

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

ORIGINAL

PRINTED: 08/22/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2016</b>
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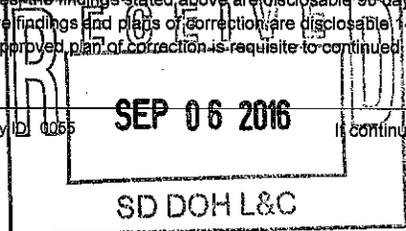
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - WATERTOWN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>415 FOURTH AVE NE WATERTOWN, SD 57201</b>
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F 000	INITIAL COMMENTS  Surveyor: 32332 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 8/8/16 through 8/10/16. Golden LivingCenter - Watertown was found not in compliance with the following requirement: F441.	F 000	*Addendums noted with an asterisk per 9/12/16 per telephone with facility administrator and DON. 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	
F 441 SS=E	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	1. All residents, staff and visitors were identified for correction. The current Infection Control system in place will be modified by the Director of Nursing Services by September 12, 2016 to include tracking, trending, root cause analysis, treatment effectiveness and outcomes/containment of infections of residents and staff to ensure preventing spread of infection. All staff received education on 8/30/16 regarding the Infection Control Program and the deficiencies noted in this survey. The Director of Nursing Services or Designee will audit the Infection Control program documentation weekly for 4 weeks and bi-weekly for 4 weeks beginning on September 13, 2016. Audit documentation will be provided monthly to the QAPI Committee beginning on September 13, 2016 meeting and monthly thereafter until such time as the QAPI changes the frequency or continuation of the audit process. The Director of Nursing or Designee will continue to provide Infection Control information to the QAPI Committee on a monthly basis, evaluating and implementing interventions as necessary. The Director of Clinical Education will continue to provide monthly surveillance reports to the Executive Director, Director of Nursing Services and the QAPI committee with a renewed emphasis on infection control assessments and provide education to staff when appropriate.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kathleen C. Higley</i>	TITLE <b>EXECUTIVE DIRECTOR</b>	(X6) DATE <b>8/31/16</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 96 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 441	Continued From page 1 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.  This REQUIREMENT is not met as evidenced by: Surveyor: 33488 Based on observation, interview, record review, manufacturer's guideline review, Centers for Disease Control (CDC) guideline reference review, and policy review, the provider failed to: *Have an appropriate comprehensive infection control program that included tracking and trending, monitoring, evaluating, and education for residents, employees, and visitors, related to infectious disease processes found in the facility. *Appropriately clean nebulizer masks for the inhalation of medication according to policy and professional standards for three of three randomly observed residents (14, 15, and 16). *Failed to appropriately clean and disinfect a pulse oximeter after two of two residents (14 and 16) use during two of two observations. *Failed to appropriately disinfect one of one whirlpool tub (Long Hall) during one of one observed whirlpool tub cleaning by certified nurse assistant (CNA) A. *Failed to appropriately clean and disinfect common use equipment during one of one resident room cleaning observation. Findings include:  1. Interview and review of the infection control	F 441	2. All residents using a nebulizer mask/setup were identified for correction. Inservice training on appropriate cleaning/ disinfecting for all staff responsible for using the nebulizer mask/setup was administered on August 25, 2016. Beginning on August 25, 2016, the Director of Nursing Services or designee to conduct an audit of appropriate cleaning of nebulizer masks/setups for the inhalation of medication according to policy for 3 randomly selected residents twice weekly for 4 weeks, then once weekly for 4 weeks and biweekly for 4 weeks. Audit results will be taken to the Quality Assurance Process Improvement committee by the Director of Nursing or designee for further review and recommendation. 3. All residents were identified for correction. Inservice training on appropriate cleaning/ disinfecting for all staff responsible for using the pulse oximeter was administered on August 25, 2016. Beginning on August 25, 2016, the Director of Nursing Services or designee to conduct an audit of appropriate cleaning/disinfecting of pulse oximeter according to policy for 3 randomly selected residents twice weekly for 4 weeks, then once weekly for 4 weeks and biweekly for 4 weeks. Audit results will be taken to the Quality Assurance Process Improvement committee by the Director of Nursing or designee for further review and recommendation.	[REDACTED] *SBISDDO/H/EL *9/13/16 *SBISDDO/H/EL *SBISDDO/H/EL *including residents 14, 15, and 16. *including residents 14 and 16. *monthly

