STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435058	A. Building B. Wing	07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avantara Clark City	201 8th Avenue NW Clark, SD 57225

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435058	A. Building B. Wing	07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avantara Clark City	201 8th Avenue NW Clark, SD 57225

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI), record review, interview, and policy review, the provider failed to provide adequate supervision and assistance to ensure the safety of one of one sampled resident (1) who fell while being transferred by certified nursing assistant (CNA) C who did not transfer the resident as directed in the resident's care plan and did not report the incident as a fall to the nurse for timely and appropriate assessment of the resident. This citation is considered past non-compliance based on a review of the provider's corrective actions immediately following the incident. Findings include:1. Review of provider's 7/1/25 SD DOH FRI for resident 1 revealed:* On 6/30/25 at 7:30 p. m. licensed practical nurse (LPN) E notified director of nursing (DON) D that certified nursing assistant (CNA) B stated resident 1 fell on 6/29/25.*CNA B reported to LPN E that CNA C had been looking for assistance to transfer resident 1 on 6/29/25 around 5:30 p.m. up from the floor.*There was no fall assessment completed. *No neurological assessments were started.*No family notification of the incident was documented in resident 1's chart.*DON D notified administrator A on 6/30/25 to review fall sensor footage.*Administrator A reviewed the footage on 6/30/25 at 8:10 p.m. while on the phone with DON D and saw that CNA C had completed a stand pivot transfer of resident 1 from her bed to her wheelchair. CNA C appeared to have:-lost her balance and tipped resident 1 in her wheelchair, along with herself, over backwards.-CNA C was seen in the footage going and getting CNA B to assist with getting resident 1 upright in her wheelchair.-CNA C was seen going to get registered nurse (RN) F from the dining room. *CNA C reported to RN F that she tipped resident 1's wheelchair back, but it was not a fall, and she did not hit her head.-RN F went to resident 1's room, observed resident 1 in her wheelchair with no injuries, and instructed CNA C to bring resident 1 to the dining room to eat supper.*After reviewing that information, DON D instructed LPN E on 6/30/25 to initiate fall follow-up, and to complete a head-to-toe assessment and neurological checks.*Administrator A suspended CNA C pending an investigation.*Upon completing assessment on resident:-Neurological assessment (evaluation of nerve function, reflexes, coordination, motor skills, sensation, reflexes, and mental status) was within normal limits (WNL).-Range of motion (measurement of movement around a joint or body part) was WNL.-Resident 1 complained of pain in her left upper extremity from a previous fracture.-Vital signs (measurement of the body's basic functions, such as temperature, blood pressure, pulse, and respiration rate) were WNL.*On 7/1/25 witness statements were obtained from CNA B and RN F who had worked with CNA C on 6/29/25 and confirmed what administrator A saw on security camera footage.*CNA C was interviewed regarding the incident with resident 1 and revealed:-She was not aware the incident was considered a fall since resident 1 remained in her wheelchair.-She confirmed that resident 1was to be transferred with the assistance of two staff members, and she did not wait for another staff member's assistance.*CNA C's employment was then terminated immediately on 7/1/25.*Resident 1's family, primary care provider, and orthopedic doctor were notified of the fall.*All staff were educated on the fall management policy.*CNAs demonstrated competencies with full mechanical lift (a mechanical lift and sling used to lift a person's full body) and sit-to-stand lift (a mechanical lift used to assist from a seated to standing position).*A whole-house audit was of transfer assistance needs was completed of all resident care plans, Kardex, CNA assignment sheets, and current therapy orders.*Transfer status and staff would be audited weekly for one month, then monthly for three months, and then quarterly for a year for continuance of care. 2. Review of resident 1's electronic medical record (EMR) revealed:*She admitted to facility on 5/26/22.*Physical therapy's 4/28/25 recommendations were for her to be transferred with maximum staff assistance (staff member provides the majority of the support) with the use of a mechanical lift and two staff members' assistance, and to use a sit-to-stand or total mechanical lift if she was too lethargic (tired).*Occupational therapy's 4/29/25 recommendations were for a mechanical sit-to-stand lift with two staff members assistance when able, or a total mechanical lift with two staff members' assistance if she was unsafe in the sit-to-stand.*Her care plan indicated transfers with total mechanical lift initiated 6/7/22.*Review of fall risk assessments completed on 2/28/25 and 6/1/25 identified resident 1 as having a high risk for falling. 3. Interview on 7/16/25 at 2:47 p.m. with CNA B revealed:*On 6/29/25 at approximately 5:30 p.m. CNA C was in the west hallway, motioning for her to come to resident 1's room.*Upon entering resident 1's room, CNA B observed resident 1 in her wheelchair tipped over and lying on the floor.*CNA C had told her she had lowered resident 1 to the floor, and that she did not fall.*CNA B told CNA C to notify the nurse because she thought what happened was a fall.*CNA C was already trying to sit the wheelchair up, so CNA B assisted resident 1 into an upright position