

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

PRINTED: 10/21/2021  
FORM APPROVED  
OMB NO. 0938-0391

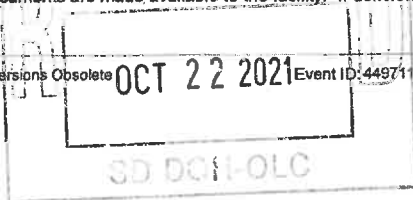
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/16/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLARKSON HEALTH CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 MT VIEW RD RAPID CITY, SD 57702</b>	
(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: 42558 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 9/14/21 through 9/16/21. Clarkson Health Care was found not in compliance with the following requirements: F658 and F880.	F 000	Clarkson Health Care operates in compliance with all relevant regulations and professional standards, in a manner that ensures safe and appropriate care, with an emphasis on residents' rights, for all residents that we serve.	
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Surveyor: 40053 Based on observation, interview, and record review, the facility failed to ensure true documentation of the sequential compression device (SCD) use in the electronic medication administration record (eMAR) for one of one sampled resident (1) with a physician's order for placement while in bed. Findings include:  1. Observation and interview on 9/14/21 at 12:33 p.m. in resident 1's room revealed: *An admit date of 9/9/21. *She was sitting in her recliner. *There was a pair of blue SCD's sitting on her bed near the foot-board. -They were blue and looked worn. *She said this had been her second time in this facility. -She had been here for rehabilitation for a left knee replacement in May of 2021.	F 658	F658 This resolution was underway and staff began investigating the SCD process for this resident. Prior to surveyor entrance appearance  Following survey, a library entry was created for the EHR, so that staff entering SCD orders can use universal language for clarity. Library entry is as follows; "SCD use when in bed. By signing this entry, staff is indicating that SCD devices are applied when resident is in bed during the shift, and that the SCD device is connected and working correctly. *If resident does not lay down in bed during the shift*, mark "med not administered" in the comment field. If SCD is not working correctly, immediately notify facility leadership for follow up." Library entry can be customized for specific residents who may have different provider orders than standard.  There are currently no SCDs in use in the facility, so there are no current implications to residents for SCD use.  <i>Andrea Knoll, LVHA 10/22/2021</i>	

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

TITLE

(X6) DATE

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 658	<p>Continued From page 1</p> <p>*In May during her first knee replacement she had a physician's order to wear SCD's. -She said the facility did not have SCD's available in May. *She brought her own blue SCD's with her this time. -Her SCD's did not work with the facilities SCD machine. *She was in the facility for rehabilitation for a right knee replacement. *She stated she was supposed to be using the SCD's while she was in bed. *The facility did not have SCD's available.</p> <p>Review of resident 1's September 2021 eMAR revealed: *SCD's on while in bed every shift 6:00 a.m. through 2:00 p.m. and 2:00 p.m. through 10:00 p.m. *Documentation for the 6:00 am through 2:00 p.m. shift revealed: -September 10th, 11th, and 13th had initials indicating the SCD's had been placed on. -September 12th, 14th, and 15th had an "(N)" documented. *Documentation for the 2:00 p.m. through 10:00 p.m. shift revealed: -September 9th, 10th, 11th, 12th, and 13th had initials indicating the SCD's had been placed on. -September 14th had an "(N)" documented.</p> <p>Review of resident 1's interdisciplinary notes revealed: *On 9/11/21 at 1:07 a.m. "Resident resting in bed eyes closed resps [respirations] even, SCD's in place" created by registered nurse (RN) P. *On 9/12/21 at 12:25 a.m. "Resident does have SCD's on right leg but not on left" created by RN P.</p>	F 658	<p>DON/designee will audit SCD orders and use weekly for 8 weeks, and report findings to QA committee until QA team determines that the follow up is sufficient at which time audits will be discontinued. Staff education completed with all staff on 10/07/2021 in regards to Services Provided Meet Professional Standards.</p> <p>Correction completion date 10/7/21</p>	

