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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435096 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/12/2015 |
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| NAME OF PROVIDER OR SUPPLIER BETHANY HOME SIOUX FALLS | STREET ADDRESS, CITY, STATE, ZIP CODE 1901 SOUTH HOLLY AVENUE SIOUX FALLS, SD 57105 |
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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 Surveyor: 29354 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 8/10/15 through 8/12/15. Bethany Home Sioux Falls was found not in compliance with the following requirement: F441. | F 000 | | |
| F 441 SS=D | 483.65 INFECTION CONTROL, PREVENT 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 | F 441 | On 8/28/2015 the Environmental Services Director, the Director of Nursing, and the Administrator reviewed and revised the "Clostridium Difficile Housekeeping Procedure" to ensure its inclusion of using a bleach solution 1:10 dilution that is mixed fresh and not kept for more than 24 hours. The revised procedure also identifies the need to use a 1:10 bleach solution to clean all surfaces including floors in resident isolation rooms. | 9/8/2015 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Almond Suroso</i> | TITLE <i>Administrator</i> | (X6) DATE <i>9/3/2015</i> |
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| NAME OF PROVIDER OR SUPPLIER BETHANY HOME SIOUX FALLS | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1901 SOUTH HOLLY AVENUE SIOUX FALLS, SD 57105 | | |
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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: 33488 Based on observation, interview, record review, and policy review, the provider failed to: *Ensure appropriate cleaning had been performed by one of one housekeeping staff (F) in one of one sampled resident (5) room with Clostridium Difficile (C-diff) (bacterial infection). *Ensure personal care was performed to maintain infection control practices for one of one observed sampled resident (5) during personal care. *Ensure appropriate infection control had been maintained during one of one sampled resident's (2) dressing change by one of one licensed practical nurse (LPN) (A). Findings include:</p> <p>1. Interview on 8/11/15 at 10:55 a.m. with housekeeper F regarding resident 5's room cleaning revealed she: *Was the primary housekeeper for resident 5's room. *Used a bleach solution housekeeping had mixed up with the appropriate ratio of one-to-ten to clean the furniture and fixtures. *Would dispose of the solution and make new solution only as needed.</p> | F 441 | <p>On 8/28/2015 the Environmental Services Director provided a personal in-service with housekeeper F regarding the revised "Clostridium Difficile Housekeeping Procedure". A mandatory in-service regarding the revised "Clostridium Difficile Housekeeping Procedure" was also provided by the Director of Nursing for all staff on 9/3/2015.</p> <p>Beginning September 1, 2015, the Environmental Services Director will mix fresh bleach solution daily and will mark each container with an expiration time to assure maximum potency of the 1:10 bleach solution. Beginning 9/1/2015, the housekeeping Group Leader, or her designee, will audit daily to ensure that bleach solution is fresh and not expired according to the time stamp. The Environmental Services Director will report findings to the Quarterly QAPI Committee for as long as the Committee deems necessary.</p> | | |

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| F 441 | <p>Continued From page 2</p> <p>*Was unaware the solution had lost its effectiveness after twenty-four hours of having been made up.</p> <p>*Used a quaternary disinfectant (Virex 256) cleaner on the floor.</p> <p>*Was not aware it would not kill the C-diff bacteria.</p> <p>2. Observation and interview on 8/11/15 from 11:15 a.m. through 11:55 a.m. of certified nursing assistant (CNA) E providing care for resident 5 revealed he:</p> <p>*Walked into the resident's room with no personal protective equipment (PPE) (gown, mask, or gloves) on, touched the resident's shoulder, and asked him if he would like to use the bathroom before lunch, and moved his bedside table away from the bed.</p> <p>*Excused himself from the room, grabbed hand sanitizer from his uniform pocket, used it on his hands, used it, placed it back in his pocket and exited the room without washing his hands.</p> <p>*Proceeded to put on PPE with his contaminated hands touching the clean PPE masks and gowns.</p> <p>*Assisted the resident to the bathroom and as he pulled the resident's brief down loose stool (bowel movement) fell from the residents brief. That stool touched him, his clothing and the floor; contaminating the clothing and the floor.</p> <p>*Proceeded to clean the resident and the bathroom up without washing his hands in-between putting on clean gloves.</p> <p>*Had touched several items such as the door knob, soiled gait belt, and resident without putting on gloves between tasks.</p> <p>*Placed the resident's soiled clothing in a red bag (used for contaminated articles), carried it without using gloves across the room and placed it in a large bin that was located in the resident's clean</p> | F 441 | <p>Resident #5 was discharged on 8/18/15. Policy and Procedures for "C-diff", "Contact Precautions", and "Hand Washing" were reviewed by the DON on 8/27/15 and were found to be correct. A personal in-service with CNA "E" was conducted by the DON on 8/27/15 regarding the proper use of personal protective equipment, the "C-diff" policy, the "Contact Precautions" policy and the "Handwashing" policy including instruction on proper glove use as outlined in the policies. CNA "E" was able to correctly perform return demonstration for contact precautions, proper handwashing, and proper glove use. Mandatory all staff education to be completed on 9/3/15 regarding "C-diff" policy, "Contact Precautions" policy, "Hand Washing" policy, appropriate use of personal protective equipment, hand hygiene, and glove use. A make-up packet including written exam will be required by September 8, 2015 for all staff who do not attend the in-service.</p> | | |

