STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435034	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avera Maryhouse Long Term Care	717 East Dakota Pierre, SD 57501

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)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, record review, interview, and policy review the provider failed to ensure self-administration of medication assessments had been completed on two of three sampled residents (3 and 24) who self-administered medications were assessed for their ability to safely self-administer medications and the resident's care plans reflected that according to the provider's policy.Findings include:1.Observation and interview on 9/9/25 at 8:55 a.m. of resident 3 in her room revealed:*She had opened her bedside stand drawer and there was a bottle of PreserVision AREDS (an eye supplement) and a bottle of Lutein (vitamin supplement) in the top drawer of the stand.*She indicated she took them occasionally, not every day.*There was no label indicating use on either bottle. Observation and interview on 9/9/25 at 9:47 a.m. with resident 24 in his room revealed:*There was a bottle of Fluticasone Propionate nasal spray sitting on his windowsill.*He said he had not used it in a couple of weeks. 2. Review of resident 3's electronic medical record (EMR) revealed:*Her Brief Interview for Mental Status (BIMS) assessment score dated 9/8/25 was 15 which indicated her cognition was intact.*There was no order for Lutein included in her current physicians' orders.*There was no order for PreserVision AREDS included in her current physicians' orders.*There was no self-administration medication assessment completed to determine the resident's ability to safely self-administer medications. Review of resident 24's EMR revealed:*His BIMS assessment score dated 6/23/25 was 10 which indicated his cognition was moderately impaired. *He had a 3/19/25 physician's order for him to self-administer his fluticasone propionate nasal spray.*There was no self-administration assessment completed to determine his ability to safely self-administer the fluticasone propionate medication.*His care plan did not indicate that he self-administration medications. 3.Interview on 9/11/25 at 8:31 a.m. with licensed practical nurse (LPN) G revealed:*If a resident wanted to self-administer medication an order was to be obtained from the doctor.*A nurse was to complete a self-administration assessment of the resident.*The intradisciplinary team (IDT) would make the final decision if the resident was able to safely self-administer the medication.*The resident's care plan was to be updated to reflect the resident's self-administration of medications.*She was not aware that resident 3 had medications in her room.*She was aware that resident 24 had an order dated 3/19/25 to self-administer his fluticasone propionate medication.*The self-administration of medications was then added to the worklist for the nurse to check off daily for the resident's that self-administered medications. Interview on 9/11/25 at 8:59 a.m. with registered nurse (RN)/Minimum Data Set (MDS) G revealed:*Floor nurses would sometimes initiate the self-administration assessment.*The resident was to be educated on administration safety and the medication.*The interdisciplinary team (a group of healthcare professionals who collaborate patient care) were to have an informal discussion about the resident's ability to safely self-administer the medication.*They were to then update the resident care plan to reflect that information.*Care plans were to be updated quarterly and as needed (PRN). Interview on 9/11/25 at 9:12 a.m. with director of nursing (DON) B regarding self-administration of medications revealed:*The nursing staff would communicate with the resident's physician to order medication self-administration if it was determined the resident could safely self-administer medication.*The nursing staff would identify if that medication should be stored at the resident's bedside or in the medication cart. *A (continued on next page)

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

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	self-administration assessment should be completed to determine the resident's ability to safely self-administer medication.-A member of the interdisciplinary team (IDT) or a floor nurse could complete that assessment.*The order for self-administration of medication would be added to the worklist for the floor nurse to check off daily.*The self-administration of medications was to be added to the resident's care plan.*She agreed resident 24 did not have a self-administration assessment completed.*She was unaware of the Lutein in resident 3's room that she was taking, until she was informed on 9/10/25.*She was unaware that resident 3 had PreserVision AREDS medication which she took occasionally, in her room.*She agreed that no self-administration assessment had been completed for resident 3. 4. Review of the provider's revised 2/2017 Self Administration of Medications policy revealed:*Avera will utilize a centralized, standardized and managed process to assure Self Administration of Medications by residents who desire to do so provided the interdisciplinary team, including at least a physician, nurse, pharmacist, and social worker has determined the practice would be safe for the resident and other residents of the facility.*a. If the resident desires to self-administer medications, an assessment is conducted and recorded in the Self Administration LTC intervention. The interdisciplinary team (IDT) will be involved in the assessment. They will assess the resident's cognitive, physical and visual ability to carry out this responsibility.*c. All resident's approved for self-administration will have Self Administration addressed on the resident's care plan.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview and policy review the provider failed to follow infection control practices to ensure residents' catheter bags were not lying on the floor according to the provider's policy and nasal cannula (NC) tubing was disinfected or replaced before placing it on a resident's face for one of one sampled resident 7 observed with NC tubing and a catheter bag lying on the floor.Findings include: 1. Observation on 9/9/25 at 10:28 a.m. in resident 7's room, revealed the resident's catheter bag was lying on the floor next to her bed without a covering or a barrier under it.Observation on 9/9/25 at 12:17 p.m. in the dining room area revealed resident 7's catheter bag was uncovered and lying under her wheelchair, touching the floor.Observation on 9/9/25 at 2:29 p.m. in resident 7's room revealed her nasal cannula (NC) [flexible tubing with prongs that delivers oxygen through the nose] and oxygen tubing were lying on the floor.2. Observation and interview on 9/10/25 at 8:40 a.m. with registered nurse (RN) H and licensed practical nurse (LPN) I in resident 7's room revealed:*Resident 7's NC tubing was lying on the floor and coiled under the wheel of her bedside table next to her bed.*Her catheter bag had a cover on it and was lying on the floor under her bed.*RN H had picked the NC tubing off the floor and used and wiped the NC prongs off with an incontinent care wipe and reapplied it to resident 7's face. *RN H confirmed that was her usual process for cleaning NC tubing found on the floor.*She knew it was considered dirty and wanted to ensure it was clean before putting it back on the resident.*She checked the electronic medical record (EMR) which indicated that resident 7's NC tubing had been changed last 22 days ago, and it was ordered to be changed every Monday at 2:30 p.m.*RN H exited the room and returned with new NC tubing for resident 7.*LPN I then picked resident 7's catheter bag up off the floor and hung it on the bed frame. Interview on 9/9/25 at 12:22 p.m. with resident aide (RA) E revealed that catheter bags should all be covered for privacy, and they should not be lying on the floor. Interview on 9/9/25 at 12:25 p.m. with LPN C revealed that catheter bags should have a covering on them, and they should not be lying on the floor. Interview on 9/11/25 at 11:11 a.m. with RN/Minimum Data Set (MDS)/infection preventionist (IP) J revealed:*When NC tubing was observed lying on the floor, she would expect it to be replaced with new tubing.*Catheter bags should not have been lying on the ground.-She expected catheter bags to be hung for drainage and covered for dignity whenever residents with catheter bags were outside of their rooms. 3. Review of the provider's revised 5/25 Respiratory Equipment policy revealed:*Change oxygen tubing and mask per MIFU [manufacturer's instructions for use]. Review of the provider's revised 3/13/25 Perineal Care policy revealed:*Purpose to provide best practice for perineal care to prevent skin breakdown and infection.D. Residents with an indwelling urinary catheter (IUC)e. Hang drainage bag:-Below the bladder.-Ensure bag is not touching the ground.6.Urine collection bag.b. should not touch the floor. d. the spout should never touch the floor .