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F 658	<p>Continued From page 2</p> <p>*On 9/14/21 at 9:36 p.m. "Resident has appointment for ultrasound in am for rule [out] DVT [deep vein thrombosis]. SCD not placed on RLE [right lower extremity] but placed on LLE [left lower extremity]" created by licensed practical nurse (LPN) G.</p> <p>Interview and review of the September 2021 eMAR for resident 1 on 9/16/21 at 10:45 a.m. with the director of nursing (DON) B about documentation of SCD use revealed: *Initials in the eMAR indicated the treatment had been completed. *Agreed the initials documented from 9/10/21 through 9/13/21 indicated SCD's had been placed on resident 1. *The SCD's were not available for resident 1 until approximately 4:00 p.m. on 9/14/21 when a sister facility delivered them. *Based on the eMAR documentation the SCD's were put on the resident when they were not available. *The interdisciplinary notes showed the same. *She would have expected documentation on those days of an "(N)" saying the SCD's had not been available. *Nursing notes should have shown the SCD's were not available.</p> <p>Interview on 9/16/21 at 11:25 a.m. with LPN K on documentation in the eMAR revealed: *Initials in the eMAR indicated the treatment had been completed. *An "(N)" meant it had not been completed.</p> <p>Interview on 9/16/21 at 11:27 a.m. with certified nursing assistant L regarding documentation in the eMAR revealed: *Initials in the eMAR indicated the treatment had</p>	F 658			

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F 658	Continued From page 3 been completed *An "(N)" meant it had not been done or was not available. -Related to either the resident or supplies.  Interview on 9/16/21 at 1:25 p.m. with RN M about documentation in the eMAR revealed: *The expectation was if initialed it has been done. *An "(N)" said it had not been given or completed. -There was an area to document notes, and she would have expected documentation as to the reason why it was not given or completed. *An "(N)" in the eMAR stood for "Not administered."	F 658			
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:	F 880	F880 Resident infection control efforts are impacted by safety judgement which is often circumstance specific, as well as resident preferences and previous habits which may not align with infection control regulations.  In regards to hand hygiene for staff and residents, education is provided at start of employment and throughout orientation, reviewed during departmental meetings, and is audited on an ongoing basis to seek opportunities for education.		

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F 880	Continued From page 4  §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 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.	F 880	On 10/07/21, all staff were educated on proper disinfecting of personal care items and non-critical items by the DON and Administrator. Infection Control disinfecting personal care items policy states that non – critical items such as vitals equipment, wheelchairs, therapy equipment and facility owned electronic devices are to be cleaned periodically and when visibly soiled using low-level disinfection techniques such as sani-cloth or similar product. We found the cleaning of reusable medical equipment per the Infection Control disinfecting personal care items Policy to be correct and stated items did not need to be cleaned between every resident in stated situation. The procedure for cleaning semi-critical items per the Infection control disinfecting personal care items Policy states that items such as nail care items, clipper, hair combs, and electric razors is correct and was being followed appropriately. The Infection control disinfecting personal care items practices will be updated to state: Place pre-cleaned items in labeled container with product and soak time according to manufacturer guidelines. The DON or her designee will randomly audit to assure proper labeling of the disinfectant 2 times per week for 4 weeks and then monthly for 2 months and PRN thereafter to assure proper labeling of disinfectant when in use. The DON will report findings to QA committee monthly until QA committee deems findings to be satisfactory.  QIO review with Lori Hintz is scheduled for 10/11/21 at 0930.  Completion date 10/7/21.	

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F 880	<p>Continued From page 5</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> <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: 40053 Based on observation, interview, and policy review, the provider failed to ensure infection prevention and control practices were maintained for: *Hand hygiene and glove use by two of two (O and Q) certified nursing assistants (CNA) during resident care for two of two (2 and 36) sampled residents. *Proper disinfectant labeling, storage, and use of shared resident personal care items by two of two CNA's (F and N). *Hand hygiene help for three of three observed residents (2, 36, and 39) after toilet use by three of three CNA's (E, O, and Q). *Cleaning of reusable medical equipment after use by two of two residents (36 and 49) by two of two CNA's (F and Q). Findings include:</p> <p>1. Observation and interview on 9/14/21 at 4:02 p.m. with CNA O as she helped resident 2 revealed: *Resident 2 was on his commode in his bathroom. *He was helped to his feet and hung onto his</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>walker which was in front of him.</p> <p>*With her gloved hands CNA O wiped the backside of resident 2.</p> <p>-He had a bowel movement (BM).</p> <p>*With those same gloved hands, she pulled up his brief and secured it and pulled up his pants.</p> <p>*She had not reminded or offered to help resident 2 with hand hygiene after toilet use.</p> <p>*She removed her gloves and without washing her hands she:</p> <p>-Slid open the bathroom door fully.</p> <p>-Had ahold of his gait belt.</p> <p>-Opened the room door.</p> <p>-Walked helping resident 2 down the hallway.</p> <p>-At the end of the hallway used hand sanitizer that had sat on the medication cart.</p> <p>-Walked resident 2 past the dining room area and into the Maple/Aspen common area.</p> <p>-It was the men's take-out Tuesday for pizza activity.</p> <p>-He was aided to sit down and began eating his pizza with his hands.</p> <p>Interview with CNA O related to resident 2 revealed:</p> <p>*That had "pretty much" been her regular procedure for taking him to the bathroom.</p> <p>*When questioned she said she could not wash her hands after removing her gloves due to him wanting to get moving.</p> <p>*BM was on the toilet seat so she had not wanted him to sit down so she could wash her hands.</p> <p>*There had been "No good way to do it."</p> <p>*She usually did not have him wash his hands in his bathroom sink after he had used the toilet.</p> <p>-Stated "It's not a regular process I do with him."</p> <p>*She usually had him use hand sanitizer once they reached the dining room area.</p> <p>-She had forgotten to have him use the hand</p>	F 880		

