

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: 435047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/22/2021
NAME OF PROVIDER OR SUPPLIER AVANTARA PIERRE			STREET ADDRESS, CITY, STATE, ZIP CODE 950 EAST PARK STREET PIERRE, SD 57501		
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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 4/20/21 through 4/22/21. Avantara Pierre was found not in compliance with 42 CFR Part 483.80 infection control regulation: F880. Avantara Pierre 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 Pierre was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 50	F 000			
F 880 SS=F	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	1. No immediate corrective action could be taken for the lack of appropriate donning and doffing of personal protective equipment (PPE). LPN C was educated on the appropriate use of her N95 mask while on the COVID positive unit at the time of survey on April 20, 2021. A disinfecting station, sanitization station and a garbage can were placed at the exit of the COVID positive unit at the time of survey on April 20, 2021. No immediate corrective action could be taken for the lack of appropriate fit tested N95 masks and use of them per	May 20, 2021	

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

TITLE

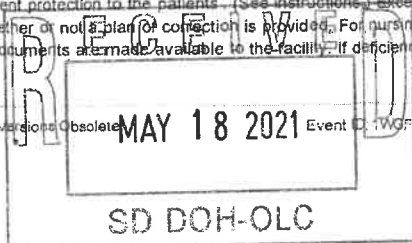
(X6) DATE

Wanda Steinert

DON

5/12/2021

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	<p>Continued From page 1</p> <p>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 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>	F 880	<p>policy and CDC guidance for infection control and prevention. No immediate correction action could be taken for the lack of appropriate placement for those presumed COVID positive and receiving a nebulizer treatment per guidance and facility policy. An empty room became available on the COVID presumptive unit at the time of survey and resident was moved to the private room on April 20, 2021. No immediate corrective action could be taken for the lack of education to visitors about appropriate precautions and use of PPE.</p> <p>2. All residents have the potential to be affected if staff are not utilizing PPE appropriately, as well as all staff completing the assigned tasks. All visitors have the potential to be affected or affect another if not educated on the appropriate use of PPE.</p> <p>3. Administrator and Director of Nursing (DON) completed a root cause analysis (RCA) of the facility's infection prevention and control in collaboration with the South Dakota Quality Improvement Organization (QIN). Results of the RCA included staff members not following proper</p>		

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F 880	Continued From page 2 §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 follow their facility policy and appropriate infection control practices, including: *Ensuring staff were able to appropriately put on and take off PPE prior to entering a designated COVID-19 unit. *Ensuring visitors were aware of proper PPE and precautions when visiting someone who was suspected to be positive with COVID-19. *Ensuring staff who were caring for positive or suspected positive COVID-19 residents were fit-tested and wore the mask that they had been approved to wear. *Ensuring when beds are available, those residents presumed positive are not placed in a shared room. Findings include: 1. Entrance conference on 4/20/21 at 11:30 a.m. with administrator A and nurse consultant B revealed: *They had seven residents who were COVID-19 positive, located in a designated unit. *They had four residents who were presumed to have COVID-19 who had been close contacts with the seven positive residents.	F 880	proper PPE donning and doffing appropriately, residents were not being encouraged to wear masks when in the facility main areas, lack of appropriate hand hygiene for residents and staff, staff not wearing masks and goggles properly when providing cares, low vaccination rate amongst staff members and lack of auditing of infection control procedures. Administrator contacted the QIN on May 5, 2021 and set up a call to discuss RCA and infection control monitoring. Administrator, DON, Infection Preventionist and Regional Nurse Consultant had a conference call with a representative from the QIN on May 10, 2021 and discussed opportunities and resources for infection prevention including QSEP infection control modules for staff and an auditing performance tool to see progress on infection control audits including graphs provided by Great Plains. The Administrator, Director of Nursing (DON), Activity Coordinator, Social Service designee, and Interdisciplinary Team (IDT) in collaboration with the Medical Director and the governing body reviewed the Resident with		

