

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

PRINTED: 03/08/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>43A138</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/17/2021</b>
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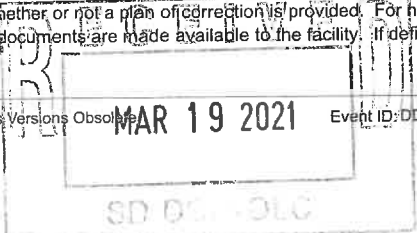
NAME OF PROVIDER OR SUPPLIER  <b>MEDICINE WHEEL VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>24266 AIRPORT ROAD EAGLE BUTTE, SD 57625</b>
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F 000	INITIAL COMMENTS  Surveyor: 41895 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 2/17/21. Medicine Wheel Village was found not in compliance with 42 CFR Part 483.25 quality of care and 42 CFR Part 483.80 infection control regulations: F880.  Medicine Wheel Village was found in compliance with 42 CFR Part 483.10 resident rights regulations and 42 CFR Part 483.80 infection control regulations: F550, F562, F563, F583, F882, F883, F885, and F886.  Medicine Wheel Village was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6).  Total residents: 21	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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <b>Deb Arbogast RN Licensed Nursing Facility Administrator</b>	TITLE <b>RN Licensed Nursing Facility Administrator</b>	3/11/2021 3/19/2021 DA
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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	Continued From page 1 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.  §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the	F 880		

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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, and policy review, the provider failed to ensure appropriate infection control practices and protocols were followed for: *Disinfecting reusable medical equipment by one of one certified nursing assistant (CNA) (B). *Performing appropriate hand hygiene by one of one CNA (B) while passing ice water. Findings include:  1. Observation on 2/17/21 at 10:30 a.m. of CNA B taking resident 1's temperature revealed she: *Entered the room with a thermometer and took resident's temperature. *Exited the room and put the thermometer away without disinfecting it or performing hand hygiene.  Interview on 2/17/21 at 10:45 a.m. with CNA B regarding the above observation revealed: *The thermometer she had used was not dedicated to resident 1 and would be used on other residents. *She agreed she should have disinfected the thermometer after she used it. *She agreed she should have performed hand hygiene when exiting the room.	F 880	Time cannot be turned back to certified nurse aide (CNA) B completing tasks of taking resident 1's temperature and not disinfecting the multiple resident use thermometer nor passing fresh drinking water and not completing hand hygiene between resident rooms. Director of Nurses and Administrator provided reeducation on 3/4/2021 by Director of Nursing and Administrator on 3/11/2021. 3/19/2021 DA  Medicine Wheel Village in consultation with Medical Director reviewed policies to reflect appropriate disinfection between residents of multiple resident use thermometer and appropriate hand hygiene between rooms when passing fresh drinking water, including emptying and disposal of used cups on 3/11/2021. 3/19/2021 DA  All staff who are responsible for resident cares of obtaining temperature and or providing fresh drinking water will be educated/reeducated by 3/13/2021 by Administrator and DON. 3/19/2021 DA	3/13/2021	3/13/2021



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F 880	Continued From page 4  *Thought the CNAs emptied the old ice water cups and disposed of them in the resident's rooms.  3. Review of CNA B's training records revealed: *Her Relias training's included: -Infection control essentials on 4/16/20. -Handwashing on 4/16/20 and on 10/31/20. -Basics of hand hygiene on 11/8/20. *She had attended the provider's hand washing inservice on 10/23/20.  4. Review of the provider's revised March 2020 Standard Precautions policy revealed: **"Hand hygiene is performed with ABHR [alcohol-based hand rub] or soap and water: -(1) before and after contact with resident; -(2) before performing an aseptic task; -(3) after contact with items in the resident's room; and -(4) after removing PPE[personal protective equipment]." **"Reusable equipment is not used for the care of more than one resident until it has been appropriately cleaned and reprocessed."	F 880	Administrator contacted South Dakota Quality Improvement Organization (QIN) on 3/4/2021 and discussed education/reeducation for infection control practices and auditing, tracking with performance tracking tools. 3/19/2021 DA  Administrator and or DON will conduct at a minimum 3 times per week , for 4 weeks a review of staff performing appropriate disinfection of equipment and appropriate hand hygiene for the assigned task. After 4 weeks of successful monitoring, then will monitor 1 time per month for 3 months. Monitoring results will be reported by Administrator or DON to the QAPI committee as determined by the committee and medical director. 3/19/2021 DA	3/13/2021  3/13/2021	