

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

PRINTED: 03/16/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435127</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/04/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>DOW RUMMEL VILLAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1321 W DOW RUMMEL ST</b> <b>SIOUX FALLS, SD 57104</b>		
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F 000	INITIAL COMMENTS  Surveyor: 41088 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 3/3/21 and 3/4/21. Dow Rummel Village was found not in compliance with 42 CFR Part 483.10 resident rights and 42 CFR Part 483.80 infection control regulation: F880.  Dow Rummel Village 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.  A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted by the South Dakota Department of Health Licensure and Certification Office on 3/3/21 and 3/4/21. Area surveyed included resident visitation rights. Dow Rummel Village was found in compliance.  Dow Rummel Village was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6).  Total residents: 37	F 000	Directed Plan of Correction Dow Rummel Village, Sioux Falls F880 Corrective Action: 1. *Time cannot turn back the clock to licensed practical nurse (LPN) A completing tasks of appropriate hand hygiene and glove use during provision of personal cares to resident 1. Director of Nurses (DON) and administrator began preparation for training staff before the formal 2567 arrived. On 3/15/21 they discussed departmental trainings for all nursing staff. The provider, in consultation with the medical director, will review, revise, create as necessary policies and procedures about use of appropriate hand hygiene and glove use during provision of personal care. All staff licensed and unlicensed who provide personal care to residents will be educated by 3/26/21, by the DON. Continued next page...	3/26/21	
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.	F 880			

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

Rebecca A. Parish, LNHA, MBA

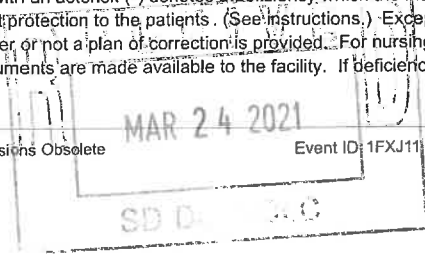
TITLE

Administrator

(X6) DATE

3/24/21

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>§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 §483.70(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</p>	F 880	<p>Identification of Others:</p> <p>2.*ALL residents who receive personal care have the potential to be affected.</p> <p>*ALL licensed and unlicensed staff completing their assigned tasks have potential to be affected.</p> <p>Policy education/re-education about roles and responsibilities for hand hygiene and glove use when providing care for the resident(s) will be provided by 3/26/21 by the DON.</p> <p>System Changes:</p> <p>3.Root cause analysis answered the 5 Whys:</p> <p>1.) Why did the LPN not use proper gloving technique?</p> <p>* LPN was nervous about the survey process.</p> <p style="text-align: right;">Continued on next page...</p>		

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F 880	<p>Continued From page 2</p> <p>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.</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. 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: 41088 Based on observation, interview, and policy review, the provider failed to maintain appropriate infection control practices for hand hygiene and glove usage for one of one sampled resident (1) completed by one of one licensed practical nurse (LPN)/charge nurse A and certified nursing assistant/medication aide (CNA/MA) B. Findings include:</p> <p>1. Observation on 3/3/21 at 12:18 p.m. of LPN/charge nurse A performing personal care with assistance from CNA/MA B for resident 1 revealed: *Resident 1's call light was on outside of her room. *LPN/charge nurse A and CNA/MA B were observed entering the room and closed the door. *This surveyor knocked on the door and LPN/charge nurse A opened the door with gloved</p>	F 880	<p>2.) Why was she nervous? *She had never been through the survey process before. * LPN answered knock on the door before the resident could say yes to the surveyor coming in and LPN was concerned that the resident had not given permission, so LPN had that train of thought going through her mind.</p> <p>3.) Why didn't LPN recognize cross contamination? *LPN had misinterpretation on education provided on cross contamination. *LPN was distracted by surveyor asking questions throughout the procedure.</p> <p>4.) Why was LPN donning gloves before entering the room? *Out of convenience, LPN took gloves off of isolation cart near the room as she entered the room.</p> <p style="text-align: right;">Continued on next page...</p>		