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F 441	Continued From page 2 program on 8/10/16 at 9:15 a.m. with the director of nursing (DON) regarding documentation for the infection control program revealed: *A binder of the infection control program data was put together by the DON and registered nurse (RN) C. *That was to be complete and accurate data for the facility's infection control program. *Documentation of infections showed a line listing of residents and their specific infections. *Those infections included the dates symptoms began, antibiotic treatment, and culture results if needed. *There was no documentation in the infection control program data to show: -Tracking and trending of the infections. -Follow-up on resident's symptoms to ensure resolution of the infection or the need to alter the treatment. -Monitoring of those infections to ensure containment. -Any measures were taken based on infection criteria to prevent or identify potential causes. -Education had been provided to residents, staff, or visitors at any time based on the documented infections to improve infection rates or outcomes. -Employee illnesses were part of the infection control program -That any of that information was taken to the quality assurance (QA) committee for review, assessed, or monitored. *There was no proof of documentation that could be shown to this surveyor at the time of the interview that the QA committee addressed infection control. *She had no documentation to show she performed any audits on staff or provided any education related to those infections or potential causes.	F 441	4. All residents were identified for correction. The bathing tub cleaning procedure was updated on August 10, 2016 to include the chemical manufacturer's verbiage to ensure staff had consistent information regarding the disinfection/cleaning of the bathing tub. Education was provided to all nursing department staff responsible for operating the bathing tub at that time. Additional competency reviews with staff are being held August 30th and 31st, 2016 by our Director of Clinical Education. Audit forms were created on August 30, 2016 for use by nursing staff responsible for bathing to attest that the proper disinfection procedures have been followed after every whirlpool bath. Beginning August 30, 2016, the Director of Nursing Services or designee will review the audit sheet while conducting an audit of appropriate cleaning/disinfecting of the whirlpool tub according to policy for 2 randomly selected residents twice a week for 4 weeks, then weekly for 4 weeks and biweekly for 4 additional weeks. Audit results will be taken to the Quality Assurance Process Improvement committee by the Director of Nursing Services or designee for further review and recommendation.	

\*Including  
CNA A.  
SB/SDDOHEL

\*monthly  
SB/SDDOHEL

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F 441	Continued From page 3 *She had not tracked any employee illnesses as part of the infection control program. *She agreed without using her data to track, trend, or monitor there was no way to identify the potential source of an infection such as improper handwashing. *She agreed they needed to use the data they had acquired to: -Identify the source of the infection. -Track, trend, and analyze the data. -Educate resident, staff, and visitors. -Monitor the effectiveness of the treatment and the need to alter any treatment. -Take the information to the infection control committee and the QA department. -Evaluate the education provided. -Have the QA department review the need for ongoing assessment. *She agreed they had not had a comprehensive infection control program based on the above information.  Review of the provider's 1/13/15 Elements of an Infection Control Program Guideline revealed: *An infection prevention and control program incorporated at least the following components: policies, procedures, and practices that promoted consistent adherence to evidence based infection control practices. *Surveillance including process and outcome surveillance, monitoring, data analysis, documentation, and communicable disease reporting. *Education. *Antibiotic review included reviewing data to monitor the appropriate use of antibiotics in residents. *The infection control policies and practices applied equally to all personnel, residents, and	F 441	5. All residents were identified for correction. Inservice for housekeeping staff was completed on August 29, 2016 regarding Complete Room Cleaning and Daily Washroom Cleaning procedures with emphasis placed on ensuring the proper 10 minute process for ensuring disinfection of Common Use Equipment. Education for reducing the potential for cross contamination between residents in double occupancy rooms was discussed with an emphasis placed on using additional cleaning cloths. Beginning on August 30, 2016, the Executive Director or designee to conduct an audit of appropriate cleaning/disinfection of Common Use Equipment according to policy for 3 randomly selected residents twice weekly for 4 weeks, then weekly for 4 weeks and biweekly for 4 weeks. Audit results will be taken to the Quality Assurance Process Improvement committee by the Executive Director or designee for further review and recommendation.  → *Including housekeeping assistant B. SB/SDDOHT/EL  → *monthly SB/SDDOHT/EL	[REDACTED] SB/SDDOHT/EL	