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| NAME OF PROVIDER OR SUPPLIER BETHANY HOME SIOUX FALLS | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1901 SOUTH HOLLY AVENUE SIOUX FALLS, SD 57105 | | |
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| F 441 | <p>Continued From page 3 linen closet. *Was unaware hand sanitizer was not an acceptable method instead of handwashing with C-diff bacteria contamination. *Agreed he contaminated several items including his own clothing, shoes, and the resident's clean linen. *Agreed he should have worn PPE when entering the resident's room and should have washed his hands between tasks or prior to exiting.</p> <p>Interview on 8/12/15 at 2:00 p.m. with the director of nursing and the administrator regarding the above infection control concerns revealed they both agreed correct handwashing and cleaning procedures needed to be followed to prevent the potential spread of infection.</p> <p>Review of the provider's November 2012 Clostridium Difficile policy revealed: *Gloves were to be worn when providing care to a resident with C-diff. *Gowns were to be worn to care for a resident if contact with the resident or when surfaces the resident used were to be touched. *Handwashing was to be done immediately after performing care of the resident.</p> <p>Surveyor: 29354 3. Review of resident 2's medical record revealed a physician's order for daily dressing change to the J-tube (tube placed through the skin of the abdomen to help with nutrition and medication administration) sight. The order read "Cleanse with warm water and pat dry. Apply moisture barrier cream and dress with gauze."</p> <p>Observation on 8/10/15 at 5:30 p.m. in resident</p> | F 441 | <p>Beginning 9/1/15, the infection control nurse or her designee will perform random observation audits of no less than 2 staff per week to ensure that they are following policy and procedures for infection control. The Infection Control nurse will report findings to quarterly QAPI committee for as long as the committee deems necessary.</p> | | |

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| F 441 | <p>Continued From page 4</p> <p>2's room with LPN A revealed she gathered the supplies for the resident's dressing change. She then did the following:</p> <ul style="list-style-type: none"> *Opened the gauze dressing package and then placed it on the resident's bed. *Tore off a piece of tape and placed it on the overbed table. *Put on a pair of gloves. *Removed three pieces of soiled dressing from around the J-tube site and wrapped the soiled dressing in her left hand. *With the same gloved hands, she took her right hand and removed two tissues from the Kleenex box located on the overbed table. *Wiped the area of skin surrounding the J-tube site with the Kleenex. *Removed her soiled gloves and discarded them into a garbage can. *Without cleaning the surface of the bedside table or placing a barrier down to protect the dressing from the uncleaned surface she opened the four by four split sponge dressing package and layed the package on the bedside table. *Put on a new pair of gloves. *Applied the clean dressing to the J-tube site. *Took the tape from the overbed table and applied it to the dressing. *Discarded her gloves. <p>Interview on 8/12/15 at 9:10 a.m. with the infection control nurse confirmed she would have expected LPN A to do hand hygiene after removal of the soiled gloves and before placement of the clean gloves.</p> <p>Interview on 8/12/15 at 12:50 p.m. with the director of nursing (DON) and the administrator revealed the DON's expectations would have been for LPN A to have done hand hygiene when</p> | F 441 | <p>Resident #2 care plan was reviewed by the DON on 8/27/15 to ensure the order for non-sterile dressing change was correctly documented. Care plan is correct and no changes were made. On 8/27/15 the policy and procedure for a "Non-sterile Dressing Change" was reviewed by the DON and was found to be correct. A personal in-service on the "Non-Sterile Dressing Change" policy and procedure with LPN "A" was completed by DON on 8/27/15. LPN "A" was able to correctly return a demonstration of a non-sterile dressing change to the DON on 8/27/15. Mandatory all staff education to be completed on 9/3/15 regarding the "C-diff" policy, the "Contact Precautions" policy, the "Hand Washing" policy, appropriate use of personal protective equipment, hand hygiene, and glove use. A make-up packet including written exam will be required by September 8, 2015 for all staff who do not attend the in-service.</p> | | |

