

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

PRINTED: 05/05/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435057	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/23/2021
NAME OF PROVIDER OR SUPPLIER AVANTARA ARMOUR			STREET ADDRESS, CITY, STATE, ZIP CODE 106 BRADDOCK ARMOUR, SD 57313		
(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: 42477 A COVID-19 Focused Infection Control survey was conducted by the South Dakota Department of Health Office of Licensure and Certification on 4/21/21 through 4/23/21. Avantara Armour was found not in compliance with 42 CFR Part 483.80 infection control regulation: F880. Avantara Armour 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. Avantara Armour was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 33	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	F 880	Corrective Action 1. *Time cannot be turned back to a time prior to the identification of the lack of appropriate personal protective equipment (PPE) use, lack of appropriate time for time for disinfecting of face shields, maintenance of clean and soiled areas for face shields, and lack of appropriate fit-tested N95 masks for use per policy and CDC guidance for infection control and prevention. DON is currently serving as Interim Infection Preventionist and has completed the CDC Nursing Home Infection Preventionist Training Course as the RN who is our infection Preventionist is currently on maternity leave. RN has also completed CDC Nursing Home Infection Preventionist Training Course. Administrator, DON, and infection control person were provided education/re-education about appropriate procedure use	5/19/2021	

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

Stefania Guigle

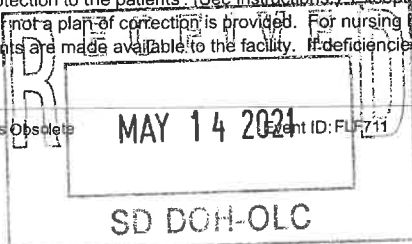
TITLE

Administrator

(X6) DATE

5/13/2021

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	Continued From page 1 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 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: (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. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.	F 880	of PPE, appropriate disinfection and maintenance of clean and soiled areas for face shields, and ensuring staff are provided and are wearing appropriately fit-tested N-95 masks on 4/23/2021 by Regional Nurse Consultant. The provider in consultation with the medical director and corporate nurse will review, revise, create as necessary policies and procedures to be in line with CDC, CMS, and OSHA. recommendations about: *Appropriate use, disinfection, and maintenance of PPE by staff. *Staff utilizing appropriately fit-tested N-95 masks. *Necessary infection control and prevention plan that includes effective compliance. All staff licensed and unlicensed who provide care and services to residents will be educated/re-educated by 5/19/2021 by DON or designee. Identification of Others: 2. *ALL residents have the potential to be affected if staff are not utilizing, disinfecting and/or maintaining PPE appropriately. *ALL staff completing the assigned tasks have potential to be affected. Policy education/re-education about roles and responsibilities for the above identified assigned task(s) will be provided by 5/19/2021 by DON or designee. System Changes: 3. Root cause analysis conducted answered the 5 Whys: It was discovered that the fit testing procedure lacked the documentation of which N-95 masks staff were fit tested for therefore there was no way to ensure that staff were wearing the mask in which they were fit tested. It was also identified that the facility failed to maintain a separate clean and dirty area for disinfecting face shields after exiting an isolation area. The facility also identified a need for more frequent monitoring of staff competencies in regards to donning and doffing and infection control practices.		

