

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/09/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLARKSON HEALTH CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 MT VIEW RD RAPID CITY, SD 57702</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><i>*Addendums noted with an asterisk per 4/18/16 per telephone with Director of operations. D16/SDDOH/EL</i></p> <p>INITIAL COMMENTS Surveyor: 16385</p> <p>A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 3/7/16 through 3/9/16. Clarkson Health Care was found not in compliance with the following requirements: F241, F281, and F441.</p>	F 000	Clarkson Health Care operates in a capacity ensuring quality of care and service to our residents.	
F 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 26632 Based on observation, interview, and policy review, the provider failed to ensure dignity was maintained for one of one randomly observed resident (6) who was transferred from the bathing room to her room in a bathing chair. Findings include:</p> <p>1. Random observation on 3/8/16 at 10:25 a.m. revealed: *Certified nursing assistant (CNA) A was pushing a wheeled whirlpool tub chair from the Oak wing through the common area to the Elm wing. *Resident 6 was in that wheeled tub chair. Her front and sides were covered but her buttocks were visible as she was pushed past this surveyor and a male visitor. *There were also several other residents, visitors, and staff in the common area.</p>	F 241	<p>Items listed in this report have a coinciding correction listed in the right hand column.</p> <p><b>F241</b> Facility has identified residents including Resident 6 whose transfer status warrants them being transported via shower chair to the tub room for their bath.</p> <p>Facility has implemented new clothing barrier to ensure resident's are fully covered during transport and eliminate risk of inadvertent exposure.</p> <p>Staff education delivered by Admin/Director of Nursing on 3/29/16 to all nursing staff whom bath residents, including maintaining each residents dignity and respect through the entire bathing process.</p>	4/28/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Director of Operations</i>	(X6) DATE <b>3/23/16</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 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.

**MAR 25 2016**

SD DOH L&C

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

PRINTED: 03/14/2016  
FORM APPROVED  
OMB NO. 0938-0391

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F 241	Continued From page 1  Interview on 3/9/16 at 8:40 a.m. with CNA A revealed she was not aware resident 6's buttocks had been visible. She stated she had ensured she had covered resident 6's front and sides but had not ensured her buttocks had been covered.  Interview on 3/9/16 at 12:15 p.m. with the director of nursing revealed: *CNA A had not followed the provider's policy for bathing. *She agreed resident 6's dignity had not been maintained during the transfer from the bathing room to her room.  Review of the provider's 1/7/15 Bathing policy revealed residents who required assistance to and from the bathing area would be covered to ensure dignity, privacy, and comfort.	F 241	<i>*of bathing transport. D/S/DON/EL</i> Audit will be completed by DON or designee weekly X 12 for compliance. Audit finding will be reported to QA by DON monthly x3.	
F 281 SS=E	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Surveyor: 29162 Based on observation, interview, and procedure review, the provider failed to ensure professional standards were maintained for: *One of one randomly observed resident's (14) nasal spray administration by one of one observed licensed nurse (B). *Two of three randomly observed residents' (15 and 16) eye drop administration by two of three licensed nurses (B and C).	F 281	<b>F281</b> Facility has identified residents including resident 14, 15, and 16 who have received eye drops and nasal sprays.  Staff education completed on 3/29/16 by DON on policy and process for administering eye drops and nasal sprays.	4/28/16

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F 281	<p>Continued From page 2</p> <p>Findings include:</p> <p>1. Observation on 3/8/16 at 7:45 a.m. of licensed nurse B while she administered two different nasal sprays to resident 14. She did not close the other side of the resident's nostril when the resident sniffed the medication in through her nose.</p> <p>Interview on 3/9/16 at 10:30 a.m. with licensed nurse B confirmed she had not closed the above resident's other nostril.</p> <p>2. Observation on 3/8/16 at 8:30 a.m. of licensed nurse B while she administered eye drops to resident 15 revealed she dropped the eye drop directly onto the resident's eye.</p> <p>Interview on 3/9/16 at 10:30 a.m. confirmed she had dropped the eye drop directly onto resident 15's eye. She agreed she had not administered the eye drop into the resident's lower eyelid.</p> <p>3. Observation on 3/9/16 at 9:10 a.m. of licensed nurse C while she administered eye drops to resident 16 revealed she dropped the eye drop directly onto the resident's eye.</p> <p>Interview on 3/9/16 at 10:38 a.m. with licensed nurse C confirmed she had dropped the eye drop directly onto the above resident's eye. She agreed she had not administered the eye drop into the resident's lower eyelid.</p> <p>4. Interview on 3/9/16 at 12:10 p.m. with the director of nurses confirmed: *Licensed nurse B had not administered eye drops and nasal spray correctly. *Licensed nurse C had not administered eye</p>	F 281	<p>Facility has added "Medication Administration" to its annual training compliance courses. Content of the course include administering eye drops and nasal sprays</p> <p>Audits will completed by DON/designee weekly x12 for compliance. Findings will be reported to QA monthly x 3 by DON.</p> <p>*of eye drop and nasal spray administration. DH/SBDOH/EL</p>		

