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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435110	A. BUILDING _____ B. WING _____	C 04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAIN SPRINGS HEALTHCARE CENTER	2000 WESLEYAN BLVD RAPID CITY, SD 57702

(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 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 4/2/24 through 4/4/24. Fountain Springs Healthcare Center was found not in compliance with the following requirement: F880. A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 4/2/24 through 4/4/24. Areas surveyed included nursing services, dining services that included family sitting and eating with residents, appointments for residents, grievances, and skin assessments. Fountain Springs Healthcare Center was found in compliance.	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, staff, volunteers, visitors, and other individuals	F 880	1. Unable to correct deficient practice noted during survey. All residents have the potential to be affected. 2. The DNS or designee will educate all licensed nurses on the PICC line dressing change policy and will complete a competency on PICC line dressing changes as well as clean dressing changes for wounds by 5/10/2024. All licensed nurses not in attendance will be educated by the DNS or designee prior to their next working shift. The DNS or designee will educate all nursing staff on catheter care and hand hygiene/glove use per standards of practice for such tasks by 5/10/2024. All nursing staff not in attendance will be educated by the DNS or designee prior to their next working shift. 3. The DNS or designee will audit a random sample of 4 residents weekly times four weeks and monthly times two months for PICC line dressing changes, clean dressing changes, catheter care and hand hygiene/glove use within appropriate infection control practices per standards of practice or policy. The DNS or designee will bring the results of these audits to the monthly QAPI committee for further review and recommendation to continue or discontinue the audits.	5/16/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Kristine Harvey* | TITLE: *Executive Director* | (X6) DATE: *4/23/2024*

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 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. §483.80(e) Linens.	F 880		

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F 880	Continued From page 2 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: Based on observation, interview, record review, and policy review, the provider failed to ensure proper infection control practices were followed by: *One of one licensed practical nurse (LPN) D during three of three dressing changes for one of one sampled resident (63) . *Two of two certified nursing aides (CNA) (E and F) during catheter care for one of two sampled residents (129). Findings include: 1. Observations and Interview on 4/2/24 at 3:02 p.m. with LPN D while changing 2 dressings on resident 63 revealed: *The resident was sitting in her wheelchair. - She had a dressing on her right foot and another one on her left hand. *LPN D: -Placed a plastic bag with wound dressing supplies in it on resident 63's bed. -Washed her hands and put gloves on. -Without placing a barrier between the resident's hand and her wheelchair, she remove a pair of scissors from her front pocket, used those scissors to remove the soiled dressing. -Opened the plastic bag and removed a bottle of wound cleansing spray and wound dressing supplies. -Did not wash her hands.	F 880		

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F 880	Continued From page 3 -Put on a clean pair of gloves. -Opened an iodine packet, and cleaned the wound, removed wound packing and gauze from the plastic bag, and applied it to the wound. -With those same gloved hands, removed the wound wrapping from the plastic bag, and wrapped the wound. -She had cleaned the scissors at the nurse's station and placed them in her pocket before entering the room. -Her usual practice was to use a barrier between the plastic bag with wound supplies in it and the surface she places the plastic bag. *Removed those gloves, washed her hands and put on clean gloves. *Removed the resident's shoe from her right foot. *Removed the old dressing from the resident's foot, with those same unclean scissors. *Removed an iodine packet from the plastic bag and cleaned the wound. *With those same gloves on removed wound wrapping, from the plastic bag, wrapped the foot, and again removed supplies from the plastic bag. -Removed the soiled gloves and without washing her hands, secured the wound wrap with tape. *Would have usually changed gloves between soiled and clean dressings. *She should not have reached into the plastic bag and removed items with soiled gloves on. 2. Observation and interview on 4/2/24 at 3:25 p.m. with LPN D while changing resident 63's PICC line dressing revealed: *Resident 63 was sitting in her wheelchair and had a PICC line in her upper right arm. *LPN D washed her hands and placed the dressing kit for the PICC line dressing change kit on the bedside table with no barrier under the kit, opened the kit, removed a mask, and placed it on	F 880		

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F 880	Continued From page 4 her face, leaving her nose exposed. -There was a second mask in the kit that did not get placed on resident 63. *She applied sterile gloves and removed the soiled dressing without placing a barrier between resident 63's arm and clothes. *She removed the soiled gloves and without sanitizing she applied sterile gloves. *She opened supplies from the kit and dropped them on the sterile field, touching resident 63's arm multiple times during the process to prevent her from touching her arm to her clothes. *With the Chloraprep applicator she cleaned the skin above the catheter site and then cleaned the top of the PICC line catheter. She did not clean around, under, or outside the area of the PICC line. *Without applying skin prep she placed the PICC line on resident 63's arm and secured it in place. *She grabbed the IV guard off the bedside table from under the sterile field, opened the sterile IV guard, placed it around the PICC line, applied a clear dressing onto the PICC line site, and secured it with tape above the IV access ends. *With the same gloves on she removed the PICC line access end from one of the PICC lines, replaced it with a new one without cleaning it. *She stated: -She did not have a second access end to change the second PICC line, and would change it later. -It had been a while since she had changed a PICC line dressing and was not comfortable doing it by herself. -She was taught to apply the new sterile access end to the PICC line "as fast as she could". -Wiping the open PICC line before applying the new sterile access end with alcohol before applying a new sterile access end made sense to	F 880		

