

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

PRINTED: 03/02/2021
FORM APPROVED
OMB NO. 0938-0391

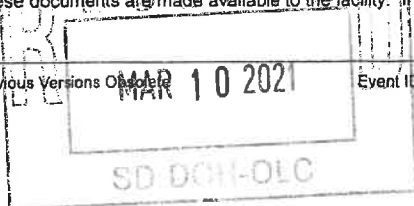
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2021
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY LUTHER MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1500 W 38TH ST SIOUX FALLS, SD 57105	
(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 Surveyor: 29354 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 2/17/21. Good Samaritan Society Luther Manor was found not in compliance with 42 CFR Part 483.80 infection control regulation: F880. Good Samaritan Society Luther Manor was found in compliance with 42 CFR Part 483.10 resident rights and 42 CFR Part 483.80 infection control regulations: F550, F562, F563, F583, F882, F885, and F886. Good Samaritan Society Luther Manor was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 74	F 000	Directed Plan of Correction Good Samaritan Society Luther Manor, Sioux Falls Corrective Action: 1. *Time cannot be turned back to re-start quarantine for residents 1, 2, and 3 who had been admitted and placed in quarantine, then had room doors left open; nor have staff perform appropriate hand hygiene and glove use when completing care tasks with residents 1 and 2 in quarantine. Director of Nurses (DON) and administrator A were provided re-education on March 4, 2021 by Lead Infection Preventionist Specialist and Nursing/Clinical Services Consultant. The provider in consultation with the medical director will review their policy to reflect CDC guidance of appropriate use of personal protective equipment (PPE) [face mask, face shield, gown, and gloves as needed] and room door closure or alternative during the 14-day quarantine period.	3/15/21
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,	F 880		

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

TITLE
Administrator

(X6) DATE
3/10/21

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 1</p> <p>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:</p> <p>(i) A system of surveillance designed to identify 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</p>	F 880	<p>All staff who are responsible for resident admitting assessment and determining quarantine or isolation were re-educated by <u>Director of Nursing on 3/3/21.</u></p> <p>Identification of Others:</p> <ol style="list-style-type: none"> *ALL residents with known or suspected COVID-19 have the potential to be affected. ALL facility staff completing their assigned tasks have potential to be affected. Policy education/re-education about appropriate use of PPE and door closure will be provided by March 15, 2021 by Director of Nursing, Infection Preventionist and LEAD Nurse Educator. <p>System Changes:</p> <ol style="list-style-type: none"> Root cause analysis answered the 5 Whys: <p>Administrator A and or DON will ensure ALL facility staff are educated and aware of the policy about appropriate quarantine measures and procedures.</p> <p><u>Administrator, DNS and Infection Preventionist</u> contacted the</p>		

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F 880	<p>Continued From page 2 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: 29354 Based on observation, interview, record review, and criteria communication tool review, the provider failed to ensure appropriate infection control practices and protocols were maintained for: *Ensuring room doors for three of three sampled residents (1, 2, and 3) on quarantine remained closed. *Glove use for two of two sampled residents (1 and 2) on quarantine by one of one certified nursing assistant (CNA) (C) and one of one licensed practical nurse (LPN) (D). Findings include:</p> <p>1. Observation on 2/17/21 at 10:16 a.m. in the Focused Rehab neighborhood revealed the following: *Resident 2's room door was open. On the outside of the door was a sign that read: "Gray Room: Resident to remain in room and door closed unless care planned to use plastic barrier. -Prior to entering room: Put on Gown, gloves, surgical mask and eye protection." *Residents 1 and 3 had their room doors open with the above signage on the outside of their doors.</p>	F 880	<p>South Dakota Quality Improvement Organization (QIN) on <u>March 5, 2021</u> and the QIN Shared with QIN what lead to deficiency. Reviewed re-education plan, reviewed root cause analysis and discussed audits that were developed. QIN noted that 72 individuals had completed the COVID-19 Infection Control Training and that this would be a great tool to use in the future or even incorporate into general orientation. Discussed vaccination rates of employees roughly 40% and residents 100% with first dose. Shared new option of plastic for doors that would adhere better and provide better visibility for residents and staff and easier to clean. QIN sent follow up to conversation with some on-line tools and resources.</p> <p>Monitoring:</p> <p>5. Administrator A and or DON will conduct at minimum 3 X per week, for 4 weeks, a review of admitted residents in quarantine, and observe staff practices to ensure appropriate use of PPE</p>	

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F 880	<p>Continued From page 3</p> <p>*The doors did not have plastic barriers in front of them.</p> <p>Observation on 2/17/21 at the following times from 12:02 p.m. through 12:27 p.m. in the Focused Rehab neighborhood revealed the following:</p> <p>*12:02 p.m.: Resident 1's room door was open. *12:10 p.m.: Resident 1's room door remained open and several staff passed by without closing it. *12:20 p.m. CNA C: -Came out of an unidentified residents room and had not performed hand hygiene. -Put on a gown, had a mask and goggles on and did not perform hand hygiene or put on gloves. -Entered resident 2's room with his food tray. *12:27 p.m. resident 1's room door was open. --Inside her room was LPN D. --LPN D had on personal protective equipment (PPE) except gloves.</p> <p>Interview on 2/17/21 at 12:27 p.m. with CNA C confirmed she had not worn gloves but knew she should have.</p> <p>Interview on 2/17/21 at 12:35 p.m. with LPN D regarding resident 1 revealed: *She was not aware she needed to wear gloves. *She probably should have had on gloves. *Her room door should have been closed. *Confirmed it had been left open. *Stated the door was left open because staff were in and out of her room due to pain issues.</p> <p>Interview on 2/17/21 at 1:40 p.m. with director of nursing (DON) B and administrator A regarding the 11/24/20 Gray Room signage outside of resident 1, 2, and 3's rooms confirmed it was the:</p>	F 880	<p>and room door closure or alternative for those in quarantine per CDC guidance. After 4 weeks of successful monitoring, then will monitor 1 X per month for 3 months. Monitoring results will be reported by administrator and or DON to the QAPI committee and continued as determined by the committee and medical director.</p>		

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F 880	<p>Continued From page 4</p> <p>*Current criteria for PPE staff were to use when going into a resident room who were on quarantine.</p> <p>*Correct signage on the outside of the residents rooms for PPE use.</p> <p>Interview on 2/17/21 at 1:50 p.m. with DON B regarding resident's 1, 2, and 3 care plans revealed:</p> <p>*Resident 2 and 3's room doors were care planned to be closed.</p> <p>*Resident 1's room door was care planned to have a plastic barrier in front of it.</p> <p>Interview on 2/17/21 at 3:00 p.m. with administrator A and DON B regarding the "Gray Room" signage sheet located outside of resident 1, 2, and 3's rooms revealed:</p> <p>*The 11/24/20 "Gray Room" signage sheet located on the outside of residents who are on quarantine status was considered a criteria communication tool.</p> <p>*Their expectations were for all staff to follow it.</p> <p>Review of the provider's updated 11/24/21 Gray Room (Transitional) criteria communication tool revealed:</p> <p>**Only nursing, housekeeper and designated staff beyond this point.</p> <p>-Resident to remain in room and doors should remained closed unless care planned to use plastic barrier."</p> <p>**Prior to entering room:</p> <p>-Put on Gown, gloves, surgical mask and eye protection."</p>	F 880		