

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

PRINTED: 10/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2020
NAME OF PROVIDER OR SUPPLIER CENTERVILLE CARE AND REHAB CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 500 VERMILLION ST CENTERVILLE, SD 57014	
(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: 32332 A COVID-19 Focused Infection Control Survey was conducted on 10/7/20. Centerville Care and Rehab Center Inc was found to be not in compliance with 42 CFR Part 483.80 infection control regulation: F880. Centerville Care and Rehab Center was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 45	F 000		
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;	F 880	F 880 Residents 1,2,3,4,5,6,7,8,9 and 10 were all screened for worsening symptoms of COVID-19 after testing positive <u>every shift</u> . All other residents either screened for <u>cough, Oxygen levels, temperature daily. If tested positive assessed by O2 levels, lung sounds, temperature and for worsening symptoms every shift.</u> Administrator, DON and Interdisciplinary team reviewed, revised and created the necessary policies and procedures for monitoring residents for COVID symptoms. DON or designee will complete audits to ensure that assessments relating COVID-19 symptoms are being completed weekly for four weeks and monthly for two additional months. DON or designee will present these audits at monthly QAPI meeting for review until audits are completed.	11/5/2020 SVV 11/5/2020 SVV 11/5/2020

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

TITLE

(X6) DATE

Samuel Van Voorst

Administrator

11/05/2020

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> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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. <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>	F 880		

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F 880	<p>Continued From page 2</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: 32332 Based on observation, interview, phone interview, record review, and policy review, the provider failed to ensure 10 of 14 sampled residents (1, 2, 3, 4, 5, 6, 7, 8, 9, and 10) who had tested positive with Covid-19 had been: *Routinely screened for Covid-19 symptoms prior to testing positive. *Assessed for worsening symptoms of Covid-19 after testing positive. Findings include:</p> <p>1. Interview on 10/7/20 at 11:30 a.m. with director of nursing (DON) A, administrator B, and infection control (IC)/registered nurse (RN) C revealed: *The Covid-19 outbreak began on 9/30/20 when an employee reported Covid-19 symptoms and was tested on that day. *Employees had been screened routinely prior to each shift. *All residents were screened daily for symptoms of Covid-19. *All resident screening and assessments were documented in each resident's medical record.</p> <p>2. Review of resident 1's medical record revealed: *His progress notes: -Indicated he had tested positive for Covid-19 on 10/6/20. --The above entry was the last entry in his progress notes. -Had no documentation of having had a physical assessment completed before or after he was</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>tested for Covid-19.</p> <p>*His most recent blood pressure was obtained on 10/5/20.</p> <p>*His temperature had not been monitored on 10/3, 10/4, 10/6, or 10/7.</p> <p>*The last oxygen saturation was obtained on 8/23/20 and was normal.</p> <p>*There was no documentation of a respiratory assessment.</p> <p>3. Review of resident 2's medical record revealed: *Her progress notes: -Indicated she had tested positive for Covid-19 on 10/6/20. --The above entry was the last entry in her progress notes. -Had no documentation of having had a physical assessment completed before or after she was tested for Covid-19. *Her most recent blood pressure was obtained on 8/18/20. *Her temperature had not been monitored on 10/3, 10/4, 10/6 or 10/7. *The last oxygen saturation was obtained on 8/19/20 and was normal. *There was no documentation of a respiratory assessment.</p> <p>4. Review of resident 3's medical record revealed: *Her progress notes: -Indicated she had tested positive for Covid-19 on 10/6/20. -Last entry was on 10/6/20. -Had no documentation of having had a physical assessment completed before or after she was tested for Covid-19. *Her most recent blood pressure was obtained on</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>10/5/20. *Her temperature had not been monitored on 10/3, 10/4, 10/6, or 10/7. *The last oxygen saturation was obtained on 10/5/20 and was normal. *There was no documentation of a respiratory assessment.</p> <p>5. Review of resident 4's medical record revealed: *Her progress notes: -Indicated she had tested positive for Covid-19 on 10/6/20. -Last entry was 10/6/20. -Had no documentation of having had a physical assessment completed before or after she was tested for Covid-19. *Her most recent blood pressure was obtained on 10/5/20. *Her temperature had not been monitored on 10/3, 10/4, 10/6, or 10/7. *The last oxygen saturation was obtained on 8/19/20 and was normal. *There was no documentation of a respiratory assessment.</p> <p>6. Review of resident 5's medical record revealed: *His progress notes: -Indicated he had tested positive for Covid-19 on 10/6/20. -Last entry was 10/6/20. -Had no documentation of having had a physical assessment completed before or after he was tested for Covid-19. *His most recent blood pressure was obtained on 10/5/20. *His temperature had not been monitored on 10/3, 10/4, or 10/6.</p>	F 880		

