

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

ORIGINAL

PRINTED: 07/07/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/01/2014
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NAME OF PROVIDER OR SUPPLIER FIRESTEEL HEALTHCARE COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1120 EAST 7TH AVENUE MITCHELL, SD 57301
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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}	INITIAL COMMENTS	{F 000}		
{F 323} SS=D	<p>Surveyor: 32355 A re-visit of a recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted on 7/1/14. Firesteel Healthcare Community was found not in compliance with the following requirements: F323 and F441.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 32333 A. Based on observation, interview, and policy review, the provider failed to ensure chemicals had been secured, stored properly, and free from resident access in the following areas: *Three randomly observed housekeeping carts on (south, central, and west hall). *In the cupboard above and below one randomly observed handwashing sink on (east/south hall). *In the cupboard above one randomly observed eyewash station on (west hall). Findings include:</p> <p>1. Observation on 7/1/14 at 9:20 a.m. of the housekeeping cart on the south hall revealed: *The housekeeper had been in a resident room</p>	{F 323}	<p>F323</p> <p>1. No residents cited in the deficiency.</p> <p>2. All residents are potentially at risk.</p> <p>3.</p> <p>a. All areas of facility were inspected for chemical storage and chemicals were removed or stored appropriately on 7/2/2014.</p> <p>b. Education to all staff to be completed by the DON or designee on or before 7/11/14 on ensuring proper storage of hazardous chemicals.</p> <p>c. Director of Nursing or designee will complete written audits weekly x 4, then monthly x 2 on ensuring a safe/ accident free environment. Audit selection is random with a maximum of four. The following areas will be audited: 1. All areas of the facility audited to ensure all chemicals are stored properly, not comingled with resident care items, that bath area doors remain closed and locked and chemicals on housekeeping carts are secured.</p> <p>4. DON or designee will report results of the audits to the facility QAPI committee for review and recommendations monthly x 3.</p>	7/18/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Karen Beaman</i>	TITLE <i>Administrator</i>	(X6) DATE <i>7/10/14</i>
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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.

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If continuation sheet Page 1 of 9
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{F 323}	<p>Continued From page 1 and had left the cart unattended. *A bottle of Comet cleaner with bleach had been hanging on the cart. *Resident 33 had been sitting in her wheelchair next to the housekeeping cart.</p> <p>Observation on 7/1/14 at 10:15 a.m. of the housekeeping cart on central hall revealed: *The housekeeper had been in a resident room and had left the cart unattended. *A bottle of Ecolab laundry fresh spray was hanging on the cart. *Randomly observed residents had been in that hall.</p> <p>Surveyor: 32355 Observation on 7/1/14 at 10:20 a.m. of the housekeeping cart on west hall revealed: *The housekeeper had not been in the area. *The keys to lock and unlock the housekeeping cart had been hanging from the front compartment door. *Inside that compartment revealed several chemicals. Those chemicals had been: -A spray bottle labeled cleaner with Bleach. -A spray bottle of Peroxide glass and surface cleaner. The label read "Do not drink." -A spray bottle of Neutral disinfectant cleaner. -A spray bottle of Betco Kling toilet cleaner. -One spray can of glass cleaner.</p> <p>Interview on 7/1/14 at the time of the observation with housekeeper R revealed: *She had left the west wing to retrieve some batteries. *She had been aware of the keys left in the housekeeping cart. *She agreed the keys should not have been left in the housekeeping cart when it was not within her</p>	{F 323}		

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{F 323}	<p>Continued From page 2 sight.</p> <p>Interview on 7/1/14 at 3:10 p.m. with the director of nursing revealed the housekeeping cart should have been locked with no keys left in the compartment door when unattended.</p> <p>2. Observation on 7/1/14 at 9:15 a.m. of west hall eye wash station revealed: *Unlocked cupboards above the sink. *A spray can of Betco Air Odor Eliminator had been inside of the cupboard. *Randomly observed residents had been in that area.</p> <p>Interview on 7/1/14 at 3:10 p.m. with the DON regarding the above observation confirmed the chemicals had been left unsecured and at risk for resident access.</p> <p>Surveyor: 32333 Observation on 7/1/14 at 11:30 a.m. of the sink across from the east/south nurses station revealed the cupboard above and underneath the sink had been unlocked. Each cupboard had a tub of Micro-Kill wipes in it.</p> <p>Interview on 7/1/14 at 3:10 p.m. with the DON revealed cleaning chemicals should have been locked up and stored separately from resident care items.</p> <p>B. Based on observation, interview, and policy review, the provider failed to ensure chemicals had been secured, free from resident access, and stored properly away from resident care items in one of three whirlpool tub rooms (east) according to the plan of correction dated 6/20/14 from the survey on 5/7/14. Findings include:</p>	{F 323}			

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{F 323}	Continued From page 3 1. Observation on 7/1/14 at 10:30 a.m. in the whirlpool tub room on the east hall revealed: *The door had been open. *There had been an unlocked cupboard next to the whirlpool tub. *The cupboard had two shelves. *The bottom shelf had the following items stored together on it: -Several bottles of Top Job bleach. -A bottle of Ecolab neutral disinfectant. -Micro-Kill wipes. -Skintegritly all over clean hair and skin. -Aloe skin conditioner. *According to the plan of correction dated 6/20/14 from the survey on 5/7/14 the above items had not been corrected. Surveyor: 32355 C. Review of the provider's December 2013 Storage of Chemicals policy that applies to A and B above revealed: *Policy: "To assure all chemicals and biologicals are stored safely when not under the direct supervision of the appropriate staff." *Procedures: -"All chemicals such as those used for sanitizing or cleaning will be kept locked away from residents when not in current use by the staff at the facility." -"Cleaning carts will be directly supervised when in use and will be locked in an area not accessible to residents when not in use."	{F 323}			
{F 441}	Surveyor: 33488 483.65 INFECTION CONTROL, PREVENT	{F 441}			

