

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/24/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/13/2022
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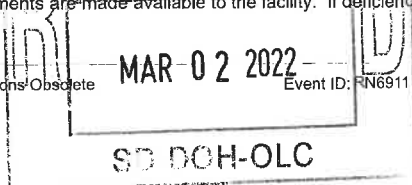
NAME OF PROVIDER OR SUPPLIER DOW RUMMEL VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1321 W DOW RUMMEL ST SIOUX FALLS, SD 57104
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS Surveyor: 06365 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 1/11/22 through 1/13/22. Dow Rummel Village was found not in compliance with the following requirement: F880.	F 000		
F 880 SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify</p>	F 880	<p>Directed Plan of Correction Dow Rummel Village F880 Corrective Action: 1. For the identification of lack of: *Appropriate hand hygiene and glove use by licensed staff during performance of wound cares. *Appropriate handling of wound care supplies. The administrator, DON, and/or designee will review, revise, create as necessary policies and procedures for the above identified areas by 2/11/2022. All facility staff who provide or are responsible for the above cares and services will be educated/re-educated by 2/11/2022 by DON.</p> <p>Identification of Others: 2. ALL residents and staff have the potential to be affected by lack of: *appropriate hand hygiene and glove use by licensed staff during performance of wound care. *appropriate handling of wound care supplies. Policy education/re-education about roles and responsibilities for the above identified assigned care and services tasks will be provided by 2/14/2022 by DON.</p>	2/14/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Christopher Hahn</i>	TITLE Administrator	(X6) DATE 2/24/2022
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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.



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NAME OF PROVIDER OR SUPPLIER DOW RUMMEL VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1321 W DOW RUMMEL ST SIOUX FALLS, SD 57104	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	<p>Continued From page 1</p> <p>possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Surveyor: 26632</p>	F 880	<p>System Changes: 3. Root cause analysis conducted answered the 5 Whys: Administrator, DON, medical director, and any others identified as necessary will ensure ALL facility staff responsible for the assigned task(s) have received education/training with demonstrated competency and documentation. DON contacted the South Dakota Quality Improvement Organization (QIN) on 2/14/2022 and include the 2567 was requested. Any suggestions and tools will be sent by email to DON and Administrator from QIN.</p> <p>Monitoring: 4. Administrator, DON, and/or designee will conduct auditing and monitoring 2 to 3 times weekly over all shifts to ensure identified and assigned tasks are being done as educated and trained. Monitoring for determined approaches to ensure effective implementation and ongoing sustainment. *Staff compliance in the above identified area. *Any other areas identified through the Root Cause Analysis. After 4 weeks of monitoring demonstrating expectations are being met, monitoring may reduce to twice monthly for one month. Monthly monitoring will continue at a minimum for 2 months. Monitoring results will be reported by administrator, DON, and/or a designee to the QAPI committee and continued until the facility demonstrates sustained compliance as determined by committee.</p>	

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F 880	<p>Continued From page 2</p> <p>Based on observation, interview, and policy review, the provider failed to ensure infection prevention and control practices were maintained for:</p> <p>*Hand hygiene and glove use during wound care by one of one licensed practical nurse (LPN) (C) and one of one director of nursing (DON) (B) for one of one sampled resident (25).</p> <p>*Handling of wound care supplies by one of one LPN (C) and one of one DON (B) during one of one observed resident's (25) wound care treatment.</p> <p>Findings include:</p> <p>1. Observation on 1/12/22 at 8:39 a.m. B during a dressing change for resident 25's right foot involving his 2nd, 3rd, and 4th toes revealed:</p> <p>*LPN C entered resident 25's room with a roll of Coban, two plastic medication cups, and one package of non-stick Telfa.</p> <p>*She placed those supplies on the nightstand next to other resident belongings.</p> <p>*With gloves on she:</p> <p>-Sanitized the overbed table, retrieved a wash cloth from the bathroom, placed the washcloth down on the overbed table, and transferred the above supplies to that area.</p> <p>-Retrieved a bottle of Betadine, wound wash, and another package of Telfa out of his top dresser drawer, which also had other items in it including deodorant, unpackaged Telfa and Kerlix wrap, papers, and another bottle of Betadine. The drawer had dark stains and debris inside on the bottom.</p> <p>*LPN C then removed those gloves, washed her hands, and put on a new pair of gloves.</p> <p>*She took scissors from her pocket but did not sanitize them before she cut strips of the Telfa squares.</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>*With the same gloves on, she: -Placed the squares in the medication cups and put Betadine over them, then used her fingers to ensure the Betadine had covered the surface of the Telfa. -Removed resident 25's stocking and the old dressing from his foot. -Sprayed the wound cleanser on his toes and lightly dried them but did not ensure his toes were dried in between. -Placed the Betadine soaked Telfa strips on the wounds on his toes. *DON B assisted with holding the resident's foot up with gloves on. Without removing her gloves, she opened his dresser drawer and retrieved an unpackaged roll of Kerlix and handed it to LPN C. *LPN C did not change her gloves or sanitize her hands after she had removed the old dressing. With the same gloves on, she wrapped the resident's foot with the Kerlix and Coban the placed his sock back on.</p> <p>Interview on 1/13/22 at 9:30 a.m. with LPN C revealed she agreed: *The scissors should have been sanitized before she used them. *Her gloves should have been changed and she should have sanitized her hands between removing the old dressing and cleansing and putting on the new dressing. *She was very nervous during the dressing change.</p> <p>Interview on 1/13/22 at 2:45 p.m. with infection control/registered nurse F revealed: *She had not completed any observations of dressing changes since she had been the infection control nurse. *Agreed education was needed to ensure glove</p>	F 880		

