

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


PRINTED: 02/11/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 436029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/29/2020
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NAME OF PROVIDER OR SUPPLIER AVERA ROSEBUD COUNTRY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 300 PARK STREET POST OFFICE BOX 408 GREGORY, SD 57533
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 40771 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 1/27/20 through 1/29/20. Avera Rosebud Country Care Center was found not in compliance with the following requirement: F880.</p> <p>F 880 SS=D Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p> <p>§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;</p> <p>§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</p>	F 000	<p>F 880 Wound Technique Policy was updated on 14Feb20 to current recommendations and guidelines. For Resident 11 and all residents with scheduled dressing changes, dedicated dressing supplies were stocked in each resident's room 14Feb20. 14Feb20 Nurse D was provided education on Wound Technique Policy and provided a check list to follow when completing dressing changes. Nurse D educated Nurse E. Education on new policy with check list will be conducted on 04March20 for all staff.</p> <p>The Director of Nursing or designee will audit Resident # 11 dressing change weekly x 4 weeks and will audit 15% of all other scheduled dressing changes weekly x 4 weeks. Beginning 01March20. Thereafter, once monthly, 15% of weekly dressing changes will be audited for 11 months or until compliance with current policy is at 100% x 3 months and IDT recommends discontinuation of oversight. The results of the audit will be reported by DON/designee to the quarterly quality and the administrator 17Feb20, and quarterly thereafter for one year.</p>	19Mar20
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 14Feb2020
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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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NAME OF PROVIDER OR SUPPLIER AVERA ROSEBUD COUNTRY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 PARK STREET POST OFFICE BOX 408 GREGORY, SD 57533		
(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 1</p> <p>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> <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: 40771</p>	F 880	<p>Nebulizer Policy with check list was updated on 3Feb20 to current Avera policy for nebulizer hygiene. For Resident 33 and all other residents with nebulized medications NEW neb kits were supplied on 1Jan20 and 2Jan20, and weekly thereafter. Nurse F and B were provided the new policy and checklist the week of 3Feb20 through 7Feb20. All staff will be educated 4March20 at the all staff meeting. Beginning 01March20 Resident 33 will be audited for nebulizer hygiene once weekly for four weeks. Additionally, 15% of all scheduled nebulizer treatments will be audited once weekly for four weeks. Thereafter, once monthly, 15% of weekly nebulizer hygiene will be audited for 11 months or until compliance with current policy is at 100% for 3 months and IDT recommends discontinuation of oversight. The results of the audit will be reported by DON/designee at the quarterly quality meeting to the director of quality and administrator for one year.</p>		

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F 880	Continued Front page 2 Surveyor: 32332 Based on observation, interview, record review, and policy review, the provider failed to ensure proper infection control techniques were followed during nursing procedures for: *One of one sampled resident (11) during one of three observed dressing changes performed by two of two registered nurses (RN) (D and E). *Two of two randomly observed nebulizer (neb) cleanings for resident 33 cleaned by two of two RNs (B and F). Findings include: 1. Observation on 1/29/20 at 10:30 a.m. of RNs D and E during a dressing change for resident 11 revealed RN D: *Applied hand gel then lifted a cloth covering from a wound kit that was placed on a cart outside resident 11's door. *With ungloved hands she: -Opened a plastic bag, removed several unpackaged gauze sponges from the package, and placed them in her opposite ungloved hand. -Reached into the wound kit to remove a packaged dressing, packaged wound barrier wipes, and an unpackaged paper wound measuring tool. -Brought those wound supplies into the resident's room. -Placed them on the resident's bedside table directly on top of a pile of mail without placing a barrier between the wound supplies and the mail. *Washed her hands and put on gloves. With those gloves on she: *Removed the soiled dressing. *Picked up the paper measuring tool and placed it on the wound to measure it.	F 880			

