

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

PRINTED: 04/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/18/2021
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY TYNDALL			STREET ADDRESS, CITY, STATE, ZIP CODE 2304 LAUREL STREET TYNDALL, SD 57066	
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F 000	INITIAL COMMENTS Surveyor: 29354 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 3/16/21 through 3/18/21. Good Samaritan Society Tyndall was found not in compliance with the following requirements: F761 and F880.	F 000		
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:	F 761		

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

TITLE
Administrator

(X6) DATE
4-9-21

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 761	<p>Continued From page 1 Surveyor: 32332 Based on observation, interview, record review and policy review, the provider failed to:</p> <ul style="list-style-type: none"> *Follow their protocol for verifying liquid narcotic medication dosage with another nurse prior to administering the medication for one of one sampled resident (2) who received two liquid narcotic medications. *Maintain the security of four narcotic medications awaiting destruction in one of one medication room. *Ensure four of four narcotic medications awaiting destruction had been counted by two nurses at the end of each shift. <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of a 3/26/20 Healthcare Online Self-Report event sent to the South Dakota Department of Health (SD DOH) by the provider revealed: <ul style="list-style-type: none"> *On 3/26/20 at 3:54 p.m. registered nurse (RN) H had attempted to remove a dose of liquid morphine from resident 42's multi-dose medication bottle. *Resident 42's liquid morphine record had indicated there were 3.75 milliliters (ml) remaining in the multi-dose bottle. *RN H had found only 0.75 ml remaining in the bottle. *A narcotic count had been performed on 3/26/20 at 6:00 a.m. that morning. <p>Review of director of nursing (DON) B's 3/29/20 final investigation report to the SD DOH revealed:</p> <ul style="list-style-type: none"> *Unlicensed assistive personnel (UAP) I confirmed she had given the liquid narcotics without verification of dose by another nurse prior to administering it. *The nursing staff had reported difficulty seeing 	F 761	<p>In response to F761, the facility has updated Resident 2's medication administration record to allow recording for a verification check for any liquid narcotic that is given. All resident charts have been reviewed and a verification check line has been added for all liquid narcotic medications. Per policy, a second nurse or med aide will check liquid narcotic doses when All nurses and certified medication aides will be educated at all staff inservice on 4-12-21 regarding procedure requiring second signature for all liquid narcotic medications. This will be audited for at least 3 residents weekly for 4 weeks and if compliant, then audit will take place monthly for 3 months and will be reported by ADNS to the QAPI committee monthly. Audits will continue as determined by QAPI committee and Medical Director.</p>	4-12-21	

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F 761	<p>Continued From page 2</p> <p>the amount left in the morphine bottles during the shift count of narcotics.</p> <p>*DON B had reported the provider was unable to determine if the missing liquid narcotic had been a dosage error or a drug diversion.</p> <p>*DON B's plan going forward was:</p> <p>- "All liquid narcotic/scheduled medications need to be double checked by another nurse or [UAP] prior to each administration of the medication when there is one available. This is and had been our policy and we need to make sure we are doing this."</p> <p>-The night shift only had one nurse, so would not be able to verify a dose during the night shift.</p> <p>-When the nurse entered orders for liquid narcotics/scheduled medications the nurse would provide an area on the medication administration record for the second nurse to verify the dose.</p> <p>Interview on 3/18/21 at 9:00 a.m. with RN/assistant director of nursing (ADON) C regarding the provider's procedure for verifying liquid narcotic medication dosages revealed:</p> <p>*The provider had a process in place for double-checking the narcotic dosage with another nurse before giving it to the resident.</p> <p>*She was not sure the above process was being done.</p> <p>*A UAP had to ask for permission from a nurse before giving an as needed narcotic, but not double-checking the dose.</p> <p>*She didn't think the provider currently had any residents with orders for narcotic medications to be given as needed (PRN).</p> <p>Review of Resident 2's March 2021 medication administration record (MAR) revealed two narcotic as needed medications:</p> <p>*Oxycodone hydrochloride (HCL) solution, a</p>	F 761	<p>Any discontinued narcotic medications will be stored in medication cart lock boxes and counted every shift until DNS is able to secure in metal lock box that is secured to the wall in medication room. The DNS will have the only key for metal lock box and will keep secure until pharmacist or another RN are available to count and destroy discontinued narcotic medications. The nurses and medication aides will be educated on this procedure at all staff inservice on 4-12-21. This will be audited by the ADNS weekly for 4 weeks and if compliant, it will be audited monthly for 3 months. These audits will be reported by the ADNS to the QAPI committee monthly. The QAPI committee and Medical Director will determine if further auditing is necessary.</p>	