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| F 441 | <p>Continued From page 5 going from a soiled technique to a clean technique.</p> <p>Review of the provider's revised July 2012 Procedure for Handwashing revealed: *"Handwashing is the single most important factor in preventing the transmission of disease. *Hands will be washed: -Between caring for each resident. -Between cares on different body sites on the same resident. -Before touching clean items. -After handling contaminated items. -After removing gloves."</p> <p>Review of the provider's September 2014 Non-Sterile Dressing Change policy revealed: *Obtain and set-up equipment on a clean field by using an item such as a chux (disposable pad) or a disposable leak proof drape. *Remove soiled gloves and wash hands. *Dress wound according to the physician's order.</p> | F 441 | <p>On 9/3/15, a mandatory in-service for all nurses will be completed on the correct procedure for non-sterile dressing change. A make-up packet including written exam will be required by September 8, 2015 for all nurses who do not attend the in-service. Beginning 9/1/15, the infection control nurse or her designee will complete random observation audits on non-sterile dressing changes no less than 2 times per week to ensure that nursing staff are correctly following the policy and procedures for non-sterile dressing change. The infection control nurse will report findings to quarterly QAPI committee for as long as the committee deems necessary.</p> | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435096 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 08/12/2015 |
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| K 000 | <p>INITIAL COMMENTS</p> <p>Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 8/12/15. Bethany Home Sioux Falls (Building 01) 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 _____ (X6) DATE _____

Suman Shukla Administrator **9/3/2015**

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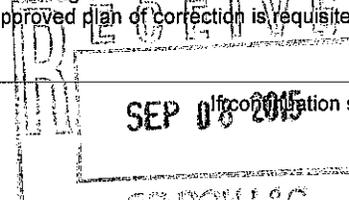
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| K 000 | <p>INITIAL COMMENTS</p> <p>Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 8/12/15. Bethany Home Sioux Falls (Building 02) was found in compliance 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 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
Alonzo W. Stewart *Administrator* **9/3/2015**

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| K 000 | <p>INITIAL COMMENTS</p> <p>Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 8/12/15. Bethany Home Sioux Falls (Building 03) 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 Administrator (X6) DATE 9/3/2015

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| K 000 | <p>INITIAL COMMENTS</p> <p>Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 8/12/15. Bethany Home Sioux Falls (Building 04) 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 *Sumner Thurman* TITLE *Administrator* (X6) DATE *9/3/2015*

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South Dakota Department of Health

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| S 000 | Initial Comments Surveyor: 29354 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted from 8/10/15 through 8/12/15. Bethany Home Sioux Falls was found not in compliance with the following requirements: S210 and S236. | S 000 | | |
| S 210 | 44:04:04:06 EMPLOYEE HEALTH PROGRAM The facility must have an employee health program for the protection of the...residents. All personnel must be evaluated by a licensed health professional for freedom from reportable communicable disease which poses a threat to others before assignment to duties or within 14 days after employment including an assessment of previous vaccinations and tuberculin skin tests. The facility may not allow anyone with a communicable disease, during the period of communicability, to work in a capacity that would allow spread of the disease. Personnel absent from duty because of a reportable communicable disease which may endanger the health of...residents and fellow employees may not return to duty until they are determined by a physician or the physician's designee to no longer have the disease in a communicable stage. This Administrative Rules of South Dakota is not met as evidenced by: Surveyor: 33488 Based on record review and interview, the provider failed to ensure two of two sampled newly hired staff (C and D) were evaluated by a licensed health professional and found to be free of communicable diseases. Findings include: | S 210 | | |

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

TITLE

(X6) DATE

Suzanne K. Kunkler

Administrator

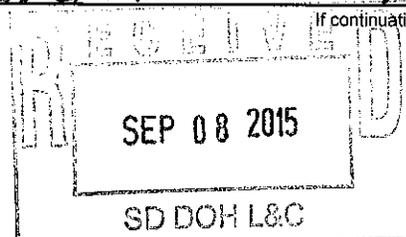
9/3/2015

STATE FORM

6899

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If continuation sheet 1 of 4



