

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

PRINTED: 12/23/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435099	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2020
NAME OF PROVIDER OR SUPPLIER ESTELLINE NURSING AND CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 205 FJERESTAD AVENUE EAST POST OFFICE BOX 130 ESTELLINE, SD 57234	
(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	<p>INITIAL COMMENTS</p> <p>Surveyor: 41088 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 11/18/20 and on 12/11/20. Estelline Nursing and Care Center was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). The facility 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.</p> <p>The facility was not found in compliance with 42 CFR Part 483.80 infection control regulations, and had not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. One deficiency was found: F880.</p> <p>On 12/7/20 at 1:08 p.m. an Immediate Jeopardy was identified after CMS Regional Office review of the 11/18/20 Focused Infection Control Survey Form CMS-2567. The facility failed to ensure:</p> <ul style="list-style-type: none"> *CDC guidelines were followed for proper personal protection equipment (PPE) usage to prevent the spread of COVID-19. *Staff performed hand hygiene, changed into new gloves/gowns when entering COVID-19 positive resident room. *Staff removed and discarded gowns/gloves and performed hand hygiene before entering a COVID-19 negative resident room. *Face shields/goggles worn into a COVID-19 positive resident room were not worn into a COVID-19 negative resident room. *Face shield/goggles were disinfected after leaving a COVID-19 positive resident room. 	F 000		

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

Michael P. Ward

TITLE

Administrator

(X6) DATE

12/31/2020

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 000	Continued From page 1 *PPE stations were in the North and East hallway for staff use that included an area for disinfection of eye protection. *Separate stations for staff to put on and remove PPE on the North and East hallway to prevent cross-contamination. A removal plan was accepted by the surveyor on 12/8/20 at 5:42 p.m. The immediate jeopardy was removed on 12/11/20 at 11:58 a.m.	F 000		
F 880 SS=L	The resident census was 49. 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	Facility will have a designated COVID unit as per facility Pandemic Plan located down the north hallway. In the COVID unit area, there is a designated "red" (COVID +) area and a designated "yellow" (observation area). Both areas can be enlarged as need arises. Administrative nursing personnel will monitor that it is being used appropriately weekly and/or more often as the need arises during a pandemic. Findings will be brought to administrator weekly and to monthly and quarterly QAPI meetings. Once a pandemic is no longer declared, QA will monitor quarterly for one year and re-evaluate situation at that time to determine monitoring needs. Reviewed and updated Use of PPE policy and Pandemic Plan on 12/8/20. Reviewed Hand Hygiene policy and reviewed and thoroughly discussed all of these at mandatory all-staff meeting on 12/10/20. Infection Control Nurse will do weekly QA audit of PPE donning and doffing until all staff members have been observed using a weekly random sample of 20% of staff across all shifts and departments. Outcome of audit will be reported to administration weekly and QA team monthly and quarterly. QA team will determine changes in schedule based on outcome of audits. Administrative nursing personnel will audit all staff for appropriateness of hand hygiene by auditing 10% of all staff across all shifts and all departments monthly. Results will be reported to administrator and brought to monthly and quarterly QAPI meetings. If case of widespread infections in the facility, isolation stations will be placed down each hallway and there will be separate stations to disinfect equipment and donning and doffing of PPE. We will also continue to utilize current PPE supply boxes which are located on walls throughout the building. PPE boxes in hallways will be monitored weekly by administrative nursing personnel to ensure they are adequately supplied along with availability and placement of PPE stations in hallways to be used for donning and doffing and disinfecting. Laminated paper with directions for donning and doffing are available by isolation stations. Administrator will be notified weekly of audit results. Results will be taken to monthly and quarterly QA meetings and QA team will determine changes in scheduled based on outcome of audits.	12/31/2020

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F 880	<p>Continued From page 2</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 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.</p>	F 880		

