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Form Approved OMB
No. 0938-0391

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 11/14/2024
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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 50915 Based on South Dakota Department of Health (SD DOH) facility reported incident (FRI), interview, and policy review, the provider failed to protect one of one sampled resident (1) from neglect by certified nursing assistant (CNA) (C) who did not provide timely care, which potentially resulted in the resident being incontinent for an unknown length of time and may have contributed to the resident's development of two skin sores. Findings include: 1. Review of the provider's SD DOH FRI submitted on 10/26/24 at 4:23 p.m. revealed: *CNA C worked in the wing where resident 1 resided during the night shift of 10/25/24. *CNA C had asked CNA D to assist her with her assigned residents, and she had assumed resident 1's care needs had been provided by CNA D. *CNA C did not verify resident 1's care had been provided. *CNA D stated she did help on CNA C's wing, but did not help with resident 1. *Camera footage for the time period was reviewed and revealed that resident 1 was checked on at 10:00 p. m. by CNA F and was not checked on again until approximately 4:30 a.m. on 10/26/24 by licensed practical nurse (LPN) G when he administered resident 1's morning medications. -LPN G reported resident 1 was in bed when he gave her her morning medications. *CNA F reported at 10:00 p.m. resident 1 was still sitting in her chair and did not want to go to bed. *Resident 1 was not checked on again until approximately 8:30 a.m. and was found to have been incontinent with stool on her bed sheets. *Resident 1's Brief Interview for Mental Status (BIMS) assessment score was 0, which indicated she had severe cognitive impairment and was therefore unable to be interviewed about the above incident. (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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*A skin assessment was performed after the above incident that indicated the discovery of a stage 2 pressure ulcer (an open sore or blister) on resident 1's left buttock, that measured 1.7 centimeters (cm) by 0. 4 cm and a stage 2 pressure ulcer to her right buttock, that measured 1.5 cm by 0.9 cm. *The allegation of neglect by CNA C was substantiated (confirmed) by the provider's investigation of the incident. *CNA C was given disciplinary action, education to check on residents every two hours and change incontinence products if needed, and of the facility's abuse and neglect policy. 2. Interview on 11/14/24 at 11:00 a.m. with administrator A and director of nursing (DON) B revealed: *The camera footage regarding the above incident was reviewed by DON B and he verified resident 1 was left unattended from approximately 10 p.m. to 4:30 a.m., and then again from 4:30 a.m. to approximately 8:00 a.m. *DON B verified resident 1 could not have been checked for incontinence or changed when necessary. *Referring to when a CNA would ask for help from another CNA, DON B's expectation was that each CNA was responsible for the residents in their assigned unit. -CNA C was responsible for ensuring resident 1's care needs were provided. *It was DON B's expectation that residents would be checked on at least every two hours. 3. Interview on 11/14/24 at 12:10 p.m. with CNA E revealed: *She had been a CNA for several years. *She felt it was a general expectation that all residents were to be checked on and changed as necessary at least every two hours. *Referring to when one CNA would ask for assistance from another CNA, she stated she would check on her resident as soon as she was able to ensure residents had received proper care. *When a CNA would help with residents in another wing, it was still the responsibility of that CNA to ensure cares were completed for their assigned residents. 4. Phone interview on 11/14/24 at 1:06 p.m. with resident 1's granddaughter revealed: *She did not have any concerns about the care her grandmother was receiving. *She had been notified of the above incident and of resident 1's two skin sores. 5. Interview on 11/14/24 at 1:15 p.m. with administrator A revealed: (continued on next page)

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	435039	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avantara Norton	3600 South Norton Avenue Sioux Falls, SD 57105

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