

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

PRINTED: 12/29/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/16/2020
NAME OF PROVIDER OR SUPPLIER AVANTARA SAINT CLOUD			STREET ADDRESS, CITY, STATE, ZIP CODE 302 ST CLOUD STREET RAPID CITY, SD 57701		
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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 on 12/15/20 and 12/16/20. Avantara Saint Cloud was found not in compliance with 42 CFR Part 483.80 infection control regulations: F880 and F886. Avantara Saint Cloud 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, F882, and F885. Avantara Saint Cloud was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 70	F 000			
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: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents,	F 880	1. No immediate correction could be made for LPN E's failure to ensure clean preparation of an insulin pen or for her donning contaminated gloves after performing hand hygiene. No immediate correction could be made for PTA F's failure to wear Personal Protective Equipment (PPE) appropriately or for his failure to perform therapy services to Resident 2 in her room while she is on transmission based precautions (TBP). The Enhanced Droplet Precautions signage was placed outside Resident 2's room at the time of survey on 12/16/2020.		

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

TITLE

(X6) DATE

John Kelly

Administrator

01/08/21

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 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 corrective actions taken by the facility.	F 880	2. All residents are at risk for adverse effects related to failure to 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. 3. The Administrator, Director of Nursing (DON), Activity Coordinator, Social Service designee, and Interdisciplinary Team (IDT) in collaboration with the governing body and Medical Director reviewed the Hand Hygiene policy, Insulin Administration Using an Insulin Pen protocol and the New Admissions and Re-Admissions During COVID-19 Pandemic policy. The DON or designee will educate all professional nurses, to include LPN E, on the Hand Hygiene policy and the Insulin Administration Using an Insulin Pen protocol to ensure appropriate infection control is maintained during the administration of insulin. The DON or designee will educate all staff, to include therapy staff, on the New Admissions and Re-Admissions During COVID-19 Pandemic to ensure appropriate infection control signage is posted and residents that are in quarantine receive therapy services in their room utilizing required PPE appropriately. The cited deficiency will be shared during education. Education will occur no later than January 21, 2021 and those not in attendance at education session due to vacation, sick leave, or casual work status will be educated prior to their first shift worked.	

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F 880	<p>Continued From page 2</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) the facility failed to ensure: *Clean preparation of an insulin pen by one of one licensed practical nurse (LPN) (E). *Proper glove use by one of one LPN (E) when administering insulin to one of one resident (1). *A process had been established for staff to identify and follow infection control measures by one of one physical therapy aide (PTA) (F) who provided therapy for one of one resident (2) on transmission based precautions (TBP).</p> <p>1. Observation and interview on 12/15/20 between 1:00 p.m. and 1:10 p.m. of LPN E when she prepared and administered resident 1's insulin revealed: *She had obtained the insulin pen and verified the orders. *While preparing the pen she had not cleaned the tip of the pen prior to applying the needle. *She entered resident 1's room and laid her insulin supplies on top of a clean barrier. *She went into the resident's bathroom, obtained gloves from the glove box and laid them on the sink. *She washed her hands then put on the contaminated gloves she had laid on the sink.</p>	F 880	<p>4. The DON or designee will audit 5 insulin administrations using an insulin pen to ensure clean gloves are donned after hand hygiene is performed and the tip of the insulin pen is disinfected with alcohol prior to the needle being attached. Audits will be weekly for four weeks, and then monthly for two months. The DON or designee will audit all admissions and re-admissions to ensure appropriate infection control signage is posted outside the resident's room, therapy services are being provided in the resident room and required PPE is being utilized appropriately by therapy staff. Audits will be weekly for four weeks, and then monthly for two months. Results of audits will be discussed by the DON or designee at the monthly Quality Assessment Process Improvement (QAPI) meeting with the IDT and Medical Director for analysis and recommendation for continuation/discontinuation /revision of audits based on audit findings.</p>	01/25/21	