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F 880	<p>Continued From page 3</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 41088</p> <p>Based on observation, interview, record review, and policy review, the provider failed to follow Centers for Disease Control and Prevention (CDC) guidelines related to the coronavirus (COVID-19) pandemic by failing to:</p> <ul style="list-style-type: none"> *Provide infection control practices for the care of five of five sampled residents (1, 2, 3, 4, and 5). *Perform hand hygiene and change gloves when entering and exiting residents' rooms for five of five sampled residents (1, 2, 3, 4, and 5). *Extend and/or reuse personal protective equipment (PPE) according to national guidelines. *Close all doors to rooms of residents who had tested positive for COVID-19. <p>These failures have a potential to expose all residents, staff, and visiting essential personnel to COVID-19, a viral infection that could lead to serious harm or death.</p> <p>NOTICE: On 12/7/20 at 1:08 p.m. an Immediate Jeopardy was identified after the Centers for Medicare and Medicaid Services (CMS) Regional Office review of the 11/18/20 Focused Infection Control Survey Form CMS-2567. The facility failed to implement CMS and CDC recommended practices to prepare for COVID-19. On 12/7/20 at 4:57 p.m. a copy of the immediate jeopardy template was emailed to the provider for review during the discussion. Notice of immediate jeopardy was given verbally, via telephone to the administrator, and director of nursing (DON).</p>	F 880		

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F 880	<p>Continued From page 4</p> <p>Specifically, the provider failed to ensure: *CDC guidelines were followed for proper PPE usage to prevent the spread of COVID-19. *Staff performed hand hygiene, changed into new gloves/gowns when entering COVID-19 positive resident room. *Staff removed and discarded gowns/gloves and performed hand hygiene before entering a COVID-19 negative resident room. *Face shields/goggles worn into a COVID-19 positive resident room were not worn into a COVID-19 negative resident room. *Face shield/goggles were disinfected after leaving a COVID-19 positive resident room. *PPE stations were in the North and East hallway for staff use that included an area for disinfection of eye protection. *Separate stations for staff to put on and remove PPE on the North and East hallway to prevent cross-contamination.</p> <p>On 12/7/20 at 4:57 p.m. the administrator was asked for an immediate removal plan to ensure all deficient practices were addressed and corrected.</p> <p>PLAN: On 12/8/20 at 5:03 p.m. the administrator provided the surveyor with an email that included the final written removal plan. That removal plan was accepted by the surveyor on 12/8/20 at 5:42 p.m. The Immediate Jeopardy was removed on 12/11/20 at 11:58 a.m. after the removal plan implementation was verified during an onsite visit by the surveyor. After removal of the Immediate Jeopardy, the scope/severity of this citation is level "F".</p> <p>The facility provided the following acceptable</p>	F 880		

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F 880	<p>Continued From page 5 removal plan on 12/8/20: "Response to F880: What: 'Use of Personal Protective Equipment' and 'Hand Hygiene' policies were reviewed and updated. Pandemic Plan has been reviewed and updated. The reviewed and updated policies will be made immediately available to all staff and they will be thoroughly discussed on December 10, 2020 at the mandatory All Staff meeting. Infection Control nurse will perform QA audits. Who: Administration, Infection Control Nurse, and QA team will monitor. When: Education will be provided this week to all staff. It will be provided upon hire, at quarterly all staff meetings (next meeting December 10, 2020) and as needed throughout the course of the year. How: Pandemic Plan reviewed and updated. Staff assignments will be made based upon infections in the facility to prevent cross contamination. (Applies to the following)</p> <p>1. Reviewed and updated PPE and Hand Hygiene policies. Will review information at mandatory all staff meeting scheduled for December 10, 2020. Infection Control nurse will do QA audit on random sample of 20% of staff across all shifts and departments. Outcome of audit will be reported to administration weekly and to QA team monthly and quarterly. QA team will determine changes in schedule based on outcome of audits. 2. Reviewed and updated PPE policies. Will review information at mandatory all staff meeting scheduled for December 10, 2020. Infection Control nurse will do QA audit on random sample of 20% of staff across all shifts. Outcome of audit will be reported to administration weekly and to QA team monthly and quarterly. QA team will determine changes in schedule based on outcome of audits.</p>	F 880		