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F 441	<p>Continued From page 4</p> <p>visitors, and the general public.</p> <p>*The objective was to prevent, detect, investigate, and control infections in the facility.</p> <p>*They were to maintain records of incidents and corrective actions related to infections.</p> <p>*The QA committee was to have overseen the policies and practices, and made sure they were implemented and followed.</p> <p>*The administrator and Governing Board, through the QA department and infection control committee, had adopted policies and procedures of current CDC guidelines and recommendations.</p> <p>2. Observations on 8/8/16 from 4:58 p.m. through 5:30 p.m. of the nebulizer breathing machines belonging to residents 14, 15, and 16 revealed:</p> <p>*At 4:58 p.m. resident 14's nebulizer mask/reservoir was laying on her nightstand, was connected prior to her nebulizer administration, and was not disconnected and cleaned after her treatment was finished at 5:30 p.m.</p> <p>*At 5:00 p.m. resident 15's nebulizer mask/reservoir was observed connected laying together on her nightstand during a medication pass observation.</p> <p>*At 5:07 p.m. resident 16's nebulizer mask/reservoir was laying on her nightstand and was connected prior to her nebulizer administration.</p> <p>3. Observations on 8/8/16 from 4:58 p.m. through 5:07 p.m. of pulse oximeter cleaning revealed:</p> <p>*Oxygen levels were checked on residents 14 and 16 prior to the above mentioned nebulizer treatments.</p> <p>*The pulse oximeter was not cleaned and disinfected between resident use.</p> <p>4. Interview on 8/9/16 at 3:15 p.m. with RN D</p>	F 441			