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F 880	Continued From page 5 her. -She agreed she had removed the soiled gloves and did not wash her hands. -She would usually offer a mask to the resident after she put her mask on. 3. Interview on 4/4/24 at 1:24 p.m. with infection control nurse C regarding the above observation revealed she stated: *The above practice is not acceptable. *More wound and PICC line dressing change training was needed. *The director of nursing (DON) was responsible for educating nurses on wound and PICC line dressing changes. 4. Interview on 4/4/24 at 1:52 p.m. with DON B revealed she: *Was responsible for education on dressing and PICC line dressing changes. *Stated the above observation were not an acceptable. *Had recently educated staff nurses on dressing changes. 5. Observation and interview on 4/4/24 at 10:10 a.m. of CNAs E and F while providing catheter care to resident 129 revealed: *Both CNAs performed hand hygiene and put on gloves. *CNA F removed several wet wipes from the package, placed them directly on the resident's bedside table, performed hand hygiene, and applied new gloves. -The bedside table had a drinking glass and other resident-use items on it. *CNA F had not: -Cleaned the table before placing the wet wipes	F 880		

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F 880	Continued From page 6 on the table. -Removed the personal items from the bedside table. -Placed a barrier on the bedside table before she placed the wet wipes on it. *CNA E: -Left the bedside to locate a pair of pants for the resident. -Left her gloves on and moved about the room touching several surfaces with those same gloves on. -Returned to the resident and assisted the resident without changing her gloves. *CNA F stated she should have placed a clean barrier on the table before setting the wet wipes. *CNA E stated she should have performed hand hygiene and applied clean gloves before she returned to assist the resident. 6. Interview on 4/4/24 at 11:00 a.m. with infection control nurse C confirmed: *The bedside table should have had a barrier between the table and the clean wet wipes. *The CNA should have washed her hands and put on clean gloves before assisting the resident. 7. Interview on 4/4/24 at 12:30 p.m. with DON B confirmed: *The bedside table should have had a barrier between the table and the clean wet wipes. *The CNA should have washed her hands and put on clean gloves before assisting the resident. 8. Review of the provider's undated Giving Catheter Care Guidelines revealed: *"Practice hand hygiene." *"Use gloves." *"Cover the over-bed table with paper towels." -"Arrange items on top of them." [barrier]	F 880		

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F 880	Continued From page 7 9. Review of the provider's updated March 2018 Handwashing/Hand Hygiene policy revealed: *"Personnel are trained and regularly in-service on the importance of hand hygiene in preventing the transmission of healthcare-associated infections." *"Use an alcohol-base hand rub or wash hands for the following situation:" -"b. Before and after direct contact with resident;" -"d. Before and after performing any non-surgical invasive procedures;" -"e. Before and after handling an invasive device (e.g. urinary catheters, IV access sites);" -"f. Before donning sterile gloves;" -"h. Before moving from a contaminated body site to a clean body site during resident care.;" -"i. After contact with a resident's intact skin;" -"k. After handling used dressings, contaminated equipment, ect.;" -"l. After contact with objects (e.g. medical equipment) in the immediate vicinity of the resident; and" -"M. After removing gloves." *-"The use of gloves does not replace hand washing/hand hygiene. Integration of gloves use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infection." 10. Review of the providers updated July 2014 Dressing Technique, Aseptic Competency form revealed: *"3. Provide a clean surface, such as paper towel, to place treatment supplies in room and a plastic bag for disposal. Dressing supplies must be in sterile packages." *"4. Wash hands and apply gloves." *"6. Remove soiled dressings and dispose in	F 880		

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F 880	Continued From page 8 plastic bag with gloves." *"7. Wash hands if visibly soiled or use gel hand sanitizer if not." *"8. Open dressing supplies, leave in sterile packages, and place on aseptic field. *"9. Apply gloves." *"10. Perform treatment as ordered." *"12. Remove gloves and wash hands if visibly soiled or use gel hand sanitizer." 11. Review of the provider's 08/16 Dressing Change for Vascular Access Device (CVAD) policy revealed: *For Midline and all CVAD's: -"1. Wash hands and don mask and clean gloves." -"2. Assess insertion site for signs and symptoms of complications." -"3. Remove existing dressing and any stabilization device." -"4. Remove gloves." -"5. Perform hand hygiene." -"6. Don sterile gloves." -"7. Using sterile technique, prep site with alcohol to remove skin oils, followed by the primary antiseptic (Chloraprep). Use a gentle scrubbing motion. Clean an area larger than dressing to be applied."	F 880		

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E 000	Initial Comments 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 4/2/24 through 4/4/24. Fountain Springs Healthcare Center was found in compliance.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Kristine Harvey | *Executive Director* | *4/23/2024*

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K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 4/4/24. Fountain Springs Healthcare Center was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000		

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Kristine Harvey | *Executive Director* | *4/23/2024*

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South Dakota Department of Health

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S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 4/2/24 through 4/4/24. Fountain Springs Healthcare Center was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement 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 4/2/24 through 4/4/24. Fountain Springs Healthcare Center was found in compliance.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Kristine Harvey*

TITLE: *Executive Director*

(X6) DATE: *4/23/2024*