

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

PRINTED: 12/18/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/04/2024
NAME OF PROVIDER OR SUPPLIER SUN DIAL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 410 SECOND STREET BRISTOL, SD 57219		
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F 000	INITIAL COMMENTS	F 000			
F 880 SS=E	<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 §483.71 and following accepted national standards;</p>	F 880	<p>Administrator, DON, and interdisciplinary team to review, revise, create as necessary policy and procedure to ensure individual residents are placed in appropriate isolation or precautions for identified needs. Provide education and training for all staff about role and responsibility they have correct personal protective equipment for their assigned tasks. Do ensure resident, family, and other visitors have necessary knowledge for any limitations or PPE they may be required to wear during visitation.</p> <p>Care plans for residents 1, 2, and 3 have been updated to match current isolation or precautions for identified needs. All other residents will be reviewed to see if they need to be placed on isolation or precautions for identified needs.</p> <p>The infection preventionist will educate staff members regarding proper PPE for all residents that require isolation or precautions on or before January 2, 2025. Any staff on LOA or not available for in-service training will be educated prior to receiving their next assignment. Any new employee will be in-serviced on PPE during orientation.</p>	1-2-2025	

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

TITLE

(X6) DATE

Joy Voss

Executive Director

12-24-24

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>§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 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.</p>	F 880	<p>The infection preventionist or designee will audit staff compliance with proper use of PPE when caring for residents that require isolation or precautions. Random audits will be conducted at least 3 times per week for 4 weeks, then 2 times per week for two more months. Ongoing audits will be determined by the prior 4 weeks of auditing.</p> <p>The infection preventionist or designee will present audit findings at the monthly QAPI meetings for further review and consideration.</p>		

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F 880	<p>Continued From page 2</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on South Dakota Department of Health (SD DOH) submitted complaint report, record review, observation, interview, and policy review the provider failed to ensure:</p> <p>*One of one sampled resident (3) with a suprapubic catheter was place on enhanced barrier precautions (EBP).</p> <p>*Two of two sampled residents (1 and 2) with multi-drug resistant (MDRO) infections were placed on contact precautions. Findings include:</p> <p>1. Observation on 12/4/24 at 10:50 a.m. of resident 2's room revealed: *There was no sign that indicated precautions on her door. *Gowns were in a plastic basket hanging on the wall in her room. *Housekeeper G was in the room cleaning with gloves on. She was not wearing a gown.</p> <p>2. Observation on 12/4/24 at 10:30 a.m. of resident 2's skin in the tub room after her bath was completed revealed: *Licensed practical nurse (LPN) D, certified nursing assistant (CNA) E, and Hospice CNA F were assisting her to get dressed. *They did not wear gowns while they assisted her. *Resident 2 had multiple open, draining wounds on her scalp. *One of those wounds exposed her skull. *She had a dark red discoloration near her tailbone.</p> <p>Review of resident 2's EMR revealed: *She was admitted on 3/18/22.</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>*She had diagnoses of basal cell carcinoma (skin cancer) and a history of MRSA.</p> <p>*She was on hospice.</p> <p>*She had open and draining wounds on her scalp that were not covered with a dressing.</p> <p>*Her 12/4/24 care plan did not indicate the need for transmission-based precautions (infection control precautions for residents/patients with a suspected or confirmed infection that requires additional precautions) or EBP.</p> <p>Observation on 12/4/24 at 10:55 a.m. of resident 3's room revealed:</p> <p>*There was no precaution sign on the door.</p> <p>*Gowns were present in a plastic basket hanging on the wall in his room.</p> <p>*The plastic around the gowns had not been opened.</p> <p>Interview on 12/4/24 at 10:55 a.m. with resident 3 revealed.</p> <p>*He had a suprapubic catheter (a tube surgically placed in the bladder through the abdomen to drain urine).</p> <p>*He indicated that staff wore gloves when they provided his care, but only some staff wore a gown.</p> <p>*He indicated staff only wore gowns when they provided his catheter care.</p> <p>Review of resident 3's EMR revealed:</p> <p>*He was admitted on 8/14/24.</p> <p>*His 11/7/24 brief interview for mental status (BIMS) of 15 which indicated he was cognitively intact.</p> <p>*He had a suprapubic catheter that was present on admission.</p> <p>*His 12/4/24 care plan did not indicate the need for EBP.</p>	F 880		