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F 880	<p>Continued From page 5</p> <p>*The last oxygen saturation was obtained on 9/16/20 and was normal.</p> <p>*There was no documentation of a respiratory assessment.</p> <p>7. Review of resident 6's medical record revealed: *Her progress notes: -Indicated she had tested positive for Covid-19 on 10/5/20. -Last entry was on 10/6/20. -Had no documentation of having had a physical assessment completed before or after she was tested for Covid-19. *Her most recent blood pressure was obtained on 10/1/20. *Her temperature had not been monitored on 10/3, 10/4, 10/6, or 10/7. *The last oxygen saturation was obtained on 9/19/20 and was normal. *There was no documentation of a respiratory assessment, although the physician had been contacted for a nebulizer and cough drops.</p> <p>8. Review of resident 7's medical record revealed: *His progress notes: -Indicated he had tested positive for Covid-19 on 10/5/20. -Last entry was on 10/7/20. -Indicated he was being treated with antibiotics for a surgical infection. *His temperature had been monitored daily for the surgical incision infection. *There was no documentation of him having had a physical assessment other than for his hip infection completed before or after he was tested for Covid-19. *His most recent blood pressure was obtained on</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>10/5/20. *The last oxygen saturation was obtained on 9/9/20 and was normal. *There was no documentation of a respiratory assessment.</p> <p>9. Review of resident 8's medical record revealed: *His progress notes: -Indicated he had tested positive for Covid-19 on 10/6/20. -Last entry was on 10/6/20. *On 10/3/20 he reported he had "clammy skin." The nurse documented his skin was warm and dry. His temperature was 97.9 degrees Fahrenheit. *Their was no documentation of him having had a physical assessment after he was tested for Covid-19. *His most recent blood pressure was obtained on 9/18/20. *His temperature had not been monitored on 10/4, 10/6, or 10/7. *The last oxygen saturation was obtained on 9/18/20 and was normal. *There was no documentation of a respiratory assessment.</p> <p>10. Review of resident 9's medical record revealed: *Her progress notes: -Indicated she had tested positive for Covid-19 on 10/6/20. -That was the last entry. -She had a five minute unresponsive spell on 10/2/20. The documentation at 4:13 p.m. indicated the nurse did not know if the unresponsiveness was caused by a seizure. No vital signs had been documented.</p>	F 880		

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F 880	<p>Continued From page 7</p> <p>-Had no documentation of having had a physical assessment before or after she was tested for Covid-19.</p> <p>*Her most recent blood pressure was obtained on 9/30/20.</p> <p>*Her temperature had not been monitored on 10/3, 10/4, 10/6, or 10/7.</p> <p>*The last oxygen saturation was obtained on 9/23/20. That oxygen saturation was 89% on room air.</p> <p>*There was no documentation of a respiratory assessment.</p> <p>11. Review of resident 10's medical record revealed: *Her progress notes: -Indicated she had tested positive for Covid-19 on 10/6/20. -She was asymptomatic. -That was the last entry. -There was no documentation of her having had a physical assessment for Covid-19 before or after she was tested. *Her most recent blood pressure was obtained on 9/22/20. *Her temperature had not been monitored on 10/3, 10/4, 10/6, or 10/7. *The last oxygen saturation was obtained on 8/28/20 and was normal. *There was no documentation of a respiratory assessment.</p> <p>12. Telephone call on 10/9/20 at 9:10 a.m. to DON A regarding lack of Covid-19 screening and assessments before or after the virus was identified revealed DON A confirmed it was her expectation that residents' screenings and assessments were to have been completed and documented in each residents' medical record.</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>Telephone call on 10/13/20 at 2:20 p.m. with administrator B for Covid-19 assessment policies revealed the policy this writer had received must have been the wrong policy. The provider had a newer policy indicating the residents were to have been assessed only once daily. DON A was not available for another interview.</p> <p>13. Review of the provider's undated Covid-19 Prevention and Control Guidance Policy and Procedure revealed: *It was established to implement controls to help prevent the spread of Covid-19. *All staff were to have their temperature taken upon arrival to the facility. *The provider was to have documented any signs of respiratory, gastrointestinal or Covid-19 symptoms. **"All residents will be screened daily at a minimum for temp [temperature]. COVID-19 symptoms may not be typical in LTC [long-term care] residents. Transmission precautions would be implemented. Physicians would be notified." **"Any resident showing symptoms will be quarantine and vitals taken at least 3 times each day to assess for worsening condition."</p>	F 880			