

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 03/10/2020  
FORM APPROVED

~~CENTERS FOR MEDICARE & MEDICAID SERVICES~~

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435095	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	CMS NO. 0938-0391 (X3) DATE SURVEY COMPLETED  03/04/2020
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NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SCOTLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 130 6TH STREET SCOTLAND, SD 57059
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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
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F 000          F 880 SS=D	INITIAL COMMENTS  Surveyor: 16385 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 3/3/20 through 3/4/20. Good Samaritan Society Scotland was found not in compliance with the following requirement: F880. 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;  §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	F 000          F 880	F 880 Infection Control and Prevention  <i>Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. For the purposes of any allegation that the center is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the center's allegation of compliance in accordance with section 7305 of the State Operations Manual.</i>  DNS educated LPN C on 3/4/20 on proper infection control procedures during a wound dressing change. All residents with a dressing change had the potential to be affected by this deficient practice.  Each nurse received a copy of Policy on Infection Prevention and Control Program and the Procedure Wound Dressing Change March 15, 2020. This policy and procedure will be the content of retraining for all nurses on March 20, 2020. The training will be provided by the Sanford Enterprise Learning, Education and Development (LEAD) staff and designee.	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X8) DATE 3/20/20

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435095	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		(X3) DATA ENTRY COMPLETED  03/04/2020
NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SCOTLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 130 6TH STREET SCOTLAND, SD 57059		
(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 1 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; (iv)When and how isolation should be used for a resident; including but not limited to: (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.</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: Surveyor: 35237</p>	F 880	<p>To ensure ongoing compliance to regulations related to infection control and prevention processes, the RN Infection Preventionist (IP), or designee, will audit dressing change processes by nurses to ensure policy and procedure is followed. Audits will be done twice weekly x4 weeks, then once weekly x2 months. The RN IP, or designee, will report the audit findings to the Quality Assurance Performance Improvement (QAPI) committee at their regularly scheduled monthly meetings. The QAPI committee will determine at the time of the scheduled completion of these audits if any further auditing is needed.</p>	3/19/20 AL	

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NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SCOTLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 130 6TH STREET SCOTLAND, SD 57059		
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F 880	<p>Continued From page 2</p> <p>Based on observation, interview, and policy review, the provider failed to ensure two of two wound care dressing changes for two of two sampled residents (6 and 22) had been completed using appropriate infection control practices by one of one licensed practical nurse (LPN) (C). Findings include:</p> <p>1a. Observation and interview on 3/4/20 at 10:20 a.m. with LPN C during and following resident 22's wound care revealed:</p> <ul style="list-style-type: none"> <li>*She brought the wound supplies into his room in a plastic tray.</li> <li>*She stated he had opened wounds to his right third finger they were treating with a calcium alginate dressing, covered by foam, and then wrapped with gauze.</li> <li>*After washing her hands she put on gloves and then used a pair of bandage scissors to remove the gauze wrap and dressing from his finger.</li> <li>*When she was done with the potentially contaminated bandage scissors she put them back into the tray with her clean wound supplies. - She then cleaned the wound areas with wound cleaner and gauze.</li> <li>*After the wound cleaning she removed her gloves, sanitized her hands, put on new gloves, and then opened the packages of the calcium alginate dressing and the foam dressing.</li> <li>-She set the calcium alginate dressing and foam dressings on the outsides of their packages and used the potentially contaminated scissors to cut the dressings into the size she wanted to put on the wound.</li> <li>*She then put those cut pieces of calcium alginate onto the opened wounds, followed by the foam dressing, wrapped the finger with a gauze dressing, and then put tape over the gauze to secure it.</li> </ul>	F 880			

