

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

PRINTED: 11/26/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431324	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER AVERA WESKOTA MEMORIAL MEDICAL CENTER - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 604 1ST ST NE WESSINGTON SPRINGS, SD 57382	
(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
C 000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 485, Subpart F, Subsections 485.605-485.645, requirements for Critical Access Hospitals (CAH) and Long Term Care Services ("swing bed"), was conducted from 11/18/24 through 11/20/24. Avera Weskota Memorial Medical Center - CAH was found not in compliance with the following requirement: C1206	C 000		
C1206	INFECTION PREVENT & CONTROL POLICIES CFR(s): 485.640(a)(2) The infection prevention and control program, as documented in its policies and procedures, employs methods for preventing and controlling the transmission of infections within the CAH and between the CAH and other healthcare settings; This STANDARD is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure isolation protocols had been followed by one of one registered nurse (RN) (A) during a medication pass for one of one sampled patient (1). Findings include: 1. Review of patient 1's medical record revealed: *She had been admitted on 11/17/24 and discharged on 11/20/24. *A respiratory laboratory panel was ordered on 11/19/24. *Her diagnosis was pneumonia and acute cystitis *On 11/19/24 she was placed on isolation for droplet precautions. Observation on 11/19/24 at 8:09 a.m. during patient 1's medication pass by RN A revealed she: *Removed the patient's medications from the	C1206	The Director of Patient Care (DPC) will assign education to the nursing staff regarding isolation and hand hygiene. The DPC will have each nurse review the hand hygiene and transmission based precautions policy. The education and policy review will be completed by 12/23/24 or prior to them working a shift if unavailable before the due date. DPC will report compliance of the education and policy review at the February 2025 Quality Improvement Committee. DPC or her designee will observe 10 incidences of nurses isolation and hand hygiene practices to ensure compliance with immediate feedback/education if needed. DPC will report compliance for equipment, hand hygiene and other isolation practices at the February 2025 Quality Improvement Committee.	12/23/24

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

TITLE

(X6) DATE

Stephanie Reasy

Administrator 12/09/2024 ~~12/06/2024~~ ~~12/03/2024~~

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 avera weskota memorial medical center - cah			STREET ADDRESS, CITY, STATE, ZIP CODE 604 1ST ST NE WESSINGTON SPRINGS, SD 57382		
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C1206	<p>Continued From page 1</p> <p>Pyxis (An automated medication dispensing device).</p> <p>*Stopped outside of the patient's room with the medication cart and then:</p> <ul style="list-style-type: none"> -Performed hand hygiene, put on a face mask, and a clean pair of gloves. --Posted outside of the patient's room was an isolation sign for droplet precautions. --Droplet precautions required staff to wear the following personal protective equipment: goggles (recommended), a face mask, and a pair of clean gloves before entering the patient room. -Entered the patient's room with the medication cart and administered several medications. -Changed her gloves without performing hand hygiene in between. -Assembled the nebulizer (neb) equipment, placed the medication in the neb machine's medication cup, and administered the patient two nebulizer treatments. -Then wiped the top surface of the medication cart with a disinfectant wipe and exited the room. -Removed her goggles and placed them on top of the isolation cart outside the patient's room, removed her mask, placed it in the wastepaper basket next to the isolation cart, and performed hand hygiene. -Then returned the medication cart to the medication room. <p>Interview on 11/19/24 at 9:45 a.m. with RN A confirmed:</p> <ul style="list-style-type: none"> *The patient was in isolation for droplet precautions. *She had taken the medication cart into the room to scan in the medications she administered. *She was not aware of another process to scan the medications without the medication cart. *She had only disinfected to top of the medication 	C1206	<p>The training provided to nursing regarding medication administration with appropriate isolation precaution practices including: Proper workflow: Medication carts are to be left outside of an isolation room. If scanning or any equipment/ cart must be taken into the room, proper cleaning per policy must be performed on the equipment.</p> <p>The Director of Patient Care will ensure the nursing staff education and review will be completed by all nursing staff. She will assign education modules in a computer program which will record when each nurse has successfully completed the required education. She will have each nurse sign off on the policy review to ensure completion. She will have documentation of completion of education and policy review for each nurse on a spreadsheet that will be reported to the Quality Committee on February 18, 2025.</p> <p>The criteria being observed are: 1. Handwashing including: entering the room, prior to antiseptic task, after body fluid contact, following glove removal, after contact with patient surroundings. 2. Donning PPE Sequence and Doffing Sequence, Equipment removal and cleaning. 3. Correct signage 4. Ten observations will be conducted prior to February 1, 2025. A 90% compliance rate will be our goal. If the rate is not met we will continue the audit for February and March. If we extend the months of the audit we will report results at the April 3, 2025 Quality Improvement Committee Meeting. If additional audits/correction is needed we would continue that cadence until the goal is met. Immediate feedback/correction will be provided for education/construction and proper procedure. Depending on patient volumes we could not guarantee an adequate number of isolation patients prior to the December meeting. We expanded the audit through January to ensure we have enough opportunity to complete the audit.</p> <p>Auditing has begun and will continue while we have isolation patients in the facility. Our plan is to complete the audit as soon as possible.</p> <p>The Quality Committee meeting is scheduled for February 18th, 2025.</p> <p>No policies were changed. Education and policy review are based on existing policies.</p>		