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F 880	<p>Continued From page 3</p> <p>*Cleansed the wound using the gauze pads. *Opened the barrier cream and applied it to the wound area. *Removed her gloves and applied hand gel.</p> <p>She then put on clean gloves and with those gloves she: *Picked up the dressing package from on top of the mail. *Opened the package and applied the dressing to the buttocks. *Removed the gloves and washed her hands.</p> <p>Interview at that time with RNs D and E regarding the above dressing change confirmed: *Gloves should have been worn to remove unpackaged supplies from the wound kit. *A barrier should have been placed between the clean wound supplies and the mail on the table. *Packaged dressing supplies should have been opened prior to putting on clean gloves to prevent cross-contamination of the clean wound supplies. *RN E stated her expectation was that gloves were to have been changed between soiled items and clean items.</p> <p>Interview on 1/29/20 at 11:00 a.m. with the director of nursing (DON) C confirmed a barrier should have been used between clean and soiled items, and gloves should have been changed between clean and soiled areas.</p> <p>Review of the provider's April 2019 Proper Wound Care Technique policy revealed: *Hands were to have been washed and clean gloves were to have been applied before touching the wound or wound dressings. **Sterile dressings will be used. Nonsterile gloves may be used, but care should be used to avoid</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>touching the surface of the dressing that will contact the wound bed."</p> <p>2a. Observation on 1/28/20 at 10:00 a.m. of RN B cleaning a neb mask and chamber after a neb treatment for resident 33 revealed she:</p> <ul style="list-style-type: none"> *Removed the mask and chamber from the tubing. *Separated the mask from the chamber. *Set the mask in the bottom of the sink as she rinsed out the chamber with water. *Picked up the mask and rinsed it under the water spigot. <p>Surveyor 40771</p> <p>b. Observation on 1/28/20 at 10:35 a.m. of RN F cleaning a neb after completing a treatment for resident 33 revealed:</p> <ul style="list-style-type: none"> *She took the nebulizer to the sink in the room and rinsed the pieces off under the running water. *She turned off the faucet with her bare hands. *She then obtained a paper towel from the dispenser above the sink and used it to dry off the neb device. *She placed the pieces she had rinsed and dried off in a drawer with the neb machine. -She did not change the paper towel that was already in the drawer prior to putting the cleaned pieces on it. He was observed touching and moving items around in his drawer including the paper towel and machine. <p>c. Interview on 1/28/20 at 5:30 p.m. with the director of nursing (DON) confirmed RN F did not follow the appropriate processes for cleaning the neb machine.</p> <p>Surveyor 32332</p> <p>d.. Interview on 1/29/20 at 11:00 a.m. with DON C</p>	F 880			

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F 880	Continued From page 5 confirmed RN B should not have placed the mask in the sink while she rinsed the chamber. Review of the provider's June 2014 Concentrator and Nebulizers policy revealed: *Nebulizer components (mask, mouthpiece, and tubing) will be rinsed in clean water and allowed to air dry after each treatment." *Nebulizer masks, cups, and tubing were to have been discarded when discontinued, contaminated, defective, or as deemed by the nurse and after a respiratory infection.	F 880			

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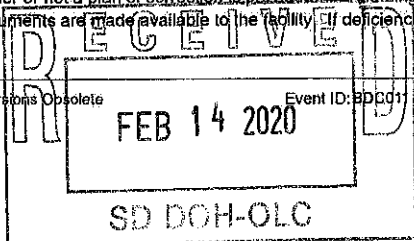
NAME OF PROVIDER OR SUPPLIER AVERA ROSEBUD COUNTRY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 300 PARK STREET POST OFFICE BOX 408 GREGORY, SD 57533
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E 000	<p>Initial Comments</p> <p>Surveyor: 40771 A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care Facilities, was conducted from 1/27/20 through 1/29/20. Avera Rosebud Country Care Center was found in compliance.</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 14 February 2020
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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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435029	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/28/2020
NAME OF PROVIDER OR SUPPLIER AVERA ROSEBUD COUNTRY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 PARK STREET POST OFFICE BOX 408 GREGORY, SD 57533		
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K 000	INITIAL COMMENTS Surveyor: 27198 A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 1/28/2020. Avera Rosebud Country Care Center (building 01) was found not in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities. The building will meet the requirements of the 2012 LSC for existing health care occupancies and the Fire Safety Evaluation System (FSES) dated 1/28/2020. Please mark an F in the completion date column for K271 deficiencies identified as meeting the FSES, in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000			
K 271 SS=C	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Surveyor: 27198 Based on document review, building tour, and interview, the provider failed to install a paved path of exit discharge to the public way at three of three exits (the middle of the west wing, the end of the west wing, and the exit out of the	K 271		F	