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F 880	<p>Continued From page 3</p> <ul style="list-style-type: none"> *Three staff who tested positive. *They were not low on PPE supplies, including N95 masks. *There were designated staff caring for their positive residents. *Staff entered the COVID-19 unit through a side entrance. *Everything and everyone that entered or left the unit went through that side door. *Staff had been fit-tested. *Staff were expected to wear N95 mask, eye protection, gowns, and gloves in the presumptive positive area. *In the COVID-19 unit staff were expected to wear N95 masks, eye protection, gowns, and gloves. <p>2. Observation on 4/20/21 at 12:50 p.m. of facility's presumptive positive COVID-19 area revealed:</p> <ul style="list-style-type: none"> *The presumptive positive unit was on the east side of the the COVID-19 unit. *Staff entered the presumptive positive area through the main facility. *There were two closed room doors. *There were two opened doors that had just been cleaned by housekeeping staff. *Each shared room, housed two residents. *A visitor was coming out of a shared resident room where a resident was presumed positive. -She wore a surgical mask and goggles. -She had not removed her surgical mask, removed her goggles, or performed hand hygiene. -She walked from the presumptive positive room, through the multipurpose room to exit the facility. <p>3. Observation of facility's designated COVID-19 unit and interview with nurse consultant B on</p>	F 880	<p>suspected/confirmed COVID-19/SARS COV-2 policy, the Administering a Nebulizer Treatment to a Suspected or known Covid-19 Resident, the Visitor Guidelines for COVID-19 and the Infection Prevention Program. Regional Nurse Consultant will educate the Administrator, DON and the Infection Preventionist (LPN C) on the Resident with suspected/confirmed COVID-19/SARS COV-2 policy, the Administering a Nebulizer Treatment to a Suspected or known Covid-19 Resident, the Visitor Guidelines for COVID-19 and the Infection Prevention Program to ensure appropriate donning an doffing of PPE, ensuring staff are provided and wearing appropriately fit tested N95 masks, appropriate placement for those presumed COVID positive and receiving nebulizer treatments and ensuring any visitors receive education about the risk and precautions, as well as appropriate use of PPE when visiting and exiting the facility on May 17, 2021. The DON or designee will educate all direct care staff on the Resident with</p>	

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F 880	Continued From page 4 4/20/21 at 1:10 p.m. revealed: *Surveyor walked outside with nurse consultant B to the facility's west side of the building. *The entrance to the unit was the west side of the facility's building accessible from the outside. *We put on our N95 masks and eye protection outside the door. *Nurse consultant B had to go inside the designated COVID-19 unit to put on her gown. *License practical nurse (LPN) C was exiting a positive COVID-19 resident's room. *After she removed her N95 mask, Nurse consultant B informed her that she did not have to remove her mask since she was on a designated COVID-19 unit. -She stated she did not know that as she had been removing her N95 mask every time. *LPN C informed surveyor that she helps with the facility's infection control program. *Surveyor asked LPN C if she has been fit-tested. -She stated that she had been fit-tested. -LPN C had been fit-tested for the 1860 small mask. -She was currently wearing an N95 9502 mask. *Surveyor and Nurse consultant B removed their gowns prior to exiting designated unit. *Once outside of the unit there was nowhere to appropriately disinfect and remove the remaining PPE. -There was also nowhere to perform hand hygiene after removing soiled PPE and prior to re-entering facility. *Staff on the COVID-19 unit had to remove their PPE including N95 mask prior to exiting the unit. *Nurse consultant B agreed that staff needed some additional items outside the unit door to appropriately remove PPE and sanitize their hands.	F 880	suspected/confirmed COVID-19/SARS COV-2 policy, the Administering a Nebulizer Treatment to a Suspected or known Covid-19 Resident, the Visitor Guidelines for COVID-19 and the Infection Prevention Program to ensure appropriate donning an doffing of PPE, ensuring staff are provided and wearing appropriately fit tested N95 masks, appropriate placement for those presumed COVID positive and receiving nebulizer treatments and ensuring any visitors receive education about the risk and precautions , as well as appropriate use of PPE when visiting and exiting the facility. Education will occur no later than May 20, 2021 and those not in attendance at education session due to vacation, sick leave, or casual work status will be educated prior to their first shift worked. All direct care staff will be N95 fit tested, to include LPN C, CNA G and RN D, to ensure appropriate fitting N95 masks are utilized no later than May 20, 2021. The DON or designee will educate all visitors prior to visit on		