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NAME OF PROVIDER OR SUPPLIER AVERA WESKOTA MEMORIAL MEDICAL CENTER - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 604 1ST ST NE WESSINGTON SPRINGS, SD 57382		
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C1206	<p>Continued From page 2</p> <p>cart after leaving the patient's room. *Only one medication cart was in use at that time for the medical unit.</p> <p>Interview on 11/19/24 at 9:53 a.m. with RN A and infection control coordinator D confirmed: *The medication cart should not have been taken into an isolation room. *The potential for cross-contamination between patients could have occurred. *Equipment used in isolation rooms required "deep cleaning" once the patient was no longer on isolation. *Personal protective equipment worn in isolation rooms should have been removed prior to exiting the room.</p> <p>Interview on 11/19/24 at 10:22 a.m. with director of patient care B confirmed: *Nursing staff were to leave the medication cart outside the isolation room near the doorway. *The scanning device was to be taken into the room and disinfected after use. *She thought the supplies on that medication cart would have to be thrown away. *She stated the nursing staff needed to be educated on not taking the medication cart into isolation rooms.</p> <p>Review of the provider's November 2011 Droplet Precautions policy revealed: **"Droplet Precautions are designed to prevent transmission of pathogens transmitted through respiratory droplets." **"Any equipment brought into the patient's room for tests (e.g., EKG, x-ray, BP [blood pressure] cuffs, thermometers, etc.) must be cleaned with a facility approved disinfectant before it leaves the room).</p>	C1206			

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NAME OF PROVIDER OR SUPPLIER AVERA WESKOTA MEMORIAL MEDICAL CENTER - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 604 1ST ST NE WESSINGTON SPRINGS, SD 57382		
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C1206	Continued From page 3 *Whenever possible, dedicate equipment for duration of isolation (BP cuff, thermometers, etc.). *Use disposable equipment whenever possible." *"Masks are doffed [removed] in the patient room, near the door." Review of the provider's February 2024 Avera Standard Precautions policy revealed hand hygiene should have been performed immediately after gloves were removed and before new gloves were put on.	C1206			

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NAME OF PROVIDER OR SUPPLIER AVERA WESKOTA MEMORIAL MEDICAL CENTER - CAH	STREET ADDRESS, CITY, STATE, ZIP CODE 604 1ST ST NE WESSINGTON SPRINGS, SD 57382
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E 000	<p>Initial Comments</p> <p>A recertification survey for compliance with 42 CFR Part 485, Subpart F, Subsection 485.625, Emergency Preparedness, requirements for Critical Access Hospitals, was conducted on 11/18/24. Avera Weskota Memorial Medical Center - CAH was found in compliance.</p>	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Stephanie Reasy</i>	TITLE Administrator	(X6) DATE 11/27/2024
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NAME OF PROVIDER OR SUPPLIER avera weskota memorial medical center - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 604 1ST ST NE WESSINGTON SPRINGS, SD 57382		
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K 000	INITIAL COMMENTS A recertification survey was conducted on 11/18/24 for compliance with 42 CFR 485.623(d) (1), requirements for critical access hospitals (and swing beds). Avera Weskota Memorial Medical Center - CAH was found in compliance.	K 000			

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

TITLE

(X6) DATE

Stephanie Reasy

Administrator

11/27/2024

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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 48209S	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2024	
NAME OF PROVIDER OR SUPPLIER avera weskota memorial medical center		STREET ADDRESS, CITY, STATE, ZIP CODE 604 1ST ST NE WESSINGTON SPRINGS, SD 57382		
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S 000	<p>Compliance/Noncompliance Statement</p> <p>A licensure health survey for compliance with the Administrative Rules of South Dakota, Article 44:75, Hospital, Specialized Hospital, and Critical Access Hospital Facilities, was conducted from 11/18/14 through 11/20/24. Avera Weskota Memorial Medical Center was found in compliance.</p>	S 000		

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TITLE

(X6) DATE

Stephanie Reasy

Administrator

11/27/2024