

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2024
NAME OF PROVIDER OR SUPPLIER  Avantara Norton		STREET ADDRESS, CITY, STATE, ZIP CODE  3600 South Norton Avenue Sioux Falls, SD 57105	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46453</p> <p>Based on observation, interview, record review, and policy review, the provider failed to maintain a clean and sanitary foodservice environment on one of one kitchen and two of two kitchenettes and implement safe food storage practices in one of one kitchen. Findings include:</p> <p>1. Observation and interview on [DATE] from 3:31 p.m. to 3:45 p.m. in the main kitchen with dietary manager (DM) B revealed:</p> <p>*The overhead ventilation hood panels above the convection oven and clean dishes storage shelves were covered in a layer of grease and dust.</p> <p>*There was a pungent smell coming from the dirty dish room.</p> <p>*In the dirty dish room:</p> <p>-There was dried food splattered extensively on the ceiling.</p> <p>-Fruit flies were flying throughout the kitchen. There was a large collection of them around the trash cans.</p> <p>-The sink leading into the dishwasher was leaking.</p> <p>-DM B claimed the sink was leaking because it was full of water and dirty dishes, and that it had not been leaking for that long.</p> <p>-There was standing water on the floor beneath that sink.</p> <p>-The underside of the sink had a growth of an unidentified gray stringy substance from the dripping water.</p> <p>-The walls under the counters were covered with food splatters and an unidentified black substance that appeared to have been mold or mildew.</p> <p>-Some of the metal wall panels were bent and exposing the wall behind it due to what appeared to have been expanding insulation foam.</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
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