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F 761	<p>Continued From page 3</p> <p>schedule II narcotic, five milligrams (mg)/5 ml, give 0.5 mg by mouth every four hours PRN. *Ativan Solution 2 mg/1 ml give 0.5 ml orally every two hours PRN.</p> <p>Interview on 3/18/21 at 1:30 p.m. with ADON C regarding resident 2's PRN narcotic medications revealed: *Resident 2 was given: -Twenty-two PRN administrations of oxycodone HCL between 3/1/21 and 3/18/21. -Fifteen PRN administrations of Ativan between 3/1/21 and 3/18/21. *The MAR should have had an area for a second nurse or UAP to verify the dose of the medication prior to giving it to the resident. *Extra spots used to verify the narcotic doses had not been added to the MAR. *The narcotic should have been double-checked to verify the correct dosage.</p> <p>2. Observation and interview on 3/18/21 at 11:15 a.m. during a review of the medication room with ADON C revealed: *A metal lock box that required a key to open it was attached to cabinet. *This surveyor lifted the lid and opened the box without a key. The box had not been locked. *A three-ring binder lay beside the box containing four individual residents' narcotic records. -The oncoming nurse had not signed that she had counted the narcotics on 3/18/21.</p> <p>Review of the metal box revealed three medication cards and one clear bag containing: *A card of 24 Ativan tablets. -Those tablets had been moved to the lock box on 3/1/21. -The medication had been counted and signed by</p>	F 761			

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F 761	<p>Continued From page 4</p> <p>only one nurse on four occasions: 3/5/21 two times (morning and evening shifts), 3/10/21, and 3/18/21.</p> <p>*Another card contained 14 Ativan tablets. -The narcotic record for that card had not indicated when the medication had been moved to the lock box. -The 3/18/21 oncoming nurse had not signed that she had counted the medications.</p> <p>*A card containing 15 hydrocodone 5/325 mg tablets. -The narcotic record for that card had not indicated when the medication had been moved to the lock box. -The medication had been counted and signed by only one nurse three times: 3/5/21, 3/5/21, and 3/18/21.</p> <p>*A plastic bag containing nine fentanyl 12 micrograms/hour patches. -The narcotic record for the patches had not indicated when the medication had been moved to the lock box. -The medication had been counted and signed by only one nurse on three occasions: 3/9/21, 3/12/21, and 3/18/21.</p> <p>Interview with ADON C at the above time regarding the unlocked box containing narcotics confirmed: *The box contained discontinued narcotic medication awaiting destruction by two nurses. *Narcotics awaiting destruction were not destroyed daily because it required two nurses to destroy medication together. *The lock box should have remained locked at all times.</p>	F 761		

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F 761	<p>Continued From page 5</p> <p>*She did not know why the box had not been locked.</p> <p>*A key was required to lock and unlock the box.</p> <p>*The provider had two keys that opened the box.</p> <p>-DON B had one key.</p> <p>-The second key was normally carried by the 300 nurse, but there was not a 300 nurse because of the low census.</p> <p>-The 100 and 200 units shared the key.</p> <p>-All nurses who worked in the building had access to that key.</p> <p>-An oncoming nurse was suppose to count narcotics with the outgoing nurse at each shift change.</p> <p>*The narcotics in the metal box had not been secured.</p> <p>Interview on 3/18/21 at 3:30 p.m. with DON B regarding not verifying narcotic liquid doses, unsecured narcotics, and missing nursing signatures for counting narcotics confirmed:</p> <p>*All narcotic liquid dosages were to have been verified by another nurse for correct doses prior to giving the medication to the resident.</p> <p>-That was a verbal protocol specific to the provider.</p> <p>*All narcotic medications including those awaiting destruction were to have been locked and secured.</p> <p>*Nurses were to have counted all narcotics at each shift change.</p> <p>Review of the provider's December 2020 Controlled Medications policy revealed:</p> <p>*Medication reconciliation referred to accurate keeping that ensured an accurate inventory of medications by accounting for controlled medications that had been received, dispensed, administered and had included the process of</p>	F 761			

