

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Avantara Milbank		STREET ADDRESS, CITY, STATE, ZIP CODE  1103 South Second Street Milbank, SD 57252	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>49958</p> <p>Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI) review, record review, interview, observation, manufacturer's manual review, and policy review, the provider failed to ensure resident safety by improper use of lift equipment as directed in the residents' care plans and/or the lift manufacturer's manual for:</p> <p>*One of two sampled resident (9) who required the assistance of two staff for transfers with a lift, who was lowered to the floor while being transferred with the use of a mechanical sit-to-stand lift (a mechanical lift that requires the person to partially bear weight on at least one leg when assisted from a seated position to a standing position) by one certified nursing assistant (CNA) (K) without the assistance of another qualified staff person.</p> <p>*One of two sampled resident (14) who required the assistance of two staff for transfers with a lift, who was lowered to the floor while being transferred with the use of a non-mechanical (manual) sit-to-stand lift by CNA (M) without the assistance of another qualified staff person.</p> <p>1. Review of the provider's 1/28/25 SD DOH FRI regarding resident 9 revealed:</p> <p>*On 1/28/25 at 4:00 p.m. while certified nursing assistant (CNA) K was attempting to transfer resident 9 to the commode with the sit-to-stand lift she assisted her to the floor when the right side of the sling came off the lift.</p> <p>*CNA K did not follow manufacturer guidelines when securing the sling to the lift.</p> <p>*Resident 9 was evaluated by the nursing staff and had no injury.</p> <p>*Resident 9's physician and power of attorney (POA) were notified.</p> <p>*CNA K was suspended and reinstated after she was provided education and demonstrated competency with proper sling use and securement.</p> <p>*The resident's care plan was reviewed and noted to have appropriate interventions in place.</p> <p>2. Review of resident 9's electronic medical record (EMR) revealed:</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Avantara Milbank		STREET ADDRESS, CITY, STATE, ZIP CODE  1103 South Second Street Milbank, SD 57252	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Her diagnoses included acquired absence of right leg above the knee, morbid obesity, and Epilepsy.</p> <p>*Her Brief Interview for Mental Status (BIMS) assessment score was 15, which indicated she was cognitively intact.</p> <p>*The care plan indicated:</p> <p>-Stand lift for transfers unless [resident 9] is uncomfortable with the CNA and wants the Hoyer lift [a mechanical lift and sling used to lift a person's full body] used.</p> <p>-She required the assistance of two staff when she was feeling weak or tired when transferring in [the] stand lift.</p> <p>-Allow [resident 9] to choose what stand lift to use when transferring.</p> <p>-Resident 9 had a right lower leg prosthesis. Do not don [put on] before using [the] mechanical lift. Refusing use at present time.</p> <p>*A 1/28/25 incident progress note indicated, CNA called [the] nurse to [the] resident room for an assisted fall . [The] right strap became separated from [the] lift suggestive of sling placement misalignment . pain medication given for stump [residual limb] pain.</p> <p>3. Observation and interview on 3/12/25 at 1:46 p.m. with resident 9 regarding the 1/28/25 incident involving the mechanical sit-to-stand lift revealed:</p> <p>*She had an above-the-knee amputation of her right leg and did not wear a prosthesis.</p> <p>*She stated the lift sling came unattached from the right side of the lift when CNA K raised the lift from a sitting position to a standing position.</p> <p>*She fell to the floor and bumped her right leg.</p> <p>*She had two medium size sit-to-stand lift slings hanging from her bedroom door.</p> <p>*The CNAs were trained on a new way to hook the sit-to-stand lift sling strap so that it did not come unhooked.</p> <p>-She always checked now that the lift sling was attached correctly.</p> <p>4. Observation and interview on 3/13/25 at 9:38 a.m. with CNA H and resident 9 revealed:</p> <p>*She received education and had to demonstrate how to use the mechanical sit-to-stand lift and attach the sling correctly to transfer a resident three to four times in a row about a month ago.</p> <p>*She knew how to transfer resident 9 because it was on her care plan.</p> <p>*She transferred resident 9 from the commode to her wheelchair and applied the sling correctly.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Avantara Milbank		STREET ADDRESS, CITY, STATE, ZIP CODE  1103 South Second Street Milbank, SD 57252	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Interview on 3/13/25 at 8:35 a.m. and again at 9:04 p.m. with administrator A regarding the incident with resident 9 on 1/28/25 revealed:</p> <p>*CNA K had not correctly attached the sling to the mechanical sit-to-stand lift, and resident 9 was lowered to the floor when that sling came unhooked from the lift.