| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 435119 | A. BUILDING _____ B. WING _____ | 03/15/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WILMOT CARE CENTER INC | 501 4TH ST WILMOT, SD 57279 |

| (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<br><br>A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 3/13/23 through 3/15/23. Wilmot Care Center Inc was found not in compliance with the following requirement: F880. | F 000 | | |
| F 880 SS=D | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>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.<br><br>§483.80(a) Infection prevention and control program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§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;<br><br>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br>(i) A system of surveillance designed to identify possible communicable diseases or | F 880 | F880<br><br>Isolation Precaution sign was put up by Resident #19's door on 3-15-2023.<br><br>Director of Nurses (DON) will educate all nursing staff by 4-12-23 on the need for isolation signage with certain infections and the need to check that signage is in place when the isolation carts are restocked. DON will also educate Nurses on the need how to update care plans for diagnoses of infections, antibiotic use, new orders or conditions as appropriate.<br><br>Resident #19's care plan was updated on 3-15-2023 to include the MRSA findings. The wound care order in the TAR was also updated to include the MRSA diagnosis.<br><br>DON will educate Nurses (RNs and LPNs) by 4-12-2023 on using the Daily Report Sheets and the including of pertinent resident information, as well as informing Infection Preventionist/DON/MDS coordinator of any new infections. | 4-18-23 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jan Van Beek
TITLE: Administrator
(X6) DATE: 4-5-2023
4-10-2023

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F 880 Continued From page 1

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 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:
Based on observation, interview, record review, and policy review, the provider failed to ensure:

F 880 F880 continued

Director of Nursing and/or designee will audit appropriate signage on Resident #19's door:
3x a week for 4 weeks, then
Weekly for 1 month, then
2x a month (every other week) for 1 month, then monthly while infectious.

Director of Nursing and/or designee will complete a Care Plan/Chart audit of all residents with a wound, infection or on antibiotics, starting with Resident #19's chart by 4-1-2023. All other resident charts/care plans will be audited by 4-13-203 to assure care plans are up to date.

New residents will have charts/care plans audited within the first quarter after admission.

Care plans will be audited and updated as needed during weekly care conferences by the IDT team/MDS Coord. for those resident's scheduled for care conferences so all care plans will be reviewed at least quarterly.

Director of Nursing/ designee will report on signage and care plan completeness audits at the April QAPI meeting and then quarterly until QAPI committee recommends completeness.

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| F 880 | Continued From page 2<br>*Necessary contact precautions were posted for one of one sampled resident (19) who had a contagious bacterial infection, methicillin-resistant staphylococcus aureus (MRSA) that could have been spread through skin-to-skin contact.<br>*A care plan was updated to identify a MRSA infection and the need for staff to follow contact precautions for one of one resident (19).<br>Findings include:<br><br>1. Observation and interview on 3/13/23 at 4:30 p.m. with licensed practical nurse (LPN) C about a small personal protective equipment (PPE) cart placed outside resident 19's door revealed:<br>*Resident 19 had MRSA and was being treated with antibiotics and dressing changes.<br>*She stated he had been admitted on 1/11/23 with no notification he had MRSA.<br>-The MRSA information was unknown for several days before it was located in the hospital records provided to them.<br>*There was no sign at his door to identify the need for contact precautions.<br>-When asked she stated she was not sure why there was no sign.<br>*She stated resident 19 had one ulcer on his leg when he was admitted to the facility.<br>-Since admission he developed other non-pressure wounds to his left leg requiring dressing changes.<br><br>2. Interview on 3/14/23 at 9:00 a.m. with unlicensed assistive personnel (UAP) F regarding resident 19's MRSA and contact isolation, she stated she was unsure if he required a sign on his door to identify the need for contact precautions. She stated to ask a nurse why the sign was not used. | F 880 | Directed Plan of Correction<br>F880<br><br>Administrator and Director of Nurses met with Lori Hintz, RN with GPQIO via telephone on 3-28-2023 and the following have been implemented after said conference.<br><br>Precaution signage will be kept in the top drawer of the isolation cart, with copies available at the nurses station and signage will be placed by the resident door when the isolation cart is brought out. Signage will be checked for placement when the isolation cart is restocked.<br><br>Infections, wounds and antibiotic usage will be reported on the shift-to-shift report sheets and at the daily stand-up meeting.<br><br>Care plan updating how-tos will be placed in the form of a flowsheet in the nurse resource binder kept at the nurses station. Included in this flowsheet will be the need to notify the Director of Nurses, the MDS Coordinator and the Infection Preventionist of any infections, wounds or antibiotic use.<br><br>Director of Nurses will be in charge of education of signage, care plan updating and communication with nursing staff. | |

