

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435129</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/11/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DELLS NURSING AND REHAB CENTER INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1400 THRESHER DR</b> <b>DELL RAPIDS, SD 57022</b>	
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F 000	INITIAL COMMENTS  An onsite revisit survey was conducted on 3/11/25 for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities for all previous deficiencies cited on 1/16/25. Dells Nursing and Rehab Center Inc was found not in compliance with the following requirement: F880.	F 000		
{F 880} SS=E	<p>Infection Prevention &amp; 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> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify</p>	{F 880}	<p>Splash guards installed in hopper rooms. PPE will be placed in hopper rooms in 3 drawer plastic containers. Cleaning schedule for housekeeping to clean hopper rooms has been created. Disinfectant and cleaning supplies available in hopper rooms. Stocking of hopper rooms will be added to CNA stocking list.</p> <p>Administrator, DON, Infection control nurse, and/or designee in collaboration with medical director will review and revise necessary policies and procedures</p> <p>DON or designee will educate nursing staff on using proper PPE when rinsing soiled linen, stocking the hopper room, and on any updated policies and procedures. EVS manager or designee will educate housekeeping staff on cleaning and stocking hopper room.</p>	4/14/25

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

Calyn Tugel

TITLE

Administrator

(X6) DATE

4/2/2025

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>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. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on review of the provider's plan of</p>	{F 880}	<p>DON or designee will audit PPE usage and availability in hopper rooms weekly for 4 weeks and monthly for 2 weeks or longer as determined by audit results by audit results. Maintenance manager or designee will audit cleaning of hopper room weekly for 4 weeks and monthly for 2 months or longer as determined by audit results.</p> <p>DON or designee will report findings at monthly QAPI meetings until audit is complete and issue no longer needs to be addressed. Maintenance or designee will report findings at monthly QAPI meetings until audit is complete and issue no longer needs to be addressed.</p>		

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{F 880}	<p>Continued From page 2</p> <p>correction (POC) with a completion date of 2/20/25 for the 1/16/25 recertification survey, observation, interview, and policy review, the provider failed to maintain a complete and thoroughly functioning infection control program by having failed to follow proper infection control practices to ensure:</p> <ul style="list-style-type: none"> <li>*All caregivers had been educated on infection prevention and control practices related to the use of three of three observed hopper sinks.</li> <li>*Appropriate disinfectant and cleaning supplies had been available for use in two of three observed hopper rooms.</li> <li>*One of three observed hopper sinks was maintained in a sanitary manner.</li> <li>*Appropriate personal protective equipment (PPE) was available for staff use in three of three observed hopper rooms.</li> <li>*One of three soiled laundry receptacles in one of three observed hopper rooms was maintained in a manner to prevent potential cross-contamination.</li> </ul> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the provider's POC with a completion date of 2/20/25 for the 1/16/25 recertification survey revealed all staff were to be educated and audited regarding proper infection control practices including the use of PPE (gloves, gowns, masks and eye covering), hand hygiene, enhanced barrier precautions, and the proper storage and disposal of resident care items.</li> <li>2. Observation and interview on 3/11/25 at 9:30 a.m. with administrator A in the Garden Terrace hopper room revealed: <ul style="list-style-type: none"> <li>*The surface and inside rim of the hopper sink had small, scattered areas of darker-colored</li> </ul> </li> </ol>	{F 880}			

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{F 880}	<p>Continued From page 3</p> <p>flecks on it.</p> <p>-There was no disinfectant or cleaning supplies available for staff to have cleaned that sink after it was used.</p> <p>*Administrator A agreed that hopper sink was unclean. It was expected to have been cleaned by staff after each use.</p> <p>*There were no isolation gowns or eye protection equipment (PPE) in the hopper room for staff to have worn while using or cleaning the hopper sink.</p> <p>-Administrator A stated it was not the facility's practice to have had isolation gowns or eye protection available for staff use in the facility's three hopper rooms.</p> <p>Interview on 3/11/25 at 9:50 a.m. with certified medication aide (CMA) V revealed:</p> <p>*She had only worn gloves when she rinsed residents' soiled undergarments in the hopper sinks.</p> <p>*If it's bad, I would probably gown-up [wear an isolation gown]."</p> <p>-She defined "bad" as meaning "not just a spot of bowel movement [on the resident's soiled undergarment] " but a " blow-out" [a significant amount of bowel movement on a resident's soiled undergarment].</p> <p>Observations and interview on 3/11/25 at 9:40 a.m. and 10:00 a.m. with administrator A inside the Rising Sun hopper room revealed:</p> <p>*The edge of the countertop was about two to three feet from the right side of the unenclosed hopper sink.</p> <p>-Two opened boxes of gloves sat on the edge of the countertop within the splash zone (an area up to three feet around the sink where potentially contaminated water droplets may spray or splash</p>	{F 880}			

