

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/16/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - MILBANK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1103 SOUTH SECOND STREET MILBANK, SD 57252</b>
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(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
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 32332 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 7/15/14 through 7/16/14. Golden LivingCenter-Milbank was found not in compliance with the following requirement: F441.483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) 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. (3) The facility must require staff to wash their hands after each direct resident contact for which</p>	F 000	<p><i>Addendums noted with an asterisk per 8/17/14 telephone to facility administrator. SD/SDDOH/ME</i></p> <p>Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements. This applies to F441.</p> <p>F 441 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>1. Resident 6 was assessed on 7/16/14 for signs and symptoms of infection with no infection discovered. No other residents exhibited signs or symptoms of urinary tract infection during the time frame of 7/17/14 - 7/31/14. All residents have the potential to be affected by the findings listed.</p> <p>2. CNA A will receive one on one training and instruction from the Director of Nursing Services regarding the proper steps for Catheter Care, Perineal Care, and Handwashing. All CNAs will receive training and instruction from the Director of Nursing Services or designee on the proper steps for Catheter Care, Perineal Care, and Handwashing. In addition, all staff members will be educated on proper handwashing procedures <i>* on 8/17/14 in a staff-directed in-service. SD/SDDOH/ME</i></p>	
F 441 SS=D		F 441		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Executive Director</b>	(X6) DATE <b>8/17/2014</b>
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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.

AUG 08 2014

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/16/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - MILBANK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1103 SOUTH SECOND STREET MILBANK, SD 57252</b>	
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F 441	<p>Continued From page 1 hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 32355 Based on observation, interview, and policy review, the provider failed to ensure the potential for cross-contamination had not occurred for one of one observed resident (6) with a foley catheter (tube inserted directly into the bladder to assist with urine drainage) who required staff assistance by one of one certified nurse aide (CNA) A with personal care. Findings include:</p> <p>1. Observation on 7/16/14 from 8:40 a.m. through 8:50 a.m. of CNA A during personal care for resident 6 revealed: *The resident had been resting in her bed. *CNA A had gathered all of the necessary supplies to provide personal care for the resident. She had filled a large plastic container with warm water, soap, and two wash clothes inside of it. *She retrieved a pair of gloves and put them on. With those gloves on she had: -Cleansed the resident's catheter tubing and perineal area (area located between the thighs) with one of the wash clothes from the plastic container. -Cleansed the above area in an upward motion from the rectum (bottom) to the stomach and back down to the rectum. She completed that</p>	F 441	<p>3. The Director of Nursing Services or Designee will _____ observe return demonstrations for all staff members regarding proper Handwashing procedures. The Director of Nursing Services or designee will report audit results to the Quality Assurance and Assessment Committee for further review and recommendations*</p> <p>*conduct random audits of perineal care and catheter care for CNAs weekly for four weeks, then monthly. SB/SDDDH/MF</p> <p>*The Director of Nursing Services will SB/SDDDH/MF</p> <p>on 8/10/14 and the next QAA committee meeting on 9/30/14. SB/SDDDH/MF</p>	4. 9/4/2014

