

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

PRINTED: 01/27/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>AVANTARA CLARK CITY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 8TH AVENUE NW CLARK, SD 57225</b>	
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F 000	INITIAL COMMENTS  Surveyor: 26632 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 1/12/21 and on 1/13/21. Avantara Clark City was found not in compliance with 42 CFR Part 483.80 infection control regulation: F880.  Avantara Clark City 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 Clark City was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6).  Total residents: 27	F 000		
F 880 SS=D	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	On 1/12/21, all new admission and readmission receiving room doors, including resident 1 and 2's rooms (room 8 and 9) were closed had appropriate precautions signage placed on them by DON or designee. Carts were inspected and supplied with appropriate PPE by the DON on 1/12/21. All onsite staff were re-educated by administrator and DON on those topics on 1/12/21 and other staff were educated prior to their next shift worked. All staff were re-educated on the facility's COVID-19/pandemic infection control emergency plan and policy and the new/readmission policy on 1/18/21, other staff were educated prior to their next shift worked by Administrator/Designee.	

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

*Chan Carter*

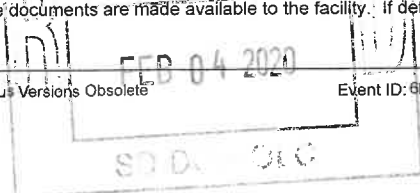
TITLE

Administrator

(X6) DATE

2/4/2021

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>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>All residents placed in Isolation or on precautions, will have their doors shut with correct precautions signage and carts will house appropriate PPE. DON or designee will conduct rounds to audit PPE carts to ensure they contain appropriate PPE items and isolation/quarantine doors have appropriate precautions signage daily for 4 weeks, then weekly ongoing. Administrator or designee will conduct rounds to audit isolation/quarantined doors are closed daily times 4 weeks, then weekly ongoing.</p> <p>Medical records for residents 1, 2, 3 and 4 were reviewed and updated to reflect their current precautions and/or quarantine status by DON on 1/12/21. All nursing staff were re-educated on correct process for accurate documentation regarding receiving/quarantine rooms and precautions in the medical records on 1/12/21 by DON other staff were educated prior to their next shift worked. Documentation will be completed to support the precautions or isolation for new admissions and readmissions. DON or designee will audit at least 4 medical records x 2 weeks, to include new admissions and readmissions if applicable, then 2 charts x 2 weeks, then 1 chart weekly for 3 months to ensure assessments and/or progress notes appropriately address the residents' isolation reason and type of precautions in place. All above audit findings will be reported by the DON, the Administrator, or designee(s) to QAPI monthly for review and recommendations.</p>	2/9/2021	