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F 761	Continued From page 6 disposition. *Each time the keys that secured controlled narcotic medications changed from one nurse/UAP to another, the oncoming and off-going nurses worked together to reconcile all controlled medications, including all discontinued controlled medications and document the same. *Having liquid narcotic medication dosages verified by another nurse or UAP had not been part of the written policy.	F 761			
F 880 SS=E	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,	F 880			

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F 880	Continued From page 7 but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.	F 880	F880 Corrective Action: 1. *Time cannot turn back the clock to housekeepers cleaning and disinfecting resident rooms and bathing staff cleaning and disinfecting the whirlpool tub. Environmental Services Supervisor and administrator were provided re-education on 4-7-21 by chemical representatives regarding proper use of products. Policy and procedures reviewed by nurse consultant with Administrator on 4-6-21. The provider in consultation with the medical director will review, revise, create as necessary policies and procedures about *Appropriate cleaning and disinfection of resident rooms. *Appropriate hand hygiene and glove use by housekeeping in cleaning process. *Appropriate cleaning and disinfecting chemical(s) use including contact time by housekeeping.	4-12-21

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F 880	<p>Continued From page 8</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 42477 Based on observation, interview, policy review, and manufacturer's recommendations review, the provider failed to follow infection control procedures for:</p> <ul style="list-style-type: none"> *Cleaning and disinfecting residents rooms. *Hand hygiene and glove use for three of four observed housekeeping staff (D, E, and G). *Proper use and contact time for facility chemical disinfectants. *Disinfection time for one of one facility whirlpool tub. <p>Findings include:</p> <p>1. Observation and interview on 3/16/21 at 10:54 a.m. with housekeeper F cleaning a resident's room revealed:</p> <ul style="list-style-type: none"> *She had worked in the facility for sixteen years. *Two weeks ago she had started working in the housekeeping department. *Her training had consisted of shadowing another employee, but she did not recall how many times. *She had a green caddy that contained various chemicals. -She placed the green caddy on the resident's bathroom floor. *She used an Ecolab pink chemical and sprayed: <ul style="list-style-type: none"> -The sink and sink fixtures. -The toilet. *She stated that it sits for four minutes. *She grabbed a Swiffer duster and dusted the vents in the room, top of doors, and windows. -When she was finished she put the Swiffer back in the caddy. *She grabbed a towel and used the sink to wet it with water. -She then sprayed the towel with Multi-surface 	F 880	<p>*Appropriate technique and time for disinfection phase of whirlpool tub cleaning and disinfecting by bathing staff.</p> <p>All staff licensed and unlicensed who provide above service to residents will be educated at all staff inservice on 4-12-21 by Administrator.</p> <p>Identification of Others:</p> <p>2. *ALL residents who have their room space cleaned and disinfected have the potential to be affected. *All residents who receive whirlpool tub bathing have the potential to be affected. *ALL staff completing the assigned tasks have potential to be affected.</p> <p>Policy education/re-education about roles and responsibilities for appropriate cleaning and disinfection of resident space; appropriate technique and time for disinfection phase of whirlpool tub cleaning and disinfection will be provided at all staff inservice by Administrator on 4-12-21.</p>	

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F 880	<p>Continued From page 9</p> <p>Peroxide chemical.</p> <p>*With that rag she wiped items in the following order:</p> <ul style="list-style-type: none"> -The door knobs. -The light switches. -The bedside tables. -Bathroom door knobs. -The resident's dresser. <p>*She then cleaned the mirrors with Windex.</p> <p>*She wet another towel and sprayed it with 66 Alkaline Heavy Duty Bathroom Cleaner.</p> <p>*She cleaned out the sink.</p> <p>*Cleaned off the top of the toilet tank.</p> <p>*Cleaned the toilet assist grab bars.</p> <p>*Cleaned the inside of the toilet seat and rim of toilet.</p> <p>*She then flipped her rag over to turn her rag "inside out"</p> <p>*She stated that her rag was soiled so she turned it inside out.</p> <p>*Cleaned underneath the toilet and then the floor.</p> <p>*After cleaning the room she brought the caddy and put it on the housekeeping cart to get ready to clean another room.</p> <p>*The caddy was not wiped down in between resident rooms.</p> <p>*She had not used the appropriate ten minute contact time for the chemical.</p> <p>2. Observation and interview on 3/18/21 at 8:28 a.m. of housekeeping staff/CNA/bath aide F in the facility's tub room revealed:</p> <p>*She stated she followed the posted manufacturer's instructions for cleaning the tub.</p> <p>*That was the only tub</p> <p>*She put the lift in the tub and closed the door.</p> <p>*She pressed the disinfectant button on the tub, let the disinfectant rise to the lowest jet on the tub.</p>	F 880	<p>System Changes:</p> <p>3. Analysis of these situations revealed some inconsistency and lack of training when new chemicals were introduced, in addition to several changes over the course of the past year. Chemical company representative present in facility to educate Environmental Services Supervisor and provide updated educational material on 4-7-21. While tub manufacturer still contends water temperature does not affect the disinfectant's quality, staff will be asked to follow manufacturer procedure for tub cleaning. Education for all staff regarding these updates will be provided by Administrator on 4-12-21.</p> <p>Administrator and or DON will ensure ALL facility staff responsible for providing personal care to residents will be educated and aware of their roles and responsibilities for appropriate hand hygiene and glove use for the assigned task(s). Facility policy and procedure will be reviewed with all staff by Administrator on 4-12-21.</p>		