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F 441	<p>Continued From page 2</p> <p>cleansing motion several times.</p> <p>-Cleansed the catheter tubing during the same time as the perineal area.</p> <p>-Placed the soiled wash cloth back into the plastic container and assisted the resident to turn over to her right side.</p> <p>-Retrieved a box of disposable wet wipes and cleansed her rectal area. She had removed a moderate amount of bowel movement from the resident's rectal area.</p> <p>-Placed the soiled wipes inside of a garbage bag. *She removed those gloves and retrieved another pair of gloves and put them on. She had not washed or sanitized her hands prior to putting on the clean pair of gloves.</p> <p>*With those gloves on she had:</p> <p>-Retrieved one of the wash cloths from the plastic container and washed the resident's back and rectal area.</p> <p>-Placed the soiled wash cloth back inside of the plastic container and retrieved a dry towel.</p> <p>-Dried the resident's back and rectal area with the dry towel.</p> <p>-Retrieved a tube of anti-fungal cream (cream to treat yeast infections), opened the tube, and placed a small amount on the tips of her gloved fingers.</p> <p>-Rubbed the anti-fungal cream on a reddened area underneath the resident's left buttock.</p> <p>-Assisted the resident to turn over to her left side.</p> <p>-Retrieved the tube of anti-fungal cream and placed a small amount on the tips of her gloved fingers.</p> <p>-Rubbed the anti-fungal cream on a reddened area underneath the resident's right breast.</p> <p>-Placed the tube of anti-fungal cream on the resident's bedside table without a barrier (protectant from one surface to another).</p> <p>-Retrieved a clean shirt and assisted the resident</p>	F 441		
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F 441	<p>Continued From page 3 to put it on.</p> <p>-Removed the soiled wash cloths from the plastic container and placed them on the resident's bedside table and then moved them to the countertop by the sink.</p> <p>*She removed those gloves, retrieved a dry towel, and wiped off the resident's bedside table.</p> <p>*She had not used any sanitizer to wipe off the bedside table or countertop after drying it off with a towel.</p> <p>*She then washed and sanitized her hands. She had washed her hands for five seconds. That had been the only time she had washed or sanitized her hands during the entire above process.</p> <p>Interview on 7/16/14 at 8:45 a.m. with CNA confirmed:</p> <p>*She had not properly removed her gloves and sanitized her hands when working from dirty to clean</p> <p>*There had been potential for the resident to acquire a bladder infection from the cleansing process she had provided to the perineal area and catheter tubing.</p> <p>*She should have changed the wash cloths and water in the plastic container after cleansing the resident's perineal area, catheter, and rectal area before washing her back.</p> <p>*She should not have placed the soiled cloths on the bedside table or countertop. She should have placed them directly in a plastic bag for washing.</p> <p>*There had been potential for cross-contamination from the cleansing process she had provided for the resident.</p> <p>Interview on 7/16/14 at 11:15 a.m. with the director of nursing revealed:</p> <p>*She would have expected:</p> <p>-CNA to have washed the resident's back prior</p>	F 441			

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F 441	<p>Continued From page 4</p> <p>to cleansing her perineal and rectal areas. -CNA A to have removed her gloves and performed hand hygiene when working from clean to dirty. -CNA A to place the soiled washed cloths directly into a plastic bag and not onto the bedside table or countertop. *There had been potential for the resident to acquire a bladder infection and for cross-contamination due to the unsanitary procedure that was used.</p> <p>Review of the provider's 2006 Catheter Care, Indwelling Catheter policy revealed: *The purpose was to prevent infections. *Gloves were to have been removed after cleansing the catheter. *No documentation to support when washing or sanitizing of the hands should have occurred.</p> <p>Review of the provider's 2006 Perineal Care policy revealed: *Purpose was to prevent infections and odor. *Gloves were to have been worn during perineal care and removed when they had come in contact with bowel movement. *The water was to have been changed and the soiled linens discarded when appropriate. *Gloves were to have been removed after perineal care. *No documentation to support when washing or sanitizing of the hands should have occurred.</p> <p>Review of the provider's 2006 Handwashing policy revealed: *Purpose: -"Medical asepsis (method of keeping clean) to control infection." -"To reduce transmission of organisms (a living</p>	F 441		

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F 441	Continued From page 5 cell/bacteria) from resident to resident." -"To reduce transmission of organisms from nursing staff to resident." -"To reduce transmission of organisms from resident to nursing staff." *General instruction: -"Wash hands before and after resident contact." -"Wash hands when soiled." *Procedure: -"Rub hands briskly using sufficient lather and friction for ten to fifteen seconds."	F 441		

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K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 7/15/14. Golden LivingCenter-Milbank was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.</p> <p>The building will meet the requirements of the 2000 LSC for Existing Health Care Occupancies in conjunction with the provider's commitment to continued compliance with the fire safety standards.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Executive Director</b>	(X6) DATE <b>8/7/2014</b>
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**DISCLOSED**  
**AUG 08 2014**  
If continuation sheet Page 1 of 1  
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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  10650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  07/16/2014
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER - MILBANK	STREET ADDRESS, CITY, STATE, ZIP CODE 1103 S SECOND STREET MILBANK, SD 57252
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S 000	<p>Initial Comments</p> <p>Surveyor: 32332 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted from 7/15/14 through 7/16/14. Golden LivingCenter-Milbank was found in compliance.</p>	S 000		

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

*[Signature]* *Executive Director*

STATE FORM 6899 LYZH11

(X6) DATE

8/7/2014

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**AUG 08 2014**

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