

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

PRINTED: 01/27/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2021
NAME OF PROVIDER OR SUPPLIER FIVE COUNTIES NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 406 6TH AVENUE WEST LEMMON, SD 57638		
(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 Surveyor: 40788 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 1/12/21. Five Counties Nursing Home was found not in compliance with 42 CFR Part 483.10 resident rights and 42 CFR Part 483.80 infection control regulations: F880. Five Counties Nursing Home was found in compliance with 42 CFR Part 483.10 resident rights and 42 CFR Part 483.80 infection control regulations: F550, F562, F583, F882, F885, and F886. Five Counties Nursing Home was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 37	F 000	This Plan of Correction is submitted as required under Federal and State regulation and statues applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied. F880: The Administrator, Director of Nursing (DON), and Infection Control Preventionist (ICP), will review and revise policies and procedures to ensure that the Infection Control policies are updated to reflect the current needs and safety of each individual resident. All residents are potentially affected by this deficiency. The Administrator, DON and ICP will update Infection Control policies exclusive to **1/29/2021 sd ** hand hygiene, cleaning of wound care supplies before, during and after use, environmental cleaning following wound care, soiled barrier replacement with clean barrier prior to redressing wounds, and ensuring clean wound care supplies are kept on clean barriers during wound care. These policies will be updated and reviewed by February 3rd, 2021. The IDT team will be educated on the updated policies and procedures by February 3rd, 2021.	Feb 3rd, 2021	
F 880 SS=D	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:	F 880	All staff will be educated on the updated policies and procedures by February 3rd, 2021. In addition to staff education, audits will also be done to ensure compliance. The ICP, DON and Charge Nurse will audit at a minimum of 3 staff members each shift for the next week to ensure that all are properly following the procedures outlined in the Infection Control policy. Audits will then be weekly for the next 3 weeks and then one time per month for 2 more months. This will include proper use of hand sanitizers, handwashing and proper application and changing of gloves when providing resident cares. In addition to this audit, the ICP and the DON will monitor dressing changes 3x per week for the next 4 weeks to ensure that all policies and procedures are being followed to prevent cross contamination and proper handling of all supplies.		

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

Stacy Drayton

TITLE

Administrator

(X6) DATE

1/29/2021

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.

JAN 29 2021
SD DON-010

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F 880	Continued From page 1 §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. §483.80(a)(4) A system for recording incidents	F 880	The ICP and DON will report to QAPI monthly for review and recommendations until the committee determines the goal has been met.		

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F 880	<p>Continued From page 2 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: 40788 Based on observation, interview, and policy review, during a pandemic (coronavirus disease 2019) the facility failed to: *Demonstrate proper hand hygiene and glove use by two of two certified nurse aides (CNA) (B and C) who had assisted one of one sampled resident (1) with toileting. *Establish a clean field on which to keep clean wound care supplies, replace a soiled disposable barrier with a clean barrier prior to redressing a wound, and clean an overbed table following wound care by one of one licensed practical nurse (LPN) (D) for one of one sampled resident (2). Findings include:</p> <p>1. Observation and interview on 1/12/21 between 12:45 p.m. and 12:55 p.m. of CNAs B and C assisting resident 1 with toileting revealed: *CNA B entered the resident's room and without performing hand hygiene put on a pair of gloves. *CNA C entered the resident's room without performing hand hygiene and had not worn gloves. *In the bathroom, CNAs B and C assisted the</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>resident to stand from her wheelchair, pull her pants down, and transfer to the toilet.</p> <p>-CNA B removed the resident's undergarment.</p> <p>*The resident was left in the bathroom to use the toilet.</p> <p>*CNA B discarded his gloves after he left the bathroom.</p> <p>*Without performing hand hygiene CNA B put on a clean pair of gloves and returned to the bathroom.</p> <p>*Without performing hand hygiene and without gloves CNA C returned to the bathroom.</p> <p>*CNA C guided the resident's legs into the openings of a clean undergarment and both CNAs assisted the resident to stand while CNA B wiped the resident's perineum.</p> <p>*CNA C assisted the resident to pull up her pants.</p> <p>*After the resident was transferred back to her wheelchair, CNAs B and C washed their hands.</p> <p>*Resident 1 was not reminded or assisted to wash her hands at that time.</p> <p>*CNA B confirmed he should have prior to entering the resident's room and between glove changes.</p> <p>*CNA B agreed he should have assisted the resident with hand hygiene prior to leaving the bathroom.</p> <p>Interview on 1/12/21 at 3:00 p.m. with administrator A regarding hand hygiene when a resident was toileted revealed she:</p> <p>*Would have expected hand hygiene had occurred prior to entering resident 1's room and between glove changes.</p> <p>*Would have expected CNA C had worn gloves when she assisted the resident with toileting.</p> <p>Review of the providers revised 2/2020 Hand Washing/Hand Hygiene policy revealed:</p>	F 880			