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F 880	Continued From page 7 sanitizer this time because they passed the dining room and went into the Maple/Aspen common area. *Said she was aware of the need for hand hygiene before placing on or removing gloves and when going into or leaving a resident's room. *Agreed residents needed to perform hand hygiene after using the toilet.  2. Observation and interview on 9/15/21 at 10:25 a.m. with CNA Q as she helped resident 36 revealed: *Resident 36 was in her room. *CNA Q used the sit-to-stand mechanical lift to aid resident 36 from her wheelchair into the bathroom. *CNA Q performed hand hygiene but did not put on gloves. *She removed the residents brief tabs. *Lowered her onto the toilet. *Wet a washcloth and drained the water from the resident's denture cup. *While the resident sat on the toilet CNA Q: -Washed her face. *CNA Q washed her hands for four seconds and placed on gloves. *Rinsed the top denture and placed them into her mouth. *Removed her gloves and without performing hand hygiene she picked up a brush and brushed resident 36's hair. *Performed hand hygiene and without placing on gloves *Grabbed a brief and placed it in between resident 36's legs. -Secured the tabs at the resident's thigh area. *Placed an almost empty oxygen container onto the Homefill tank filler. *Straightened out the bedding.	F 880			



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F 880	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>*Moved the wheelchair (w/c).</li> <li>*Without performing hand hygiene, she returned to the bathroom and placed one glove onto her right hand.</li> <li>*Used the lift to raise the resident from the toilet.</li> <li>*Grabbed wipes from the container with her ungloved left hand.</li> <li>*Placed the wipe into her gloved right hand.</li> <li>-Cleaned the resident.</li> <li>*Removed the glove and without performing hand hygiene:             <ul style="list-style-type: none"> <li>-Fastened the brief.</li> <li>-Pulled up her pants.</li> </ul> </li> <li>*Without encouraging or helping resident 36 with hand hygiene CNA Q:             <ul style="list-style-type: none"> <li>-Moved her from the bathroom and in front of her w/c and lowered her into it.</li> <li>-Removed the sling from under her.</li> <li>-Tied up the trash bag.</li> </ul> </li> <li>*Left the room pushing the mechanical lift and holding onto the trash bag.</li> <li>*Pushed the mechanical lift to the Elm hallway alcove.             <ul style="list-style-type: none"> <li>-Other mechanical lifts were stored there.</li> </ul> </li> <li>*Without wiping it down put it next to the other lifts.</li> <li>*Threw away the trash.</li> <li>*Performed hand hygiene in the alcove sink for approximately five seconds.</li> </ul> <p>Interview on 9/15/21 at 10:56 a.m. with CNA Q revealed she:</p> <ul style="list-style-type: none"> <li>*Was unaware the mechanical lift needed to be cleaned after resident use.</li> <li>*Was unaware she needed to wash her hands before and after glove use.</li> <li>*Agreed she had missed opportunities to wear gloves and perform hand hygiene.</li> <li>*Had not asked or encouraged resident 36 to</li> </ul>	F 880			