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NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SCOTLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 130 6TH STREET SCOTLAND, SD 57059		
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F 880	<p>Continued From page 3</p> <p>*She then removed her gloves, washed her hands, and brought the plastic tray of wound supplies back out to the treatment cart.</p> <p>-She set the potentially contaminated scissors on the top of the medication cart.</p> <p>*She indicated the above process was her usual practice.</p> <p>*She had not considered:</p> <p>-The outsides of the dressing packages as unclean or potentially contaminated. -The bandage scissors as potentially contaminated after she had used them to remove the old dressing.</p> <p>*After further discussion she agreed:</p> <p>-The bandage scissors should have been cleaned and disinfected prior to using them to cut the clean dressings that were used directly on the wounds and following use when they would have been potentially contaminated.</p> <p>-The outsides of the packages were potentially contaminated.</p> <p>--She should not have set the clean dressings on those surfaces prior to using them directly on the wounds.</p> <p>-Dressing changes should have been done with proper infection control practices in an attempt to protect the resident from a possible infection.</p> <p>*She was unsure if she had training in the past on dressing change techniques.</p> <p>-She indicated she learned from other nurses and her own experience.</p> <p>b. Observation and interview on 3/4/20 at 11:09 a.m. with LPN C during and following resident 6's wound care revealed:</p> <p>*She brought the wound supplies into the room in a plastic tray.</p> <p>*There were no dressings in place to remove since the resident had just been seen by the</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SCOTLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 130 6TH STREET SCOTLAND, SD 57059		
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F 880	Continued From page 4 practitioner. *After LPN C washed her hands she put on gloves and used wound cleanser and gauze to clean the resident's bilateral buttock wounds. *She removed her gloves, sanitized her hands, opened the package of calcium alginate dressing, and then set the dressing on the outside of the package. -With her bare hands she held the calcium alginate dressing, used scissors to cut pieces for the wound, and then set those pieces back onto the outside of the package. *After the above process she stated she should not have done that and sanitized her hands before putting a pair of gloves on. *She then put the above potentially contaminated cut pieces of calcium alginate dressings on the resident's right buttock wounds. *She cut more pieces of the calcium alginate and put those on the resident's left buttock wounds. *With her same gloves on she grabbed a large roll of Omnifix tape out of the tray, used the scissors to cut pieces of tape, and put that roll back into the plastic tray with the clean dressing supplies. -She used the cut pieces of tape to secure the calcium alginate dressings to the resident's wounds. *After the dressing change we discussed the above process and she confirmed: -The dressing should not have been set on the outside of the package since that could have been potentially contaminated. -She should not have touched the calcium alginate dressing with her bare hands since it was used to directly cover the opened wound. - The roll of tape should not have been touched with potentially contaminated gloves.	F 880			

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NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SCOTLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 130 6TH STREET SCOTLAND, SD 57059			
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F 880	<p>Continued From page 5</p> <p>Interview and policy review on 3/4/20 at 1:19 p.m. and again at 2:23 p.m. with registered nurse/infection control nurse B regarding the above observations revealed:</p> <ul style="list-style-type: none"> <li>*She confirmed dressing changes should have been completed with appropriate infection control practices to protect the residents from potential infection.</li> <li>*The outside of packages should have been considered potentially contaminated, and the dressings used for wounds should not have been set on them.</li> <li>*The bandage scissors should have been considered potentially contaminated after using them on the old dressing.</li> <li>-They should have been cleaned and disinfected prior to using them for cutting clean wound dressings.</li> <li>*All staff had completed infection control training.</li> <li>*Competencies had not been done to ensure nursing staff were completing dressing changes appropriately.</li> <li>*The policy for dressing changes had not been followed.</li> <li>-That policy included a competency that evaluated staffs' clinical skills related to wound dressing changes.</li> </ul> <p>Interview on 3/4/20 at 4:05 p.m. with director of nursing A regarding the above concerns revealed:</p> <ul style="list-style-type: none"> <li>*She expected staff to have followed their policy for dressing changes.</li> <li>*Dressing changes should have been completed using appropriate infection control practices to protect the residents from potential infection.</li> </ul> <p>Review of the provider's revised October 2017 Wound Dressing Change policy revealed:</p> <ul style="list-style-type: none"> <li>*The purpose was:</li> </ul>	F 880				

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F 880	Continued From page 6 -"To promote wound healing." -"To help wound remain free of infection." *The procedure included to: -"7. Remove soiled dressing and discard in plastic bag, avoiding contact and thus contamination of other surfaces. Remove gloves and discard in same plastic bag. Perform hand hygiene." -"8. Create field with equipment/dressing wrappers. Use sterile technique if required." - -"9. Open all supplies and pour solution if ordered." -"10. Put on gloves." -"11. Assess wound and surrounding area to ensure the selection of the appropriately-sized dressing." -"14. Remove dressing from inner wrapper, avoiding finger contact with the dressing..."	F 880			

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NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SCOTLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 130 6TH STREET SCOTLAND, SD 57059		
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E 000	Initial Comments  Surveyor: 16385 A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care Facilities, was conducted from 3/3/20 through 3/4/20. Good Samaritan Society Scotland was found in compliance.	E 000			

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

*Chalice Ramsey Admin*

TITLE

(X6) DATE

3/20/20

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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NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SCOTLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 130 6TH STREET SCOTLAND, SD 57059		
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K 000	INITIAL COMMENTS  Surveyor: 40506 A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 3/3/20. Good Samaritan Society Scotland was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Spencer Kamey* TITLE *Admin* (X6) DATE *3/20/20*

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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  10675	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  03/04/2020
NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SCOTLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 130 6TH ST SCOTLAND, SD 57059		
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S 000	Compliance/Noncompliance Statement  Surveyor: 16385 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 3/3/20 through 3/4/20. Good Samaritan Society Scotland was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement  Surveyor: 16385 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 3/3/20 through 3/4/20. Good Samaritan Society Scotland was found in compliance.	S 000		

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

*Cheryl Kamey Admin*

TITLE

(X6) DATE

3/20/20