitus with diabetic chronic kidney disease. -Chronic systolic (congestive) heart failure. -History of COVID-19. -History of falling.</p> <p>Review of resident 1's weights and vitals summary revealed: *She weighed 239.4 pounds on 12/24/20. *She weighed 239.5 pounds on 12/25/20. *She weighed 238.0 pounds on 12/26/20. *She weighed 303.2 pounds on 1/13/21. *She weighed 304.0 pounds on 1/15/21. *She weighed 309.8 pounds on 1/18/21. *No weights had been documented between 12/26/20 and 1/13/21.</p> <p>Review of resident 1's daily nursing health status notes from 12/24/20 through 1/18/20 revealed: *1/17/21 SOB (shortness of breath) noted while at rest. Resident set up in chair and oxygen given. *1/17/21 Resident has fine crackles in right lung and has SOB while at rest Oxygen saturation (amount of oxygen that's in bloodstream) at 85%</p>		<p>2. All residents are at risk for a significant change in their weight. All residents medical record will be reviewed to identify a potential significant weight change.</p> <p>3. The Administrator, DON, and IDT in collaboration with the medical director and governing body reviewed the Weighing the Resident policy. The DON or designee will educate the Interdisciplinary Team (IDT) and all nursing staff on the Weighing the Resident policy to ensure significant weight changes are identified, monitored and new interventions are put in place. The cited deficiency will be reviewed as well. Education will occur no later than March 19, 2021 and those not in attendance at education session due to vacation, sick leave, or casual work status will be educated prior to their first shift worked.</p> <p>4. The DON or designee will audit 5 residents' weights to identify a potential significant weight change to ensure monitoring and new interventions are put in place as necessary. Audits will be weekly for four weeks, and then monthly for two months. Results of audits will be discussed by the DON at the monthly QAPI meeting with the IDT and Medical Director for analysis and recommendation for continuation/discontinuation/revision of audits based on audit findings.</p>		

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F 658	<p>Continued From page 2</p> <p>while at rest. Resident given oxygen.</p> <p>*1/18/21 Resident with recent weight gain and increased edema (swelling caused by excess fluid), SOB with wheezing.</p> <p>*No prior nursing health status notes had documented weight gain or increased edema.</p> <p>Interview on 2/17/21 at 1:00 p.m. with interim director of nursing (DON) A confirmed resident 1 had been weighed each day for the first three days and on 1/13/21. All new admissions had received initial weights for the first three days and followed policy of one weight per month after that unless specifically ordered by their physician. Resident 1 had no specific order. DON A had not noticed any red flags of swelling in hands, face, or legs for resident 1.</p> <p>Review of the provider's January 2020 Weighing the Resident policy revealed: "The purposes of this procedure is to determine the resident's weight and height, to provide a baseline and an ongoing record of the resident's body weight as an indicator of the nutritional status and medical condition of the resident, and to provide a baseline height in order to determine the ideal weight of the resident.</p> <ol style="list-style-type: none"> <li>1. Review the resident's care plan to assess for any special needs of the resident.</li> <li>3. Weight is measured upon admission and monthly (or per physician order).</li> <li>6. Report significant weight loss/weight gain to the nurse supervisor who will then report to the RD and physician." <p>Review of Appendix PP - Interpretive Guidelines for Long-Term Care Facilities revealed: *Current standards of practice recommend weighing the resident on admission or</p> </li></ol>	F 658			

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F 658	Continued From page 3 readmission (to establish a baseline weight), weekly for the first 4 weeks after admission and at least monthly thereafter to help identify and document trends such as insidious weight loss. Weighing may also be pertinent if there is a significant change in condition, food intake has declined and persisted (e.g., for more than a week), or there is other evidence of altered nutritional status or fluid and electrolyte imbalance. In some cases, weight monitoring is not indicated (e.g., the individual is terminally ill and requests only comfort care).	F 658		