

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

PRINTED: 03/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435034	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/16/2021
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NAME OF PROVIDER OR SUPPLIER AVERA MARYHOUSE LONG TERM CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 717 EAST DAKOTA PIERRE, SD 57501
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F 000	INITIAL COMMENTS Surveyor: 41895 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 2/16/21. Avera Maryhouse Long Term Care was found not in compliance with 42 CFR Part 483.80 infection control regulation: F880. Avera Maryhouse Long Term Care 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. Avera Maryhouse Long Term Care was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 61	F 000		
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,	F 880	Directed Plan of Correction Corrective Action: 1. Time cannot be turned back to re-start quarantine for residents 1, 2, 3, and 4 who had been admitted and placed in quarantine, then had room doors left open and facility staff not change face masks and change or disinfect face shields to care for all residents regardless of quarantine status. Director of Nurse (DON) and Administrator were provided re-education on CDC guidelines regarding 14 day quarantine, PPE usage and door closures on 3/8/21 by Infection Prevention Specialist.	3/15/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Talli Raske	TITLE Administrator	(X6) DATE 3/11/21
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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>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;</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</p>	F 880	<p>The provider in consultation with the Medical Director will create and/or update their policy to reflect CDC guidance of appropriate use of personal protective equipment (PPE) [face mask, face shield, gown, and gloves as needed] and room door closure during the 14-day quarantine period.</p> <p>All staff who are responsible for resident admitting assessment and determining quarantine or isolation will be re-educated by 3/15/21 by DON.</p> <p>Identification of Others:</p> <p>2. All residents with known or suspected COVID-19 have the potential to be affected.</p> <p>3. All facility staff completing their assigned tasks have potential to be affected. Policy education/re-education about appropriate use of PPE and door closure will be provided by 3/15/21 by DON.</p> <p>System Changes:</p> <p>4. Root cause analysis answered the 5 whys:</p> <p>Problem Statement: Did not follow CDC guidelines for PPE usage and door closure for 14 day quarantine period.</p>		

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F 880	Continued From page 2 corrective actions taken by the facility. §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: 41895 Based on observation, interview, record review, policy review, and review of the Centers for Disease Control and Prevention (CDC) 11/20/20 publication Preparing for COVID-19 in Nursing Homes, the provider failed to: *Ensure staff and residents in the facility were not exposed to COVID-19. *Use appropriate precautions on four of four (1, 2, 3, and 4) residents who were recently admitted to the facility. Findings include: 1. Observation on 2/16/21 at 11:40 a.m. of resident 1, 2, 3, and 4's rooms revealed: *Each room had a sign outside the door indicating: -Those residents had been on quarantine and staff were to use standard precautions of a universal mask and eye protection. -If blood or body fluid exposure could occur staff were to add gloves and a gown. *Each sign listed the date the quarantine period ended. *The doors to the rooms were open. Interview on 2/16/21 at 11:45 a.m. with certified	F 880	Why? - We did not recognize that we were not using the proper PPE for a 14 day quarantine period due to conservation strategy of supplies. Why? - We were looking at 14 day quarantine and isolation residents differently in regards to PPE needs Why? - We had been universal face mask and shielding because we had adequate supply of these items We didn't have an adequate supply of gowns and N95 due to shortages Why? - We were following Avera system policy for PPE usage based on conservation strategies. Why? - With continued and ongoing education with our staff to follow infection control practices, twice daily monitoring of resident symptoms, 2 previous successful focused infection control surveys, and the facility had very few Covid-19 positive residents during the pandemic felt we were handling the PPE useage appropriately. Root cause - We were still in conservation strategy . We could have contacted the Dept of Health to request additional PPE supply to help ensure we had adequate PPE to meet the CDC guidlines for a 14 day quarantine period.	

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F 880	<p>Continued From page 3</p> <p>nursing assistant C regarding residents 1, 2, 3, and 4 revealed:</p> <ul style="list-style-type: none"> *They were new admissions and were being quarantined for fourteen days. *They were not to come out of their rooms during the quarantine period. *The doors to their rooms had always been left open. *The only personal protective equipment (PPE) required when entering a quarantine room was a face mask and face shield. *The staff did not change the face mask or disinfect the face shield when exiting the room or prior to caring for other residents. *She wore the same face mask and faceshield to care for all residents regardless of quarantine status. <p>Interview on 2/16/21 at 3:30 p.m. with administrator A and registered nurse B regarding quarantined residents' revealed:</p> <ul style="list-style-type: none"> *The provider did not have a policy for quarantine. *New admissions were put on quarantine for 14 days as a precaution to ensure they did not have or develop COVID-19. *The doors were not required to be closed. *The only PPE required when entering their room was a face mask and face shield. *The staff did not change the face mask or disinfect the face shield when exiting the room or prior to caring for other residents. *They had not agreed the staff should be wearing a gown and gloves along with a face mask and face shield when entering the rooms. *The residents were screened for signs and symptoms of COVID-19 twice a day. -If they became symptomatic staff would have been required to wear face mask, face shield, gown, and gloves. 	F 880	<p>The Administrator and or DON will ensure all facility staff are educated and aware of the policy about appropriate quarantine measures and procedures.</p> <p>DON and Administrator contacted the South Dakota Quality Improvement Organization Advisor (QIN), on 3/8/21 and the QIN discussion reviewed the directed plan of correction from our focused infection control survey. Discussed use of N95's and appropriate PPE usage and following COVID isolation guidelines, importance of education and frequent auditing, attending biweekly LTC DOH calls and the need to update policy regarding 14 day quarantine and PPE usage according to CDC guidelines.</p> <p>Monitoring: 5. The Administrator and or DON will conduct at minimum 3 X per week, for 4 weeks, a review of admitted residents in quarantine, and observe staff practices to ensure appropriate use of PPE and room door closure for those in quarantine per CDC guidance. After 4 weeks of successful monitoring, then will monitor 1 X per month for 3 months. Monitoring results will be reported by Administrator and or DON to the QAPI committee and continued as determined by the committee and medical director.</p>		

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F 880	<p>Continued From page 4</p> <p>*There was not a shortage of PPE. -Recently they had enough gowns to change from washable to disposable gowns. *They were not aware of the CDC recommendations for new admissions and readmissions.</p> <p>Review of the Centers for Disease Control and Prevention (CDC) 11/20/20 publication Preparing for COVID-19 in Nursing Homes found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, revealed: **Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. *HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. *Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. *Testing at the end of this period can be considered to increase certainty that the resident is not infected."</p>	F 880		