**Initial Comments:**

Surveyor: 40788
A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 10/14/20. Rolling Hills Healthcare was found not in compliance with 42 CFR Part 483.80 infection control regulation: F880.

Rolling Hills Healthcare was found in compliance with 42 CFR Part 483.10 resident rights and 42 CFR Part 483.80 infection control regulation(s): F550, F662, F663, F835, F882, F885, and F886.

Rolling Hills Healthcare was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6).

Total residents: 70

**Corrective Actions:**

Expired hand sanitizer from rooms 101, 103, 104, 106, 107, 201, 203, 211, 216, 218, 306, 315, 316, 402, and 411 have been removed and replaced with new hand sanitizer.

Identification of Others:

All hand sanitizers in facility on all units will be checked for expiration and replaced if expired.
(X1) PROVIDER/SUPPLIER/CIA IDENTIFICATION NUMBER: 435035

NAME OF PROVIDER OR SUPPLIER
ROLLING HILLS HEALTHCARE

STREET ADDRESS, CITY, STATE, ZIP CODE
2200 13TH AVE
BELLE FOURCHE, SD 57717

(X3) DATE SURVEY COMPLETED
10/14/2020

(X4) ID PREFIX TAG
F 880

SUMMARY STATEMENT OF DEFICIENCIES
(Each deficiency must be preceded by full regulatory or JCAH identifying information)

F 880

Systemic Changes:

Administrator or designee will provide education to staff to discard expired hand sanitizer. Central Supply will be educated to routinely monitor and replace expired hand sanitizer.

Monitoring:

Administrator or designee will conduct monitoring monthly for 3 months for expired hand sanitizer. Monitoring will include resident rooms 101, 103, 104, 106, 107, 201, 203, 211, 216, 218, 306, 315, 316, 402, and 411.

Administrator or designee will report any identified trends to the Quality Assurance Committee.

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§483.80(a)2 Written standards, policies, and procedures for the program, which must include, but are not limited to:

(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;

(ii) When and to whom possible incidents of communicable disease or infections should be reported;

(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;

(iv) When and how isolation should be used for a resident, including but not limited to:

(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and

(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.

(v) The circumstances under which 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; and

(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.
**NAME OF PROVIDER OR SUPPLIER**
ROLLING HILLS HEALTHCARE

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<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X9) COMPLETION DATE</th>
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<tbody>
<tr>
<td>F 880</td>
<td>Continued From page 2 §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Surveyor: 40788 Based on observation, interview, and policy review, the provider failed to ensure infection control practices were followed for the current coronavirus 2019 (COVID-19) pandemic for correct use of alcohol based hand sanitizer in 15 of 19 randomly observed residents' rooms (101, 103, 104, 106, 107, 201, 203, 211, 216, 218, 306, 315, 316, 402, and 411) on four of four residential halls. Findings include: 1. Observations on 10/14/20 between 11:00 a.m. and 12:30 p.m. of the following residents' rooms revealed: *There was a hand sanitizer dispenser mounted on the wall directly inside each resident's room. *The hand sanitizer dispensers in rooms 101, 103, 104, 106, and 107 had expired July 2020. *The dispensers in rooms 201, 203, 211, 216, and 218 had expired July 2020. *The dispensers in rooms 305, 315, and 316 had expired July 2020. *The dispenser in room 402 had expired July 2020, and the dispenser in room 411 had expired May 2019. Interview on 10/14/20 at 1:35 p.m. with director of nursing (DON) B and administrator A regarding the above hand sanitizer dispensers revealed:</td>
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<td>*They were aware the dispensers had expired.</td>
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<td>*The manufacturers' of the sanitizer had stated they were only providing product for customers who had placed frequent orders with them.</td>
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<td>-The facility had not met that criteria and was not receiving sanitizer product from them.</td>
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<td>*The facility had requested hand sanitizer from the South Dakota Department of Health (SD DOH) in April 2020.</td>
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<td>-Hand sanitizer was unavailable for distribution at that time, and the facility had not contacted the SD DOH again.</td>
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<td>*They believed the Centers for Disease Control (CDC) had issued a waiver that stated the use of expired hand sanitizer was acceptable.</td>
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<td>-They were unable to provide a copy of that communication.</td>
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<td>*Staff used the expired hand sanitizer prior to and following resident care.</td>
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<td>Review of the provider's undated Preparedness Plan revealed:</td>
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<td>*F. Personal Protective Equipment (PPE)/Disinfectants:</td>
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<td>-1. Facility will provide alcohol-based hand sanitizer for hand hygiene to be available in every resident room.</td>
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