

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

PRINTED: 11/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435084	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/28/2020
NAME OF PROVIDER OR SUPPLIER FAULKTON SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 PEARL ST FAULKTON, SD 57438		
(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 Licensure and Certification Office on 10/28/20. Faulkton Senior Living was found not in compliance with 42 CFR Part 483.80 infection control regulation: F880. Faulkton Senior Living was found in compliance with 42 CFR Part 483.10 resident rights and 42 CFR Part 483.80 infection control regulation(s): F550, F562, F563, F583, F882, F885, and F886. Faulkton Senior Living was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 40	F 000	F880 PLAN OF CORRECTION Faulkton Senior Living denies it violated any federal or state regulations. Accordingly, this plan of correction does not constitute an admission or agreement by the provider to the accuracy of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. Completion dates are provided for procedural processing purposes and correlation with the most recently completed or accomplished corrective action and do not correspond chronologically to the date the facility maintains it is in compliance with the requirements of participation, or that corrective action was necessary. 1. In continuing compliance with F880, Infection Prevention and Control, Faulkton Senior Living corrected the deficiency by ensuring all residents that tested negative have been moved and/or will not be placed in the positive cohort area. If that is not possible, doors will be kept closed as safety permits. All positive cohort rooms were audited by the DNS on 11/17/20 and found to have correct signage on the doors. Furniture and personal belongings at the end of the positive cohort hall were disinfected and stored in the facility garage until picked up. Resident 22 is no longer in the presumptive cohort and was moved to the well cohort. No positive staff will be permitted to work in the facility. 2. To correct the deficiency and to ensure the problem does not recur all staff will be educated on 12/03/2020 on proper donning and doffing techniques of PPE, on the cohort area and presumptive area and the definition of each. They were also educated on the importance of not entering the cohort area if not assigned, proper PPE needed to enter cohort, keeping resident doors closed as safety permits when on presumptive/positive cohorts, interventions to redirect residents on cohort to return/remain in their room, storage locations for PPE, process for stocking PPE bins, process for transferring supplies into cohort area, furniture cleaning/removal process from positive resident rooms, and the screening process for all visitors, regardless of the reason for visiting by the D.N.S. 3. The DNS and/or designee will perform audits daily, Monday through Friday and PRN of staff/visitor screening process and logs for one month. Then weekly for 2 months to ensure continued compliance. The DNS and/or designee will perform random audits weekly and PRN of donning/doffing of PPE, door closure of cohort resident rooms, proper supply of PPE in bins, transfer of supplies to cohort, and proper disinfection/removal/storage of resident cohort furniture for 3 months to ensure continued compliance. As part of Faulkton Senior Livings ongoing commitment to quality assurance, the DNS and/or designee will report identified concerns through the community's QA Process. 4. The Director of Nursing is Responsible for this area of compliance.	12/09/2020	
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 and communicable diseases for all residents,	F 880			

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

TITLE

(X6) DATE

Brenda R. Ferguson

Executive Director

11/30/2020

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 880	<p>Continued From page 1</p> <p>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> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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. <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>	F 880			

