

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

PRINTED: 05/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435066	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2021
NAME OF PROVIDER OR SUPPLIER AVERA PRINCE OF PEACE			STREET ADDRESS, CITY, STATE, ZIP CODE 4513 SOUTH PRINCE OF PEACE PLACE SIOUX FALLS, SD 57103	
(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: 29354 A COVID-19 Focused Infection Control survey was conducted by the South Dakota Department of Health Office of Licensure and Certification on 4/22/21. Avera Prince of Peace was found not in compliance with 42 CFR Part 483.80 infection control regulation: F880. Avera Prince of Peace 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. A COVID-19 Focused Emergency Preparedness survey was conducted by the South Dakota Department of Health Office of Licensure and Certification on 4/22/21. Avera Prince of Peace was found in compliance with 42 CFR Part 482, Subpart B, Subsection 483.73 related to E-0024(b)(6). Total residents: 98	F 000	Corrective Action: 1.*Time cannot be turned back to a time prior to the identification of the lack of appropriate personal protective equipment use (PPE) per policy and CDC guidance for infection control and prevention. DON, infection control supervisor and administrator were provided re-education about appropriate procedure use of PPE and changes to the facility infection control and prevention plan on 5-14-21 by the Corporate Infection Control Nurse Consultant. The provider in consultation with the medical director and corporate Infection Control Nurse Consultant will review, revise, create as necessary policies and procedures to be in line with CDC and CMS recommendations about: *Appropriate use of PPE by staff. *Necessary infection control and prevention plan that includes effective compliance. All staff licensed and unlicensed who provide care and services to residents will be educated on the appropriate procedure use of PPE and changes to the Infection Control Policy with specific education on mask use and disposal on 5-17-21, 5-18-21, 5-19-21, and 5-20-21 by the Director of Nursing, Education Supervisor or Infection Control Supervisor. Identification of Others: 2.*ALL residents have the potential to be affected when appropriate use of PPE is not done as trained. *ALL staff completing the assigned tasks have potential to be affected.	6-4-21
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	F 880		

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

Justin Hinker

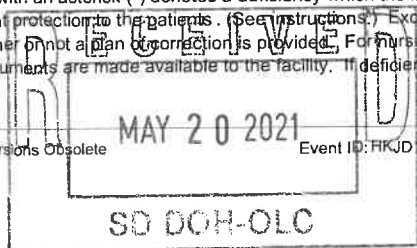
TITLE

Administrator

(X6) DATE

5-14-21, 5-20-21

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 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 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	ALL residents and staff have potential to be affected due to lack of proper PPE use per faciliy policy. Policy education/re-education about Infection Control policies and PPE usage will be provided by 5-20-21 by the Administrator, Director of Nursing, Education Supervisor or the Infection Control Supervisor. System Changes: 3. Root cause analysis conducted on proper PPE usage and answered the 5 Whys. We learned through the root cause that our focus needed to be on all isolation, not just aerosolizing procedures. Administrator, Director of Nursing, Education Supervisor and Infection Control Supervisor will ensure ALL facility staff responsible for the assigned task(s). Administrator and Infection Control Supervisor contacted the South Dakota Quality Improvement Organization (QIN) on 5-11-21. Discussion included completion of the root cause analysis and keeping the focus narrow on the root cause. Audit completion and continued monitoring were also topics of discussion. SDQIN sent resources via email to facility for use.		

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F 880	<p>Continued From page 2</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: 29354 Based on observation, record review, interview, and policy review, the provider failed to ensure infection control policies and procedures were followed for appropriate personal protective equipment (PPE) use for two of two sampled residents (1 and 2) who had been diagnosed with the coronavirus (COVID-19) and were on transmission-based precautions. Findings include:</p> <p>1. Observation on 4/22/21 at 9:55 a.m. outside of resident 1 and 2's rooms revealed: *The door leading into their rooms had been closed. *There were PPE stations set-up outside of their rooms next to the doorway.</p> <p>2. Review of resident 1's medical record revealed she had: *Been admitted from the hospital on 4/10/21 with a diagnosis of COVID-19. *Tested positive for COVID-19 on 4/1/21. *Been on droplet precautions for</p>	F 880	<p>Monitoring: 4. Administrator, DON, Education Supervisor or Infection Control Supervisor will conduct auditing and monitoring for proper PPE use. Audits of proper PPE use will be conducted 3 times weekly for 8 weeks by the Administrator, DON, Education Supervisor and Infection control supervisor making observations across all shifts to ensure staff compliance with appropriate PPE use.</p> <p>* Monitoring results will be reported by administrator, DON, and/or infection control nurse to the QAPI committee and continued for no less than 2 months of monthly monitoring that demonstrates sustained compliance then as determined by the committee and medical director. The QAPI committee will direct further audits.</p>	

