

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2025
NAME OF PROVIDER OR SUPPLIER Avera Bormann Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 501 North 4th Street Parkston, SD 57366	

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 - Immediate jeopardy to resident health or safety</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50916</p> <p>Based on South Dakota Department of Health (SD DOH) facility-reported incidents (FRI) review, record review, observation, interview, and policy review, the provider failed to ensure the safety of one of one sampled resident (1) who fell from a mechanical bath chair lift, suffered injuries that required emergency room treatment, hospitalization, and subsequently died when one of one certified nursing assistant (CNA) (C) failed to ensure a safety belt was used. This citation is considered past non-compliance based on review of the corrective actions the provider implemented immediately following the incident.</p> <p>On [DATE] at 9:00 a.m. Immediate Jeopardy (IJ) was identified for resident safety related to a facility-reported incident that occurred on [DATE] when a resident (1) fell from a bath chair, received serious injuries, and later died. The investigation revealed staff education and competencies initiated on [DATE] removed the immediacy.</p> <p>On [DATE] at 5:00 p.m. administrator A was informed of the IJ and was given the IJ template.</p> <p>The current census was 46.</p> <p>Substantial compliance was confirmed on [DATE] at 4:00 p.m. after review of the providers corrective actions revealed the provider had followed its quality assurance process, the provider's whirlpool bath policy was updated to ensure safety measures would be implemented, staff education was provided, and competencies were completed regarding safety precautions, including the use of the bath chair lift safety belt, safety checks, and interventions for resident refusals to wear the safety belt. Observations and staff interviews revealed staff understood the education provided and the proper use of safety precautions. All resident care plans were updated as applicable to address resident refusals to use the safety belt. Audits were implemented and staff monitoring will continue for compliance with safety precautions. That data will be reported at the monthly QAPI meetings by the DON or designee.</p> <p>Findings include.</p> <p>1. Review of the provider's [DATE] SD DOH FRI regarding resident 1 in the tub room revealed:</p> <p>*On [DATE] at 6:36 a.m. resident 1 had taken a whirlpool bath and was sitting on a mechanical bath chair lift approximately 25 to 30 inches high.</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
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