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F 880	<p>Continued From page 10</p> <ul style="list-style-type: none"> *Took a brush and scrubbed the surfaces with the disinfectant. *Rinsed off the brush with water. *Said they set the timer for ten minutes. *At 8:36 a.m., which was eight minutes after the chemical was applied: <ul style="list-style-type: none"> -Began rinsing the sides of tub, and removed the drain plug. *After the tub drained she turned on the jets until it "ran clear". *She turned on the air jets for 30 seconds. *She sprayed off the sides with water, and used a towel to dry the tub. <p>3. Observation and interview on 3/18/21 at 10:16 a.m. with housekeeping staff E revealed she:</p> <ul style="list-style-type: none"> *Went into a resident's room, with her cleaning caddy, and a pair of gloves on. *Set the caddy on the bathroom floor. *Sprayed the toilet and sink with the 66 Alkaline Heavy Duty Bathroom Cleaner and disinfectant. *Waited one minute before wiping the chemical off. *Wet a rag with water. *Wiped the sink and toilet with a wet rag in one hand and dried with a dry rag in the other hand. *Cleaned the toilet seat and rim of toilet and then cleaned the tank of the toilet. *Had left that room. *Had not cleaned: <ul style="list-style-type: none"> -The mirrors. -Any high touch surfaces, such as door handles, light switches or remote controls. -Or clean any other surfaces. -Did not use the 66 Alkaline toilet in the toilet bowl bottle to clean the toilet. *Stated she was done cleaning the resident's room. *Had left the room with the same gloves that she 	F 880	<p>Administrator contacted the South Dakota Quality Improvement Organization (QIN), on 4-8-21 and discussed infection control procedures and education, re-education of staff. Some resources will be provided for monitoring and tracking audits. Education of new staff was discussed and training resources recommended.</p> <p>Monitoring:</p> <p>4. Administrator and or DON will conduct at minimum 3 X per week on alternating shifts, for 4 weeks, a review of staff completing assigned tasks of cleaning and disinfecting resident rooms and cleaning and disinfecting whirlpool tub. 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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY TYNDALL			STREET ADDRESS, CITY, STATE, ZIP CODE 2304 LAUREL STREET TYNDALL, SD 57066	
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F 880	<p>Continued From page 11</p> <p>had on when she entered the room.</p> <p>*Once outside the room with the same soiled gloves on she:</p> <p>-Placed her caddy on top of the housekeeping cart, without disinfecting it.</p> <p>-Reached in her pocket to get keys for the storage room.</p> <p>-Put some items away in the storage closet.</p> <p>*She then removed her soiled gloves and performed hand hygiene.</p> <p>*She had not cleaned the inside of the toilet with the chemical.</p> <p>*She had not changed her gloves.</p> <p>*She had not used the appropriate ten minute contact time for the chemical.</p> <p>-The chemical was on the surfaces for one minute.</p> <p>Further observation on 3/18/21 at 10:25 a.m. with housekeeping staff E revealed:</p> <p>*She put on new gloves and went into another resident's room.</p> <p>*She sprayed the toilet, lifted the lid and sprayed inside the toilet, and sink.</p> <p>-She sprayed them with the 66 Alkaline bathroom cleaner.</p> <p>*With the same gloves she reached in her bag and grabbed a clean rag.</p> <p>*She then wet a cloth with water and wiped off:</p> <p>-The bedside tables, moving the resident's masks and papers.</p> <p>-Wiped off the mirror.</p> <p>*After four minutes she went back in the bathroom and she:</p> <p>-Used a wet rag with water and dry rag and cleaned and dried the sink.</p> <p>-Cleaned and dried the toilet.</p> <p>-Cleaned the shelf above the toilet.</p> <p>--Touched the resident's comb and toiletries items</p>	F 880		