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F 441	<p>Continued From page 5 regarding appropriate cleaning of the nebulizer masks/reservoir and pulse oximeter revealed:</p> <p>*Nebulizer masks were to be taken apart after every medication administration, rinsed with water, and laid on a paper towel to dry.</p> <p>*Pulse oximeters were to be disinfected with an alcohol wipe unless otherwise indicated by the infection control nurse between resident use.</p> <p>Interview on 8/10/16 at 9:15 a.m. with the DON regarding the cleaning of the nebulizer masks and pulse oximeters revealed it was her expectation they were cleaned appropriately according to policy.</p> <p>Review of the undated current Nebulizer Checklist policy revealed after treatment the nebulizer reservoir was to be disconnected, rinsed with warm water, and left to air dry.</p> <p>Review of the current CDC Guidelines for Preventing Health-Care-Associated Pneumonia, &lt;<a href="https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm">https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm</a>&gt;, accessed on 8/10/16, revealed cleaning should occur between treatments on the same patient as follows to prevent infections: clean, disinfect, rinse (if rinsing is needed), and dry.</p> <p>Review of the provider's August 2014 Cleaning and Disinfecting of Resident-Care Items and Equipment policy revealed reusable items such as a pulse oximeter were to be cleaned and disinfected or sterilized between residents.</p> <p>Surveyor: 35121 4. Observation and interview on 8/9/16 at 7:28 a.m. with (CNA) A during disinfection of the long</p>	F 441		
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F 441	<p>Continued From page 6</p> <p>hall whirlpool tub revealed:</p> <ul style="list-style-type: none"> <li>*After she had scrubbed the whirlpool tub with a brush and the disinfectant mixture she:</li> <li>-Sprayed the whirlpool chair and chair rack surfaces with another disinfectant mixture from a spray bottle.</li> <li>-Positioned the whirlpool chair into the tub and scrubbed its surfaces with the brush and disinfectant mixture.</li> <li>-Stated it needed to sit for ten minutes.</li> <li>-Would routinely leave the whirlpool room during that ten minutes.</li> <li>-Agreed there were surfaces of the whirlpool tub and whirlpool chair that had dried.</li> <li>-Did not know the whirlpool tub surfaces were to remain wet for ten minutes.</li> <li>-Agreed the disinfectant containers instructed surfaces were to remain wet for ten minutes.</li> <li>-Had been trained by another CNA approximately four years ago.</li> <li>-Had not had any additional training regarding disinfection of the whirlpool tub.</li> <li>-Had been observed by the infection control nurse during disinfection of the whirlpool tub but was not able to recall when.</li> </ul> <p>Interview on 8/10/16 at 10:38 a.m. with the director of nursing confirmed:</p> <ul style="list-style-type: none"> <li>*The directions posted on the whirlpool room wall served as their facility policy for disinfecting the whirlpool.</li> <li>*Those directions stated to "Let sit for no less than 10 minutes."</li> <li>*The whirlpool manufacturer's instructions were to "Allow an appropriate contact time for sanitization and disinfection according to the instructions for the disinfectant cleaner."</li> <li>*The disinfectant containers instructed surfaces were to remain wet for ten minutes.</li> </ul>	F 441		
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F 441	<p>Continued From page 7</p> <p>*The above CNA had not followed the manufacturer's instructions for disinfecting the whirlpool.</p> <p>Review of the provider's undated Sanitizing the Whirlpool sheet instructed to "Let sit for no less than 10 minutes" after spraying whirlpool tub and chair surfaces.</p> <p>Review of the June 2004 Arjo bathing and showering products manufacturer's disinfecting instructions directed to: **Allow an appropriate contact time for sanitization and disinfection according to the instructions for the disinfectant cleaner." **"While waiting, wipe all other contact areas and accessories with a disposable cloth soaked in disinfectant solution."</p> <p>Review of the Arjo Cen-Kleen IV disinfectant instructions revealed "Treated surfaces must remain wet for 10 minutes."</p> <p>Review of the Classic Whirlpool Disinfectant Cleaner instructions revealed "Allow to remain wet for 10 minutes."</p> <p>Surveyor: 37545 5. Observation and interview of housekeeping assistant B on 8/10/16 at 8:28 a.m. while cleaning a random resident room revealed: *There were two residents who occupied the room. *She used the same cloth to dust and disinfect</p>	F 441		
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F 441	<p>Continued From page 8</p> <p>both sides of the residents' room.</p> <p>*She sprayed toilet bowl disinfectant on all bathroom fixtures including the toilet, grab bar, and the wall.</p> <p>-She immediately wiped the disinfected fixtures and wall.</p> <p>*She stated "I probably should have let the disinfectant set for 10 minutes."</p> <p>Review of the disinfectant Crew NA Non-acid Bowl and Bathroom Disinfectant Cleaner directions revealed "Remove gross filth. Apply to non-porous surfaces. Allow to remain wet for 10 minutes. Wipe or let air dry."</p> <p>Interview on 8/10/16 at 9:00 a.m. with the director of housekeeping revealed:</p> <p>*She confirmed the disinfectant should have been left on the bathroom surfaces for ten minutes.</p> <p>*The staff had acknowledged to her the disinfectant had not been left on the required time.</p> <p>*Their policy was to only use one cloth per room even when occupied by two residents.</p> <p>-They would dust with one side of the cloth, and then fold it over when disinfecting with it.</p> <p>Review of the provider's 1/1/00 complete room cleaning procedure revealed:</p> <p>*It did not address:</p> <p>-Length of time leaving on the disinfectant in the bathroom.</p> <p>-The use of cloths when cleaning a double room.</p> <p>Surveyor: 26180</p>	F 441			

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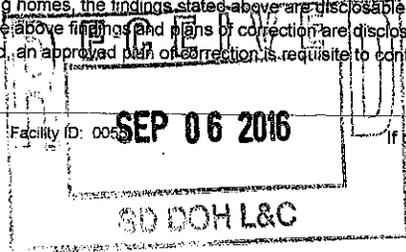
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 18087 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 8/09/16. Golden LivingCenter - Watertown was found in compliance 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 *Kaleb C. Thiglit* TITLE **EXECUTIVE DIRECTOR** (X6) DATE **8/29/16**

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.



ORIGINAL

PRINTED: 08/22/2016  
FORM APPROVED

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10704</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - WATERTOWN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>415 4TH AVE NE WATERTOWN, SD 57201</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) COMPLETE DATE
S 000	Compliance/Noncompliance Statement  Surveyor: 32332 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, requirements for nursing facilities, was conducted from 8/8/16 through 8/10/16. Golden LivingCenter - Watertown was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement  Surveyor: 35121 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 8/8/16 through 8/10/16. Golden LivingCenter - Watertown was found in compliance.	S 000		

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

TITLE

(X6) DATE

*Kaleb C. Hight*

*EXECUTIVE DIRECTOR*

*8/29/16*

STATE FORM

6899

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If continuation sheet 1 of 1

