

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

PRINTED: 10/13/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435043	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2021
NAME OF PROVIDER OR SUPPLIER SPEARFISH CANYON HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1020 N 10TH STREET SPEARFISH, SD 57783	
(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)	(X6) COMPLETION DATE
F 000	INITIAL COMMENTS Surveyor: 40788 A COVID-19 Focused Infection Control survey was conducted by the South Dakota Department of Health Office of Licensure and Certification on 10/5/21 and 10/6/2021. Spearfish Canyon Healthcare was found not in compliance with 42 CFR Part 483.80 infection control regulation: F883. Spearfish Canyon Healthcare 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, F880, 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 10/5/21 and 10/6/21. Spearfish Canyon Healthcare was found in compliance with 42 CFR Part 482, Subpart B, Subsection 483.73 related to E-0024(b)(6). Total residents: 76	F 000		
F 883 SS=D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31	F 883	Corrective Action: The Infection Preventionist/Designee validated that resident 1 had the Pneumococcal Vaccination Administration Review section of that form completed to include dates(s) when their pneumococcal conjugate vaccine (pVC)13 and pneumococcal polysaccharides vaccine (PPSV) 23 vaccination had been given, refused, not received or the status was unknown.	11/25/2021

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

TITLE

(X6) DATE

Joshua Kelly

Administrator

10/22/2021

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 883	Continued From page 1 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and	F 883	The infection Preventionist/Designee validated that resident 2 had the Pneumococcal Vaccination Administration Review section of that form completed to include date(s) when their pneumococcal conjugate vaccine (pVC) 13 and pneumococcal polysaccharides vaccine (PPSV) 23 vaccination had been given, refused, not received or the status was unknown. The infection Preventionist/Designee validated that resident 3 had the Pneumococcal Vaccination Administration Review section of that form completed to include date(s) when their pneumococcal conjugate vaccine (pVC) 13 and pneumococcal polysaccharides vaccine (PPSV) 23 vaccination had been given, refused, not received or the status was unknown. Identification of Others: Infection Preventionist/Designee through chart review, will validate that current resident(s) have completed and accurate Pneumococcal forms filled out by 11/25/2021.		

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F 883	<p>Continued From page 2</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by: Surveyor: 40788 Based on record review, interview, and policy review, the provider failed to ensure three of five randomly sampled residents (1, 2, and 3) had documentation a pneumonia vaccination had been offered and either administered or refused. Findings include:</p> <p>1. Review of residents 1, 2, and 3's care records revealed: *They had admitted between 3/1/21 and 8/27/21. *Each resident had a Resident/Patient Immunization Consent or Declination At Admission form in their record. -The Pneumococcal Vaccination Administration Review section of that form included a place to list the date(s) when their pneumococcal conjugate vaccine (PCV) 13 and pneumococcal polysaccharide vaccine (PPSV) 23 vaccinations had been given, refused, not received or the status was unknown. --That section had not been completed. -The Check Vaccine(s) Requested to be Administered section included a box to mark if the resident and/or their representative wanted the PCV 13 and PPSV 23 vaccines administered. --That section had not been completed.</p> <p>Telephone interview on 10/6/21 at 9:50 a.m. with administrator A and director of nursing B regarding the above vaccination forms revealed: *The admissions coordinator was responsible for completing those forms with the resident and/or</p>	F 883	<p>Systemic Changes:</p> <p>Administrator or designee will review all new admissions in morning meeting to ensure the required vaccination documentation has been completed within the regulatory timeframe or based on facility policy, whichever is earlier.</p> <p>Administrator//Designee will provide education to the Admissions Coordinator, Medical Records, and Infection Preventionist on ensuring that all documentation is completed accurately in regards to the pneumococcal immunization consent/declination form and that the documentation is uploaded into the resident(s) Electronic Medical Record within the regulatory timeframe or based on facility policy, whichever is earlier.</p> <p>Monitoring:</p> <p>The Director of Nursing/Designee will conduct reviews 3 times per week for 4 weeks, then 1 time per week for 4 weeks then monthly for 2 months for new admissions to validate that the required vaccination documentaiton is completed within the regulatory timeframe or based on facility policy. This will continue until 100% compliance is achieved and sustained for four months.</p> <p>The Director of Nursing/Designee will report andy identified trends to the Quality Assurance Performance Improvement Committee monthly and as needed until 100% compliance is achieved and sustained for four months.</p>		

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F 883	<p>Continued From page 3</p> <p>their representative prior to or at the time of admission.</p> <p>*That form was given to the infection control nurse.</p> <p>*Those forms had not been accurately completed by the admissions coordinator.</p> <p>*They expected the infection control nurse had investigated and taken necessary action to secure that missing vaccination information and arranged for pneumococcal vaccination administration as requested.</p> <p>-The infection control nurse was not at work and unable to be interviewed.</p> <p>Review of the Quarter 3, 2018 Pneumococcal Vaccine policy revealed:</p> <p>"1. Prior to or upon admission, residents will be assessed for eligibility to received the pneumococcal vaccine series, and when indicated, will be offered the vaccine series within thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinate."</p> <p>2. Assessments of pneumococcal vaccination status will be conducted within five (5) working days of the resident's admission if not conducted prior to admission."</p>	F 883			