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

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NAME OF PROVIDER OR SUPPLIER AVANTARA NORTON STREET ADDRESS, CITY, STATE, 2IP CODE 3800 SOUTH KARLS, 3D 51705 SIGULY FALLS, 3D 51705 PROVIDER SHAND OF CORRECTION SIGULY FALLS, 3D 51705 PROVIDER SHAND OF CORRECTION SECULATORY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS A complaint survey for compliance with 42 CFR Part 463, Subpart B requirements for Long Term Care facilities was conducted on 11/28/22. Areas reviewed included non-pressure injury wounds and care, falls, and cale, falls of all light responses. Avantare Norton was found in compliance.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER AVANTARA NORTON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS A complaint survey for compliance with 42 CFR Part 483, Subpart B requirements for Long Term Care facilities was conducted on 11/29/22. Areas reviewed included non-pressure injury wounds and care, falls, and call light response. Avantara			435039	B. WING		C 11/29/2022		
F 000 INITIAL COMMENTS A complaint survey for compliance with 42 CFR Part 483, Subpart B requirements for Long Term Care facilities was conducted on 11/29/22. Areas reviewed included non-pressure injury wounds and care, falls, and call light response. Avantara	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 3600 SOUTH NORTON AVENUE			
A complaint survey for compliance with 42 CFR Part 483, Subpart B requirements for Long Term Care facilities was conducted on 11/29/22. Areas reviewed included non-pressure injury wounds and care, falls, and call light response. Avantara	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR			COMPLETION
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		A complaint survey for Part 483, Subpart B in Care facilities was converiewed included no and care, falls, and can Norton was found in converted to the convert	or compliance with 42 CFR requirements for Long Term inducted on 11/29/22. Areas in-pressure injury wounds all light response. Avantara compliance.		0000	TITLE		(X6) DATE

Ashley Nickel

LNHA

12/06/2022

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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Event ID: 1FWG11

Facility ID: 0074

If continuation sheet Page 1 of 1