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F 880	<p>Continued From page 2</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: 42477 Based on observation, interview, policy review, and national guidance review the provider failed to ensure appropriate infection control practices were followed, including: *Putting on and taking off personal protective equipment (PPE) for one of one COVID-19 positive residents (1) and one of one presumptive positive residents (2). *Following recommended contact time for disinfecting of face shields after caring for resident that were positive COVID-19 and for residents whose status was presumptive positive. *Ensuring clean and soiled surfaces had been separated when cleaning face shields. *Ensuring staff were wearing the N95 they were fit-tested for and approved size to wear. Findings include:</p> <p>1. Interview on 4/21/21 at 9:10 a.m. with Administrator A revealed: *They had one COVID-19 positive residents (1) in the facility. *Resident 1 shared a room with her husband resident 2. *Resident 2 tested negative but was presumed positive for COVID-19. *Residents 1 and 2 were not on a designated</p>	F 880	<p>Administrator, DON, infection control person and any others identified as necessary will ensure ALL facility staff responsible for the assigned task(s). Administrator and DON contacted the South Dakota Quality Improvement Organization (QIN) on 5/12/2021 and the QIN provided feedback on RCA completed. QIN concurred that education, re-education and frequent auditing of training/competencies around PPE donning and doffing, including disinfection of PPE (i.e. face shields) are important steps to ensure infection control and prevention actions. As COVID cases in facility decrease, and when facility does not have any active cases in the facility, QIN suggested that facility may need to consider more frequent competency checks and/or doing auditing using scenario situations. Per the discussion, QIN stated it appears facility has a good understanding performing root cause analysis in using the 5 Whys tactic.</p> <p>Monitoring: 4. Administrator, DON, and infection control person will conduct auditing and monitoring for areas identified as well as any items identified through Root Cause Analysis. Monitoring of determined approaches to ensure effective infection control and prevention include at a minimum weekly for 8 weeks, administrator, DON, and/or infection prevention nurse making observations across all shifts to ensure staff compliance with: *Appropriate use, disinfection, and maintenance of PPE by staff. *Staff utilizing appropriately fit-tested N-95 masks. *Necessary infection control and prevention plan that includes compliance. *Any other areas identified thru the Root Cause Analysis. After 4 weeks of monitoring demonstrating expectations are being met, monitoring may reduce to monthly. Monthly monitoring will continue at a minimum 2 months.</p>	

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F 880	<p>Continued From page 3</p> <p>COVID-19 unit.</p> <p>-They were isolated in their shared room.</p> <p>*They were not low on PPE supplies including N95 masks.</p> <p>2. Observation and interview on 4/21/21 at 10:20 a.m. of certified nursing assistant (CNA) B revealed:</p> <p>*She came out of resident 1 and 2's room through the closed door.</p> <p>*She was still wearing her gloves, gown, face shield, and an N95 mask.</p> <p>*She removed her gown and gloves and disposed of them in a receptacle located in the hallway.</p> <p>*There was an open residents' door across the hallway from where staff had been removing PPE.</p> <p>*She removed her soiled face shield and placed it on top of the clean PPE cart.</p> <p>- Removed her N95 mask and placed it in a paper bag behind the clean PPE cart.</p> <p>- Had removed a wipe from a Micro-kill + container and wiped her face shield off for 15 seconds.</p> <p>- Had laid her then wiped face shield in the same place she had her soiled face shield laying.</p> <p>*When asked by this surveyor what the contact time was for the disinfectant, she said she did not know.</p> <p>*She stated she had been fit-tested for the 1860 size mask.</p> <p>-She had not been wearing the 1860 mask.</p> <p>3. Interview on 4/21/21 at 10:47 a.m. with administrator A revealed:</p> <p>*She verified the contact time for the Micro-Kill+ disinfectant wipes should have been two minutes.</p> <p>*Confirmed staff had been fit-tested.</p> <p>-They also had a fit-testing kit available for them</p>	F 880			

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F 880	<p>Continued From page 4 to use.</p> <p>*Agreed staff should be wearing the N95 mask that they have been approved and fitted for.</p> <p>*Agreed staff should have removed their gown and gloves prior to exiting the residents' room.</p> <p>4. Review of Centers for Disease Control and Prevention (CDC) March 2021 Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes revealed: *HCP [health care personnel] should care for residents using an N95 or higher-level respirator, eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves and gown. *HCP should wear an N95 or higher-level respirator when caring for close contacts.</p> <p>5. Review of CDC's August 2020 Using Personal Protective Equipment (PPE) guidelines revealed: *The following steps should be taken prior to entering a resident's room: -Gather PPE. -Perform Hand Hygiene. -Put on an Isolation gown. -Put on a N95 respirator. -Put on face shield or goggles. -Put on Gloves. -Healthcare personnel may now enter the patient room. *The following steps should be taken when taking off PPE: -Remove gloves. -Remove gown. -Then healthcare personnel can exit the resident room. -Perform hand hygiene. -Remove goggles or face shield.</p>	F 880		

