STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435047	A. Building B. Wing	04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avantara Pierre	950 East Park Street 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 0600 Level of Harm - 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50015 Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI) review, interview, and policy review, the provider failed to protect the resident's right to be free from neglect for one on one sampled resident (206) who expressed he felt bad that he had been sent to the emergency room (ER) by registered nurse (RN) (N) without being provided personal hygiene after he had been incontinent of loose stool. Findings include: 1. Review of the provider's 3/15/25 SD DOH FRI regarding resident 206 revealed: *He was admitted to facility on 3/13/25. *His Brief Interview for Mental Status (BIMS) assessment score was 15 which indicated he was cognitively intact. *On 3/14/25 he was transported to a local ER for evaluation by ambulance. -A paramedic observed he had loose stool leaking out of the side of his brief, and reported that to RN N. -RN N did not offer to clean or provide personal hygiene to the resident at the time of transport. *The paramedic reported that information to director of nursing (DON) B when he called her about the incident and added: -The ambulance team would transport the resident. -The hospital may not be happy about the condition of resident 206 upon arrival to the ER. *DON B gave immediate verbal education to RN N via phone on resident dignity and neglect. *RN N was suspended pending the provider's investigation of the incident. *Resident 206 returned to provider facility on 3/15/25. *A skin assessment was completed on 3/15/25 on resident 206, with no new skin concerns noted. (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 - Actual harm Residents Affected - Few	*All staff education had been initiated on ensuring resident dignity was maintained, as well as abuse and neglect. *The resident's primary care provider (PCP) was notified of the incident. *The local police department was notified of the incident. 2. Interview on 4/2/25 at 9:00 a.m. with RN N revealed: *Resident 206 had been having loose stools on 3/14/25 in the evening and was not taking fluids. *He was on a strict fluid restriction. *His blood sugar was 126. *She had orders to give him insulin. *She had called the on-call provider, who gave an order to send the resident to the ER for evaluation of his loose stools and low fluid intake. *She had called the hospital and gave them a verbal report regarding the resident. *At 9:30 p.m. on 3/14/25 staff had completed a total bed change on the resident following an incontinent episode. *When the paramedic arrived at the facility, the resident had again been incontinent of loose stool. *She had asked the paramedic if he wanted the facility staff to clean up the resident. *The paramedic had said he did not care but the hospital staff would not like it. *They did not clean the resident up and the resident was transferred to the ER. *The resident returned to facility on 3/15/25. *She stated she did not want to make the paramedics wait that evening. *She said she felt terrible that resident 206 went to the ER in that condition and the hospital staff made him feel bad about it. *She agreed that situation could have been prevented by ensuring he was provided with personal hygiene and was clean before he was sent to the ER that evening. 3. Interview on 4/2/25 at 9:30 a.m. with resident 206 revealed: *He stated the hospital staff were upset that he was incontinent of bowel when he went to theER on [DATE]. (continued on next page)

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F 0600 Level of Harm - Actual harm Residents Affected - Few	*He felt bad because the hospital staff was upset. *They cleaned him up. *His bowels had improved since then. *He felt staff had time to change him before he went to the hospital that evening. *He had heard the paramedic tell RN N he was incontinent of bowel. *He did not remember being updated on the facility's investigation of the incident. 4. Interview on 4/2/25 at 10:25 a.m. with administrator A revealed: *He and DON B completed the investigation regarding the above incident involving resident 206 on 3/14/25. *On 3/15/25 a skin assessment was completed on resident 206, with no new areas of concern. *They had interviewed other staff working that evening as part of their investigation. *They had notified the local police of incident with resident 206. *They had notified resident 206 PCP of the above incident. *RN N had received disciplinary action and was allowed to return to duty after completion of that. *Resident 206's care plan was updated with the following intervention: -He has frequent loose stools related to the use of lactulose for treatment of hepatic encephalopathy. He will require assistance with toileting and personal hygiene as needed initiated. on 3/19/25. *Education was provided to all staff regarding the provider's Abuse and Neglect Policy and the Dignity Policy. *No audits or monitoring related to the above incident had been completed following the incident or the completion of the investigation. Review of the provider's 2/20/24 revised Abuse and Neglect Policy revealed: *It is the policy of the facility to provide professional care and services in an environment that is free from any type of abuse, corporal punishment, misappropriation of property, exploitation, neglect or mistreatment. The facility follows the federal guidelines dedicated to prevention of abuse and timely and thorough investigations of allegations. These guidelines include compliance with the seven (&) federal components of prevention and investigations. -Mental abuse includes, but is not limited to humiliation, harassment, threat of bodily harm, punishment, isolation (involuntary, imposed seclusion) or deprivation to provoke fear of shame. (continued on next page)

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F 0600 Level of Harm - Actual harm Residents Affected - Few	-Neglect is the failure to provide necessary and adequate (medical, personal or psychological) care. Neglect is the failure to care for a person in a manner, which would avoid harm or pain, or the failure to react to a situation which may be harmful. Staff may be aware or should have been aware of the service the resident requires but fails to provide that service. Review of the provider's 11/19/24 revised Resident Dignity and Privacy Policy revealed: *It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity, as well as , care for each resident in a manner and in an environment, that maintains resident privacy. -6. Groom and dress residents according to resident preference. Clothing should be changed when soiled. Document any resident refusals. -10. Each resident will be provided equal access to quality care regardless of diagnosis, severity of condition or payment source.