

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

PRINTED: 01/06/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLARKSON HEALTH CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 MT VIEW RD RAPID CITY, SD 57702</b>	
(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 000	INITIAL COMMENTS  A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 12/19/22 through 12/21/22. Clarkson Health Care was found not in compliance with the following requirement: F880.	F 000	"Clarkson Health Care operates in compliance with all regulations and professional standards, in a manner that ensures safe and appropriate care, with an emphasis on residents' rights for all residents that we serve.	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §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.  §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:  §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;  §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 possible communicable diseases or	F 880	Regarding F880, infection control interventions are relevant to all residents and staff in the facility. The residents specifically identified during the survey and listed in the 2567 were and remained free of symptoms of infection following the completion of the survey process.  In-service is scheduled for 1/18/23 to provide repeat education to all facility/all department staff members on hand hygiene, glove use, transitions between "dirty" and "clean" care activities and disinfecting of shared vital signs equipment. Education on 1/18/23 will be provided by DON and Infection Preventionist RN. For facility staff who cannot attend the 1/18/23 in-service, individual retraining will be completed by DON/designee by 1/21/23.	01/18/2023

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

TITLE

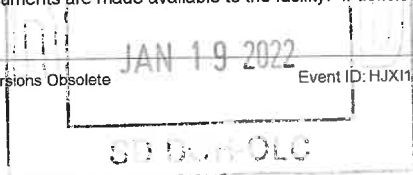
(X6) DATE

Andrea Knollm LNHA

Adminstrator

01/16/2023

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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F 880	<p>Continued From page 2</p> <p>review of an Association for Professionals in Infection Control (APIC) brief, and policy review, the provider failed to ensure infection prevention and control practices were appropriately followed for:</p> <p>*Glove use by one of one certified nurse aide (CNA) (D) during care provided for one of one sampled resident (21).</p> <p>*Cleaning by medication aide (MA) (F) of shared equipment used between two of two (1 and 14 ) observed residents.</p> <p>*Hand hygiene and glove use by one of one CNA G during care provided for two of two sampled residents (16 and 34).</p> <p>*Cleaning by CNA G of shared equipment used by one of one observed resident (34).</p> <p>Findings include:</p> <p>1. Observation on 12/20/22 at 9:45 a.m. of CNA D and hospitality coordinator E in resident 21's room revealed:</p> <p>*They provided personal care for resident 21 after she had a bowel movement (BM).</p> <p>*CNA D removed the resident's soiled brief and used a wipe to clean the BM off her skin.</p> <p>*Without changing her soiled gloves she:</p> <ul style="list-style-type: none"> <li>-Placed a clean brief underneath the resident.</li> <li>-Applied Aloe Vesta protection cream on her skin.</li> <li>-Wiped the excess cream off her soiled glove onto the inside of the resident's brief.</li> <li>-Secured the brief and helped the resident to get dressed.</li> </ul> <p>*She removed her gloves and performed hand hygiene.</p> <p>Interview with CNA D on 12/20/22 at 10:50 a.m. revealed she:</p> <p>*Agreed she had not changed her gloves and knew she should have:</p>	F 880		

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F 880	<p>Continued From page 3</p> <p>-Removed her gloves after cleaning resident 21. -Put on new gloves before handling the clean brief and applying the skin cream.</p> <p>Interview on 12/21/22 at 4:13 p.m. with director of nursing (DON) B and infection control nurse (ICN) C regarding the observation above revealed they agreed CNA D should have changed her gloves after cleaning resident 21 and before applying her clean brief and the cream.</p> <p>2. Observation and interview on 12/21/22 at 9:20 a.m. with MA F revealed she: *Took resident 1's vital signs with the same equipment she took resident 14's vital signs. -Had not cleaned that equipment between residents. *Had cleaned that equipment with a disinfectant wipe at the beginning of her work shift that day. *Stated it was not her usual practice to clean vital signs equipment between resident use.</p> <p>3. Continuous observation on 12/20/22 from 8:17 a.m. through 9:00 a.m. of CNA G with residents 16 and 34 revealed she: *Entered resident 16's room and without sanitizing her hands or wearing gloves reconnected his oxygen tubing to his continuous positive airway pressure (CPAP) breathing device. -Left his room without sanitizing her hands to assist another CNA with a different resident's care.</p> <p>Further observation on 12/20/22 at 8:28 a.m. with CNA G upon her return to resident 16's room revealed: *Without sanitizing her hands she entered his room, put on a pair of gloves, and emptied his</p>	F 880		