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F 880	<p>Continued From page 6</p> <p>3. Reviewed and updated PPE policy. Will review information at mandatory all staff meeting scheduled for December 10, 2020. Infection Control nurse will do QA audit on random sample of 20% of staff across all shifts. Outcome of audit will be reported to administration weekly and to QA team monthly and quarterly. QA team will determine changes in schedule based on outcome of audits.</p> <p>4. Reviewed and updated PPE policy. Will review information at mandatory all staff meeting scheduled for December 10, 2020. Infection Control nurse will do QA audit on random sample of 20% of staff across all shifts. Outcome of audit will be reported to administration weekly and to QA team monthly and quarterly. QA team will determine changes in schedule based on outcome of audits.</p> <p>5. In the case of widespread infections in the facility, isolation carts will be placed down each wing and there will be availability to disinfect equipment. We will also continue to utilize current PPE supply boxes, which are located throughout the building.</p> <p>6. In the case of widespread infections in the facility, isolation carts will be placed down each wing and there will be availability to disinfect equipment. We will also continue to utilize current PPE supply boxes, which are located throughout the building."</p> <p>Findings include: 1. Interview on 11/18/20 at 10:05 a.m. with administrator A and infection control registered nurse B revealed the facility had: *Twenty-three total residents that had tested positive for COVID-19. *Not designated a COVID-19 unit due to the large number of positive cases.</p>	F 880		

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F 880	<p>Continued From page 7</p> <p>*Residents who tested positive for COVID-19 on 11/11/20 and 11/13/20 were moved to a designated area.</p> <p>*Sixteen residents that tested positive for COVID-19 on 11/16/20 were not moved out of their rooms.</p> <p>-Administrator A suspected the increased numbers of COVID-19 positive residents happened as a result of moving residents the week before.</p> <p>*COVID-19 positive resident rooms next to COVID-19 negative resident rooms.</p> <p>*All the doors to the resident rooms were open due to many of the residents having a cognitive impairment.</p> <p>-They had concerns if the doors were closed the residents would be more at risk of falling.</p> <p>*Marked all COVID-19 positive resident doors with an "X" in blue masking tape.</p> <p>*All staff wear N95 masks with goggles or a face shield and a plastic disposable gown.</p> <p>-It had been their practice to reuse the N95 masks until they were soiled or wet to conserve the supply of N95 masks.</p> <p>*All staff fit tested.</p> <p>2. Observation and interview on 11/18/20 at 11:53 a.m. with licensed practical nurse C revealed:</p> <p>*Her standing in front of the nurses station wearing a disposable gown, face shield, and N95 mask.</p> <p>*She had concerns regarding PPE availability and its reuse.</p> <p>*They wore disposable gowns.</p> <p>*The practice was to continue to reuse N95 masks until they were soiled or wet.</p> <p>*She would have liked to change the PPE more frequently but did what she was instructed to do.</p>	F 880		

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F 880	Continued From page 8 3. Observation on 11/18/20 at 11:55 a.m. of the north hallway revealed: *Staff wearing disposable gowns, gloves, N95 masks, and goggles or face shield. *Various staff distributing meal trays to the resident rooms. *An unidentified staff member took a tray from the dietary cart with gloved hands and carried the tray into resident 1 and resident 2's shared room and placed the tray on a bedside stand. -The room door had a blue "X" with masking tape that indicated it was a positive COVID-19 room. -No hand hygiene was performed by the staff prior to entering or exiting the room. *The staff member went to the dietary cart, took another tray, and entered resident 3 and 4's shared room. -Those two residents were negative for COVID-19. -She placed the meal tray on a bedside stand in the room. *The same staff member took a meal tray into resident 5's room and placed it on the bedside table. -The room door had a blue "X" with masking tape that indicated it was a positive COVID-19 room. *Other staff members were observed entering COVID-19 positive and negative rooms without performing hand hygiene or changing PPE between rooms. -Staff had not disinfected their face shields or goggles after exiting the rooms or prior to entering new rooms. *There was a PPE station set-up in front of the nurses station for staff to obtain clean PPE. -No staff were observed to go to the station for new PPE. *No staff were observed gathering clean PPE from this station.	F 880		

