

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Avantara Clark City		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>49238</p> <p>Based on interview, observation, and record review, the provider failed to ensure a bed frame was maintained and free of hazardous sharp areas for one of one sampled resident (1) who acquired a skin tear to her right lower outer ankle.</p> <p>Findings include:</p> <p>1. Interview on 9/09/24 at 3:51 p.m. with resident 1 revealed:</p> <p>*She was lying in her bed and stated she had a cut on her right leg that was caused from the metal on her bed when they were putting her to bed after using the bathroom.</p> <p>*She stated she had no other skin concerns.</p> <p>2. Record review of resident 1's skin alteration evaluations revealed:</p> <p>*On 8/18/24 resident 1 received a skin tear to her right outer ankle while CNA I transferred her into bed.</p> <p>-The skin tear measured 6.0 L X 3.0 W x 0.5 centimeters (cm) deep.</p> <p>-Resident 1 declined go to the emergency room (ER) for an evaluation.</p> <p>*The residents wound was cleaned, Steri strips and a gauze pad were applied, and then her leg was wrapped in a gauze bandage.</p> <p>-The family was notified and agreed that she would not go to the ER for evaluation of the right leg wound.</p> <p>*On 9/11/24 the wound measured 6 cm X 2.2 cm X 0.1 cm.</p> <p>3. Observation and interview on 9/10/24 at 9:26 a.m. with resident 1 revealed:</p> <p>*She stated nothing had been done to her bed to prevent her from being cut again.</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: 435058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Avantara Clark City		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>*The bed frame was exposed under her mattress and had seven metal square bars.</p> <p>-Three of those bars, from the middle of the bed to the head of the bed, had plastic protective caps on the ends of them.</p> <p>-Four those bars, from the middle of the bed to the toot of the bed, did not have protective caps.</p> <p>4. Observation and interview on 9/10/24 at 9:52 a.m. with certified nursing assistant (CNA) G revealed:</p> <p>*She stated, I am almost positive she cut her leg on those bars.</p> <p>*She pointed to the bars on the bed frame.</p> <p>5. Observation on 9/10/24 at 2:58 p.m. with resident 1 while she was asleep in her bed revealed sheepskin cover was under the mattress and over the edge of the bed covering the bed frame.</p> <p>6. Interview on 9/10/24 at 3:24 p.m. with registered nurse (RN) C and administrator A revealed:</p> <p>*They both confirmed a sheepskin cover had been placed over resident 1's bed frame.</p> <p>*Administrator A stated she had informed maintenance staff H of the resident's bed frame that past weekend when she was the manager on duty, but he had not been notified previously.</p> <p>*She agreed nothing had been done about the bed frame until today (9/10/24).</p> <p>7. Interview on 9/10/24 at 3:45 p.m. with RN E revealed:</p> <p>*Resident 1 acquired a skin tear to her right leg during a transfer on 8/18/24 and was bleeding pretty good.</p> <p>*Resident 1 and her family did not want her to go the ER for evaluation because the bleeding had stopped.</p> <p>*She would monitor the resident's leg for redness and cellulitis because she worked the next day.</p> <p>-The wound was not red.</p> <p>*She had evaluated the resident's bed and wheelchair but did not see anything dangerous that would have caused the skin tear, so she did not report it to others.</p> <p>*She agreed that resident 1 had acquired a skin tear to her right leg that measured 8.0 X 3.0 x 0.5 cm when staff had transferred her from the wheelchair to her bed.</p> <p>8. Observation on 9/11/24 at 9:18 a.m. of resident 1's bed revealed.</p> <p>*Her bed was made with the blankets tucked under the mattress.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Avantara Clark City		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>*There was no sheepskin on the bed to cover the bed frame.</p> <p>*There were end caps on all the square bars.</p> <p>9. Interview and observation on 9/11/24 at 10:06 a.m. with administrator A revealed:</p> <p>*She said TELS (a building management software system) communication was how staff communicated with maintenance staff if something needed his attention.</p> <p>*She stated nothing had been put in TELS for maintenance staff about resident 1's bed.</p> <p>*She clarified she had taken a picture of the bed with her phone and had sent it to maintenance staff when she was the manager on duty and showed the message to the surveyor.</p> <p>10. Observation and interview on 9/11/24 at 1:00 p.m. with resident 1 revealed:</p> <p>*She was in the hall in her wheelchair and was heading to her room. She stated, My bed was fixed, I wish it had been done before I cut my leg on it.</p> <p>*She asked the surveyor to return to her room with her.</p> <p>*The sheepskin was back on the bed, and it was held in place with Velcro.</p> <p>*She said she should have gone to the ER for an evaluation but, it was in the middle of the night, and I didn't want to go.</p> <p>11. Observation on 9/11/24 at 2:26 p.m. of resident 1's wound care with licensed practical nurse (LPN) F and CNA D revealed:</p> <p>*CNA D removed the dressing to resident 1's lower outer right leg.</p> <p>*LPN F said Resident 1 had a skin tear on her right lower leg.</p> <p>*LPN F cleansed the wound with saline wound cleaner, applied medihoney (a topical medication) with a cotton -tipped applicator, and applied a Mepilex bandage.</p> <p>-The wound bed was wet with pink outer edges.</p> <p>*LPN F did not measure the wound's size and said that measurements were done weekly on Mondays.</p> <p>12. Interview on 9/11/24 at 2:46 p.m. with director of nursing (DON) B revealed:</p> <p>*She expected staff would have reported an equipment problem to maintenance staff and or her after a resident acquired a skin tear or injury.</p> <p>*She stated the bed should have been investigated because of the skin tear.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Avantara Clark City		STREET ADDRESS, CITY, STATE, ZIP CODE 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 - Actual harm Residents Affected - Few	*She agreed that equipment problems would have been reported to maintenance staff through TELS communication. *She confirmed the CNA I that had assisted resident 1 with her the transfer when she received the skin tear 8/18/24 was a traveler and no longer worked there.		