

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Avantara Milbank		STREET ADDRESS, CITY, STATE, ZIP CODE  1103 South Second Street Milbank, SD 57252	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI) review, record review, interview, observation, manufacturer's manual review, and policy review, the provider failed to ensure resident safety by improper use of lift equipment as directed in the residents' care plans and/or the lift manufacturer's manual for:</p> <p>*One of two sampled resident (9) who required the assistance of two staff for transfers with a lift, who was lowered to the floor while being transferred with the use of a mechanical sit-to-stand lift (a mechanical lift that requires the person to partially bear weight on at least one leg when assisted from a seated position to a standing position) by one certified nursing assistant (CNA) (K) without the assistance of another qualified staff person.</p> <p>*One of two sampled resident (14) who required the assistance of two staff for transfers with a lift, who was lowered to the floor while being transferred with the use of a non-mechanical (manual) sit-to-stand lift by CNA (M) without the assistance of another qualified staff person.</p> <p>1. Review of the provider's 1/28/25 SD DOH FRI regarding resident 9 revealed:</p> <p>*On 1/28/25 at 4:00 p.m. while certified nursing assistant (CNA) K was attempting to transfer resident 9 to the commode with the sit-to-stand lift she assisted her to the floor when the right side of the sling came off the lift.</p> <p>*CNA K did not follow manufacturer guidelines when securing the sling to the lift.</p> <p>*Resident 9 was evaluated by the nursing staff and had no injury.</p> <p>*Resident 9's physician and power of attorney (POA) were notified.</p> <p>*CNA K was suspended and reinstated after she was provided education and demonstrated competency with proper sling use and securement.</p> <p>*The resident's care plan was reviewed and noted to have appropriate interventions in place.</p> <p>2. Review of resident 9's electronic medical record (EMR) revealed:</p> <p>*Her diagnoses included acquired absence of right leg above the knee, morbid obesity, and Epilepsy.</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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Her Brief Interview for Mental Status (BIMS) assessment score was 15, which indicated she was cognitively intact.</p> <p>*The care plan indicated:</p> <p>-Stand lift for transfers unless [resident 9] is uncomfortable with the CNA and wants the Hoyer lift [a mechanical lift and sling used to lift a person's full body] used.</p> <p>-She required the assistance of two staff when she was feeling weak or tired when transferring in [the] stand lift.</p> <p>-Allow [resident 9] to choose what stand lift to use when transferring.</p> <p>-Resident 9 had a right lower leg prosthesis. Do not don [put on] before using [the] mechanical lift. Refusing use at present time.</p> <p>*A 1/28/25 incident progress note indicated, CNA called [the] nurse to [the] resident room for an assisted fall . [The] right strap became separated from [the] lift suggestive of sling placement misalignment . pain medication given for stump [residual limb] pain.</p> <p>3. Observation and interview on 3/12/25 at 1:46 p.m. with resident 9 regarding the 1/28/25 incident involving the mechanical sit-to-stand lift revealed:</p> <p>*She had an above-the-knee amputation of her right leg and did not wear a prosthesis.</p> <p>*She stated the lift sling came unattached from the right side of the lift when CNA K raised the lift from a sitting position to a standing position.</p> <p>*She fell to the floor and bumped her right leg.</p> <p>*She had two medium size sit-to-stand lift slings hanging from her bedroom door.</p> <p>*The CNAs were trained on a new way to hook the sit-to-stand lift sling strap so that it did not come unhooked.</p> <p>-She always checked now that the lift sling was attached correctly.</p> <p>4. Observation and interview on 3/13/25 at 9:38 a.m. with CNA H and resident 9 revealed:</p> <p>*She received education and had to demonstrate how to use the mechanical sit-to-stand lift and attach the sling correctly to transfer a resident three to four times in a row about a month ago.</p> <p>*She knew how to transfer resident 9 because it was on her care plan.</p> <p>*She transferred resident 9 from the commode to her wheelchair and applied the sling correctly.</p> <p>(continued on next page)</p>		

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