</p> <p>*Education on how to attach the mechanical sit-to-stand lift sling was completed on 1/28/25.</p> <p>-Staff competencies (demonstration of proper technique) on the sit-to-stand lifts had been started after the incident on 1/28/25.</p> <p>*She expected staff to use the lift slings per the manufacturer's guidelines.</p> <p>*No audits had been completed for the correct use of the slings and lifts since that incident.</p> <p>6. Interview on 3/13/25 at 11:03 a.m. with human resources coordinator L revealed that CNA K no longer worked at the facility and was unavailable for interview.</p> <p>7. Review of the provider's 1/28/25 How to apply [the] sling for [the] sit-to-stand lift correctly staff education revealed:</p> <p>*The education sheet contained three pictures of how to attach the lift sling.</p> <p>*There were nine steps listed for the process of Transferring to a Commode Chair with the mechanical sit-to-stand-lift.</p> <p>*Handwritten information was added, Sling should be pulled around the outside of the bar and hooked that way.</p> <p>8. Review of the (Name) manufacturer's undated mechanical sit-to-stand manual revealed:</p> <p>*Ensure the following .the loops of the sling are completely on the hooks of the lift arms.</p> <p>-There was a reference to a picture labeled Sling Attachment.</p> <p>50915</p> <p>9. Review of the provider's 2/24/25 SD DOH FRI regarding resident 14 revealed:</p> <p>*On 2/22/25, CNA M was using a nonmechanical sit-to-stand lift to transfer resident 14.</p> <p>*While in the nonmechanical sit-to-stand lift, resident 14 sat down prematurely.</p> <p>-He was safely lowered to the floor and was unharmed.</p> <p>*Resident 14 was to have cares in pairs (the assistance of two staff when providing residents' care) due to his cognitive impairment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Avantara Milbank		STREET ADDRESS, CITY, STATE, ZIP CODE  1103 South Second Street Milbank, SD 57252	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*CNA M was suspended until she had completed the education on cares in pairs.</p> <p>10. Review of resident 14's electronic medical record (EMR) revealed:</p> <p>*He had a BIMS assessment score of 3, which indicated he was severely cognitively impaired.</p> <p>*His diagnoses included Alzheimer's Dementia, anxiety, congestive heart failure, and chronic kidney disease.</p> <p>*His care plan indicated:</p> <p>-A focus area of I require assistance with ADLs [activities of daily living] (bed mobility, transfers, dressing, walking, personal hygiene, eating and toileting).</p> <p>-A goal of I will be assisted with ADL's as needed.</p> <p>-Interventions of Provide Cares in Pairs. All cares should be done with 2 care givers [caregivers] present.</p> <p>-Date initiated: 01/17/25.</p> <p>11. Phone interview on 3/13/25 at 10:55 a.m. with CNA M revealed:</p> <p>*She had been a CNA for about eight months.</p> <p>*She was not aware resident 14 was to have two staff assisting during all resident care.</p> <p>*She reported the resident was standing on the nonmechanical sit-to-stand lift, and he started to sit down before the lift's padded seat could be positioned into place.</p> <p>12. Interview on 3/13/25 at 11:30 a.m. with CNA E revealed:</p> <p>*The facility had two types of lifts; mechanical and non-mechanical.</p> <p>*All lifts should have been operated with two staff members and never operated with just one staff.</p> <p>13. Review of the provider's 9/30/24 Care Plans policy revealed:</p> <p>*Policy: Individual, resident-centered care planning will be initiated upon admission and maintained by the interdisciplinary team throughout the resident's stay to promote optimal quality of life while in residence. In doing so, the following considerations are made: 1. Each resident is an individual. The personal history, habits, like and dislikes, life patters and routines, and personality facets must be addressed in addition to medical/diagnosis-based care considerations.</p> <p>*The Resident-Centered Care Plan Format:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Avantara Milbank		STREET ADDRESS, CITY, STATE, ZIP CODE  1103 South Second Street Milbank, SD 57252	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Goal for care is directly related to the resident's discharge plan (short-term stay focuses on rehabilitation and return to community placement, while long-term stay focuses on helping the resident feel at home and maintain/improve ADL abilities, physical and mental wellness, socialization, and overall quality of life).</p> <p>*4. Goal date correlates directly to anticipated goal completion or re-evaluation, and/or care conference review. For short-term care residents, goal dates related directly to the discharge plan time frame. Goal dates are set in conjunction with the next quarterly care conference.</p> <p>*5. Interventions act as the means to meet the individual's needs. The recipe for care requires active problem solving and creative thinking to attain, and clearly delineates who, what, where, when, and how the individual goals are being addressed and met.</p>		