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F 880	<p>Continued From page 12 with her soiled gloves. *She then wiped off the toilet seat and rim of toilet. *Took a toilet brush out of her caddy that was located underneath a Swiffer duster. -Wiped the toilet bowl and put the brush back under the Swiffer duster. *She then wiped underneath the toilet seat, then bottom of toilet, then back to toilet seat. *She then went to the resident's trash can and took out the trash, placing a clean bag in the receptacle. *She grabbed the caddy off the floor, left the room and placed the caddy on top of the housekeeping cart. *With the same pair of gloves, she entered the room then she reached in her pocket to grab a set of keys. *Opened the storage closet door. *Put items back in the closet. *She took off her gloves, the same ones she put on when she started cleaning the room, and performed hand hygiene. *She had not used the appropriate ten minute contact time for the chemical. -The chemical was left on the surfaces for four minutes.</p> <p>4. Observation and interview on 3/18/21 at 10:40 a.m. with housekeeping staff G revealed: *She had worked here about two years. *With gloves on she lifted up the toilet seat lid and sprayed the surfaces with an 66 Alkaline Heavy Duty Bathroom cleaner and disinfectant. *She had: -Used a squirt bottle to spread the chemical disinfectant inside the toilet bowl. -Sprayed a wet rag with Multi-surface Peroxide chemical.</p>	F 880			

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F 880	<p>Continued From page 13</p> <ul style="list-style-type: none"> -Used the same rag to clean both residents' bedside tables and items in the shared rooms. -Then used that rag to clean the bathroom shelves and toilet. -Did not change gloves at all. -She did not use the appropriate ten minute contact time for the chemical. --The chemical was applied for six minutes <p>5. Observation and interview on 3/18/21 at 11:02 a.m. with housekeeping supervisor D revealed:</p> <ul style="list-style-type: none"> *She sprayed the resident's toilet and sink with 66 Alkaline Heavy Duty bathroom cleaner. *She stated it had to sit for three minutes. *Grabbed a rag, wet it with water, and sprayed it with Multi-surface Peroxide chemical. *She used that rag to clean the surfaces in the room. *She cleaned the: <ul style="list-style-type: none"> -Sink. -Handrail. -Top of toilet tank, toilet rim, and inside of toilet. -Riser on toilet. -Underneath and sides of toilet. *She then changed out the trash in the resident's room. *She had not changed her gloves or perform hand hygiene until she left the room. *She had not used the appropriate contact time for the chemical. <p>Review of the manufacturer's cleaning instructions for the facility whirlpool tub after every use revealed:</p> <ul style="list-style-type: none"> *These had been the instructions to clean the bath after every use, which included: <ul style="list-style-type: none"> - "Press the tub fill button #4 and turn the Temperature control knob #9 all the way to the left to its warmest level to heat the disinfectant 	F 880			

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F 880	<p>Continued From page 14</p> <p>solution and maximize its effectiveness." *The facility had been using these instructions to disinfect their tub.</p> <p>Interview on 3/18/21 at 11:11 a.m. with housekeeping staff/bath aide/CNA F revealed: *This surveyor asked if she turned the temperature knob all the way to the left when cleaning the tub. *She stated that she never turned the temperature knob during the tub cleaner. *She stated with their tub cleaner they did not have to. *She stated the knob was hard to turn so they left it in the set resident temperature position.</p> <p>Review of the provider's September 2016 Standard or Light Cleaning policy revealed: *Dwell time was defined as: -"The amount of time necessary for a disinfectant to obtain maximum effective disinfection of the contacted area." **"5. Address any clutter/trash in the room prior to beginning the cleaning process." **"6. Enter the bathroom and spray all surfaces of sink and toilet (including the tank if present, top and bottom of lid, top and bottom of seat, and inside and outside of bowl) with the appropriate EPA [environmental protective agency] listed product. This/these product(s) typically have a dwell time of at least 10 minutes. Add toilet bowl cleaner in the toilet bowl." **"10. ...Scrub and wipe down the toilet ensuring that the disinfectant used has reached its proper dwell time. It is recommended that separate rags be used for sleeping areas and bathrooms."</p> <p>Review of the chemical manufacturer's cleaning instructions for rooms revealed:</p>	F 880			