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{F 880}	<p>Continued From page 4</p> <p>back while using the sprayer hose) of the hopper sink.</p> <p>*There were no isolation gowns or eye protection equipment in that hopper room.</p> <p>*There were no disinfectant wipes or other means by which to have cleaned that hopper after it was used.</p> <p>*The soiled laundry bag was attached to and inside of a lidded frame. The laundry bag was visible inside of that frame. There were multiple holes in that laundry bag.</p> <p>*Administrator A stated the blue laundry bag was expected to have been placed inside a zipped bag that was also attached to be attached the frame. That zipped bag protected the soiled laundry bag from having touched and contaminated anything that had touched it.</p> <p>Interview on 3/11/25 at 10:13 a.m. with environmental services manager J regarding hopper room cleaning revealed:</p> <p>*She had cleaned all three hopper sinks every other day and "deep-cleaned" all three hopper rooms on a weekly.</p> <p>*The disinfectant and cleaning products she had used in those hopper rooms were effective in killing multi-drug resistant organisms.</p> <p>Observation on 3/11/25 at 10:15 a.m. inside the Happy Trails hopper room revealed:</p> <p>*A handwritten note posted on the wall above the countertop that read: "Isolation Gowns in bottom cabinet!".</p> <p>-Inside the bottom cabinet there were no isolation gowns. There was no protective eye equipment available for use in that hopper room.</p> <p>*On the countertop was a container of disinfectant wipes.</p> <p>*A wall-mounted receptacle that held an opened</p>	{F 880}			

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{F 880}	<p>Continued From page 5</p> <p>box of gloves was approximately two feet to the left of the hopper sink within the splash zone of the hopper sink.</p> <p>Interview on 3/11/25 at 10:50 a.m. with certified nurse aide (CNA) W revealed: *She had used a hopper sink on 3/10/25 to rinse a resident's soiled undergarment. *Her process for rinsing that soiled undergarment was to: -Apply gloves then place the soiled undergarment inside of an enclosed bag. -Ask another staff member to open the hopper room door while she entered. -Use the hopper sink sprayer to rinse the soiled undergarment. -Place the rinsed undergarment inside of the soiled laundry bag in the hopper room. *It was not her practice to have worn an isolation gown or protective eye equipment when she had rinsed residents' soiled undergarments. -She would have worn an isolation gown if a resident had a "very large BM [bowel movement] but if it [the BM] was contained, a gown wasn't necessary [to have worn]." *She had "not been trained that way" [to have worn a gown or protective eye equipment] when rinsing soiled undergarments. *CNA W was not aware of who was responsible for cleaning the hopper sinks after they had been used. She said, "I would have to ask." -She had assumed the housekeeping staff had cleaned the hopper sinks.</p> <p>Interview on 3/11/25 at 12:45 p.m. with administrator A and Minimum Data Set (MDS)/infection control nurse B regarding infection prevention and control in the three hopper rooms revealed:</p>	{F 880}			

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{F 880}	<p>Continued From page 6</p> <p>*They had not instructed staff to have worn gowns and eye protection in addition to wearing gloves while rinsing contaminated items in the hopper sink. It was not their practice to have stocked the hopper rooms with those types of PPE.</p> <p>**"Purple wipes" [Super Sani-Cloths brand, broad spectrum disinfectant wipes] should have been available in all of the hopper rooms for staff to have disinfected the hopper sinks following each use.</p> <p>Review of the provider's undated Standard Precautions policy revealed: *Mask, Eye Protection, Face Shield: -"Wear mask and eye protection or a faceshield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions and excretions." *Gowns: -"A clean, non-sterile gown will be worn to protect skin and prevent soiling of clothing during resident-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions or cause soiling of clothing." *Resident Care Equipment -"Reusable equipment will not be used for the care of another resident until it has been appropriately cleaned and reprocessed..." *Linen -"Used linen soiled with blood, body fluids, secretions and excretions will be handled, transported and processed in a manner to prevent skin and mucous membrane exposures, contamination of clothing, and to avoid transfer of microorganisms to other residents and environments."</p>	{F 880}			

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

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