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F 880	Continued From page 4 *It was expected that alcohol based hand sanitizer or handwashing with soap and water was used in the following situations: -"Before and after direct contact with residents." -"After removing gloves." *Single use gloves should be used: -"When anticipating contact with blood or body fluids." 2. Observation and interview on 1/12/21 between 1:50 p.m. and 2:30 p.m. of LPN D providing wound care for resident 2 revealed: *She had performed hand hygiene, laid a clean barrier under the resident's lower extremities and removed the resident's shoes. *She put on a clean pair of gloves, removed the resident's socks and unwrapped the gauze on the resident's lower extremities. *She removed a pair of scissors from her smock and used them to loosen and remove bandages under that gauze on the resident's right lower extremity. *With her gloved hands, she removed an alcohol pad from her smock, cleaned the scissors with that pad, loosened and removed bandages under the gauze on the resident's left lower extremity. *She placed those used scissors on the seat of the resident's wheelchair, removed her gloves, and performed hand hygiene. *With her ungloved hands she reached into her smock for another pair of gloves and several single-use vials of normal saline. -With gloved hands she squirted that normal saline to loosen and remove the remaining wound coverings on the resident's right lower extremity. *She removed her gloves, performed hand hygiene, retrieved a pair of gloves from her smock, put them on and repeated the process for the resident's left lower extremity.	F 880		

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F 880	<p>Continued From page 5</p> <p>*She then removed her gloves, performed hand hygiene, obtained more gloves from the bathroom and put them in her smock.</p> <p>*She cleaned her scissors with an alcohol pad and put on new gloves.</p> <p>*The blood tinged barrier under the resident's lower extremities was not replaced with a clean barrier prior to applying new dressings.</p> <p>*The cleaned scissors were used to cut pieces of bandage that covered individual open areas of skin on the resident's right lower extremity.</p> <p>-They were laid on the resident's bedside table after use.</p> <p>*Larger bandages were then applied and the leg was wrapped with gauze.</p> <p>*The same process was repeated with the left lower extremity using appropriate hand hygiene, glove use and cleaned scissors.</p> <p>*After wound care completion, LPN D placed the uncleaned scissors in her smock, removed her gloves, and performed hand hygiene.</p> <p>-The bedside table was not cleaned.</p> <p>*She agreed holding wound care supplies and gloves inside her smock was unsanitary.</p> <p>*A clean barrier should have placed after removing the resident's wound dressings and before applying new dressings.</p> <p>*The resident's bedside table should have been cleaned after having laid uncleaned scissors on them.</p> <p>Interview on 1/13/21 at 3:00 p.m. with administrator A regarding resident 1's wound care revealed she:</p> <p>*Would have expected wound care supplies to have been kept in a manner that was sanitary and easily accessed by the user.</p> <p>-A smock was not an appropriate place to hold those supplies.</p>	F 880			

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F 880	Continued From page 6 *The barrier under the resident's legs should have been changed prior to redressing her wound. *The resident's bedside table would have been cleaned following wound care. Review of the provider's 2/3/20 Wound Care policy revealed: *Steps in the Procedure: -"1. Use disposable cloth (paper towel is adequate) to establish clean field on resident's overbed table. Place all items to be used during procedure on the clean field. Arrange the supplies so they can be easily reached." -"11. Be certain all clean items are on clean field." -"16. Use Cavi Wipe (disinfectant wipe) to wipe overbed table." -"Wipe reusable supplies with alcohol as indicated."	F 880			

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