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F 880	<p>Continued From page 15</p> <p>**Spray Peroxide Multi Surface Cleaner and Disinfectant on to cloth. Wipe mirrors top to bottom until there are no streaks."</p> <p>**Wipe down vanity and sink."</p> <p>**Spray 66 Heavy Duty Alkaline Bathroom Cleaner and Disinfectant inside and outside of the toilet. Swab bowl completely using toilet brush, making sure to get under rim."</p> <p>**Allow product to work by leaving it to dwell on surfaces for contact time indicated on product label. Flush toilet."</p> <p>**High-touch points, Spray Peroxide Multi Surface Cleaner and Disinfectant onto cloth. Wipe all high-touch points including fixtures and light switches."</p> <p>6. Interview on 3/18/21 at 12:49 p.m. with housekeeping supervisor D revealed: *She has been working in the facility for almost 40 years. -She has been the housekeeping supervisor for about 10 years. *They currently use the 66 Heavy Duty Alkaline disinfectant for bathrooms and use the peroxide for other surfaces. *She stated that it had a contact time of three minutes. *The surveyor asked her why they wet the rag before they spray the peroxide on the rag. *She stated that a representative from the company had told them to wet the rag first. *She acknowledged that would further dilute the product. *They did not have staff orientations or competencies done for housekeeping staff. *When asked about glove usage and hand hygiene she stated: -If staff touched something that was not clean then they should have removed their gloves,</p>	F 880			

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F 880	<p>Continued From page 16</p> <p>performed hand hygiene, and put on a new pair of gloves. -After cleaning the toilet or bathroom they should sanitize and change their gloves prior to touching any items in the resident's room.</p> <p>On 3/18/21 at 2:06 p.m. housekeeping supervisor D stated she contacted to the chemical manufacturer and the contact time was ten minutes for the 66 Heavy Duty Alkaline bathroom cleaner and disinfectant.</p> <p>Interview on 3/18/21 at 2:28 p.m. with registered nurse (RN) C revealed: *She helped out with infection control. *She had received certification with infection control practices. *She had completed an audit in August of 2020 of housekeeping practices. *The audit had not addressed contact time or dwell time of chemicals. *Order in which to clean items. *There was an area for "strict handwashing procedures (ex: [i.e.] between resident areas) are followed." but it was not marked whether staff had met it or not.</p> <p>Review of the manufacturer's product specification document for chemical 66 Heavy-Duty Alkaline Bathroom Cleaner and Disinfectant revealed: *"...Allow a 10-minute contact with the surface." **Swab bowl with brush to remove heavy soil prior to cleaning or disinfecting. Clean by applying 8 to 12 oz of product per 1 gallon solution around the bowl and up under the rim. Stubborn stains may require brushing. To disinfect, first remove or expel over the residual bowl water. Pour in three ounces of the use-solution. Swab the bowl</p>	F 880			

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F 880	Continued From page 17 completely using a scrub brush, making sure to get under the rim. Let stand for 10 minutes or overnight, then flush."	F 880		

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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY TYNDALL	STREET ADDRESS, CITY, STATE, ZIP CODE 2304 LAUREL STREET TYNDALL, SD 57066
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E 000	<p>Initial Comments</p> <p>Surveyor: 29354 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 3/16/21 through 3/18/21. Good Samaritan Society Tyndall was found in compliance.</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Julie Schenkel	TITLE Administrator	(X6) DATE 4-9-21
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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.

APR 09 2021

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K 000	INITIAL COMMENTS Surveyor: 27198 A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 3/16/21. Good Samaritan Society Tyndall 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

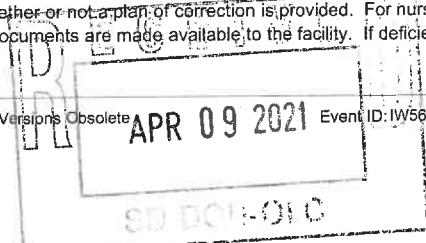
(X6) DATE

Julie Schenkel

Administrator

4-9-21

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South Dakota Department of Health

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S 000	Compliance/Noncompliance Statement Surveyor: 29354 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 3/16/21 through 3/18/21. Good Samaritan Society Tyndall was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement Surveyor: 29354 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 3/16/21 through 3/18/21. Good Samaritan Society Tyndall was found in compliance.	S 000		

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

Julie Schenkel

TITLE

Administrator

(X6) DATE

4-9-21

