STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435070	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avera Sister James Care Center	2111 West 11th Street Yankton, SD 57078

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview and Centers for Medicare and Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual review, the provider failed to ensure four of six sampled residents' (3, 34, 107, and 151) Minimum Data Set (MDS) (a tool used to evaluate a resident's health status and to develop and individualized care plan to manage the resident's care needs) assessments were accurately coded for the areas of diagnosis, Pre-admission Screening and Resident Review (PASRR) or dialysis. Findings include:1. Review of resident 34's EMR revealed he was admitted to the facility on [DATE]. His 2/24/26 BIMS assessment score was 15 which indicated his cognition was intact. He had a diagnosis of Chronic Bipolar Affective Disorder (a mental health condition that causes extreme, cyclical shifts in mood, energy and activity levels) dated 2/2/15. Resident 34 had a 11/20/23 Maximus notice of PASRR Level 1 screen outcome that indicated if a resident was currently in a Medicaid-certified nursing facility, the facility would need to document your PASRR condition in important Medicaid nursing facility paperwork. The facility should mark yes for question A1500 on the MDS assessment. Is the resident currently considered by the state level II PASRR process to have a serious mental illness and/or intellectual disability or a related condition? Also, your specific PASRR condition(s) should be checked in question A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions. Resident 34's 2/24/26 annual MDS Assessment, Level II PASRR at question A1500 was marked no. There was no ability to answer A1510 and list the resident's diagnosis. 2. Interview and EMR review on 5/13/26 at 4:26 p.m. with SSD E confirmed she completed resident 34's 2/24/26 annual MDS section A on 2/24/26. She agreed based on the PASRR level I Screen Outcome question A1500 should have been marked yes. That would have made question A1510 available to put in resident 34's current diagnosis. She used CMS Long-Term Care Facility RAI 3.0 User's Manual Version 1.20.1 October 2025 to complete the resident's MDS assessments. She refers to the resident's PASRR level Maximus letters to complete section A, the resident's diagnoses, and admission orders. 3. Review of resident 107's EMR revealed she was admitted to the facility on [DATE]. Her diagnoses included bipolar II (mental condition causing extreme shifts in mood, energy, and activity levels), depression, and anxiety (anticipation of future danger or misfortune with feelings of distress and/or sadness and symptoms such as restlessness or irritability). Interview and EMR review on 5/14/26 at 1:37 p.m. with SSD P regarding resident 107's PASRR form and her MDS admission assessment coding at A1500 revealed that resident 107's Level I PASRR was completed by the hospital staff, where she was a patient before she was admitted to the nursing home. The hospital did not indicate on her Level I PASRR that she had a diagnosis of Bipolar II, and (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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	she was not referred for a Level II PASRR review. Resident 107's 3/25/25 psychiatric provider's note indicated she had the diagnosis of Bipolar II since 1/14/13. SSD P indicated she should have reviewed resident 107's diagnoses when she admitted to the nursing home, identified that she had a diagnosis of Bipolar II, completed a new Level I PASRR, and referred resident 107 for a Level II PASRR review for that diagnosis. 4. Interview on 5/12/26 at 1:51 p.m. with resident 151 in his room revealed he just returned from his dialysis treatment at a dialysis facility. His dialysis treatments were completed on Tuesdays, Thursdays, and Saturdays, and he received them for quite a while. 5. Review of resident 151's EMR revealed he was admitted to the facility on [DATE]. His admission 5/1/26 MDS assessment did not indicate that resident 151 received dialysis treatments. 6. Interview on 5/14/26 at 2:20 p.m. with RN supervisor D revealed resident 151 was receiving dialysis treatments. She acknowledged she did not document on his 5/1/26 admission MDS that he was receiving dialysis treatments. She indicated dialysis should have been documented. She was responsible for completing the nursing components of resident 151's MDS, which included the resident's dialysis treatments. 