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F 880	<p>Continued From page 4</p> <p>Interview on 12/4/24 at 11:35 a.m. with LPN D revealed: *Staff were to use EBP when providing care for any resident with "big wounds" or "devices". *She identified that EBP required staff to wear a gown and gloves when they provided direct cares. -Resident 1 was on precautions because he had wounds to his right lower extremity and was being treated for cellulitis (a bacterial infection of the skin). -Resident 2 was on precautions because she had wounds on her scalp. -Resident 3 was on precautions because he had a suprapubic catheter.</p> <p>Observation on 12/4/24 at 11:45 a.m. revealed: *A sign that indicated EBP had been placed on resident 1's door. *There were no signs on the doors of residents 2 and 3 that indicated precautions were to be used.</p> <p>Review of resident 1's electronic medical record (EMR) revealed: *He was admitted on 12/20/23. *He had four wounds on his right leg that required daily treatments. *He was on an antibiotic for methicillin resistant staphylococcus aureus (MRSA) (a bacteria that is resistant to many antibiotics). -The antibiotic was started on 11/6/24. *His 12/4/24 care plan identified: -"I have chronic wounds to my RLE [right lower extremity] so I require staff to use enhanced barrier precautions." -The goal related to his chronic wounds was "I will remain free from s/s [signs and symptoms] of MDROs by the review date.]</p>	F 880		

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F 880	<p>Continued From page 5</p> <p>-The need for EBP was initiated on 4/16/24.</p> <p>Interview on 12/4/24 at 12:30 p.m. with director of nursing (DON) B and minimum data set (MDS) coordinator/infection preventionist C revealed:</p> <p>*There were residents who required EBP.</p> <p>*Staff were made aware of which residents were on EBP by a sign on the door of the resident's room.</p> <p>*Some signs were not on the residents' doors due to maintenance painting the walls.</p> <p>*Signs to educate staff and the public on EBP were at the entrances and by the break room.</p> <p>-Some of those signs were not present due to painting.</p> <p>*Housekeeping had a list of residents on EBP on each cart labeled "Gowns needed in these rooms".</p> <p>*EBP and transmission-based precautions should be included in the resident's care plan when indicated.</p> <p>*They would expect staff to wear a gown for more than just catheter cares on resident 3.</p> <p>*Resident 2 had open wounds on her head that were draining.</p> <p>-She refused to have her wounds covered with a dressing.</p> <p>-She had a history of MRSA but her current wounds had not been cultured.</p> <p>*Resident 2 should have been placed on contact precautions related to her current wounds, with a history of MRSA without a current culture.</p> <p>*Resident 1 has chronic (present over an extended period of time) wounds to his leg.</p> <p>*He was on an antibiotic for cellulitis and a diagnosis of MRSA.</p> <p>*Resident 1 should have been placed on contact precautions related to his wounds and a diagnosis of MRSA.</p>	F 880		

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F 880	<p>Continued From page 6</p> <p>Review of the provider's 4/2024 Enhanced Barrier Precaution Policy revealed: *EBP "refers to an infection control intervention designed to reduce the transmission of multidrug-resistant organisms [MDRO] that uses targeted gown and gloves use during high contact resident care activities." -High-contact resident care activities include dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use such as catheter care, and wound care for any open skin requiring a dressing. * EBP "signs will be placed on resident's door if the resident requires EBP." * EBP "will be initiated for resident with any of the following:" - "Wounds [e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers] and/or indwelling medical devices [e.g., central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes] even if the resident is not known to be infected or colonized with a MDRO." *Contact precautions would be used "unless/until a specific organism is identified" if a resident has "a wound or indwelling medical device, and secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO."</p> <p>Review of the provider's 10/2024 Infection Prevention Precautions policy revealed: *Transmission-based precautions should be implemented "in addition to standard precautions for residents known or suspected to be infected with pathogens that require additional measures."</p>	F 880		

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F 880	Continued From page 7 -"Contact Precautions: Used for infections spread by direct or indirect contact. Utilize gloves and gown, and limit resident movement outside of their room." *Isolation precautions should be used "In addition to standard and transmission-based precautions, implement the following isolation precautions:" -"Isolation Signage: Clearly label isolation rooms with appropriate signage indicating required precautions."	F 880			