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

TITLE

(X6) DATE

 Administrator 06 MAR 2020

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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NAME OF PROVIDER OR SUPPLIER AVERA ROSEBUD COUNTRY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 PARK STREET POST OFFICE BOX 408 GREGORY, SD 57533	
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K 271	<p>Continued From page 1 connecting link for the hospital). Findings include:</p> <p>1. Review of the previous survey dated 12/18/18 revealed:</p> <ul style="list-style-type: none"> *The exit in the middle of the west wing basement had a landing that ended approximately 150 feet from the nearest public way. *The exit at the end of the west wing in the basement had a landing that ended approximately 200 feet from the nearest public way. *The exit out of the connecting link for the hospital had a landing that ended approximately 15 feet from the nearest public way. <p>Interview with the environmental services director while on building tour at on 1/28/20 at 1:11 p.m. confirmed that condition. She added they had been clearing a path from those exits to a public way when any snow fell.</p> <p>This deficiency would not affect any of the resident smoke compartments.</p> <p>The building meets the FSES. Please mark an "F" in the completion date column to indicate correction of the deficiencies identified in K000.</p>	K 271		

South Dakota Department of Health

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NAME OF PROVIDER OR SUPPLIER
AVERA ROSEBUD COUNTRY CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
**300 PARK AVENUE POST OFFICE BOX 408
GREGORY, SD 57533**

(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) COMPLETE DATE
S 000	Compliance/Noncompliance Statement Surveyor: 27198 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 1/27/20 through 1/29/20. Avera Rosebud Country Care Center was found not in compliance with the following requirement(s): S157.	S-000		
S 157	44:73:02:13 Ventilation Electrically powered exhaust ventilation shall be provided in all soiled areas, wet areas, toilet rooms, and storage rooms. Clean storage rooms may also be ventilated by supplying and returning air from the building's air-handling system. This Administrative Rule of South Dakota is not met as evidenced by: Surveyor: 27198 Based on observation, interview, record review, and testing the provider failed to maintain exhaust ventilation for two corridors (resident rooms: 104 in the southeast wing, and 121 and 126 in the north wing.) Findings include: 1. Observation and testing on 1/28/20 at 3:28 p.m. revealed the exhaust ventilation in the bathrooms of residents' rooms 121 and 126 in the north wing were not functioning. Testing of the exhaust grilles with tissue paper at the time of the observation confirmed those findings. Interview with the environmental services director at the time of the above observation confirmed that finding. She was unaware why the exhaust ventilation was not working at those locations. She added the rooftop exhaust fan serving those rooms also served other rooms on the north wing.	S-157	Entire exhaust ventilation system was tested and repairs were made on rooms 104, 121, and 126 on 31Jan2020 to ensure proper operation of the ventilation system. The buildings ventilation system will be added to the monthly preventive maintenance tracker for routine maintenance and testing. The environmental services manager will conduct audits of every resident room using the tissue paper method to ensure proper ventilation and airflow of the system. This audit will occur weekly for one month starting on 17Feb2020 and will continue monthly for one year after the weekly checks are complete. Results of this audit will be reported by the environmental systems manager to the Director of Clinical Services and the Administrator at the next quarterly quality meeting on 17Feb2020 and quarterly thereafter for one year.	19March20

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

TITLE

(X6) DATE

[Signature]

Administrator

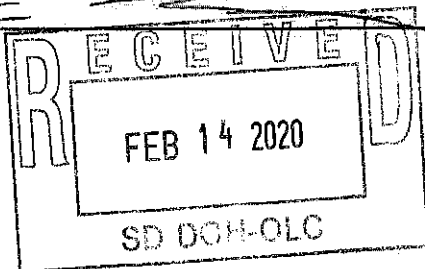
14Feb2020

STATE FORM

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If continuation sheet 1 of 2



South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10626	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2020
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S 157	<p>Continued From page 1</p> <p>Further testing of additional rooms in that wing by maintenance staff confirmed that statement. She further stated she did monthly preventative maintenance on all exhaust fans, and it should have been checked recently.</p> <p>Record review of the provider's preventive maintenance plan on that same day revealed no documentation existed for the monthly inspection and testing for the buildings exhaust system.</p> <p>Surveyor: 32332</p> <p>2. Random observations from 1/27/20 through 1/29/20 of resident room 104 in the southeast wing revealed a strong urine odor inside and outside of the room. Observation on 1/29/20 at 8:45 a.m. of the bathroom in room 104 revealed the exhaust ventilation was not functioning. Testing of the exhaust grille with tissue paper at the time of the observation confirmed that finding. Interview at that time with environmental services manager A confirmed the exhaust grille was not functioning.</p>	S 157		
S 000	<p>Compliance/Noncompliance Statement</p> <p>Surveyor: 40771</p> <p>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 1/27/20 through 1/29/20. Avera Rosebud Country Care Center was found in compliance.</p>	S 000		