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F 880	<p>Continued From page 4</p> <p>urinal into the toilet.</p> <p>-After wiping the rim of the urinal with a personal care wipe, she removed her gloves.</p> <p>*Without sanitizing her hands she applied a new pair of gloves and put on his support stockings, socks, pants, and shoes.</p> <p>-She moved his wheelchair next to his bed and removed her gloves.</p> <p>*Without sanitizing her hands she:</p> <p>-Repositioned his wheelchair, replaced his oxygen tank with a full tank, handed the resident his oxygen tubing, and placed the empty tank onto the oxygen concentrator.</p> <p>-Placed his CPAP tubing on the bedside table, gave him his hearing aids, placed a clean brief into his walker storage seat, made his bed, adjusted his pillows, adjusted his window blinds, and placed his oxygen concentrator tubing across his bed.</p> <p>*She left his room without sanitizing her hands.</p> <p>Further observation on 12/20/22 at 8:48 a.m. of CNA G in resident 34's room revealed:</p> <p>*After leaving resident 16's room, she entered resident 34's room without sanitizing her hands.</p> <p>*She:</p> <p>-Removed resident 34's clothes from his closet and applied clean gloves.</p> <p>-Flushed his toilet and assisted him with dressing while he sat on his bed side.</p> <p>-Applied his stand lift harness and moved him to the bathroom using the mechanical stand lift.</p> <p>--He had held onto the stand lift bars with his unwashed hands.</p> <p>-Removed his urine soaked undergarment and removed her gloves.</p> <p>*Without sanitizing her hands she touched the mechanical lift and lowered the resident to the toilet.</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>*She: -Wet a washcloth and gave it to the resident to wash his face. -Dried her hands on a paper towel and went into his room to make his bed. -Applied a glove to one of her hands to carry his unbagged soiled laundry to a storage container in the middle of the hallway. -Opened his door and closed his door with her unsanitized hand. *She sanitized her hands while walking down the hallway prior to re-entering the closed door to his room. -This required touching the same door handle she opened with an unsanitized hand. *Without sanitizing her hands she: -Applied a clean pair of gloves and performed peri care to his groin and buttocks. -Removed her gloves and without sanitizing her hands put on a clean brief and pulled up his pants. -Transferred him back to his wheelchair using the mechanical stand lift. *She placed the stand lift in the hallway. *Without sanitizing her hands or the resident's hands she wheeled him down the hallway and into the dining room. -She moved a dining room chair out of the way and put his clothing protector around his neck. *She then returned to the hallway and moved the mechanical stand lift to the storage area in the middle of the hallway. -She did not sanitize the mechanical stand lift. *Without sanitizing her hands she touched a multi-use computer keyboard and a pencil to write on a piece of paper.</p> <p>Interview on 12/20/22 at 9:00 a.m. with CNA G regarding the above observations revealed she:</p>	F 880		

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F 880	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>*Had been a CNA since September 2022.</li> <li>*Had received her training at a sister facility by a level two CNA who would follow her around and give her advice.</li> <li>*Passed her skills training at the sister facility.</li> <li>*Received infection control continuing education on the facility computer and during monthly meetings.</li> <li>*Stated mechanical lifts were not cleaned between resident use.</li> <li>-The normal routine for mechanical lift sanitization occurred after breakfast, after lunch, at the end of each shift, and if a resident was sick.</li> <li>-She would be told by the nurse, or in shift report, if a resident was sick.</li> <li>*Felt wearing gloves and hand sanitization were part of a normal routine.</li> <li>-She stated that routine depended on if her hands were dirty, then she would wash or sanitize them.</li> <li>-If she had been wearing gloves then her hands would not necessarily be considered dirty when she removed them.</li> <li>*Fully washed her hands with soap and water after breakfast and at her break time.</li> <li>*Had been unable to identify any missed opportunities for hand sanitization during the above observations.</li> </ul> <p>Interview on 12/21/22 at 7:59 a.m. with DON B regarding the above observations revealed:</p> <ul style="list-style-type: none"> <li>*Hand hygiene was expected prior to, during, and following resident care.</li> <li>-Gloves and hand sanitizers were located in every bathroom.</li> <li>*If staff were unable to wash their hands going from a dirty to clean environment, she expected them to at least use hand sanitizer.</li> <li>*CNA G had passed a hand hygiene audit in July</li> </ul>	F 880			