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F 880	<p>Continued From page 5</p> <p>4. Interview on 4/20/21 at 1:30 p.m. with housekeeping assistant E revealed: *She had been working at the facility for about a month. *Housekeeping assistant E stated she cleaned the whole facility. *She would not clean the presumptive positive rooms last. *Surveyor asked if she received COVID-19 training, she replied, "It is just common sense." *She stated she used the same cleaning process for presumptive positive rooms as she did for non presumptive positive rooms. *She had not been fit-tested.</p> <p>5. Interview on 4/20/21 at 3:00 p.m. with administrator A and nurse consultant B revealed: *Administrator A stated resident 1 was placed in a shared room because they did not have empty rooms. *Administrator A agreed they had two open rooms in the presumptive positive unit. *Administrator A said she verbally informed visitors of the precautions they needed to take. *They both agreed the visitor should have removed her soiled PPE and performed hand hygiene prior to exiting the presumptive positive unit. *They agreed staff should have reminded visitors of the appropriate infection control practices.</p> <p>6. Review of provider's 24-hour staff schedule for the COVID-19 unit revealed: *The following nursing staff were scheduled to work the COVID-19 unit on 4/19/20 and 4/20/20: -Registered nurse (RN) F. -RN D. -LPN C. -Certified nursing assistant (CNA) G</p>	F 880	<p>on the Visitor Guidelines for COVID-19 policy to ensure the core principles of COVID-19 infection prevention are being followed to include doffing of PPE in the resident room prior to exiting.</p> <p>4. The DON or designee will audit 5 associates performing cares to ensure appropriate donning and doffing of PPE, 5 associates to ensure fit testing has been completed and the appropriate N95 is being utilized to include all new hires, all residents in the presumptive unit to ensure any resident receiving an aerosolizing treatment is in a private room and 5 visitors to ensure appropriate PPE when visiting and exiting the facility. Audits will be weekly for four weeks, and then monthly for two months. Results of audits will be discussed by the DON or designee at the monthly Quality Assessment Process Improvement (QAPI) meeting with the IDT and Medical Director for analysis and recommendation for continuation/discontinuation/revisi on of audits based on audit findings.</p>		

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F 880	<p>Continued From page 6</p> <p>*RN D was currently out with COVID-19.</p> <p>7. Review of provider's fit-testing records for staff working on the designated COVID-19 unit revealed: *All staff had been fit-tested for the 1860 mask. *RN F, RN D, and CNA G did not have fit-testing records.</p> <p>8. On 4/22/21 surveyor requested RN F, RN D, and CNA G's fit-testing records. *Administrator A stated: -CNA G had not been fit-tested. -RN D did not pass her N95 fit-test. *On 4/26/21 Administrator A stated RN D did pass a fit-test but she did not have a record of it.</p> <p>9. Review of provider's current visitation guidelines revealed: *"All visitors must wear a well-fitted mask over his/her nose and mouth. Avoid touching your eyes, face and mask and any other Personal Protective Equipment, if facility requests." *"Resident must wear a well-fitted mask over his/her nose and mouth." *"Hand hygiene with soap and water or alcohol sanitizer must be performed prior to visit and after conclusion of visit. Hand sanitizer is preferred." *"Staff will accompany visitors from the entrance to the visiting area and to the exit area." *"All visit may be monitored by staff to ensure the Visitation Rules/Guidelines are followed; however, staff will provide an adequate privacy."</p> <p>10. Review of Centers for Disease Control and Prevention's (CDC) March 2021 Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes revealed:</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>*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.</p> <p>*Residents who have had a close contact with someone with SARS-CoV-2 infection should be placed in a quarantine for 14 days after their exposure.</p> <p>*Residents in quarantine should be placed in a single-person room. If limited single rooms are available or if numerous residents are simultaneously identified to have known SARS-CoV-2 exposures or symptoms concerning for COVID-19, residents should shelter-in-place at their current location while being monitored for evidence of SARS-CoV-2 infection.</p> <p>*HCP should wear an N95 or higher-level respirator when caring for close contacts.</p> <p>11. Review of CDC's August 2020 Using Personal Protective Equipment (PPE) guidelines revealed:</p> <p>*The following steps should be taken prior to entering a resident's room:</p> <ul style="list-style-type: none"> -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. <p>*The following steps should be taken when taking off PPE:</p> <ul style="list-style-type: none"> -Remove gloves. -Remove gown. -Then healthcare personnel can exit the resident room. -Perform hand hygiene. 	F 880			

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F 880	Continued From page 8 -Remove goggles or face shield. -Remove and discard respirator. -Perform hand hygiene. 12. 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	F 880			

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F 880	<p>Continued From page 9</p> <p>disinfected per instructions above and then returned to facility supply."</p> <p>"If resident received an aerosol producing treatment, fit-tested staff will perform the treatment with the use of N95 masks.</p> <p>"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:</p> <ul style="list-style-type: none"> -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. <ul style="list-style-type: none"> 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." <p>13. Review of provider's November 2020 Respirator Protection For COVID-19-N95 policy revealed:</p> <p>"Purpose: The facility has determined that certain employees may become exposed to airborne transmissible diseases, such as COVID-19. The purpose of this Respiratory Protection Program is to ensure that all employees are protected from exposure to this airborne transmissible disease through appropriate use of respiratory protection. Engineering and administrative controls are also used to protect employees; however, these</p>	F 880		

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NAME OF PROVIDER OR SUPPLIER AVANTARA PIERRE			STREET ADDRESS, CITY, STATE, ZIP CODE 950 EAST PARK STREET PIERRE, SD 57501		
(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	Continued From page 10 controls are not always feasible. In these situations, respirator use may be needed." **"Staff will be fit-tested with the make, model, and size respirator they will actually wear."	F 880			