7. Review of resident 3's EMR revealed he was admitted to the facility on [DATE]. His diagnoses included paranoid delusional disorder (a mental illness where a person holds strong, false beliefs despite evidence to the contrary). A 4/3/25 Level I PASRR screen was completed, and he was referred to a Level II PASRR review. The Level II PASRR review indicated he had a mental health diagnosis. His comprehensive 3/11/26 MDS assessment was coded as no at question A1500 for having a mental health diagnosis. Interview on 5/14/26 at 2:05 p.m. with SSD P revealed she was responsible for completing the resident's MDS assessments, question A1500, for all residents in the Cabin neighborhood. Resident 3's 3/11/26 MDS assessment at question A1500 should have been coded as yes for resident 3 having a Level II PASRR. 8. Review of the CMS Long-Term Care Facility RAI 3.0 User's Manual Version 1.20.1 October 2025 revealed review of the CMS Long-Term Care Facility RAI 3.0 User's Manual Version 1.20.1 October 2025 revealed section A, item A1500 indicated to Code 1, yes if PASRR Level II screening determined that the resident has a serious mental illness and/or ID/DD [intellectual disability/developmental disability] or related condition. Section I, Page I1 and I2, Steps for Assessment: 1. Indicate the resident's primary medical condition category that best describes the primary reason for the Medicare Part A stay. Medical record sources for physician diagnoses include the most recent history and physical, transfer documents, discharge summaries, progress notes, and other resources as available. Section N, Page N6 and N7, Steps for Assessment: -1. Review the resident's medical record for documentation that any of these medications were received by the residents and for the indication of their use during the 7-day look-back period (or since admission/entry or reentry if less than 7 days). 2. Review documentation from other health care settings where the resident may have received any of these medications while a resident of the nursing home (e.g., valium given in the emergency room).

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the provider failed to follow food safety standards to ensure that equipment in food service and preparation areas was maintained in a sanitary condition for two of six pantry dishwashers, one of five wall-mounted fans, and one of fifteen handwashing sinks. This deficient practice had the potential to affect the safety of food served to residents. Findings include:1. Observation on 5/14/26 at 7:58 a.m. in the Country neighborhood pantry revealed that there was a thick layer of biofilm (a sticky film with germs) and food particle buildup on the inner surface of the dishwasher doors, which could result in dishes not being properly cleaned and sanitized, which could place residents at risk for foodborne illness.Across the room from the dishwasher, a fan was mounted to the wall. A layer of visible dust buildup was on the fan blades and the fan cage. The fan was blowing air across the room to where the hot-holding steam tables used to serve residents' food was located. That had the potential to blow contaminants onto food-contact surfaces and the food itself, which created potential for foodborne illness risk.2. Observation on 5/14/26 at 11:39 a.m. in the Chalkstone neighborhood pantry revealed there was an unidentified layer of grayish buildup in one of the handwashing sinks. The dishwasher had a thick layer of biofilm and food particle buildup on the inner surface of the dishwasher doors.3. Interview on 5/14/26 at 11:51 a.m. with food service worker-feeding assistant (FSW-FA) M and certified dietary manager (CDM) I revealed that the staff were supposed to clean the sinks and dishwasher daily. To clean the dishwasher, she would turn the machine off, drain all the water, spray down the inside parts and wash arms with plain water, and remove the catch screens to spray them off in the sink. Neither FSW-FA M or CDM I was aware of the buildup on the inner surface of the dishwasher doors in the Chalkstone pantry.5. Interview on 5/14/26 at 3:42 p.m. with director of support services (DSS) L revealed that the staff had standard kitchen and neighborhood pantry cleaning task lists, but there were no checklists to show when those tasks were last completed. He expected the staff to inspect and clean the wall-mounted fans regularly. He was not aware of the buildup on the inner surface of the dishwasher doors in both observed pantries.6. Review of the provider's August 2022 revised Cleaning Schedule for the main kitchen adapted from the 2005 [NAME] & Associates, Inc. Policy and Procedure Manual revealed that kitchen appliances, sinks, and faucets should be cleaned daily. The walls, sinks, floors, and shelves in the Pot & Pan Room should be cleaned weekly. Dust Back of Appliances should be cleaned monthly.7. Review of the provider's undated Pantry Cleaning Lists revealed that there were columns for daily, weekly, and monthly cleaning.For the dishwashers, the daily cleaning included clean drain screens/remove food particles and wipe off front & sides of cabinet. The weekly cleaning included wipe off tops. The monthly cleaning included deep clean (edges, gaskets, etc.). There was a note on the second page that read, Wall Fan!!!!!!! (Check daily).The Pantry Cleaning Lists did not include the handwashing sinks.