

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

PRINTED: 06/23/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/09/2022
NAME OF PROVIDER OR SUPPLIER FIVE COUNTIES NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 405 6TH AVENUE WEST LEMMON, SD 57638	
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F 000	INITIAL COMMENTS	F 000		
F 880 SS=F	<p>A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted on 6/9/22. Areas surveyed included infection control. Five Counties Nursing Home was found not in compliance with the following requirement: F880.</p> <p>Infection Prevention & 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 §483.70(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</p>	F 880	<p>F880</p> <p>The Administrator, DON, and/or designee in consultation with the Medical Director will review, revise, create as necessary policies and procedures for Isolation recommendations under Five Counties Nursing Home Infection Prevention policy/procedure. Specifically, regarding quarantine days for positive residents per CDC recommendations.</p> <p>All facility staff will be re-educated by July 22, 2022, by Don or designee.</p> <p>The Administrator, DON, and/or designee in consultation with the Medical Director will review, revise, create as necessary policies and procedures for appropriate use and disinfection of PPE by staff who cared for residents who had tested positive.</p> <p>All facility staff will be re-educated by Don or Designee by July 22, 2022.</p>	July 22, 2022

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

TITLE

(X6) DATE

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>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 observation, interview, record review, and policy review, the provider failed to ensure</p>	F 880	<p>All residents and staff have the potential to be affected by not following the recommended quarantine days for positive residents. All residents and staff have the potential to be affected by staff not using appropriate PPE disinfection and use.</p> <p>Policy education/re-education about roles and responsibilities for the above identified assigned care and services tasks will be provided by DON or designee by July 22, 2022.</p> <p>Administrator, DON, and IP nurse met with members of the Great Plains Quality Innovation Network on June 17, 2022. RCA was conducted regarding this specific outbreak of the Covid virus at FCNH. It was thought that a resident had an out-of-town visitor that brought it in. However, we have</p>		

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F 880	<p>Continued From page 2</p> <p>infection prevention and control practices were maintained for:</p> <p>*A ten day isolation for eleven residents (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11) who had tested positive for COVID-19.</p> <p>*Proper use and disinfection of personal protective equipment (PPE) during four of five observations of four of five employees (C, D, E, and F) who had cared for residents (13, 14, and 16) who had COVID-19.</p> <p>Findings include:</p> <p>1. Record review for resident 1 revealed: *She had tested positive for COVID-19 on 5/28/22. *Her symptoms included congestion and tiredness.</p> <p>Record review for residents 2, 3, and 4 revealed they: *Had tested positive for COVID-19 on 5/30/22. *Did not have any symptoms.</p> <p>Record review for resident 5 revealed: *He tested positive for COVID-19 on 5/31/22. *His symptoms included a fever and cough.</p> <p>Record review for residents 6, 7, and 8 revealed: *They had tested positive for COVID-19 on 6/2/22. *Resident 6's symptoms included a cough. *Resident 7 did not have symptoms. *Resident 8's symptoms included congestion.</p> <p>Record review for resident 9, 10, and 11 revealed: *They had tested positive for COVID-19 on 6/3/22. *Resident 9's symptoms included cough, body aches, and tiredness.</p>	F 880	<p>no proof of that.</p> <p>The spreading of the virus is believed to be because we have multiple residents with severe dementia that were confused and combative as we attempted to keep them in their rooms. We attempted to keep them in their rooms however, it was difficulty as one of the positive resident exhibited multiple behaviors.</p> <p>The RCA team came up with 2 ideas to help minimize the spread of covid through increased hand hygiene before meals with the residents and monitoring the housekeeping efforts to increase cleaning of high touch areas. Dietary will encourage hand hygiene using hand sanitizer 3 times per day. Housekeeping will clean the handrails, doorknobs at least 2 times per day.</p> <p>The Infection Prevention nurse will collect audits from the dietary and housekeeping staff for 6 weeks. Followed by 2 times monthly for one month, then monthly for 2 months.</p> <p>Results of these audits will be reported monthly to the Qapi committee for review and recommendation.</p>	

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F 880	<p>Continued From page 3</p> <p>*Resident 10's symptoms included cough, nausea, and tiredness.</p> <p>*Resident 11's symptoms included nausea.</p> <p>Interview on 6/9/22 at 1:30 p.m. with Minimum Data Set coordinator B regarding isolation periods for residents who tested positive for COVID-19 revealed:</p> <p>*Vaccinated residents were isolated for 5 days.</p> <p>*Un-vaccinated residents were isolated for 10 days.</p> <p>Interview on 6/9/22 at 2:30 p.m. with interim director of nursing A regarding isolation periods for residents who tested positive for COVID-19 revealed:</p> <p>*Residents who tested positive for COVID-19 were isolated for five days.</p> <p>*The provider's policy was to isolate them for ten days and they had not been following the policy.</p> <p>Review of the provider's December 2020 Discontinuation of Transmission-Based Precautions policy revealed:</p> <p>**Symptom-Based Strategy for Discontinuing Transmission-Based Precautions.</p> <p>*Patients with mild to moderate illness who are not severely immunocompromised:</p> <p>-At least 10 days have passes since symptoms first appeared and</p> <p>-At least 24 hours have passed since last fever without the use of fever-reducing medications and</p> <p>-Symptoms (e.g. [for example], cough, shortness of breath) have improved.</p> <p>*Note: For patients who are not severely immunocompromised and who were asymptomatic throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed</p>	F 880		