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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, record review, and policy review, the provider failed to follow the Centers for Disease Control and prevention (CDC) infection control guidelines regarding the coronavirus (COVID-19) pandemic including: *Screening of this surveyor coming into the facility. *Isolation precautions for a designated cohort unit currently housing eighteen positive COVID-19 residents (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, and 18) and two residents (25, and 26) who were negative for COVID-19. *Quarantine precautions for five residents (19, 20, 21, 22, and 23) considered presumptive positive due to close exposure to COVID-19. Findings include:</p> <p>1. This surveyor entered the vestibule of the building on 10/28/20 at 3:00 p.m. *Introduction was made to community life employee C who had opened the door. *Community life employee C brought the surveyor into director of nursing B's office. -No screening questions were asked to assess for the possibility of having COVID-19 or exposure to COVID-19. -Temperature was not obtained.</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>2a. Observation on 10/28/20 at 3:19 p.m. of the 100 hallway revealed:</p> <ul style="list-style-type: none"> *There was a set of double-doors. -One door was opened. *There were eleven resident rooms down the 100 hallway, and all doors were opened. *Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 25, and 26 were located down the 100 hallway. - The business office was located inside the double-doors. --Office manager E and medical records employee F shared the business office; their door was opened. *Outside of the business office was a receptacle that housed personal protective equipment (PPE). *There was an a-frame dry erase board that let people know it was a cohort area, and they needed to wear PPE past the point of the dry erase board. *Across the hall from the PPE and board was resident 25 and 26's room. -Their door was opened. -They had not tested positive for COVID-19. *There were signs on some residents' doors that stated Infection control precautions were in place and to see the nurse before they entered. -One door had a sign that stated droplet precautions. -Two doors did not have a sign including the residents' door, who had tested negative for COVID-19. *There was a recliner and personal items in black trash bags located at the end of the hallway by the door. -According to the DON those items belonged to positive COVID-19 resident 24 who passed away. --They were in the hallway waiting for her family 	F 880		

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F 880	<p>Continued From page 4</p> <p>to pick them up.</p> <p>*Staff were removing their PPE outside of the two negative tested residents 25 and 26's opened door.</p> <p>*The breakroom for the staff working on the cohort hall was across from resident 25 and 26's opened door.</p> <p>b. Observation on 10/28/20 from 3:00 p.m. to 3:25 p.m. revealed one door of the set of double doors on the 100 hallway remained open.</p> <p>*Multiple staff that included the administrator A, DON B, community life staff person C, business office manager E, medical records staff person F and, environmental services director G passed through the door.</p> <p>-They had eye protection and N95 masks on but no gowns or gloves on.</p> <p>c. Observation on 10/28/20 at 3:30 of the 300 hallway revealed:</p> <p>*One side of that wing housed the presumptive positive residents 19, 20, 21, 22 and, 23.</p> <p>-They were roommates with residents who had tested positive for COVID-19.</p> <p>--All of their doors were opened.</p> <p>*Resident 22 was sitting in the hallway of the 300 wing wearing a surgical mask.</p> <p>-The DON asked her to go back to her room.</p> <p>*There was a three-drawer container that was used to house PPE.</p> <p>-There were no gowns in any of the drawers.</p> <p>*The DON asked staff development coordinator/infection control preventionist I to put gowns down in the 300 hallway.</p> <p>*A single gown was hung in the hallway outside of residents 19, 20, 21, 22, and 23's rooms.</p> <p>*The container that was used to discard soiled PPE was also in the hallway.</p>	F 880			

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F 880	Continued From page 5 d. Further observation on 10/28/20 at 3:40 p.m. on the 100 hallway revealed: *Registered nurse (RN) D standing in the doorway of the business office wearing full PPE waiting for someone to bring her spoons. *RN H who was assigned to another area in the facility was in the 100 hallway wearing an N95 mask and no eye protection, gown, or gloves. e. Observation on 10/28/20 at 5:19 p.m. of resident 3 revealed: *She walked passed the dry erase board, business office, opened door, and into the director of nursing's office. *She then walked into the main sitting area of the facility. *It was revealed she currently had COVID-19. -She did not have a mask on. f. Observation on 10/28/20 at 5:28 p.m. revealed: *Staff development/infection preventionist I removed a gray cart which was located inside the 100 hallway. *The cart was in the area by the dry erase board, in the COVID-19 positive hallway. -The cart had straws, with paper wrappers on them. --The cart and the straws were brought towards the kitchen. 3. Interview on 10/28/20 at 5:30 p.m. with DON B and administrator A revealed: *They had designated staff working cohort 100 hallway. -RN D was currently positive with the COVID-19 virus. *The cohort designated staff checked in at the front door and exited through the door at the end	F 880			