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F 880	<p>Continued From page 3</p> <p>*She completed the insulin administration process.</p> <p>*She stated it was not her usual practice to clean the tip of the insulin pen prior to applying the needle.</p> <p>*She agreed she should have performed hand hygiene before removing the gloves from the container and putting them on.</p> <p>Review of the undated Insulin Administration Using an Insulin Pen policy revealed: "7. Wipe the tip of the pen where the needle will attach with an alcohol swab or a cotton ball moistened with alcohol."</p> <p>Interview on 12/15/20 at 1:30 p.m. with DON B and infection control nurse C regarding insulin administration revealed: *It was their expectation the tip of the insulin pen be cleaned prior to applying the needle. *Gloves should have been removed after hand washing occurred.</p> <p>2. Observation on 12/15/20 between 11:55 a.m. and 12:00 noon outside of resident 2's room revealed: *Signage for enhanced droplet precautions. *PTA F was seen pushing resident 2 in her wheelchair from the therapy gym back to her room. -He was only wearing a surgical mask that was positioned under his nose. *Resident 2 had worn no PPE.</p> <p>Interview on 12/15/20 at 12:05 p.m. with PTA F regarding infection control precautions for resident 2 revealed he: *Had not thought resident 2 was on infection control precautions.</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>*Would be informed by his supervisor or nursing staff and signage posted outside the room if a resident was on infection control precautions.</p> <p>*Had taken the resident to the therapy gym at least one other time since her return from the hospital on 12/9/20.</p> <p>*Had not seen posted infection control signage outside of her room when he took her to the therapy gym but he noticed signage for enhance droplet precautions had been posted when he brought her back to her room.</p> <p>-Those precautions included the use of hand hygiene, masks, eye protection, gowns, and gloves by staff who worked with that resident.</p> <p>Interview on 12/15/20 at 1:25 p.m. with DON B regarding facility infection control measure revealed:</p> <p>*All residents readmitted to the facility after a hospital stay were quarantined in their room for fourteen days.</p> <p>-Therapy services should have occurred in resident 2's room.</p> <p>*Staff had been expected to wear gown, gloves, face mask, and face shield or eye covering with quarantined residents.</p> <p>*Department leaders met daily to discuss infection control information that they shared with their staff.</p> <p>-Nursing staff had monitored all staff for ongoing compliance of those measures.</p> <p>*Staff had also been alerted to infection control measures by signage posted outside of residents' rooms.</p> <p>-She confirmed infection control signage had been posted outside of resident 2's room after that resident had left her room for therapy today.</p> <p>Review of the New Admissions and</p>	F 880			

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F 880	Continued From page 5 Re-Admissions During COVID-19 Pandemic policy revised on 10/23/20 revealed: *Policy: -"All new admissions and re-admissions to our facility will be placed on a receiving unit/area for 14 days from date of admission/re-admission." -"2. Resident will be cared for by staff that are utilizing full PPE; including medical grade facemask, eye protection, gown and gloves."	F 880			
F 886 SS=D	COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6) §483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must: §483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not limited to: (i) Testing frequency; (ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility; (iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19; (iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county; (v) The response time for test results; and (vi) Other factors specified by the Secretary that	F 886	1. No immediate correction could be made for the infection control nurse C or housekeeper/laundry staff D's failure to maintain appropriate infection control procedures during the Abbott BinaxNOW COVID-19 Ag card testing for COVID-19. 2. All residents are at risk for adverse effects related to failure to 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.		

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F 886	<p>Continued From page 6 help identify and prevent the transmission of COVID-19.</p> <p>§483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests;</p> <p>§483.80 (h)((3) For each instance of testing: (i) Document that testing was completed and the results of each staff test; and (ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test.</p> <p>§483.80 (h)((4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19.</p> <p>§483.80 (h)((5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested.</p> <p>§483.80 (h)((6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results. This REQUIREMENT is not met as evidenced by: Surveyor: 40788 Based on observation, interview, review of the provider's BinaxNow coronavirus 2019 (COVID-19) Ag (antigen) Test competency form,</p>	F 886	<p>3. The Administrator, Director of Nursing (DON), Activity Coordinator, Social Service designee, and Interdisciplinary Team (IDT) in collaboration with the governing body and Medical Director reviewed the How to Obtain a Nasopharyngeal or Anterior Nasal swab specimen for COVID-19 – HCP policy and the Abbot BinaxNOW COVID-19 Ag Card Test with Positive Swab Competency. The DON or designee will educate all employees that have completed training on the Abbott BinaxNOW COVID-19 Ag Card Test, to include infection control nurse C, on the How to Obtain a Nasopharyngeal or Anterior Nasal swab specimen for COVID-19 – HCP to ensure infection control is maintained. The DON or designee will complete the Abbott BinaxNOW COVID-19 Ag Card Test with the Positive Swab Competency for all associates that have completed training on the Abbott BinaxNOW COVID-19 Ag Card Test. The cited deficiency will be shared during education. Education will occur no later than January 14, 2021 and those not in attendance at education session due to vacation, sick leave, or casual work status will be educated prior to their first shift worked.</p>		