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F 880	<p>Continued From page 4</p> <p>since the date of their first positive viral diagnostic test."</p> <p>2. Observation on 6/9/22 at 11:20 a.m. of certified nursing assistant (CNA) C coming out of resident 14's room revealed she:</p> <ul style="list-style-type: none"> *Removed her face shield and set it on a bedside table outside of the room without a barrier underneath it. *Removed her N95 mask and threw it into the garbage and put on a surgical mask without performing hand hygiene in between. *Cleaned her face shield with a disinfecting wipe and set back on the now contaminated bedside table. <p>Interview on 6/9/22 with CNA C during the above observation revealed she:</p> <ul style="list-style-type: none"> *Should have performed hand hygiene after removing the N95 mask and putting on the surgical mask. *Agreed putting her face shield on the bedside table without a barrier under it would have contaminated the table. <p>Observation on 6/9/22 at 12:24 p.m. of CNA E putting on PPE to enter resident 16's room revealed:</p> <ul style="list-style-type: none"> *After putting on her gown and gloves she had removed her: <ul style="list-style-type: none"> -Face shield and set it on the bedside table outside the room without a barrier under it. -N95 mask and set it on the handrail outside of the room. *Took out an N95 from a paper bag with her name on it from a bedside table outside of the room and put it on. *She had used the same pair of gloves during this observation and then entered the resident's room. 	F 880		

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F 880	<p>Continued From page 5</p> <p>*When she exited the room, she had removed the N95 mask and put the N95 mask she had left on the handrail back on.</p> <p>Interview on 6/9/22 at 12:43 p.m. with CNA E regarding the above observation revealed: *She did not know where she should have set the N95 mask, but agreed setting it on the handrail was not sanitary. *Each staff member had one N95 mask for each resident who had COVID-19. -When not in use those N95 masks were stored in a brown paper bag outside of the resident's room. *The N95 masks were used for one shift. *Setting her face shield on the bedside table without a barrier could have contaminated the face shield or the table.</p> <p>Observation on 6/9/22 at 12:30 p.m. of registered nurse (RN) D outside of resident 13's room revealed she: *Had two surgical masks on her face. *Put on a third surgical mask over the first two and performed hand hygiene. *Put on a gown and gloves and entered resident 13's room. *She did not have on a face shield or eye protection. *Prior to exiting resident 13's room she removed the third mask, gown, and gloves. *Exited the room and performed hand hygiene as she walked down the hall.</p> <p>Interview on 6/9/22 at 1:11 p.m. with RN D regarding the above observation revealed she: *Had been fit tested and was able to wear an N95 mask. *Did not like to wear a N95 mask because it</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>pinched her nose.</p> <p>*Thought they no longer had to wear eye protection into the isolation rooms.</p> <p>*Agreed the two surgical masks she had worn into the room could have been contaminated and should have been changed.</p> <p>Observation on 6/9/22 at 1:11 p.m. of CNA F coming out of resident 16's room revealed he:</p> <p>*Had not been wearing a face shield or eye protection.</p> <p>*Had removed his N95 mask and put it into a paper bag.</p> <p>*Picked up a surgical mask that had been sitting on the bedside table outside of the room and put it on.</p> <p>*Had not preformed hand hygiene between taking off his N95 mask and putting on the surgical mask.</p> <p>Interview on 6/9/22 at 1:15 p.m. with CNA F regarding the above observation revealed he:</p> <p>*Had not worn a face shield into resident 16's room but should have.</p> <p>*Had not preformed hand hygiene between taking off his N95 mask and putting on the surgical mask.</p> <p>*Had not recently had education on putting on and taking off PPE.</p> <p>*Had not received education on how to properly store an N95 mask for re-use.</p> <p>Random observations on 6/9/22 from 11:00 a.m. through 1:11 p.m. outside of residents 12, 13, 14, 15, and 16's rooms revealed:</p> <p>*There were bins hung on the doors for storage of PPE.</p> <p>*A bedside table outside of the rooms.</p> <p>*Several brown bags with names written on them</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>with marker and no dates.</p> <ul style="list-style-type: none"> *No indication of what was clean or dirty. *No supply of barriers for staff to use when cleaning their face shields or changing their masks for re-use. *A trash can with no lid outside of residents 13, 14, 15, and 16's rooms. *No trash can outside of resident 12's room. *Signage was posted to assist staff with putting on and taking off PPE correctly. *The signage did not indicate how to store N95 or surgical masks for re-use. <p>Interview on 9/6/22 at 3:48 p.m. with interim director of nursing A regarding PPE revealed:</p> <ul style="list-style-type: none"> *All staff had been expected to wear a gown, gloves, face shield, and N95 mask into isolation rooms. *Agreed the trash cans with no lids could cause contamination in the hallway. *They had been re-using N95 masks because that is what had been done in the past. *The provider did not have a shortage of PPE. *He would expect the staff to perform hand hygiene when changing masks. *The staff had not recently been educated on how to properly put on and take off PEP. *Agreed there was not a process for dirty and clean outside of resident rooms for staff to follow to ensure they did not contaminate themselves or the environment. <p>Review of the 3/10/20 signage posted outside of the isolation rooms to direct staff on correctly putting on and removing PPE revealed:</p> <ul style="list-style-type: none"> *Before entering staff should have preformed hand hygiene, put on a gown, mask, eye protection, and gloves. *When coming out of the isolation room staff 	F 880			

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F 880	Continued From page 8 were to: -Put on gloves and remove their face shield. -Perform hand hygiene over the gloves and remove the bottom strap of the N95 mask. -Perform hand hygiene over the gloves and remove the top strap of the N95 mask. -Drop the N95 mask into a biohazard bin. -Remove gloves and perform hand hygiene. *It had not addressed the proper way to store an N95 mask for re-use.	F 880			