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F 880	<p>Continued From page 6 of the 100 hallway.</p> <p>-DON B was not sure if RN D came in through the front door or back door but she was good about wearing her N95 mask.</p> <p>4. The following policies were requested from administrator A and DON on 10/28/20 at 4:00 p.m. to have by surveyor on 10/29/20 by 12:00 noon including:</p> <ul style="list-style-type: none"> *Infection control and prevention policies. *Infection surveillance. *Any policies and procedures for caring for residents who were positive for COVID-19 and presumptive positive residents. *Policies and procedures to address residents/staff who refused testing. *Employee screening/visitor screening policies. *Emergency staffing policies. <p>*On 10/29/20 at 1:26 p.m. the following was received:</p> <ul style="list-style-type: none"> - Infection prevention procedures including surveillance. - Policies and procedures to address residents/staff who refused testing. - Gown and Facemask conservation. <p>Review of provider's 4/27/17 Infection Surveillance policy revealed:</p> <p>"To ensure a quality of surveillance the following elements must be incorporated. 1. A written list of infections to assist in organizing information about resident infections. The line list should be monitored and updated regularly to identify clusters, outbreaks and other unusual infection patterns. Cues for triggering a possible infection includes: a. Antibiotic starts-this is a trigger for a possible infection but is not in itself a determination of an infection. b. Resident signs and symptoms."</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>*In regard to completing the "Surveillance Line List": "1. The infection Line List is to be monitored and updated regularly to identify clusters, outbreaks and other infection patterns." *The policy did not address COVID-19 or monitoring for COVID-19 symptoms.</p> <p>Review of the provider's undated COVID-19 Emergency Declaration Conservation & Limited Re-use of Gowns Personal Protective Equipment revealed: "Extended use of isolation gowns. Consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same staff member when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). This can be considered only if there are no additional co-infectious diagnoses transmitted by contact (such as Clostridioides difficile) among patients. If the gown becomes visibly soiled, it must be removed and discarded as per infection control processes."</p> <p>Review of the provider's revised 11/2016 Infection Prevention and Control program revealed: " ...b. The IP [infection preventionist] shall develop, implement, comply with, and review at least annually, written policies and procedures regarding infection prevention and control which are consistent with the most up-to-date Centers for Disease Control and Prevention (CDC) publications, including but not limited to: i. Guidelines for Handwashing and Environmental Control. ii. Guidelines for Isolation Precautions. iii. Prevention and Control of Tuberculosis ...d. The IP shall provide continuous collection and</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>analysis of data, including determination of Healthcare Associated Infections (HAI), epidemics, clusters of infections, infections due to unusual pathogens or multiple antibiotic-resistant bacteria..."</p> <p>Review of provider's 4/3/20 COVID-19 infection prevention guidelines revealed: "...a. All visitors, admissions and employees who enter the community will be screened utilizing the appropriate COVID-19 Screening Form..."</p> <p>Policies related to isolation precautions, transmission based precautions, and/or any policies related to caring for residents who had COVID-19 or presumptive positive for COVID-19 were requested again on 10/29/20 at 2:46 p.m. and at 4:14 p.m from administrator A and DON B. On 10/29/20 at 6:09 p.m. the following was received: *COVID-19 Infectious Disease initial actions, which stated: "...Limit the exposure between those infected and the non-infected persons; consider isolation of ill persons.." *Surveyor did not receive policies on how staff should care for residents who have COVID-19 or have been exposed to COVID-19.</p> <p>Review of CDC 4/30/20 guidance for Responding to Coronavirus (COVID-19) in Nursing Homes for considerations for establishing a designated COVID-19 care unit for residents with confirmed COVID-19 revealed: "...Ideally the unit should be physically separated from other rooms or units housing residents without confirmed COVID-19, depending on facility capacity (e.g.[for example],staffing, supplies) to care for affected residents, the COVID-19 care unit could be a separate floor, wing, or cluster of rooms ..."</p>	F 880			

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