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F 880	<p>Continued From page 9</p> <p>*All doors were open to the resident rooms *Residents were not wearing masks in their rooms.</p> <p>4. Interview on 11/18/20 at 12:15 p.m. with administrator A and infection control registered nurse B revealed: *Acknowledgement staff were not changing gowns between resident rooms. *Staff put on a clean disposable gown at the beginning of their shift. *They thought it was appropriate to use the same PPE between positive residents and negative residents. *They thought they had followed the right procedure for the situation. -Confirmed their expectation of staff to perform hand hygiene and change gloves between resident rooms. *They had not anticipated so many COVID-19 positive residents at the same time.</p> <p>Review of the provider's 3/27/20 Universal Mask policy revealed: **"All employees will be expected to wear procedural/surgical face masks at all times. The exception to this would include those health care professionals wearing N95 respirators while providing care for presumed COVID-19 (rule out) or known COVID-19 positive patients. Masks are to be worn whenever on [facility name] property. Staff are also allowed to take off masks to eat and drink on premises in a location where they can maintain six-foot distance. Masks are to be re-worn until visibly torn, soiled, or saturated. During COVID outbreak, all staff working on the floor must wear appropriate PPE including mask N95 [after being fit tested], goggles or face shields, gown and gloves."</p>	F 880		

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F 880	Continued From page 10 Review of the provider's April 2020 Standard Body Substance Isolation policy revealed: **"Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Wash hands or use alcohol-based solution immediately after gloves are removed, between resident contacts, and when otherwise indicated to avoid transfer of microorganisms to other residents or environments." **"Wear clean, non-sterile gloves when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and non-intact skin. Change gloves between tasks and procedures on the same resident; use proper hand hygiene to avoid transfer or [of] microorganisms to other residents or environments. Do not reuse gloves." **"Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and resident care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions." **"Wear a clean, non-sterile gown to protect skin and to prevent soiling of clothing during procedures and resident care activities that are likely to generate splashes or sprays of blood, body secretions, or excretions. Remove a soiled gown as promptly as possible and use proper hand hygiene to avoid transfer of microorganisms to other residents or environments. Do not reuse gowns." Review of the provider's March 2020 Pandemic Emergency Plan revealed: **"In the event of a pandemic, we will follow	F 880		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435099	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2020
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NAME OF PROVIDER OR SUPPLIER ESTELLINE NURSING AND CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 205 FJERESTAD AVENUE EAST POST OFFICE BOX 130 ESTELLINE, SD 57234
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(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 880	<p>Continued From page 11</p> <p>guidance from the CDC [Centers for Disease Control and Prevention] and DOH [department of health] related to isolation precautions." **Supplies and trash disposal bins will also be positioned near the door of rooms in isolation. General infection control supplies such as tissues, hand sanitizer, and facemasks would be placed in common areas with no touch receptacles available. Staff will be dedicated to specific residents to prevent cross contamination."</p> <p>Review of CDC's COVID-19 guidance for nursing homes, "Responding to Coronavirus (COVID-19) in Nursing Homes," www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html, accessed on 11/19/20 revealed: **Facilities that have already identified cases of COVID-19 among residents but have not developed a COVID-19 care unit, should work to create one unless the proportion of residents with COVID-19 makes this impossible (e.g [for example], the majority of residents in the facility are already infected). Ideally the unit should be physically separated from other rooms or units housing residents without confirmed COVID-19. Depending on facility capacity (e.g., staffing, supplies) to care for affected residents, the COVID-19 care unit could be a separate floor, wing, or cluster of rooms. Assign dedicated HCP [health care professional] to work only on the COVID-19 care unit. At a minimum this should include the primary nursing assistants (NAs) and nurses assigned to care for these residents. HCP [health care professional] working on the COVID-19 care unit should ideally have a restroom, break room, and work area that are separate from HCP working in other areas of the</p>	F 880		

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

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F 880	Continued From page 12 facility. Place signage at the entrance to the COVID-19 care unit that instructs HCP [health care professional] they must wear eye protection and an N95 or higher-level respirator (or facemask if a respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms. Ensure that HCP [health care professional] have been trained on infection prevention measures, including the use of and steps to properly put on and remove recommended personal protective equipment (PPE)." *"If the resident is confirmed to have COVID-19, regardless of symptoms, they should be transferred to the designated COVID-19 care unit. Increase monitoring of ill residents, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least 3 times daily to identify and quickly manage serious infections. Consider increasing monitoring of asymptomatic residents from daily to every shift to more rapidly detect any residents with new symptoms."	F 880		