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

PRINTED: 06/27/2023 FORM APPROVED OMB NO. 0938-0391

A BUILDING CORRECTION MANE OF PROVIDER OR SUPPLIER AVANTARA MILBANK SUMMARY STATEMENT OF DEFICIENCES (CACH DEFICIENCY MUST BE PRECIDED OF FULL PREPAR 1A0 INITIAL COMMENTS A complaint health survey for compliance with 42 CFR Part 483, Subpart 8, requirements for Long Term Care facilities was conducted on 672/123. Area surveyed included resident neglect. Avantara Milbank was found in compliance with the requirements.	CENTERS FOR MEDICARE & MEDICAID SET STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SI IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING		ATE SURVEY
NAME OF PROMOBER OR SUPPLIER AVANTARA MILBANK SUMMARY STREAMS TO DEFIDISHOUS BURNEASH TO PROFESSED BY FILL PROMOBERS PLAN OF CORRECTION SHOULD BE EACH DEPROPRY MIST BE PROCESSED BY FILL PROMOBER SHAPE AND OF CORRECTION SHOULD BE CROSS-REPRENDED TO THE APPROPRIATE FOOD INITIAL COMMENTS A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted on 0f.21/23. Area surveyed included resident neglect. Avantars Milbank was found in compliance with the requirements.			IDENTIFICATION NUMBER:	A. BUILDI			С
AVANTARA MILBANK SIMMARY STATEMENT OF DEFICIENCIES (PAPER) TO RECOULTRY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted on 6/21/23. Area surveyed included resident neglect. Avantara Milbank was found in compliance with the requirements.			435009	B. WING			06/21/2023
(EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG) FOOD INITIAL COMMENTS A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted on 6/21/23. Area surveyed included resident neglect. Avantara Milbank was found in compliance with the requirements.	NAME OF PROVIDER OR SUPPLIER				1103 SOUTH SECOND STREET MILBANK, SD 57252		
A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted on 6/21/23. Area surveyed included resident neglect. Avantara Milbank was found in compliance with the requirements.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			X (EACH CORRECTIVE CROSS-REFERENCED)	ACTION SHOULD BE TO THE APPROPRIATE	COMPLETION
Area surveyed included resident neglect. Avantara Milbank was found in compliance with the requirements.	F 000	A complaint health s	urvey for compliance with 42 art B, requirements for Long	F	000		
		Area surveyed includ Avantara Milbank wa	led resident neglect.				
AND THE STATE OF T							
WINTE							
WAY DATE							
AND DATE.							
AND DATE.							
WENTE							
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	LOBORATORY	DIRECTOR'S OR PROVIDER	NSUPPLIER REPRESENTATIVE'S SIGNAT	URE	TITLE		(X6) DATE
L*BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE Administrator 6/30/23	L'BORATURY	n arter	VOO. 1 EIGHT 19 19 19 19 19 19 19 19 19 19 19 19 19		Administrator		6/30/23

Any reliciency statement ending with an asterisk (frequest detremption of the institution may be excused from correcting providing it is determined that other safeguards provide sufficient projection to the nations. (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 definitions are cited, an approved plan of correction is requisite to continued program participation.

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

Event D: SLC 11

Facility ID: 0052

If continuation sheet Page 1 of 1