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| | 435119 | A. BUILDING _____ B. WING _____ | 03/15/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| WILMOT CARE CENTER INC | 501 4TH ST WILMOT, SD 57279 |

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| F 880 | Continued From page 3 | F 880 | | |

3. Review of the January 11-31, 2023, February 1-28, 2023, and March 1-15, 2023 Medication records and Treatment records revealed resident 19's leg wounds had worsened after admission and the physician ordered a different dressing for the wounds and a course of antibiotics on 2/15/23 due to drainage in the wounds. A different antibiotic was ordered on 2/20/23 after the wound culture identified MRSA.

4. Interview with director of nursing (DON) B on 3/15/23 at 3:00 p.m. revealed the MRSA was identified in the facility on 1/16/23, five days after he had been admitted to the facility. On that date contact precautions were put in place.

5. Review of resident 19's 1/24/23 care plan regarding the MRSA infection and non-pressure ulcer wounds revealed:
*The care plan had identified actual impairment of his skin integrity on his leg related to diabetes and peripheral vascular disease and the need for dressing changes.
*The care plan had not identified the following:
-The MRSA infection.
-The need for staff to use contact precautions and the use of personal protective equipment to protect staff and other residents from cross-contamination.

6. Interview on 3/15/23 at 1:30 p.m. with RN/Minimum Data Set (MDS) coordinator D revealed he:
*Developed and updated the residents' care plans, including resident 19.
*Was unaware resident 19 had MRSA and required contact precautions.
*Stated he had been gone for a while.
*Only worked a couple of days a week.

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| F 880 | Continued From page 4 | F 880 | | |

*Would have expected the above information to have been placed in the care plan.

7. Interview on 3/15/23 at 3:00 p.m. with the director of nursing (DON) B revealed:
*Infection control (IC) nurse E was not available to discuss infection control with the surveyor.
-IC nurse E only worked 1-2 days a week.
-IC nurse E was just coming into the role of infection control nurse and would be training to become an infection preventionist (IP).
-DON B had already received IP training.
*DON B stated when resident 19 was admitted they were not notified by the discharging hospital that he had MRSA.
*Administrator A had called the hospital to inform them of the above.
*DON B:
-Was not aware resident 19 had no signage by his door to alert staff contact precautions were needed.
-Confirmed most of the staff were temporary help and were only in the facility approximately four weeks and then they left to work at another facility.
-Confirmed it was important to provide the temporary staff with pertinent resident care information to provide safe care.
-Stated she had not used any written form of communicating changes in the resident's care, but had recently put together a log for passing resident information from one shift to another.
*Was not aware resident 19's care plan had not been updated to include the MRSA and the need for staff to use contact precautions.
-Confirmed that information should have been included in his care plan.
*DON B had placed the signage on resident 19's door prior to the surveyors exiting the building.

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| F 880 | Continued From page 5 | F 880 | | |

8. Review of the provider's December 2019 Infection Prevention and Control Program policy revealed:
*The provider would develop prevention, surveillance, and control measures to protect residents and personnel from health-associated infections.
*Monitor community-associated infections in residents who are newly admitted to the facility and develop control measures to protect other residents.
*Analyze, in a timely manner, clusters or trends of infection, change in prevalent organisms, and any increase in the rate of infection.