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F 886	<p>Continued From page 7</p> <p>review of the manufacturer's insert, and review of the Centers for Disease Control and Prevention (CDC) publication, the provider failed to ensure infection control practices had been followed for the current COVID-19 pandemic by one of one infection control nurse (C) who assisted with an antigen test for one of one housekeeper/laundry staff (D). Findings include:</p> <p>1. Observation on 12/15/20 between 12:25 p.m. and 12:40 p.m. of infection control nurse C with housekeeper/laundry staff D during antigen testing revealed:</p> <ul style="list-style-type: none"> *Infection control nurse C performed hand hygiene and put on gloves. -She had been wearing a surgical mask. *She placed antigen testing supplies on top of her office desk. -There were open food containers next to the above testing supplies on that desk. *She gave housekeeper/laundry staff D the swab and instructed how to collect the specimen sample. -Housekeeper/laundry staff D had not performed hand hygiene or worn gloves prior to handling the swab. *Infection control nurse C processed the swab after it was returned to her. <p>Interview on 12/15/20 at 1:20 a.m. with director of nursing (DON) B and infection control nurse C and follow-up telephone interview on 12/16/20 at 8:45 a.m. with infection control nurse C regarding COVID-19 testing revealed:</p> <ul style="list-style-type: none"> *Antigen testing occurred two times a week for staff. *Infection control nurse C stated she should have worn full personal protective equipment that included an N95, gown, and face shield during 	F 886	<p>4. The DON or designee will audit 5 associates being tested with the Abbott BinaxNow COVID-19 Ag Card Test to ensure the associate performing the test is wearing the required PPE during testing of staff, a barrier is placed on testing surface and the associate performing their own specimen collection performed hand hygiene prior to specimen collection on themselves and again after collecting the specimen and returning it to the associate processing the test. Audits will be weekly for four weeks, and then monthly for two months. Results of audits will be discussed by the DON or designee at the monthly Quality Assessment Process Improvement (QAPI) meeting with the IDT and Medical Director for analysis and recommendation for continuation/discontinuation/revision of audits based on audit findings.</p>	01/25/21	

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F 886	<p>Continued From page 8 testing.</p> <p>*Housekeeper/laundry staff D should have performed hand hygiene and worn gloves prior to handling the testing swab.</p> <p>*She confirmed testing supplies should have been placed on a cleaned and disinfected surface.</p> <p>*DON B stated the facility referred to the manufacturer's insert for instruction on how to use the antigen test.</p> <p>Review of the undated Abbott BinaxNOW COVID-19 Ag Card Test competency revealed: a barrier was to be placed on the testing surface.</p> <p>Review of the manufacturer's insert for the BinaxNOW COVID-19 test revealed: **"Specimens should be collected with appropriate infection control precautions." *Current guidance regarding COVID-19 antigen testing was available at the CDC's website.</p> <p>Review on 12/15/20 of the CDC publication "Guidance for SARS-CoV2 [COVID-19] Point-of-Care [POC] Testing updated on 12/10/20 revealed: *Specimen Collection & Handling of Point-of-Care Tests: -"A specimen that is not collected or handled correctly may lead to inaccurate or unreliable test results." -"CDC recommends using Standard Precautions when collecting and handling specimens for POC testing. Standard Precautions include, but are not limited to, PPE such as laboratory coat, surgical mask or face shield, disposable gloves, and eye protection."</p>	F 886			