

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2024
NAME OF PROVIDER OR SUPPLIER  Avantara Redfield		STREET ADDRESS, CITY, STATE, ZIP CODE  1015 Third Street East Redfield, SD 57469	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43844</b></p> <p>Based on observation, interview, record review, and policy review, the provider failed to ensure wound care treatments were completed per physician orders and documented for one of one resident (2). Findings include:</p> <p>1. Observation and interview on 7/16/24 at 1:58 p.m. with resident 2 and licensed practical nurse (LPN) D revealed:</p> <p>*He was seated in his recliner with the footrest in the up position.</p> <p>*There was a wound dressing on his left foot.</p> <p>*LPN D removed the wound dressing and stated it was a vascular wound.</p> <p>*Resident 2 stated he had a scheduled appointment the next day with a vascular surgeon for possible amputation of his left foot.</p> <p>*Resident 2 stated that a nurse who worked the night shift had not completed his dressings a couple of times.</p> <p>Review of resident 2's medical record revealed:</p> <p>*He was admitted on [DATE].</p> <p>*His diagnoses included: peripheral vascular disease, vitamin D deficiency (Vitamin D deficiency can lead to delayed or chronic wounds), major depressive disorder, low back pain, varicose veins bilateral lower extremities with other complications, morbid obesity, edema, heart disease, toes of left foot surgically removed, and bacterial infection.</p> <p>Review of resident 2's Treatment Administration Record (TAR) revealed:</p> <p>*A 6/18/24 physician ordered treatment for a wound on his left foot was to be completed two times each day.</p> <p>-On 6/24/24 there was no documentation to support that treatment had been completed on the second shift.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2024
NAME OF PROVIDER OR SUPPLIER  Avantara Redfield		STREET ADDRESS, CITY, STATE, ZIP CODE  1015 Third Street East Redfield, SD 57469	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 6/25/24 that treatment had been discontinued.</p> <p>*On 6/27/24 a physician ordered treatment indicated that a wound dressing was to be completed twice each day. every day and night shift for wound care.</p> <p>-On 7/13/24 there was no documentation to support that treatment had been completed on the first shift.</p> <p>Interview on 7/16/24 at 3:30 p.m. with director of nursing (DON) B regarding resident 2's treatment dressing changes not being documented as completed revealed:</p> <p>*She stated the lack of documentation meant either it was done and not signed, or not done and not signed.</p> <p>Interview on 7/17/24 at 8:19 a.m. with DON B regarding resident 2 revealed:</p> <p>*The provider had determined, through reviewing of their hallway camera-taped recordings that resident 2 had his wound treatment completed on 6/24/24.</p> <p>*On 7/6/24 he had refused to have his wound dressing changed.</p> <p>*On 7/7/24 he had wanted to wait until a later time to have the dressing changed and he refused RN F's care of his foot.</p> <p>*On 7/13/24 on the first (day) shift the nurse did not have time to complete the dressing change.</p> <p>-That nurse had notified the oncoming nurse that she had not had time to complete the dressing change.</p> <p>--There was no documentation to support that notification had occurred.</p> <p>*When a wound dressing change was not able to be completed, the physician should have been notified.</p> <p>-There was no documentation to support that his physician had been notified.</p> <p>Interview on 7/17/24 at 11:34 a.m. with certified nursing assistant (CNA) E regarding resident 2 revealed:</p> <p>*He did not refuse care.</p> <p>*He only called for assistance when he was in the bathroom.</p> <p>*When a resident refused care, CNA E would have notified the nurse.</p> <p>Interview on 7/17/24 at 11:04 with CNA C at 11:04 a.m. regarding resident care revealed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2024
NAME OF PROVIDER OR SUPPLIER  Avantara Redfield		STREET ADDRESS, CITY, STATE, ZIP CODE  1015 Third Street East Redfield, SD 57469	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*When a resident refused care she would document that in their medical record and report it to the nurse on duty.</p> <p>*She was not familiar with the care resident 2 required.</p> <p>Interview on 7/17/24 at 11:15 a.m. with LPN D regarding resident 2 revealed:</p> <p>*He had not refused care provided by her.</p> <p>-She was aware that he had refused a nurse's care during the night shift.</p> <p>-He preferred to request cares when he needed or wanted them.</p> <p>*The process for when a nurse was unable to complete a treatment during their shift was to:</p> <p>-Communicate that to the next shift so they would attempt to complete the treatment.</p> <p>-Document that the treatment was not completed and notify the resident's physician of the missed treatment.</p> <p>*The medication administration record (MAR) and the treatment administration record (TAR) had an area to document when a resident refused the medication or treatment, which included why that resident had refused.</p> <p>Review of the provider's 12/1/19 RN Floor Nurse Job Description revealed:</p> <p>*Administer or supervise all treatments prescribed by physicians including but not limited to pressure ulcer care, Foley catheter care, hot and cold compounds and intravenous therapy.</p> <p>*Provide wound care when needed.</p> <p>*Completes medical records documenting care provided and other information in accordance with nursing policies while maintaining strict confidentiality.</p> <p>*Ensure each Guest receives person centered care.</p> <p>Review of the provider's 12/1/19 LPN Floor Nurse Job Description revealed:</p> <p>*Administer or supervise all treatments prescribed by physicians including but not limited to pressure ulcer care, Foley catheter care, and hot and cold compounds.</p> <p>*Provide wound care when needed.</p> <p>*Completes medical records documenting care provided and other information in accordance with nursing policies while maintaining strict confidentiality.</p> <p>*Ensure each Guest receives person centered care.</p>		