9. Review of the provider's August 2022 Isolation policy revealed:
*When necessary to prevent transmission of infections within the facility the provider would use isolation precautions.
*Contact precautions, in addition to standard precautions were to have been used for residents known or suspected to have been infected with microorganism that could have been easily transmitted by direct or indirect contact.
*Examples requiring contact precautions included multidrug-resistant organisms such as MRSA.
*The provider was to notify the resident and family of the need for precautions
*The provider was required to complete the following
-Inform the staff of the need for isolation precautions.
-Explain procedures that must be initiated and maintained.
-Provide education.
*The staff were to gather Equipment:
-A cart for PPE needed to maintain isolation.

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| F 880 | Continued From page 6 | F 880 | | |

-The appropriate sign (airborne, droplet, or contact precautions).
-Ensure the resident's room had adequate hygiene supply.
-Obtain equipment dedicated for the resident's care.
-The above isolation precautions could be instituted by a physician, administer, or charge nurse.

10. Review of the provider's updated June 2019 Care Plan Policy revealed:
*Each comprehensive care plan was based on a thorough assessment that included, but not limited to, the MDS.
*Each resident's care plan was designed to:
-Incorporate identified problem areas.
-Incorporate risk factors associated with identified problems.
-Build on the resident's strengths
-Reflect treatment goals, timetables and objectives in measurable outcomes.
-Identify the professional services that were responsible for each element of care.
-Aide in preventing or reducing declines in the resident's functional status.
*Assessments of residents were to have been ongoing and care plans were to be revised as information about the resident and resident's condition changed.

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

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| E 000 | Initial Comments<br><br>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 3/13/23 through 3/15/23. Wilmot Care Center Inc was found in compliance. | E 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jan Van Beek
TITLE: Administrator
(X6) DATE: 3-30-2023

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.

South Dakota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 10712 | A. BUILDING: _____ B. WING _____ | 03/15/2023 |

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| WILMOT CARE CENTER INC | 501 4TH STREET WILMOT, SD 57279 |

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| S 000 | Compliance/Noncompliance Statement<br><br>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 3/13/23 through 3/15/23. Wilmot Care Center Inc was found not in compliance with the following requirement(s): S166. | S 000 | | |
| S 166 | 44:73:02:18(1-2) Occupant Protection<br><br>The facility shall take at least the following precautions:<br>(1) Develop and implement a written and scheduled preventive maintenance program;<br>(2) Provide securely constructed and conveniently located grab bars in all toilet rooms and bathing areas used by residents;<br>(3) Provide a call system for each resident bed and in all toilet rooms and bathing facilities routinely used by residents. The call system shall be capable of being easily activated by the resident and must register at a staff station serving the unit. A wireless call system may be used;<br><br>This Administrative Rule of South Dakota is not met as evidenced by:<br>Based on interview and record review the provider had not implemented a preventative maintenance program as required.<br><br>1. Record review on 3/14/23 at 12:41 p.m. revealed documentation could not be produced showing preventative maintenance had been conducted for the month of November 2022. | S 166 | S166<br>Preventative Maintenance program was updated with new checklists to be completed by maintenance personnel on a monthly, quarterly, semi-annual and annual basis.<br><br>Preventative maintenance will be scheduled on the calendar in the maintenance room and marked off when completed. Checklists will be kept in a binder in the Building Manager's office.<br><br>Building Manager will ensure completion of checklists on a monthly basis.<br><br>Building Manager will report on changes and checklists at the April QAPI meeting and then quarterly thereafter as they will be included in the on-going Maintenance reporting. | 4-10-23 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jan Van Beek | TITLE: Administrator | (X6) DATE: 3-30-2023

South Dakota Department of Health

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| S 166 | Continued From page 1<br><br>Interview with the maintenance director at that same time confirmed that finding.<br><br>The deficiency had the potential to affect 100% of the building occupants | S 166 | | |