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F 281	Continued From page 3 drops correctly.  Review of the provider's Specific Medication Administration Procedures for Eye Drop Administration last revised November 2011 stated "Use finger of other hand to close the nostril that is not receiving medication by gently pressing the side of the nostril."  Review of the provider's Specific Medication Administration Procedures for Eye Drop Administration last revised November 2011 stated "With a gloved finger, gently pull down lower eyelid to form "pouch" while instructing resident to look up. Place other hand against resident's forehead to steady. Hold inverted medication bottle between the thumb and index finger, and press gently to instill prescribed number of drops into "pouch" near outer corner of the eye."	F 281			
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.	F 441			

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F 441	<p>Continued From page 4</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 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: 26632 Based on observation, interview, and policy review, the provider failed to ensure proper handwashing and glove use was completed during one of two random resident's (17) observations of personal care by one of one certified nursing assistant (CNA) D. Findings include:</p> <p>1. Observation on 3/8/16 from 8:05 a.m. through 8:25 a.m. of the following regarding resident 17 revealed CNA D: *Entered the soiled utility room on the Maple wing and retrieved the soiled linen cart. *Pushed the cart down the hall and entered a double room and removed the soiled bed linens</p>	F 441			

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F 441	Continued From page 5 from both beds. That linen was placed in the soiled linen cart, and the cart was returned to the soiled utility room. *Pushed the total lift to the resident's room. *Without washing her hands or performing hand hygiene CNA D: -Retrieved the resident's clothes from her closet and a clean incontinence brief and wipes from her drawer. -Put on gloves. -Placed socks and pants on the resident. -Called on the portable radio for assistance. -Performed perineal care (cleansing of personal area) for the resident and removed her soiled brief. -Placed the soiled brief and her soiled gloves in the garbage. *Without washing her hands or performing hand hygiene CNA D: -Assisted in pulling up the resident's pants and placed the total lift sling under her. -With the use of the total lift placed her in her wheelchair. -Assisted her with dressing her upper body and then pushed her in the wheelchair into the bathroom. -Took a clean wash cloth, wet it, and then washed the resident's face. -Provided oral care and combed her hair. -Pushed the resident from her room to the common area by the Maple wing. *She then returned to the Maple wing alcove and washed her hands.  Interview on 3/8/16 at 8:25 a.m. with CNA D revealed: *She carried alcohol gel in her pocket. *She had been taught if she had gloves on that her hands were clean and she did not need to	F 441	<b><u>F441</u></b>  Clarkson Health Care maintains an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection.  All residents including resident 17 are cared for under universal precautions unless increased precautions are indicated.  Education and corrective action was provided to <i>DH/SDDOHEL</i> *cna D and staff on 3/29/16 in regards to hand hygiene.  Facility continues to ensure annual in-servicing is completed for all staff on hand hygiene.  → *of hand hygiene Audit will be completed by DON/designee weekly <i>DH/SDDOHEL</i> x 12 for compliance. Finding will be reported to QA monthly x 3 by DON.	4/29/16	

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F 441	Continued From page 6 wash them or complete hand hygiene.  Interview on 3/9/16 at 12:15 p.m. with the director of nursing revealed: *CNA D had not followed the provider's policy on glove use and hand hygiene. *She would have expected her to perform hand hygiene before and after glove use. *She would have expected her to use gloves for washing a resident's face and assisting with oral care.  Review of the provider's 1/7/15 Hand Hygiene policy revealed hand hygiene would have been performed: *Before and after physical contact with a resident, whether or not gloves were worn. *Between different site/care activities for the same resident.	F 441			

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K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 20031 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 3/9/16. Clarkson Health Care was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Director of Operations</i>	(X6) DATE <b>3/23/16</b>
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South Dakota Department of Health

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S 000	Compliance/Noncompliance Statement  Surveyor: 16385 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 3/7/16 through 3/9/16. Clarkson Health Care was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement  Surveyor: 16385 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 3/7/16 through 3/9/16. Clarkson Health Care was found in compliance.	S 000		

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

TITLE

(X6) DATE

STATE FORM

6899

CF9U11

*Director of Operations*

*3/23/16*

If continuation sheet 1 of 1

