

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

PRINTED: 01/31/2022
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 01/20/2022
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NAME OF PROVIDER OR SUPPLIER avera bormann manor	STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH 4TH STREET PARKSTON, SD 57366
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(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
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F 000	INITIAL COMMENTS Surveyor: 26632 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 1/19/22 through 1/20/22. Avera Bormann Manor was found not in compliance with the following requirement: F700.	F 000		
F 700 SS=E	Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation. §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by: Surveyor: 45383 Surveyor: 26632	F 700		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mary Kummer</i>	TITLE LTC Administrator	(X6) DATE 2/13/22
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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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NAME OF PROVIDER OR SUPPLIER AVERA BORMANN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH 4TH STREET PARKSTON, SD 57366		
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F 700	Continued From page 1 Surveyor: 16385 Based on observation, interview, record review, and policy review, the provider failed to ensure 8 of 37 residents (1, 13, 14, 17, 18, 21, 32, and 35) who had side rails on their beds had been assessed for use when applied and on a quarterly basis. Findings include: 1. Observation on 1/19/22 at 8:42 a.m. of resident 1 revealed: *She was seated in her wheelchair. *A quarter length side rail near the head of the bed was elevated. Review of resident 1's medical record revealed side rail assessments had not been completed. 2. Observation on 1/19/22 at 8:52 a.m. of resident 18 revealed: *She was laying in bed. *A quarter length side rail near the head of the bed was elevated. Review of resident 18's medical record revealed side rail assessments had not been completed. 3. Observation on 1/19/22 at 11:23 a.m. revealed resident 35 had a one-half length side rail on her bed. The side rail was on the side of the bed by the wall. She was seated in her wheelchair at the time of the observation. Review of resident 35's medical record revealed side rail assessments had not been completed. 4. Observation on 1/20/22 at 7:45 a.m. revealed two quarter length side rails in the up position on resident 13's bed. The resident was in bed	F 700		3/11/22	
		F700-1	A restraint evaluation assessment has been completed on resident #1. A physical restraint consent form has been sent to her daughter that explains the pros and cons of the use of side rails. Addendum: This consent form has not been returned to the facility as of 2/12/22		
		F700-2	A restraint evaluation assessment has been completed on resident #18. A physical restraint consent form has been given to her sister that explains the pros and cons of the use of side rails. Addendum: The form has been signed and returned to the facility.		
		F700-3	The side rail has been taken down on #35's bed. Addendum: The rail has been zip-tied to prevent staff from utilizing them.		
		F700-4	A restraint evaluation assessment has been completed on resident #13. He has been given the information on side rails and a consent form to sign. Addendum: Resident #13 has signed the form.		

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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 700	Continued From page 3 9. Interview on 1/20/22 at 1:30 p.m. with licensed practical nurse/Minimum Data Set coordinator C revealed an assessment for the use of side rails had not been completed for residents who used side rails. 10. Review of the provider's last revised April 2019 Restraint policy for side rails revealed: *Staff would have completed the side rail intervention and activities of daily living form prior to siderail utilization to assess bed mobility needs. *Results of the resident's bed mobility needs would have been reviewed by the interdisciplinary team, resident/family, and resident's physician. *Designated interdisciplinary team member would have assisted in evaluating the resident's cognitive status *The interdisciplinary team would have determined the resident's full ability to make a safe decision regarding side rail usage. *Use of the device should have been reviewed quarterly by the interdisciplinary team, resident, and family at their care conference.	F 700	Care plans have been updated on resident's #1, 18, 35, 13, 14, 17, 21, and 32 Bed safety assessments are due to be completed again by the QA nurses by the end of Feb of 2022. These will be completed on all of the beds in our facility. Restraint evaluation assessments will be completed on the remaining residents that utilize side rails. Consent forms will be presented to the residents/representatives for these side rails. Care plans will also be updated on these residents. To assure any future resident that utilizes siderails will have the proper restraint assessments completed. The interdisciplinary team will report to the QA nurse each week for 2 months, then every other week for 2 months and then once a month for 2 months. These reports will include which residents reviewed each week utilize side rails, have the appropriate assessments and consent forms in place and included in the residents' careplans. Addendum: Siderails will be assessed on a quarterly basis or as needed. Addendum: For resident's 35, 21, and any other resident who may have their side rails zip tied to avoid useage, the quality coordinator will check these bed rails on her daily rounds. She will then include the results of these daily checks in her monthly QA report.	

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NAME OF PROVIDER OR SUPPLIER AVERA BORMANN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH 4TH STREET PARKSTON, SD 57366		
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E 000	Initial Comments Surveyor: 26632 A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care Facilities, was conducted from 1/19/22 through 1/20/22. Avera Bormann Manor was found in compliance.	E 000			

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

Mary Kummer

TITLE

LTC Administrator

(X6) DATE

2/9/2022

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NAME OF PROVIDER OR SUPPLIER AVERA BORMANN MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH 4TH STREET PARKSTON, SD 57366	
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K 000	INITIAL COMMENTS Surveyor: 40506 A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 1/19/22. Avera Bormann Manor was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000	

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

Mary Kummer

TITLE

LTC Administrator

(X6) DATE

2/9/2022

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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10660	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/20/2022
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NAME OF PROVIDER OR SUPPLIER AVERA BORMANN MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 501 N 4TH ST PARKSTON, SD 57366
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S 000	Compliance/Noncompliance Statement Surveyor: 26632 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 1/19/22 through 1/20/22. Avera Bormann Manor was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement Surveyor: 26632 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 1/19/22 through 1/20/22. Avera Bormann Manor was found in compliance.	S 000		

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

Mary Kummer

TITLE

LTC Administrator

(X6) DATE

2/9/2022

FEB 08 2022