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F 880	Continued From page 3 hands and permission was requested to observe. *The door to the room was closed by LPN/charge nurse A. *Both staff had gloved hands. *Resident 1 was seated in her wheelchair. *A stand aide mechanical lift was in the room and LPN/charge nurse A had moved it into position in front of her wheelchair. *LPN/charge nurse A and CNA/MA B used the mechanical lift to transfer her from her wheelchair to her bed. *Once seated, both staff assisted her to lie down. *They each maintained their same pair of gloves throughout the transfer process. *LPN/charge nurse A then walked to the bathroom door, opened it with the same gloved hands, grabbed a container of sanitary wipes and a disposable brief. -She exited the bathroom using the same gloved hands, closed the bathroom door, and walked back to the resident's bed with the brief and wipes. -Using the same gloved hands, she lowered resident 1's pants, removed the soiled brief and placed it on the bed next to the resident while CNA/MA B had assisted with positioning. -LPN/charge nurse A used the sanitary wipes to cleanse resident 1's perineal area and put the new brief in place. -When finished, resident 1's pants were put back into place. *CNA/MA B helped the resident to get into a comfortable position while LPN/charge nurse A removed the soiled brief and wipes, opened the bathroom door and placed them into the bathroom garbage. *LPN/charge nurse A removed her gloves, discarded them, walked out of the bathroom, opened the hall door and walked out without	F 880	5.) Why off treatment cart? *With COVID precautions all year, nursing staff have gotten accustomed to donning gloves before entering the room. Common take-a-ways from root-cause-analysis: *Remind staff not to don gloves before going into a room if not a covid positive patient/resident. * Direct observation of nursing staff doing cares will help them get used to the survey process, keeping in mind resident dignity and preference to having an observer in the room. 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).  <b>Continued on next page...</b>		

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F 880	<p>Continued From page 4</p> <p>performing hand hygiene or washing her hands. *CNA/MA B was observed to exit the room and performed hand hygiene.</p> <p>Interview on 3/4/21 at 12:24 p.m. with LPN/charge nurse A regarding the above observation revealed: *She had not usually been the person to maneuver the mechanical stand lift. *She agreed: -She had missed opportunities to change gloves and perform hand hygiene. -Washing hands after performing personal cares for a resident would be the best practice. -The personal care above had not been completed in a sanitary manner and had potentially placed resident 1 at risk for acquiring an infection.</p> <p>Interview on 3/4/21 at 12:40 p.m. with director of nursing C regarding LPN/charge nurse A assisting resident 1 with personal care revealed: *He agreed the personal care above had not been completed in a sanitary manner and had placed resident 1 at risk of infection. *LPN/charge nurse A had been trained on proper infection control and was up to date on her education. *He would have expected LPN/charge nurse A to remove her gloves and perform hand hygiene any time they had been soiled and to follow proper infection control procedures.</p> <p>Review of LPN/charge nurse A's education record revealed she had completed the following courses: *Infection control on 4/1/20. *CMS Targeted COVID-19 Training for Frontline Nursing Home Staff on 12/17/20.</p>	F 880	<p>On 3/19/21, Administrator contacted the South Dakota Quality Improvement Organization (QIN). The QIN believed that education, re-education and frequent auditing of training/competencies around hand hygiene and proper glove technique and use are important steps to ensure infection control and prevention actions are the normal way that work is done. The QIN thought using the GPQIN Performance Tracking Tool as an auditing tool would be best suited to use in aggregating all the audit information. Therefore, suggested to you use a more specific auditing tool or edit the GPQIN Tracking Tool with the specific steps/ actions needed for proper gloving (more like a competency like tool). DON will develop specific auditing tool for continued monitoring.</p> <p style="text-align: right;">Continued on the next page...</p>		

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F 880	Continued From page 5 *Handwashing and completed the competency on 1/13/21.  Review of the provider's 4/23/20 Handwashing policy revealed: **Indications for Handwashing include, but are not limited to: -When hand are visibly dirty or contaminated, they are to be washed with soap and water." -"After using the bathroom or assisting a resident with toileting, wash hands with soap and water." -"Before and after direct contact with each resident." -"After contact with inanimate objects (Including medical equipment and surfaces in the resident's room." -"After removing and disposing of personal protective equipment including gloves, gowns, and masks."	F 880	<b>Monitoring:</b> 4. Administrator, DON, or designee will conduct at minimum 3 X per week on alternating shifts, for 4 weeks, a review of staff completing assigned tasks of personal care. 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.		