South Dakota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10677 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 08/12/2015 |
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| NAME OF PROVIDER OR SUPPLIER BETHANY HOME SIOUX FALLS | STREET ADDRESS, CITY, STATE, ZIP CODE 1901 S HOLLY AVENUE SIOUX FALLS, SD 57105 |
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| S 210 | <p>Continued From page 1</p> <p>1. Review of the employee records for certified nursing assistant (CNA) C and dietary aide D revealed: *Upon hire a Communicable Disease questionnaire form had been filled out by CNA C and dietary aide D. *The form had a signature line for a nurse (a licensed professional) to sign and date declaring the employee had no signs or symptoms of a communicable disease. *The forms had not been signed by a nurse on either employee's questionnaire.</p> <p>Interview with the infection control nurse on 8/12/15 at 1:30 p.m. who was the designated health professional for the provider revealed she: *Had not actually assessed newly hired personnel. *Would just sign the forms after the newly hired employee filled out the questionnaire. *Was unaware she needed to physically assess each newly hired employee for the absence of disease.</p> <p>Interview and record review on 8/12/15 at 2:00 p.m. with the director of nursing and the administrator regarding the above forms revealed their expectation was: *For all newly hired employees to be assessed by the infection control nurse. *The infection control nurse to sign the form after each newly hired employee assessment.</p> | S 210 | <p>On 8/31/15, CNA "C" was assessed by infection control nurse and Communicable Disease Questionnaire was filled out in full and signed by the infection control nurse. Dietary aide "D" was assessed by infection control nurse on 9/3/15 and the Communicable Disease Questionnaire was completed and signed by the infection control nurse. On 8/27/15 the policy "Employee Communicable Disease Questionnaire" was developed by the DON. On 8/27/15, a personal in-service was given to the infection control nurse by the DON on the "Communicable Disease Questionnaire" policy. The policy states that new hires are to be assessed by the infection control nurse or her designee upon hire and the Communicable Disease Questionnaire is to be completed in full and signed by the infection control nurse or her designee. Starting 9/1/15, the infection control nurse or her designee will attend all General Orientation sessions for all new staff and will complete an assessment of all new hires, along with completing the Communicable Disease Questionnaire in full, and sign off appropriately. Beginning 9/1/15, the DON will audit all new hire paperwork and report findings to quarterly QAPI committee for as long as the committee deems necessary.</p> | 9/3/2015 |
| S 236 | <p>44:04:04:08.01 TUBERCULIN SCREENING REQUIREMENTS</p> <p>Tuberculin screening requirements for healthcare</p> | S 236 | | |

South Dakota Department of Health

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| S 236 | <p>Continued From page 2</p> <p>workers or residents are as follows:</p> <p>(1) Each new healthcare worker or resident shall receive the two-step method of Mantoux skin test to establish a baseline within 14 days of employment or admission to a facility. Any two documented Mantoux skin tests completed within a 12 month period prior to the date of admission or employment shall be considered a two-step. Skin testing is not necessary if documentation is provided of a previous positive reaction of ten mm induration or greater. Any new healthcare worker or resident who has a newly recognized positive reaction to the skin test shall have a medical evaluation and a chest X-ray to determine the presence or absence of the active disease;</p> <p>This Administrative Rules of South Dakota is not met as evidenced by: Surveyor: 33488 Based on record review and interview, the provider failed to ensure two of five sampled employees (B and D) tuberculin (TB) screening tests were performed within fourteen days of being hired. Findings include:</p> <p>1. Review of the employee record for dietary aide B revealed: *The date of hire and signature date on the provider's Employee Candidate Mantoux (TB) form was 7/13/15. *Her first TB screening test was on 8/4/15. *The second TB test was 8/11/15.</p> <p>Review of the employee record for dietary aide D revealed: *The date of hire and signature date on the provider's Employee Candidate Mantoux (TB)</p> | S 236 | <p>Dietary aide "B" and dietary aide "D" were given second step TB injection on 9/3/2015. On 8/27/15, the Bethany "TB Policy" was reviewed by the DON and found to be correct. The policy states staff is required to receive the two-step Mantoux skin test within 14 days of employment unless they have documented two- step Mantoux test prior to employment. The infection control nurse or her designee is the person responsible to administer proper testing. A personal in-service was given to the infection control nurse on 8/27/15 by the DON regarding the "TB Policy" including proper TB administration and documentation for all new hires. Starting 9/1/15, the infection control nurse or her designee will attend all General Orientation sessions for all new staff and administer the first TB injection and will set the date for the second TB injection to be given no later than 14 days. Beginning 9/1/15, the DON will audit all new hire paperwork to ensure proper documentation of TB testing. The DON will report findings to the quarterly QAPI committee for as long as the committee deems necessary</p> | 9/3/2015 |
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South Dakota Department of Health

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| S 236 | <p>Continued From page 3</p> <p>form was 6/23/15. *Her first TB screening test was on 6/25/15 *The second TB test was 7/24/15.</p> <p>Interview and record review on 8/12/15 at 2:00 p.m. with the director of nursing and the administrator revealed they agreed the above employees TB screening tests had not been administered within fourteen days of having been hired.</p> | S 236 | | |