STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435068	A. Building B. Wing	03/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avantara Watertown	415 Fourth Ave NE Watertown, SD 57201

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. 49395 Based on observation, interview, and record review the provider failed to ensure oral care was consistently performed and accurately documented for three of four sampled residents (2, 3, and 4). Findings include: 1. Observation and interview on 3/19/24 at 9:40 a.m. with resident 2 revealed: *He had a considerable amount of plaque build up on his bottom teeth. *He stated that the staff did not consistently assist him with brushing his teeth daily. *He stated that he had not had his teeth brushed in approximately three days. *He was able to locate his toothbrush and the bristles on the toothbrush were hard, dry, and appeared to have not been used for some time. Review of resident 2's electronic medical record (EMR) revealed staff had documented that he had completed his oral care on 3/19/23 at 9:28 a.m. Interview with certified nursing assistant (CNA) D regarding resident 2's oral care revealed she: *Assisted the resident with his morning care on 3/19/24. *Had not assisted him with his oral care as she had documented in the EMR at 9:28 a.m. Review of resident 2's 1/22/24 care plan revealed: *The resident was at risk for alterations in personal care related to decreased mobility. *Interventions included the following: - I do have full upper dentures and a partial lower. I am able at this time to care for them once I have things set up for me. Please assist as needed. My staff will make sure I get this done at least twice daily. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of resident 2's EMR revealed: *The 1/15/24 Minimum Date Set (MDS) progress note for resident 2 stated the following: -The quarterly MDS review was completed on 1/19/24. - Resident had a full upper and a partial lower denture, his natural teeth were in poor condition/cavity like. *A 2/25/24 SeniorDent progress note stated Note heavy plaque on teeth today with bleeding with scaling mod debri [moderate debris] on partial and denture. He [Resident 2] said he sometimes does forget to take them out to clean them enc [encourage] staff to help with this daily if possible. 2. Observation and interview on 3/19/24 at 11:15 a.m. with resident 3 revealed: *He had missing teeth and visible plaque buildup on his lower teeth by the gum line. *He stated that he had not had his teeth brushed in a couple days. *The toothbrush bristles were dry and did not appear to have been used recently. Review of resident 3's EMR revealed that oral care was documented as completed on 3/19/24 at 11:06 a.m. Interview on 3/19/24 at 11:40 a.m. with CNA F regarding resident 3's oral care revealed: *The resident performed oral care independently. She would ask him if he had brushed his teeth and would assist him with setting up his toothbrush. *When asked how she confirmed that the resident had completed his oral care, she stated she would have asked him. *When asked if she had asked the resident about his oral care today, she said No. *She stated that she had documented in the EMR that his oral care was completed without verifying with the resident. Review of resident 3's 2/1/24 care plan revealed: *The resident was at risk for alterations in personal care related to decreased mobility. *The resident had his natural teeth, and they were in poor health. *Interventions included the following: -I may be able to brush my own teeth once set up if I am not too tired, otherwise please make sure I get my teeth brushed twice a day. Please provide oral care with a mouth swab as needed throughout the day and night. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of resident 3's EMR revealed: *The 2/12/24 MDS progress note for resident 3 stated the following: -The resident's quarterly MDS review was completed on 2/12/24. -The resident denied any broken or sharp teeth along with any other mouth concerns. Teeth appeared to have cavities but reported no pain. 3. Observation on 3/19/24 at 11:30 a.m. of resident 4 revealed that her toothbrush was dry and the toothbrush bristles were hard. She was unable to answer if she had her teeth brushed. Review of resident 4's EMR revealed that oral care was documented as completed for resident 4 on 3/19/24 at 10:09 a.m. Interview on 3/19/24 at 11:50 a.m. with CNA E regarding resident 4's oral care revealed: *She stated that she had brushed resident 4's teeth that morning. *When asked about resident 4's toothbrush being dry and appeared that the toothbrush had not been used that morning, she stated that she had thrown away the toothbrush she used that morning on resident 4. Review of resident 4's 10/16/23 care plan revealed: *The resident was at risk for alterations in personal care related to decreased mobility. *The resident had her natural teeth, and they were in good condition. *There were no interventions listed on how to care for the resident's teeth. 4. Interview on 3/19/24 at 3:40 p.m. with director of nursing (DON) B and registered nurse (RN) C revealed that they expected oral care would have been completed on all residents twice daily. 5. Interview on 3/19/24 at 4:00 p.m. with administrator A revealed the provider did not have a policy for oral care.