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F 880	<p>Continued From page 4</p> <p>use and hand hygiene were completed appropriately.</p> <p>*Agreed the dressing supplies should have been separated from other resident personal items.</p> <p>Interview on 1/13/22 at 4:45 p.m. with DON B revealed:</p> <p>*LPN B should have sanitized the scissors before using them.</p> <p>*She had not noticed the missed opportunities for hand hygiene and glove changes.</p> <p>*She confirmed the dresser drawer where some of his dressing supplies were had many different types of items along with the dressing supplies.</p> <p>*She was not aware she had contaminated the Kerlix when she had retrieved it from the dresser.</p> <p>*She agreed the Kerlix would have been contaminated by her gloves.</p> <p>Review of the provider's 12/14/17 Clean Dressing Change policy revealed:</p> <p>**Multi-use wound care supplies will be dated and initialed when opened. They will be maintained as clean after initial use."</p> <p>**Each wound would be treated individually."</p> <p>**When multiple wounds are being dressed, the dressings will be changed in order of least contaminated to most contaminated. Dressing of infected wounds should be changed last."</p> <p>*The dressing change procedure was to set up a clean field on the over bed table with needed supplies for wound cleansing and dressing applications. Those steps included:</p> <p>- "If the table is soiled, wipe clean with sanitizer such as Sani wipes."</p> <p>- "Place a disposable cloth [drape] or chux on the over bed table."</p> <p>- "Place only the supplies to be used per wound on the clean field at one time to include wound</p>	F 880		

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F 880	Continued From page 5 cleanser, gauze for cleansing, disposable measuring guide and pen/pencil, skin protectant products as indicated, dressings, tape, scissors [clean with soap and water and alcohol prep pad]." -"Perform hand hygiene and put on clean gloves." -"Place a barrier cloth [drape] or pad [chux] next to the resident, under the wound to protect the bed linen and other body sites." -Remove the existing dressing and discard into appropriate receptacle. -"Perform hand hygiene and put on clean gloves." -Cleanse the wound as ordered. -"Perform hand hygiene and put on clean gloves." -"Apply topical ointments or creams and dress the wound as ordered." -"Secure dressing. Mark with initials and date." -Discard soiled items, gloves, and perform hand hygiene. -"Clean scissors with soap, water and alcohol pad." -Perform hand hygiene.	F 880		

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NAME OF PROVIDER OR SUPPLIER DOW RUMMEL VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1321 W DOW RUMMEL ST SIOUX FALLS, SD 57104		
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E 000	Initial Comments Surveyor: 06365 A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care Facilities, was conducted from 1/11/22 through 1/13/22. Dow Rummel Village was found in compliance.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Christopher Hahn

Administrator

2/7/2022

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.

FEB 07 2022

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NAME OF PROVIDER OR SUPPLIER DOW RUMMEL VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1321 W DOW RUMMEL ST SIOUX FALLS, SD 57104	
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K 000	INITIAL COMMENTS Surveyor: 40506 A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 1/11/22. Dow Rummel Village was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Christopher Hahn

Administrator

2/7/2022

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South Dakota Department of Health

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NAME OF PROVIDER OR SUPPLIER DOW RUMMEL VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1321 W DOW RUMMEL ST SIOUX FALLS, SD 57104
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S 000	Compliance/Noncompliance Statement Surveyor: 06365 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 1/11/22 through 1/13/22. Dow Rummel Village was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement Surveyor: 06365 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 1/11/22 through 1/13/22. Dow Rummel Village was found in compliance.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Christopher Hahn TITLE: Administrator (X6) DATE: 2/7/2022

FEB 07 2022

