

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

PRINTED: 11/24/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/12/2020
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY TYNDALL			STREET ADDRESS, CITY, STATE, ZIP CODE 2304 LAUREL STREET TYNDALL, SD 57066	
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F 000	INITIAL COMMENTS Surveyor: 29354 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification office on 11/12/20. Good Samaritan Society Tyndall was found not in compliance with 42 CFR Part 483.80 infection control regulation: F880. A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 11/12/20. Good Samaritan Society Tyndall 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. Good Samaritan Society Tyndall was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 44	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	F 880	In response to F880, all staff were asked to wear KN95 masks once facility had a positive Covid resident. Staff were asked to wear these masks to provide greater protection. Since all staff had not been previously fit tested, staff were instructed to do a seal check to ensure proper fit. KN95 masks were used as that was the only type that had enough supply for all staff. These are the N95 masks being supplied from the SD Dept. of Health supply. (cont.)	

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

TITLE

(X6) DATE

Julie Schenkel

Administrator

12-2-20

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.

DEC 02 2020

SD DOH-010

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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	Staff member B was fit tested and the KN95 tested to fit properly on 11-20-20. Upon receipt of fit testing kit supplied by SD Dept. of Health on 11-6-20, facility made plans to attend state-sponsored training on 11-11-20 and then begin fit testing for all staff. All staff were completed by 11-25-20 for the KN95 which is the current supply the facility has. New employees or those returning from Leave of Absence will be fit tested within 2 weeks of start date or return date. ADNS or designee will audit this for new and returning employees each week for the next 4 weeks and monthly for 3 months and report monthly to the QAPI committee. Facility has conducted POC testing weekly on residents 1, 2 and 3 with all tests being negative. The facility has posted signs at all appropriate doors reminding residents and staff that doors should remain closed while in the Yellow/Gray/Red zones. Staff have also been educated daily and at all staff meeting on 11-30-20. When safety issues present a concern, the charge nurse will use the Decision Tree for Closed Door Isolation to determine action taken. The care plan will be updated. ADNs or designee will audit 3x/week randomly for door closure for 4 weeks when isolation zones in effect and will monitor at least weekly for next 3 months and report monthly to QAPI committee.	12-7-20

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F 880	Continued From page 2 §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. 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: 29354 Based on observation, interview, staff training review, off-site document review, off-site telephone interview, and policy review, the provider failed to ensure a comprehensive infection control plan and process had been implemented for the current COVID-19 pandemic related to: *Staff had not been fit-tested for the N95 respirators. *Resident room doors had not been closed on the two of two dedicated COVID-19 units (Iris Place and Tulip Lane). Findings include: 1. Interview on 11/12/20 at 9:00 a.m. with administrator A regarding N95 respirators revealed: *All staff were expected to wear N95 respirators. *Not all of the staff had been fit-tested to wear a N95 respirators. *Staff working on the dedicated COVID-19 units wore N95 respirators. -Not all of those staff had been fit-tested for the	F 880			

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F 880	<p>Continued From page 3</p> <p>N95 respirators.</p> <p>*They had received the fit-test kit for N95 respirators from the state of South Dakota (state) on 11/6/20.</p> <p>*She:</p> <ul style="list-style-type: none"> -Had watched the video on fit-testing. -Was in the process of having the director of nursing (DON), the assistant DON, and the infection control preventionist trained to do the fit-testing. -Was not sure if she could do the training since she was not a nurse. -Had some questions on the training from the state webinar on 11/11/20. <p>*The video webinar had said it was better to wear an N95 respirator even if one had not been fit-tested.</p> <ul style="list-style-type: none"> -It would provide more protection for the individual but to be fit-tested when available. <p>*Her goal was to get all the staff fit-tested with the N95 respirator in the next two weeks.</p> <p>*The corporate regional vice-president had instructed them to have all staff wear N95 respirators and to do a "seal check."</p> <p>Observation on 11/12/20 at 10:40 a.m. on the non-COVID-19 unit (Daffodil) revealed all staff had on N95 respirators and face shields.</p> <p>Observation and interview on 11/12/20 at 11:40 a.m. with certified nursing assistant (CNA) B in the dedicated COVID-19 units (Iris Place and Tulip Lane) revealed:</p> <ul style="list-style-type: none"> *The above units had plastic barriers with zippered walls leading into and out of them. *CNA B had an N95 respirator on with a face shield. -The mask fit loosely on her face. -She had not been fit-tested to wear the N95 	F 880		