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F 880	<p>Continued From page 9</p> <p>perform hand hygiene after using the toilet.</p> <p>Interview on 9/16/21 at 8:50 a.m. with the director of nursing B revealed: *Her expectation was hand hygiene was completed after removing gloves and when exiting and entering a resident's room. *Staff would aid and give residents help and encourage handwashing after toilet use by residents. *Should have used sani-wipes to wipe down the lifts after resident use. -She stated sani-wipes were available in the alcove areas of the hallways either in the cabinet or in the storage area.</p> <p>Review of the providers 4/13/20 Hand Hygiene policy revealed hand hygiene should be performed by staff after performing any personal body function such as using the toilet.</p> <p>3. Observation and interview on 9/14/21 at 12:54 p.m. of CNA F after cleaning the spa on the Elm hallway revealed: *There was an electric razor plugged in and sitting on the sink. *Said that razor was used by all residents. *They disinfected the razor between resident use. *There was a clear container on the second shelf of a metal rolling cart in the spa. -The container was approximately half full of a clear liquid. *She said that was the disinfectant. *That had not been the disinfectant's original container. *There was no label on the clear container showing what the clear liquid inside of it was. *She said she soaked items that needed to be disinfected into the clear liquid for 30 seconds.</p>	F 880			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/16/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLARKSON HEALTH CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1016 MT VIEW RD RAPID CITY, SD 57702</b>		
(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	<p>Continued From page 10</p> <p>-This included the electric razor parts, fingernail clippers, and cuticle clippers.</p> <p>*She was unable to tell me the name of the disinfectant that was in the container.</p> <p>*She said the container had already had the clear liquid in it when she arrived for her shift that morning at 6:00 a.m.</p> <p>-It "Looked good" and she did not see "Anything floating in it" so she did not change it.</p> <p>*When questioned how she could be sure of what the clear liquid was in the container she said she could not be sure.</p> <p>-Agreed without knowing the name of the liquid in the container she could not be sure of the required disinfecting soak time.</p> <p>*When she was asked to produce a bottle of the disinfectant, she stated "Honestly I don't know if we have any."</p> <p>*She said we would have to go to the shower room to look for a bottle.</p> <p>Observation and interview on 9/14/21 at 1:35 p.m. in the shower room with CNA F and N revealed:</p> <p>*There was an electric razor sitting on the shower sink.</p> <p>*CNA F opened a cabinet door that held towels and cleaning supplies.</p> <p>*She was unable to find a bottle of disinfectant.</p> <p>*She then radioed to CNA N who came into the shower room.</p> <p>*CNA N said she was the bath aide for the shower room that day.</p> <p>*She was unable to locate a bottle of the disinfectant.</p> <p>*Stated there had been some in the closet that morning and she had filled her container with the disinfectant.</p> <p>-She had placed that disinfectant in a denture</p>	F 880			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 11</p> <p>cup.</p> <p>*She had written in black marker on the denture cup "Do not throw away."</p> <p>-There was no label showing the name of the disinfectant or the date it had been put into the denture cup.</p> <p>*She was unable to say the name of the disinfectant she had poured into that denture cup that morning.</p> <p>*Said she had left the empty container of disinfectant sitting on the floor.</p> <p>-The cleaning lady must have come in and thrown it away.</p> <p>*When questioned she said she disinfected the fingernail and cuticle clippers only for "I think three minutes."</p> <p>*It was not used to clean the electric razor parts.</p> <p>*The electric razor parts should be cleaned with an alcohol pad.</p> <p>*When questioned about the 30 second disinfectant time CNA F had said she had been using, CNA N said she might have been talking about the old pink disinfectant they use to use.</p> <p>*When asked about the cleaning of the electric razor CNA N said "I'm glad you asked me about the razor because I haven't cleaned it today."</p> <p>*She removed the head of the razor from the body.</p> <p>*Walked to the trash can and emptied the whiskers from the razor into it.</p> <p>*She cleaned the inside body part of the razor with one alcohol pad.</p> <p>*Removed the three razor blades from the head of the razor and cleaned those with alcohol pads.</p> <p>*When questioned she said not very many residents used the electric razor.</p> <p>-She had not used that electric razor on any residents that morning.</p> <p>*When questioned why the razor was dirty since</p>	F 880		

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NAME OF PROVIDER OR SUPPLIER  <b>CLARKSON HEALTH CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1016 MT VIEW RD RAPID CITY, SD 57702</b>	
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F 880	<p>Continued From page 12</p> <p>she had not used it, she stated she did not know. *She expected it to be clean after every use.</p> <p>Interview on 9/14/21 at 2:55 p.m. with the director of nursing (DON) B revealed: *She said that CNA N had told her I was asking about the disinfectant they used at the facility. *She brought me the November 2018 Infection Control Disinfecting Personal Care Items Policy. *She said the fingernail clippers, cuticle clippers, and electric razor were all defined as semi-critical items. *The policy said for semi-critical items "High level disinfection i.e. Cavacide or similar product" should have been used to clean those items. *DON B: -Was unable to state the name of the disinfectant used in both the spa and shower room. -Stated disinfectant was unavailable due to running out. -Was unsure of the type of disinfectant that had been used. -Was unsure of the disinfectant time of 30 seconds as said by CNA F or three minutes as said by CNA N. -No baths were scheduled for the next day so she hoped the disinfectant would arrive. -She was unsure if the containers they had poured disinfectant into needed to be labeled. -She said CNA N oversaw training the spa and bath aides.</p> <p>Review of the November 2018 Infection Control Disinfecting Personal Care Items policy revealed: *"Purpose -To prevent the spread of infection when using multi resident use personal care items for residents who are on standard precautions." *"Semi-Critical Items</p>	F 880		

