STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435042	A. Building B. Wing	08/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avera Mother Joseph Manor Retirement Community	1002 North Jay Street Aberdeen, SD 57401

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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. (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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on South Dakota Department of Health (SD DOH) facility reported incident (FRI) review, record review, and interview, the provider failed to withhold cardiopulmonary resuscitation (CPR) for one of one resident (1) with a do not resuscitate/do not intubate (DNR/DNI) code status (specifies the type of emergent treatment a person wishes to receive if their heart or breathing would stop) who experienced a choking episode, choked, and had no pulse or respirations after her airway was cleared.Findings include:1. Review of the provider's 7/27/25 SD DOH FRI revealed:*On 7/27/25, resident 1 choked while eating her lunch.*The nurse was called over to the table where resident 1 had been eating and finger swept a large bite of meat out of resident 1's mouth and did several back blows.*Staff members assisted resident 1 to stand, and the nurse did abdominal thrusts for several minutes with no luck dislodging the food.*911 was called and the EMTs [emergency medical technicians] and police arrived within minutes and were able to remove a piece of meat from her [resident 1's] throat using a camera and long pinchers.*Resident 1's daughter was called several times by the nurses and police with no answer.* The EMTs started CPR (cardiopulmonary resuscitation) and transported resident 1 to the hospital.*Resident 1's daughter was reached by phone and said she did not want CPR continued.*Resident 1's cause of death was asphyxia [lack of oxygen] due to foreign body [an object in a part of the body where it does not normally belong] and cardiopulmonary arrest cardiopulmonary arrest [sudden, unexpected loss of heart function, breathing, and consciousness].*Resident 1's code status was DNR/DNI: Medical treatment OK. 2. Review of resident 1's electronic medical record (EMR) revealed:*She was readmitted to the facility on [DATE] after a hospitalization on 6/23/25 for aspiration pneumonia (lung infection caused when substances, such as food, are inhaled into the lungs).*Her diagnoses included dysphagia (difficulty swallowing foods or liquids) and cerebral vascular accident (stroke). *Resident 1 had appointed her daughter as her Power of Attorney (someone designated on a legal document to act on behalf of a resident) (POA)*On 9/8/21, resident 1's POA had signed a NO CODE (Care and Comfort ONLY) directive.*A 6/16/25 physician's order for DNR/DNI: Medical Tx [treatment] okay.*A 6/30/25 physician's communication Resident [1] was re-admitted to [provider initials] today. She returned with orders for Nectar thickened liquids. [A] swallow study was done and no aspiration [was] noted. [The] report states [the] resident is safe to advance to [consume] thin liquids. [The] resident is refusing thickened liquids. Daughter [name omitted] is requesting the order be changed. Risk of aspiration reviewed with the resident and daughter. They are still asking to advance liquids to thin. May we have an order for thin liquids and also an order for ST [Speech Therapy] to follow?*A 7/1/25 physician's order for IDDSI [International Dysphagia Diet Standardization Initiative (a categorized food and drink consistency system)] 6 Soft and Bite-Sized Diet and thin liquids.*A 7/8/25 physician's order OK for straws.*A 7/10/25 physician communication May we have an order for [resident 1] to have bread products OK'd as an exception to [the resident's] IDDSI 6 soft and bite-sized [ordered diet], was signed by the physician on 7/11/25 with the physician having added agree w/ [with] above]. 3. Review of resident 1's 7/27/25 [Ambulance name] Prehospital Care Report Summary revealed:*An initial emergency call was received on 7/27/25 at 12:12 p.m. that resident 1 was choking, not breathing and the Heimlich maneuver [a first-aid procedure for dislodging an obstruction from a person's airway] was being attempted.*The paramedics made contact with resident 1 at 12:17 p.m. as nursing home staff were assisting her to her room in her wheelchair.*Resident 1 was unresponsive, had weak radial (wrist) and carotid (neck) pulses, her dentures were removed, she did not respond to verbal or painful stimuli, and she did not have breath sounds.*She was moved from the wheelchair to the ambulance stretcher, and a video laryngoscope (a device used to visualize the throat and top of the windpipe) and forceps (a surgical tool resembling tongs with pincers) were used to remove a chunk of meat from the epiglottis opening (the entrance of the windpipe) and clear her airway which was confirmed with the use of a Bag-Valve-Mask (BVM) (a device used to assist a person who is not breathing or breathing inadequately).*An i-gel (a medical airway device) was used to provide ventilation (rescue breaths).*Resident 1 was assessed by the paramedic after clearing her airway. She did not have a radial or carotid pulse and was hooked to a cardiac monitor. *The paramedic then confirmed with facility staff that the resident was a DNR/DNI, contacted the emergency medical doctor, and was instructed by that doctor to continue ventilation and to monitor the resident.*The paramedics were provided a copy of resident 1's DNR/DNI and were told by the facility nurse (licensed practical nurse (LPN) D) that the daughter of the patient would wish for CPR in this case.*The paramedics