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F 880	<p>Continued From page 4</p> <p>respirator. -She always wore an N95 respirator at work. *The resident room doors on both above units leading into the hallways had been open.</p> <p>Telephone interview on 11/13/20 at 8:40 a.m. with administrator A regarding the above observation revealed: *She confirmed sometimes the resident room doors had been closed and sometimes they had been left opened. *They had tried to keep the room doors closed. *There were three residents on those two dedicated Covid-19 units that had been in quarantine. -They either had been moved to another room or their roommates had been moved. -They had not tested positive for COVID-19 but had a direct exposure from a positive roommate.</p> <p>Review of off-site resident roster flow sheet and staff training documents revealed: *There were twelve residents that were confirmed COVID-19 positive and three residents who had not tested positive on the dedicated COVID-19 units. *There were twelve staff who had been fit-tested to wear the N95 respirators in May 2020.</p> <p>Phone interview on 11/16/20 at 3:00 p.m. with administrator A and DON C regarding opened residents' room doors on the dedicated COVID-19 units and N95 respirator fit-testing revealed: *The three residents on the dedicated COVID-19 units had not tested positive for COVID-19, but were there due to direct exposure from their roommates. *There were twelve residents who were currently</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>active with COVID-19 on the dedicated COVID-19 units.</p> <p>*The remainder of those residents on the dedicated units had recovered.</p> <p>*They considered the "Decision Tree for Closed Door Isolation" a part of their COVID-19 policy.</p> <p>*That policy had been developed earlier, and the tools were developed later as things changed.</p> <p>*Residents 1, 2, and 3:</p> <p>-Were considered "being in the light red zone" on one of the dedicated Covid-19 units.</p> <p>-Had not tested positive for COVID-19.</p> <p>-Wanted their room doors left opened.</p> <p>*Resident room doors that had been left opened on the dedicated COVID-19 units were done on a case-by-case basis.</p> <p>*They had fit-tested twelve staff in May 2020.</p> <p>-They had anticipated a small number of residents to get COVID-19 and thought a small amount of staff would be adequate.</p> <p>-They had not expected all staff to be required to wear an N95 respirator.</p> <p>-Corporate office had instructed them to have all staff wear an N95 respirators.</p> <p>-Staff were instructed to do a "seal check" after donning (putting on) an N95 respirator.</p> <p>-They had not had the resources to get everyone fit-tested.</p> <p>--The local emergency management system and hospital were not doing fit-test training.</p> <p>--They had to reach out to other facilities in order to get the twelve fit-tested.</p> <p>*DON C could not verify if CNA B had on the proper N95 respirator since she had not seen it.</p> <p>-It would depend if CNA B had done a "seal check."</p> <p>-CNA B wore glasses and would be able to verify if the N95 respirator fit correctly with the "seal check," because her glasses would have fogged</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>up.</p> <p>*They wanted to protect their staff.</p> <p>*In hindsight they should have had all their staff fit-tested.</p> <p>Off-site record review for residents 1, 2, and 3 revealed:</p> <p>*They were all on the same COVID-19 unit.</p> <p>*There were seven residents positive for COVID-19 on their unit.</p> <p>*There were four residents recovered from COVID-19 on their unit.</p> <p>*Resident 2:</p> <p>-Had been educated on 3/27/20 on COVID-19 and "explained facility lockdown to outside visitors, resident states that she understands and has no questions at this time."</p> <p>-The undated care plan revealed she was at risk for infection related to COVID-19 pandemic and congregate living situation.</p> <p>--"In an outbreak, resident is encouraged to keep door closed to room but will honor resident's rights and wishes also."</p> <p>-There was no further documentation in her medical record regarding education of closing her room door during an outbreak or her wanting her door closed during an outbreak.</p> <p>*Residents 1 and 3 did not have any documentation regarding education of closing their room doors during an outbreak or wanting their room doors closed during an outbreak.</p> <p>Review of the provider's 11/2/20 Infection Prevention: Emerging Threats-Acute Respiratory Syndromes Coronavirus (COVID)-Enterprise policy revealed:</p> <p>*Purpose:</p> <p>-"To prevent the transmission from person to person of respiratory pathogens."</p>	F 880		

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F 880	<p>Continued From page 7</p> <p>*Long Term Care of Skilled Nursing Facility: -"Infection Prevention and Control Recommendations Individual rooms: --Upon identification of any resident with suspected or positive COVID-19, a Droplet Precautions sign will be posted on the outside of the residents room. --The resident will be isolated in their room with the door closed (include roommate if applicable). -Cohort Units: --Multiple residents with COVID-19 will be housed (cohort) on a COVID unit/wing as the building allows. Separation units or barriers may also be used to cohort positive residents." *The policy had not included if resident room doors were to be closed when cohorting positive residents with non positive residents.</p> <p>Review of Center for Disease Control (CDC) 4/30/20 guidance for Responding to Coronavirus (COVID-19) in Nursing Homes for considerations for establishing a designated COVID-19 care unit for residents with confirmed COVID-19 revealed: " ...Ideally the unit should be physically separated from other rooms or units housing residents without confirmed COVID-19, depending on facility capacity (e.g.[for example], staffing, supplies) to care for affected residents, the COVID-19 care unit could be a separate floor, wing, or cluster of rooms ..."</p>	F 880			