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F 880	<p>Continued From page 5</p> <p>-Remove and discard respirator. -Perform hand hygiene.</p> <p>*Staff did not remove their soiled gown and gloves prior to exiting a COVID-19 positive resident's room.</p> <p>*They did not perform hand hygiene when coming out of the room and remove the remainder of their PPE.</p> <p>6. Review of the CDC's March 2020 Proper N95 Respirator Use for Respiratory Protection Preparedness guidance revealed: **"When properly fitted and worn, minimal leakage occurs around the edges of an N95 respirator [mask] when the user inhales, ensuring that the user ' s breathing air is being directed through the filter material. Staff that are required to use respiratory protection must undergo fit testing, medical clearance, and training, which are all required elements of a healthcare facility ' s written respiratory protection program. These are requirements of the Occupational Safety and Health Administration (OSHA) Respiratory Protection standard (29 CFR 1910.134)." **"Fit testing is a critical component to a respiratory protection program whenever workers use tight-fitting respirators [masks]. OSHA requires an initial respirator fit test to identify the right model, style, and size respirator for each worker. Annual fit tests ensure that users continue to receive the expected level of protection. A fit test confirms that a respirator correctly fits the user. Additionally, tight-fitting respirators, including N95s, require a user seal check each time you put one on to help ensure the best fit possible. In the US, NIOSH-approved respirators include instructions on how to conduct a user seal check."</p>	F 880			

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F 880	Continued From page 6 7. Review of the provider's revised December 2020 Resident with suspected/confirmed COVID-19/SARS CoV-2 policy revealed: **Facility will transfer any resident suspected or known to have COVID-19 infection to the hospital, if it is medically necessary. Our facility does not have an airborne isolation room (AIIR); however, per CDC guidance, facilities without these rooms can care for residents with COVID-19, if the resident does not require a higher level of care (require hospitalization) and the facility can adhere to the rest of the of the infection prevention and control practices recommended for caring for a resident." **"Move resident to the COVID unit/Area if the test results are positive and isolate resident in Enhanced Droplet Precautions until meets requirements for removal from isolation ..." **If the resident has a roommate, and/or shares the bathroom with other resident(s), they should be moved to the Pending Unit/Area. (If the facility is experiencing bed availability issues, they may decide to quarantine the roommate in their current room.) Enhanced Droplet precautions should be initiated for this resident/these residents for a quarantined period of 14 days." -"Each staff person that care for these residents will be assigned a medical facemask and eye protection for their personal use for each of the individual residents on this unit/area." -"Masks and eye protection will be utilized for re-use on pending COVID unit/area." -"Masks and eye protection will be used for one shift. After shift, masks and paper bag will be discarded and eye protection will be cleaned and disinfected per instructions above and then returned to facility supply." -"If resident received an aerosol producing treatment, fit-tested staff will perform the	F 880			

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F 880	Continued From page 7 treatment with the use of N95 masks." **"When/if N95 masks or other respirators that provide equal or higher protection (e.g. N99, N100 filtering facepieces, reusable elastomeric respirators with appropriate filters or cartridges, or powered air purifying respirators) are available, the facility must: -Ensure staff person has been fit tested according to OSHA requirements." -"As of 3/14/20, temporary enforcement guidance recommends that healthcare employers change from quantitative fit testing method to a qualitative testing method to preserve integrity of N95 respirators. This enforcement will be effect until further notice." -"Fit testing will be completed by someone qualified to perform the test. a. Perform initial fit tests for each healthcare employee with the same model, style, and size respirator that the employee will be required to wear for protection from the coronavirus." 8. Review of the provider's November 2020 Respiratory Protection for COVID-19-N95 use policy revealed, "staff will be fit tested with the make, model, and size of respirator they will actually wear."	F 880			