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{F 441} SS=E	Continued From page 4 SPREAD, LINENS 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. (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. (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 hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	{F 441}	F441 1. Resident #32 and resident #4 are unable to be corrected. 2. All residents are potentially at risk. 3. a. Education to all staff to be completed by the DON or designee on or before 7/11/14 to include. 1. Proper infection control practices to include hand washing during a dressing change. 2. Proper storage of food/non food items in refrigerator/freezers. 3. Resident care items to not be stored underneath sinks. 4. Catheter bags not to be placed directly on floor. b. Director of Nursing or designee will complete 4 random audits weekly x 4, then monthly x 2 on proper infection control procedures. Audits will include the following. 1. Proper infection control practices to include handwashing during a dressing change. 2. Proper storage of food/nonfood items in refrigerator freezer. 3. Resident care items to not be stored underneath sinks. 4. Catheter bags stored appropriately. 4. DON or designee will report results of the audits to the facility QAPI committee for review and recommendations monthly x 3.	7/18/14	

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{F 441}	Continued From page 5 This REQUIREMENT is not met as evidenced by: Surveyor: 32355 Based on observation, interview, policy review, and the 6/20/14 plan of correction from the 5/7/14 licensure survey, the provider failed to ensure: *Proper technique with hand washing and glove use had been performed by one of one observed registered nurses (RN) Q during two dressing changes for one observed resident (4). *Resident use items were not stored underneath sinks for one of two observed clean utility rooms (west hall) and one of two soiled utility rooms (west hall). *Proper placement of a foley catheter bag (assists with emptying of the bladder) for one of two observed residents (32). *Proper placement of eight ice packs in one of two observed refrigerator freezer compartments (west hall). Findings include: 1. Observation on 7/1/14 at 10:15 a.m. with RN Q during two separate dressing changes for resident 4 revealed: *She had been in the process of changing the dressing to resident 4's left gluteal (buttock) fold. *She had washed her hands after removing the old dressing and put on a clean pair of gloves. *With those gloves she had: -Wiped and cleansed the wound with normal saline and gauze. -Retrieved the calcium alginate (dressing material) and placed it inside of the wound. -Retrieved a foam boarded dressing and applied it to the wound area. *Removed her gloves, washed her hands, and prepared to change the dressing to resident 4's	{F 441}			

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{F 441}	<p>Continued From page 6 left gluteal fold area. *After she had removed the old dressing from the wound she cleansed her hands and put on a pair of gloves. *With those gloves she had repeated the same process as mentioned above.</p> <p>Interview with RN Q at the time of the observation confirmed she should have removed her gloves and washed her hands after cleansing the wounds. She had agreed there was potential for cross-contamination due to the unsanitary procedure that was used.</p> <p>Interview on 7/1/14 at 3:15 p.m. with the director of nursing (DON) revealed: *She would have expected the RN to perform hand hygiene after cleansing of the wounds and applying the new dressings. *There had been potential for cross-contamination due to the unsanitary procedure.</p> <p>Review of the provider's November 2013 Dressings Clean policy revealed no recommendation to cleanse the hands or change gloves after cleansing a wound.</p> <p>Review of the provider's July 2013 Handwashing policy revealed "Hand washing should occur after handling used dressings."</p> <p>Review of the 6/20/14 plan of correction from the 5/7/14 licensure survey revealed the provider was to have educated all staff on or before 6/20/14 on the proper infection control procedures.</p> <p>2. Observation on 7/1/14 at 9:20 a.m. of the west hall clean utility room revealed resident use items</p>	{F 441}		

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{F 441}	<p>Continued From page 7</p> <p>underneath of the sink. Those items were: *One toilet seat high riser (device to place on the toilet to assist with sitting on the seat). *A large plastic tub containing several small serving trays.</p> <p>Observation on 7/1/14 at 9:25 a.m. of the west hall soiled utility room revealed resident use items underneath of the sink. Those items were: *Two toilet seat high risers. *Two gallon jugs of distilled vinegar. *A plastic tub with 3 bottles of Betadine surgical scrub solution.</p> <p>Interview on 7/1/14 at 3:25 p.m. with the DON confirmed no resident use items should have been stored underneath any sinks.</p> <p>*According to the plan of correction dated 6/20/14 from the survey on 5/7/14 the above items had not been corrected.</p> <p>3. Observation on 7/1/14 at 9:22 a.m. of the west hall clean utility room revealed eight ice packs and three 4 ounce containers of ice cream.</p> <p>Interview on 7/1/14 at the time of the observation with RN Q revealed the ice packs were used for the residents. The ice cream should not have been in the freezer with the ice packs due to the potential for cross-contamination.</p> <p>Interview on 7/1/14 at 3:27 p.m. with the DON confirmed the ice packs should not have been stored with any food items.</p> <p>Surveyor: 29354</p> <p>Surveyor: 33265</p>	{F 441}		

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