

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 12/27/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45383</p> <p>Based on the South Dakota Department of Health (SD DOH) facility reported incident (FRI), interview, record review, and policy review the provider failed to establish and ensure ongoing open communication with the hospice services provider regarding the use of an overlay air mattress (an air-filled mattress placed over a regular non-air mattress) that had been used by one of one sample resident (1). Findings include:</p> <p>1. Review of the provider's 12/20/24 SD DOH FRI revealed:</p> <p>*On 12/13/24 [name] wound nurse asked [name] administrator about [name] resident [1] having an overlay air mattress on her bed versus having an alternating low air loss mattress (a type of mattress that combines low air loss and alternating pressure to help prevent and treat pressure ulcers) in her room.</p> <p>*Per quality assurance (QA) team it is facility preference to utilize alternating low air loss mattress.</p> <p>*[name] wound nurse visited with [name] resident regarding the alternating low air loss mattress versus an overlay air mattress. [name] resident had been agreeable to try the new mattress.</p> <p>*[name] maintenance director brought the alternating low air loss mattress to [name] resident room and switched out the mattresses. [name] maintenance director verified the mattress was inflating and functioning appropriately as witnessed by [name] administrator.</p> <p>*On 12/14/24 [name] certified nursing assistant (CNA) got [name] resident out of bed and indicated the air mattress was inflated and working. [name] resident complained of back and buttock pain.</p> <p>-[name] CNA notified the nurse of [name] resident's complaint. [name] resident received pain medication as ordered by the physician.</p> <p>*On 12/14/24 at 8:30 a.m. [name] resident's daughter had stopped at the nurses' station and told [name] licensed practical nurse (LPN) and [name] med aide that [name] resident air mattress was flat, and that [name] resident had slept bad and could feel the bars on the bed.</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-[name] LPN assessed the air mattress, and it was plugged in, and the mattress was on static pressure (all the air cells within the mattress remain inflated at a constant pressure) instead of alternating pressure and changed it to the appropriate setting upon identification.</p> <p>*On 12/14/24 at 8:55 a.m. [name] resident's daughter returned to the nurses' station and was upset about the air mattress.</p> <p>2. Interview on 12/26/24 at 1:43 p.m. with CNA I regarding resident 1's air mattress revealed:</p> <p>*She had helped get resident 1 out of bed and ready for breakfast.</p> <p>*She had not known that resident 1's overlay air mattress had been removed and switched for an alternating low air loss mattress.</p> <p>*She had informed the nurse that resident 1 had complained of lower back pain and the nurse had visited with resident 1.</p> <p>*Resident 1's daughter had sat on the mattress and could feel the springs of the bed.</p> <p>*She does not check the controls on the air mattress to make sure it is functioning properly.</p> <p>3. Interview on 12/26/24 at 2:30 p.m. with LPN L regarding resident 1's air mattress revealed:</p> <p>*She had spoken to resident 1 on 12/14/24, and resident 1 told her she did not sleep good last night.</p> <p>*She had checked the air mattress, and it was inflated and hard, but switched the mattress function from static pressure to alternating low air pressure.</p> <p>*Resident 1's daughter had informed her that the mattress on her bed was not the one that had been on her bed before.</p> <p>*LPN L had helped with switching out the alternating low air loss pressure air mattress to a weight distribution mattress (a regular non-air mattress).</p> <p>4. Interview on 12/26/24 at 3:00 p.m. with CNA/Med Aide J regarding resident 1's mattress revealed:</p> <p>*Resident 1's daughter had informed her that the mattress was not working.</p> <p>*She had informed resident 1's daughter that maintenance had replaced her overlay air mattress with one of the facilities air mattresses.</p> <p>*Hospice had called back after resident 1's daughter had contacted them, hospice had been fine with using a weight distribution mattress instead of an overlay air mattress.</p> <p>*CNA/Med Aide J had offered a regular mattress or a recliner, resident 1's daughter had indicated she would have taken a mattress off an empty bed and use it for her mother.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-A regular mattress had been provided for resident 1 that day.</p> <p>5. Interview on 12/26/24 at 3:30 p.m. with hospice registered nurse (RN) F regarding resident 1's mattress revealed:</p> <p>*On 9/18/24 hospice had suggested the use of an overlay air mattress for resident 1.</p> <p>*She had not known that an overlay air mattress was not acceptable at the facility.</p> <p>*She had attended care conferences for resident 1 and the overlay air mattress had not been mentioned during the conferences.</p> <p>*On 12/16/24 hospice had been notified that the company policy did not allow air overlay mattresses in their facility.</p> <p>6. Interview on 12/26/24 at 3:45 p.m. with LPN G regarding resident 1's mattress revealed:</p> <p>*She had worked on 12/14/24 and had been unaware of what type of air mattress resident 1 had been using on her bed.</p> <p>*She had worked a few Saturdays prior to 12/14/24 and was unaware that resident 1 had an overlay air mattress on her bed.</p> <p>7. Interview on 12/26/24 at 4:00 p.m. with RN unit manager C regarding resident 1's overlay air mattress revealed he had been unsure of when the use of overlay air mattress begun.</p> <p>8. Interview on 12/26/24 at 4:15 p.m. with director of nursing (DON) B regarding resident 1's use of an overlay air mattress revealed he was unsure of when the over lay air mattress use had been implemented.</p> <p>9. Interview on 12/27/24 at 8:40 a.m. with LPN wound nurse D regarding resident 1's overlay air mattress revealed:</p> <p>*She had known that the overlay mattress had been used since 9/23/23.</p> <p>*The mattress had been changed to one of their alternating low air loss mattresses for wound healing.</p> <p>*The interdisciplinary team had discussed changing the overlay air mattress to one of their air mattresses.</p> <p>*She had spoken to resident 1's daughter on 12/11/24 with a wound care and treatment update but did not recall informing her of changing the mattress on her mother's bed.</p> <p>*On 12/13/24 the alternating low air loss pressure mattress had been placed on resident 1's bed.</p> <p>10. Interview on 12/27/24 at 10:55 a.m. with administrator A, DON B, and senior regional nurse consultant K regarding resident 1's overlay air mattress revealed:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*Administrator A had known about resident 1's overlay air mattress since September when it arrived in the building from hospice.</p> <p>*She had not thought an overlay air mattress was a mattress was an air mattress.</p> <p>*She attempted to remove the overlay air mattress in October and again in November, and finally 12/13/24 they had removed the overlay air mattress with the assistance of maintenance.</p> <p>*She had not notified hospice until 12/16/24 that the overlay air mattress was against their company policy and not allowed in their facility.</p> <p>*She agreed that resident 1 was more comfortable on the overlay air mattress.</p> <p>-The overlay air mattress had been replaced on resident 1's bed on 12/21/24 for resident 1's comfort.</p> <p>11. Review of resident 1's electronic medical record (EMR) revealed:</p> <p>*There had not been any documentation of:</p> <p>-Notification of resident 1's daughter of the changing of her air mattress on her bed.</p> <p>-Notification to hospice of the changing of her overlay air mattress and the provider's policy of the use of the overlay air mattress.</p> <p>Review of the provider's September 2024 Skin and Pressure Injury Prevention Program revealed:</p> <p>*Intervention and Prevention Measures-General Preventative Measures:</p> <p>-Identify risk factors for pressure injury development.</p> <p>-For a person in bed:</p> <p>--Determine is resident needs a specialized air mattress.</p> <p>--If a special mattress is needed, use one that contains foam, air, gel, or water, as indicated.</p>		