

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

PRINTED: 03/01/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/20/2023
NAME OF PROVIDER OR SUPPLIER AVANTARA HURON			STREET ADDRESS, CITY, STATE, ZIP CODE 1345 MICHIGAN AVENUE SW HURON, SD 57350	
(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 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted on 2/20/23. Area surveyed was resident rights that included timely notification to family of resident change in condition. Avantara Huron was found not in compliance with the following requirement: F580.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any,	F 580	1.) No immediate corrective action could be made for resident 1's representative not being notified of a change in condition on 2/2/23 and 2/3/23 that resulted in resident 1 needing to be transferred to the hospital. 2.) All residents have the potential to be affected by the facility's failure to notify families or representatives of a resident's change in condition. 3.) The Director of Nursing (DON) will educate all nurses on the "Notification of Change" Policy to ensure families or representatives are notified of all resident change in conditions. Education will occur no later than March 17, 2023. Those not in attendance at education sessions due to vacation, sick leave, or casual work status will be educated prior to their first shift worked. Additionally, the DON and/or designee will review progress notes each weekday, and review the weekend progress notes each Monday to ensure all changes in condition have documented proper notification to families or representatives. 4.) The DON and/or designee will audit five random resident charts weekly to ensure all resident change in conditions include family or representative notification. Audits will be conducted weekly for four weeks, and then monthly for two months. Results of audits will be discussed by the DON at the monthly Quality Assessment Process Improvement (QAPI) meeting with the Interdisciplinary Team (IDT) and Medical Director for analysis and recommendation for continuation/discontinuation/revision of audits based on audit findings.	03/17/2023

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

TITLE

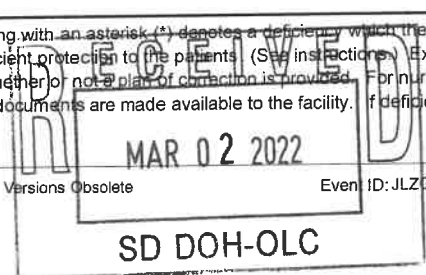
(X6) DATE

Laurie L. Solem

Administrator

03/02/2023

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 580	<p>Continued From page 1</p> <p>when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on closed record review, interview, and policy review the provider failed to ensure the family was notified of a change in condition for one of one sampled resident (1). Findings include:</p> <p>1. Review of resident 1's medical record revealed: *She was admitted on 5/12/22. *Her diagnoses included: unspecified psychosis not due to a substance or known physiological condition, hypertension, mild cognitive impairment, rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement, protein-calorie malnutrition, contracture of muscle, and personal history of COVID-19.</p>	F 580		

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F 580	<p>Continued From page 2</p> <p>*She had become ill with nausea, vomiting, and diarrhea on 2/2/23.</p> <p>*She continued to have symptoms on 2/3/23 and 2/4/23.</p> <p>*Her physician had been called on 2/2/23 and 2/4/23 with new orders for an antiemetic drug (a medication that eases nausea or vomiting) with each physician's call.</p> <p>*On 2/4/23 she had an emesis of dark brown grainy texture.</p> <p>*She was taken via ambulance to the emergency room on 2/4/23.</p> <p>*There had been no documentation her family had been notified of the change in her condition on 2/2/23 or 2/3/23.</p> <p>*On 2/4/23 the facility attempted to contact the family by phone before transferring her to the emergency room but was unsuccessful.</p> <p>*Resident 1 was pronounced dead at the emergency room on 2/4/23.</p> <p>Interview on 2/20/23 at 1:00 p.m. with administrator A and director of nursing B regarding resident 1's notification of change in condition revealed:</p> <p>*Family had not been contacted on 2/2/23 or 2/3/23 when resident 1 had become ill.</p> <p>*When a resident had a change of condition the family or responsible party should have been notified by the nurse.</p> <p>Review of the provider's December 2019 Notification of Change of Condition policy revealed:</p> <p>**"The facility will provide care to residents and provide notification of resident change in status."</p> <p>*The facility should have informed the resident's representative when there was a change in condition.</p>	F 580			

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