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F 880	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>-Semi-critical items include:</li> <li>-Nail care items, i.e. clippers, files.</li> <li>-Hair combs and brushes.</li> <li>-Electric razors.</li> </ul> <p>-After use by each resident, semi-critical items must be meticulously pre-cleaned followed by high-level disinfection, i.e. Cavacide or similar product."</p> <p>Surveyor: 40788</p> <p>4. Observation on 9/14/21 at 11:10 a.m. of CNA E with resident 39 revealed:</p> <ul style="list-style-type: none"> <li>*Helped the resident off the toilet with a mechanical lift, transferred her into her wheelchair, and pushed her out of the bathroom.</li> <li>*Had not offered or helped the resident with hand hygiene after toilet use.</li> </ul> <p>Review of resident 39's care record revealed she:</p> <ul style="list-style-type: none"> <li>*Her 8/20/21 Brief Interview of Mental Status (BIMS) score was six.</li> <li>-That indicated severe cognitive impairment.</li> </ul> <p>Interview on 9/14/21 at 11:20 a.m. with CNA E revealed she had not reminded or offered to help resident 39 with hand hygiene after toilet use but should have.</p> <p>Interview on 9/16/21 at 8:15 a.m. and 1:30 p.m. with director of nursing (DON) B about resident hand hygiene revealed she:</p> <ul style="list-style-type: none"> <li>*Had expected staff remind and if needed help all residents with hand hygiene following bathroom use.</li> <li>*Confirmed the provider had no hand hygiene policy that pertained to residents.</li> </ul> <p>Review of the providers 4/13/20 Hand Hygiene policy revealed hand hygiene should be</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>performed by staff after performing any personal body function such as using the toilet.</p> <p>5. Observation on 9/15/21 at 11:04 a.m. of CNA F revealed she: *Removed the mechanical lift from resident 49's room after using it to transfer her off the toilet and onto her bed. *Took that lift to a designated alcove near the middle of a hallway outside of the resident's room. *Had not cleaned that lift after resident use.</p> <p>Interview on 9/16/21 at 8:15 a.m. with DON B about the cleaning of re-usable resident equipment revealed she had expected mechanical lifts had been cleaned with a bleach cloth after each resident use.</p> <p>Surveyor 40053 Interview on 9/16/21 at 1:30 p.m. with DON B revealed she was responsible for infection control in the facility and clinical care coordinator C was responsible for some antibiotic stewardship and policies.</p> <p>Review of the provider's November 2018 Infection Control Disinfection Personal Care Items policy revealed: **Purpose: To prevent the spread of infection when using multi-resident use personal care items for residents who are on standard precautions." -A mechanical lift was considered a non-critical item and "must be cleaned periodically and when visibly soiled using low-level disinfection techniques, i.e. sani-cloth (bleach based wipe) or similar product."</p>	F 880		





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NAME OF PROVIDER OR SUPPLIER  <b>CLARKSON HEALTH CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 MT VIEW RD RAPID CITY, SD 57702</b>
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E 000	<p>Initial Comments</p> <p>Surveyor: 42558 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 9/14/21 through 9/16/21. Clarkson Health Care was found in compliance.</p>	E 000		
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*Andrea Knoll, LNH/A 10/08/2021*

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

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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K 000	INITIAL COMMENTS  Surveyor: 18087 A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 9/21/21. Clarkson Health Care was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE
					<i>Andrea Knoll, LNAHA 10/08/2021</i>

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South Dakota Department of Health

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S 000	<p><b>Compliance/Noncompliance Statement</b></p> <p>Surveyor: 42558 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 9/14/21 through 9/16/21 and on 9/21/21. Clarkson Health Care was found in compliance.</p>	S 000		

*Andrea Knoll, LNA/A 10/08/2021*

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

