

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

PRINTED: 12/31/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/15/2020
NAME OF PROVIDER OR SUPPLIER AVERA MOTHER JOSEPH MANOR RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1002 NORTH JAY STREET ABERDEEN, SD 57401		
(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	
E 000	Initial Comments	E 000			
	A COVID-19 Focused Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the Centers for Medicare & Medicaid Services (CMS) on 12/14/20 to 12/15/20. The facility was found to be in substantial compliance with 42 CFR 483.73 related to E-0024 (b)(6).				
F 000	INITIAL COMMENTS	F 000			
	A COVID-19 Focused Infection Control survey was conducted by Healthcare Management Solutions, LLC on behalf of the Centers for Medicare & Medicaid Services (CMS) on 12/14/20 to 12/15/20. The facility was found not to be in substantial compliance with 42 CFR 483.80 Infection Control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.				
	Survey Census: 57				
	Sample Size: 5				
	Supplemental: 0				
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880	The infection preventionist (IP) and dietary manager (DM) in conjunction with the medical director, shall complete the following: (1) Identify and implement policies and procedures consistent with current infection control guidelines for nursing homes from the Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services. (2) Develop and implement policies and procedures for safe, sanitary meal tray delivery with appropriate monitoring.	1-15-21	
	§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.				

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

TITLE

(X6) DATE

 Administrator 1-9-21

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 §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, 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	F 880	The IP and DM will review current COVID-19 nursing facility guidelines from CDC and CMS for meal tray delivery. The IP and DM will evaluate the facility's compliance with the guidelines. The facility will develop action plans to address any newly identified non-compliance. The DM and IP will ensure education is provided for the following: a. DA1 is training and monitored for safe, sanitary meal tray delivery. This training and monitoring will apply to all newly hired dietary staff. b. All dietary staff are educated on safe, sanitary meal tray delivery in accordance with current CDC and CMS guidelines. c. All dietary staff are to be educated on the importance and potential risks associated with failure to follow the policies, procedures, and guidance. The facility leadership will contact the South Dakota Quality Improvement Organization (QIO) to inquire about the assistance and services available from the QIO in improving infection prevention and control within the facility. Monitoring of approaches to ensure infection control and prevention are effective will include: a. Weekly for no less than 4 weeks, the IP and DM will conduct on-going monitoring via observation on meal tray deliveries to ensure staff are complying with requirements for compliance with the safe, sanitary meal tray delivery policies and procedures. b. Compliance with mandatory ongoing education/re-education in relation to infection control guidance in accordance with CDC and CMS recommendations. All training/education related to the policies/procedures will be documented and accompanied by signature lists. c. All monitoring by observation will be documented with the observer's name, date, time, and notes describing the observation. Observations of noncompliance will result in ad hoc education for the staff. Such education will be documented on monitoring forms.	1-8-21 12-16-20 1-15-21 2-16-21

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F 880	<p>Continued From page 2</p> <p>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</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents 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: Based on observations, staff interviews, and record review, the facility failed to ensure staff performed adequate hand hygiene while serving room trays to prevent the spread of infection, including COVID-19 in one of four wings. This failure had the potential to affect the 18 residents living on the Boardwalk wing, who were all COVID-19 negative or recovered.</p> <p>Findings include:</p> <p>On 12/14/20 at 12:20 PM, Dietary Aide (DA) 1 was observed serving room trays from a wheeled cart on the Boardwalk wing. DA1 entered room B3 without sanitizing her hands and delivered the tray to the resident on the left side of the room. DA1 assisted the resident in opening the</p>	F 880	<p>After four weeks of monitoring, provided that such monitoring demonstrates expectations are met, monitoring may be reduced to monthly. Monthly monitoring will continue for no less than three months. All monitoring will be reported to the quality assurance process improvement (QAPI) committee as part of QAPI activities. Monitoring will not be discontinued until the facility completes three consecutive rounds of monthly monitoring which demonstrate sustained compliance as approved by the QAPI committee and medical director.</p>	

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F 880	<p>Continued From page 3</p> <p>beverages and setting up the utensils. DA1 then exited the room without performing any hand hygiene. DA1 pushed the meal cart down the hall and entered room B9 without sanitizing her hands and set up the resident's meal. DA1 then left the room without sanitizing her hands, then entered room B8 without performing hand hygiene. DA1 delivered the tray and picked up a used clothing protector that was on the resident's table with her bare hands. DA1 placed the used clothing protector on the meal cart next to another meal tray and continued on without performing hand hygiene. DA1 entered room B14 without sanitizing her hands and delivered the meal tray to the resident on the left. She assisted in opening the beverages, soup, and applesauce containers and set up the utensils for the resident. DA 1 then exited the room without performing hand hygiene and began to push the empty cart with the used clothing protector down the hall.</p> <p>During an interview on 12/14/20 at 12:35 PM, DA1 stated she was new to the position and this was her fourth day on the job. She stated hand sanitizer was available at the entrance to each resident room. DA1 added, "I try to sanitize between every room, but I get caught up and don't always, so I try to do it between carts at least."</p> <p>During an interview on 12/15/20 at 11:00 AM, the Infection Preventionist (IP) stated staff were expected to perform hand hygiene between serving each meal tray. He stated it would be appropriate to use hand sanitizer between residents, unless their hands were visibly soiled.</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER avera mother joseph manor retirement community	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 NORTH JAY STREET ABERDEEN, SD 57401
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F 880	<p>Continued From page 4</p> <p>On 12/15/20 at 11:44 AM, DA1 was observed serving room trays from a wheeled cart on the Boardwalk wing. She entered room B1 without sanitizing her hands and delivered the tray to the resident on the right side of the room. She moved items off the resident's bedside table, then assisted in opening the milk container and can of soda and putting butter on the potatoes. DA1 then retrieved the next tray from the hall without first sanitizing her hands and proceeded to re-enter room B1 and serve the resident on the left side of the room. DA1 opened the beverage containers, then left the room without performing hand hygiene. DA1 then moved to Room B3 and served a resident's food tray without sanitizing her hands.</p> <p>During an interview on 12/15/20 at 12:25 PM, the Director of Nursing (DON) stated the dietary staff were responsible for serving room trays, and she expected the staff to perform hand hygiene between serving each tray.</p> <p>On 12/15/20 at 12:40 PM, the DON provided a 2019 ServSafe flier titled, "Hand Washing 101." She stated this flier was provided to DA1 at orientation. The DON stated DA1 had not yet completed the written test on infection control that was part of the dietary orientation.</p> <p>The 2019 ServSafe "Hand Washing 101" flier documented, "You should always wash your hands BEFORE you handle food or begin any food-related task, but it's also very important that you wash your hands AFTER these activities: -Handling raw meat, poultry, and seafood. -Using the restroom. -Touching your hair, face, body, clothes, or</p>	F 880		
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F 880	Continued From page 5 apron. -Sneezing, coughing, or using a tissue. -Smoking, eating, drinking, or chewing gum. -Using chemicals that might affect the safety of food. -Emptying or taking out the garbage. -Clearing tables or washing dirty dishes. -Handling money and making change. The filer did not address hand hygiene when serving residents their meals. During an interview on 12/15/20 at 12:55 PM, the IP stated DA1 also viewed a video on hand hygiene and infection control during her orientation.	F 880			