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F 880	<p>Continued From page 7 of 2022 while working as a housekeeper.</p> <p>*Agreed CNA G had missed opportunities for hand sanitization and glove use.</p> <p>*Felt there were opportunities for additional staff education regarding hand sanitization and glove usage.</p> <p>*The mechanical stand lifts were cleaned when visibly soiled and periodically through the day.</p> <p>Interview on 12/21/22 at 4:13 p.m. with DON B and ICN C regarding the observations above revealed:</p> <p>*ICN C stated proper hand hygiene and glove use had not occurred but should have unless there were "extenuating circumstances".</p> <p>-She would "prefer they (caregivers) take the opportunity (to ensure proper hand hygiene and glove use had occurred), but if unable, they do the best they can."</p> <p>*Shared resident equipment including pulse oximeters, blood pressure cuffs, and stand lifts were cleaned based on guidance revised in October 2022 from the State Operations Manual Appendix PP.</p> <p>-If residents were on isolation "it (cleaning shared resident equipment) would have been different".</p> <p>*ICN C indicated "Our policy is based on current regulations (from the SOM Appendix PP). Unless there was research to identify it (cleaning of shared equipment) had been changed, we are following the regulations as they stand."</p> <p>-Upon request and by end of survey she had not provided those specific infection control references from the SOM Appendix PP she continually referred to above.</p> <p>A Glove Use and/or Personal Protective Equipment (PPE) policy was requested of DON B on 12/21/22 at 2:50 p.m. She stated there were</p>	F 880		



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F 880	<p>Continued From page 8</p> <p>no such policies and PPE expectations were addressed within each specific resident care policy.</p> <p>Review of the provider's "10/23/2" Perineal Care policy revealed: *Equipment expected to be used during this care included gloves. *The procedure made no mention of when gloves were expected to be put on, changed, or removed. *On 12/21/22 at 2:50 p.m. DON B was asked for a specific date of the Perineal Care policy, but that was not provided prior to the end of the survey.</p> <p>Review of the provider's April 2020 Hand Hygiene policy revealed: **"Indications: Hand hygiene should be done by staff:" -"Before and after physical contact with a Resident, whether or not gloves are worn, and between different site/care activities on the same Resident." -"After contact with a Resident or Resident's body fluids, including specimen collection." -"Before performing invasive procedures and handling devices such as IV's, catheters, urinary closed drainage systems and respiratory equipment." -"Before eating, feeding a Resident, preparing food, liquids or snacks."</p> <p>Review of the provider's November 2018 Infection Control Disinfecting Personal Care Items policy revealed: **"Purpose" -"To prevent the spread of infection when using multi resident use personal care items for</p>	F 880		

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F 880	<p>Continued From page 9</p> <p>residents who are on standard precautions." *Non-Critical Items include: vitals equipment, wheelchairs, therapy equipment, and facility owned electronic devices. -"These items must be cleaned periodically and when visibly soiled using low-level disinfection techniques, i.e. Sani-cloth or similar product."</p> <p>Review of the CDC publication entitled "CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings" last reviewed on 11/29/22 revealed: **5f. Reprocessing of Reusable Medical Equipment references and resources:" -"1. Clean and reprocess (disinfect or sterilize) reusable medical equipment (e.g., blood glucose meters and other point-of-care devices, blood pressure cuffs, oximeter probes, surgical instruments, endoscopes) prior to use on another patient or when soiled."</p> <p>Review of the 2021 APIC issued brief at : <a href="https://apic.org/noncritical-is-critical/">https://apic.org/noncritical-is-critical/</a> revealed: **"Non-invasive portable clinical items shared among patients are part of the patient's immediate surroundings and may pose a threat of pathogen transmission." **The authors concluded that inappropriate disinfection practices increase the risk of HAIs [healthcare acquired infections] transmitted from such items."</p>	F 880			

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E 000	Initial Comments  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 12/19/22 through 12/21/22. Clarkson Health Care was found in compliance.	E 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE	
			<i>Andrea Knoll, LNAHA</i>	01/16/2023	

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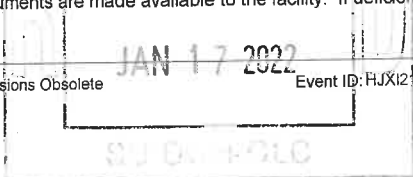


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K 000	INITIAL COMMENTS  A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 12/20/22. Clarkson Health Care was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000			
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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.





South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10666</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>CLARKSON HEALTH CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 MT VIEW ROAD RAPID CITY, SD 57702</b>		
(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) COMPLETE DATE
S 000	Compliance/Noncompliance Statement  A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 12/19/22 through 12/21/22. Clarkson Health Care was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement  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 12/19/22 through 12/21/22. Clarkson Health Care was found in compliance.	S 000		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE	
STATE FORM		6899 GXF111	If continuation sheet 1 of 1	

*Andrea Knoll, LNAHA* 01/16/2023