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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: 26632 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 for quarantine precautions for: *Two of two sampled residents (1 and 2) who had been recently admitted to the facility. *Two of two sampled residents (3 and 4) who had previously had hospitalizations and had been readmitted. Findings include:</p> <p>1. Observation and interview on 1/12/21 at 2:40 p.m. with certified nursing assistant A revealed: *Rooms eight and nine had residents that were in quarantine. *They were in quarantine as they had been recently admitted. *It meant they couldn't come out of their rooms. *Agreed the doors to both rooms were open. *They kept the doors open to reduce the risk of falls. *No signs were present on what type of precautions were to have been used when entering those rooms. *A cart was located by the door to resident 2's room.</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>*There were no supplies on the top of that cart. *There were some isolation gowns and red garbage bags located in the drawers.</p> <p>2. Review of resident 1's medical record revealed: *She had been admitted on 1/6/21 from an acute care hospital. *She had a pelvic fracture and required physical and occupational therapies.</p> <p>*Her 1/6/21 nursing-admission/readmission assessment indicated: -The question of "Is the resident on isolation?" was marked as no. -"Type of Isolation" indicated "Isolation due to New Admission/Readmission (per protocol)" -"Standard Precautions and Transmission-based Precautions include: Contact, Droplet, Droplet Enhanced." -Areas checked under the precautions to have been used included: --"Services (treatment/procedures) are brought to the resident room." --"Hand hygiene before and after patient care." --"Glove Technique." --"Use of dedicated masks."</p> <p>*Review of resident 1's "Nursing - Daily Evaluation (Skilled)" revealed: *There were no daily skilled evaluations completed for 1/7/21 and 1/8/21. *Under the heading "Isolation Precaution" nothing was marked from 1/9/21 through 1/12/21.</p> <p>Review of resident 1's interdisciplinary progress notes revealed no mention of her quarantine status.</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>3. Review of resident 2's medical record revealed:</p> <p>*She had been admitted on 1/7/21 from an acute care hospital.</p> <p>*She had stroke which required physical, speech, and occupational therapies.</p> <p>*Her 1/7/21 nursing-admission/readmission assessment indicated:</p> <p>-The question of "Is the resident on isolation?" was marked as no.</p> <p>- "Type of Isolation" indicated "Isolation due to New Admission/Readmission (per protocol)"</p> <p>- "Standard Precautions and Transmission-based Precautions include: Contact, Droplet, Droplet Enhanced."</p> <p>- Areas checked under the precautions to have been used included:</p> <p>-- "Services (treatment/procedures) are brought to the resident room."</p> <p>-- "Hand hygiene before and after patient care."</p> <p>-- "Glove Technique."</p> <p>-- "Use of dedicated masks."</p> <p>-- "Eye Protection (e.g., goggles, faceshield, etc.)."</p> <p>*Review of resident 2's "Nursing - Daily Evaluation (Skilled)" revealed under the heading "Isolation Precaution" nothing was marked from 1/7/21 through 1/12/21.</p> <p>Review of resident 2's interdisciplinary progress notes revealed no mention of her quarantine status.</p> <p>3. Review of resident 3's medical record revealed she:</p> <p>*Had been hospitalized on 12/8/20 and had been re-admitted on 12/10/20 after having surgery for a ruptured spinal disc.</p>	F 880		

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F 880	<p>Continued From page 5</p> <p>*Required physical and occupational therapies.</p> <p>*Returned to the same room and roommate when she had been re-admitted.</p> <p>*Her 12/10/20 nursing-admission/readmission assessment indicated: -The question of "Is the resident on isolation?" was marked as yes. -"Type of Isolation" indicated "Isolation due to New Admission/Readmission (per protocol)" -There were no areas selected for isolation precautions, standard precautions, and transmission based precautions.</p> <p>*Review of resident 3's "Nursing - Daily Evaluation (Skilled)" revealed under the heading "Isolation Precaution": *No areas had been marked from 12/11/20 through 12/14/20, 12/16/20, 12/17/20, 12/21/20, and 12/22/20. *There was no evaluation completed for 12/18/20. *The evaluations on 12/15/20, 12/19/20, 12/20/20, and 12/23/20 only indicated contact precautions due to her colonized vancomycin resistant enterococcus status. The contact precautions addressed the precautions for her urine. *Her COVID-19 quarantine status had not been included. *There was no documentation of her sharing a room when resident 4 had returned from the hospital on 11/5/20.</p> <p>Review of resident 3's interdisciplinary progress notes revealed no mention of her quarantine status.</p> <p>4. Review of resident 4's medical record revealed she:</p>	F 880		

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F 880	<p>Continued From page 6</p> <p>*Had been hospitalized on 10/31/20 and returned on 11/5/20 for chest pain. *Required physical therapy. *Returned to the same room and roommate when she had been re-admitted. *There was no documentation of her sharing a room when resident 3 had returned from the hospital on 12/10/20.</p> <p>Review of the provider's 10/23/20 New Admissions and Re-Admissions During COVID-19 Pandemic policy revealed: **"All new Admissions and Re-Admissions to our facility will be placed on a Receiving Unit/Area for 14 days from date of Admission/Readmission." **"Resident will be cared for by staff that are utilizing full PPE [personal protective equipment]."</p> <p>Interview on 1/12/21 at 3:45 p.m. with administrator B and director of nursing C revealed: *They agreed resident's 1 and 2's room should have had the type of isolation precaution signs posted. *All staff were aware if who were new residents and what precautions were to have been used. *Resident's 3 and 4 had not left their rooms during their respective COVID-19 quarantine periods.</p>	F 880			