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, record review, interview, and policy review the provider failed to ensure infection control practices were followed for one of two sampled residents (22) who used a nebulizer (a device that converts liquid medication into an inhalable mist) machine that was not cleaned after each use by the nursing staff and according to the provider's policy.Findings include:1. Observation on 5/12/26 at 10:35 a.m. of resident 22 in his room revealed, he placed his handheld nebulizer tube in the holder on the nebulizer machine after completing his treatment tubing was dated 4/2/26.2. Observation on 5/12/26 at 1:45 p.m. in resident 22's room revealed the handheld nebulizer tube was in the holder on the nebulizer machine, the nebulizer tube is dated 4/2/26 and had a small amount of clear liquid remaining in the chamber.3. Observation on 5/13/26 at 9:48 a.m. in resident 22's room revealed his handheld nebulizer tube was in the holder on the nebulizer machine with a clear liquid half-filled the medication chamber.4. Observation on 5/13/26 at 11:17 a.m. of resident 22's room revealed that the medication chamber on the handheld nebulizer tube had residual clear liquid in the bottom of the medication chamber.5. Observation on 5/14/26 at 9:04 a.m. of resident 22's room revealed the handheld nebulizer tube was in the holder on the nebulizer machine, which had a clear liquid that half-filled the medication chamber.6. Observation and interview on 5/14/26 at 11:11 a.m. of resident 22's room revealed, he completed his nebulizer treatment and placed the nebulizer tube on the holder on the nebulizer machine. He stated, It's been more than a week since the staff changed his nebulizer tube.7. Review of resident 22's electronic medical record (EMR) revealed his 3/24/26 Brief Interview for Mental Status (BIMS) assessment score was 14 indicated he was cognitively intact. He had a 1/22/25 physician's order for Albuterol (a prescribed medication used to treat wheezing, shortness of breath) 0.083 % (percent) 2.5 milligrams (mg) inhaled every four hours as needed (PRN) by nebulizer. He had a 4/1/25 physician's order for Albuterol/Ipratropium (a prescription medication used to treat airway narrowing in the lungs) 3 milliliters (mL) every six hours PRN by nebulizer. He had a 5/14/25 physician's order for Albuterol/Ipratropium 3 milliliters (mL) inhaled twice daily (BID) by nebulizer. He had a 2/25/25 physician's order to self-administer his nebulizer treatments after set-up assistance was provided by the staff.He had a 1/21/25 physician's order for his nebulizer tubing to be changed (replaced) weekly on Wednesdays at 7:00 p.m. with an intervention note that stated, Do not chart if you did not do.8. Interview on 5/14/26 at 11:17 a.m. with licensed practical nurse (LPN) G revealed that nebulizer tubing was to be changed weekly on the night shift. Tubing was to be dated when it was changed. If the tube was dated 4/2/26, then it was not changed since that date. It was the nurse's responsibility to rinse the nebulizer tube and attachments after the residents used them. She did not rinse resident 22's nebulizer tube and attachments on 5/12/26, or 5/14/26 when she completed the set-up of resident 22's nebulizer medications.9. Interview on 5/14/26 at 11:25 a.m. with registered nurse (RN) supervisor C revealed that nebulizer tube and attachments were to be changed daily and that the nebulizer oxygen tubing was to be changed weekly on Wednesday night. If a nebulizer medication chamber was labeled 4/02/26, she would assume that it was not changed since April 2, 2026. She expected the nurse to rinse the nebulizer medication chamber after each use and leave it to air-dry for the next use. She confirmed there was no task in the medication administration record (MAR) to remind nurses to go back and rinse them after the residents completed their nebulizer treatment.10. Review of the provider's February 2026 Respiratory Equipment Care policy revealed Clean according to [the] manufacturer's instructions for use (MIFU) if available. If no MIFU is available: a. After every treatment: Empty excess fluid. Rinse [the] nebulizer with sterile (preferred) or distilled water. Shake off excess moisture. Store: place on a clean, dry paper towel (change the paper towel after each treatment) and store in a clean, dry location in the resident's room to air dry for the next treatment or in a designated vented respiratory bag that is changed weekly. Weekly: replace nebulizer.