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F 880	<p>Continued From page 3</p> <p>transmission-based precautions. *Been on transmission-based droplet precautions until 4/22/21.</p> <p>3. Review of resident 2's medical record revealed he: *Had been admitted from the hospital on 4/15/21 with a diagnosis of COVID-19. *Had his first Moderna vaccine on 3/26/21. *Would be removed from transmission-based droplet precautions on 4/23/21.</p> <p>4. Interview on 4/22/21 at 9:20 a.m. with administrator A and infection control nurse C regarding PPE use revealed: *The current resident census was 98. *They had five neighborhoods. *They had two residents who were admitted with COVID-19. -Those two residents were 1 and 2. -They resided on the Rehab unit. *There were twenty-four residents on the Rehab unit. *Staff wore surgical masks all the time. *If staff were doing direct resident care in a positive COVID-19 resident room they were to wear a surgical mask, goggles or face shield, gown, and gloves. *If staff were doing an aerosol treatment in a positive COVID-19 resident room they were to wear an N-95 mask. -When they had completed that aerosol treatment they were to keep the N-95 mask on for 30 minutes, then discard it, and put on a new surgical mask. -Staff had not changed their surgical mask upon leaving a COVID-19 resident room. -They wore the same surgical mask into other non-COVID-19 resident rooms.</p>	F 880		

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F 880	<p>Continued From page 4</p> <p>*The staff:</p> <ul style="list-style-type: none"> -Were to change their surgical mask if it became soiled or wet. -Wore a new surgical mask each shift. <p>Interviews on 4/22/21 at the following times with the following staff regarding surgical mask use and positive COVID-19 residents revealed at:</p> <p>*9:40 a.m. with certified nursing assistant D confirmed they were to change their mask after leaving a COVID-19 resident room and put on a new mask.</p> <ul style="list-style-type: none"> -She was the only interview that confirmed surgical masks were discarded or changed when staff left a resident room who were on transmission-based precautions for COVID-19. <p>*9:45 a.m. with occupational therapist E confirmed she had not worked with COVID-19 residents lately. She had:</p> <ul style="list-style-type: none"> -Worked with COVID-19 residents in the past. -Had not changed her mask when leaving a COVID-19 resident room and before going into a non-COVID-19 resident room. <p>*9:50 a.m. with licensed practical nurse F confirmed:</p> <ul style="list-style-type: none"> -Residents 1 and 2 had COVID-19. -She had not changed her mask after leaving their rooms and before going into a non-COVID-19 resident room. -She kept the same surgical mask on. <p>*10:05 a.m. with social worker G confirmed they kept the same surgical mask on unless it became soiled, then it was changed.</p> <p>Interview on 4/22/21 at the following times with administrator A, director of nursing (DON) B, and infection control nurse C regarding the above interviews revealed at:</p> <p>*10:10 a.m.: They followed [company name]</p>	F 880		

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F 880	<p>Continued From page 5</p> <p>policy and procedure for donning and doffing PPE when going in and out of COVID-19 positive resident rooms.</p> <p>*11:00 a.m.: They:</p> <ul style="list-style-type: none"> -Did not have a direct policy and procedure for COVID-19. -Followed pieces of their infection control policies and procedures and recommendations from the South Dakota Department of Health and the Center for Disease Control. -Had a sufficient supply of surgical masks. <p>*Residents 1 and 2 were on transmission-based droplet precautions for COVID-19.</p> <p>Review of the provider's October 2019 Donning/Doffing Personal Protective Equipment (PPE) for Transmission Based Precautions (Isolation) and Standard Precautions policy revealed:</p> <p>*Purpose:</p> <ul style="list-style-type: none"> -"A. Prevent transmission of microorganisms to hands and clothing by proper donning of clean and doffing of contaminated personal protective equipment (PPE)." <p>*Information:</p> <ul style="list-style-type: none"> -"A. All personal protective equipment shall be removed prior to leaving the work area." -"B. The type of PPE used will vary based upon the level of precautions required: e.g., Standard, Contact, Droplet, or Airborne Isolation." -"D. Contaminated areas include the front of the mask." -"E. Always remove PPE (except for mask/respirator in airborne isolation) before leaving an isolation room." <p>*Procedure:</p> <ul style="list-style-type: none"> -"1. Sequence for Donning PPE:" -"2. Surgical Mask:" -e. Do not use mask more than once." 	F 880		

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F 880	<p>Continued From page 6</p> <p>-"Sequence for Doffing (removing) PPE Wearing Full PPE (gown, gloves, facial protection):" --"3. Surgical Mask/N-95 Respirator/PAPR: ---"a. Surgical Mask: ----"ii. Hold surgical mask by the strings or ear loops only, discard in trash. (Exceptions: If the patient [resident] is in Airborne Isolation, wear mask outside the room and dispose of in trash outside of room.)"</p> <p>Review of the https://www.cdc.gov/coronavirus/2019-ncov/hcp/pe-strategy/face-masks.html Center for Disease Control and Prevention COVID-19 Strategies for Optimizing the Supply of Facemask's received on 4/22/21 from (DON) B revealed: **Conventional capacity: measures consisting of engineering, administrative, and personal protective equipment (PPE) controls that should already be implemented in general infection prevention and control plans in healthcare settings." **Conventional Capacity Strategies: -Use facemask's according to product labeling and local, state, and federal requirements. -In healthcare settings, facemask's are used by HCP (healthcare professionals) for 2 general purposes: --1. As PPE to protect their nose and mouth from exposure to splashes, sprays, splatter, and respiratory secretions (e.g., for patients [resident] on Droplet Precautions). When used for this purpose, facemask's should be removed and discarded after each patient encounter."</p>	F 880			