

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435129</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/09/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DELLS NURSING AND REHAB CENTER INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1400 THRESHER DR DELL RAPIDS, SD 57022</b>
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F 000	INITIAL COMMENTS  Surveyor: 29354 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 8/8/16 through 8/9/16. Areas surveyed included nursing services and physical environment. Dells Nursing and Rehab Center Inc. was found not in compliance with the following requirements: F253, F441, and F465.	F 000	F000  The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged on conclusions set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because it is required by provisions of state and federal law. Without waiving the foregoing statement, the facility states that with respect to:	
F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES  The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.  This REQUIREMENT is not met as evidenced by: Surveyor: 25107 Based on observation and interview, the provider failed to maintain 3 of 34 observed air conditioners (AC) in a clean manner (activity room, activity office, resident room 155). Findings include:  1. Observation and interview on 8/9/16 from 10:15 a.m. through 11:00 a.m. with the head of maintenance while touring the entire facility revealed: *The activity room AC, the activity office AC, and AC for resident room 155 had black round spots located in the duct work of the AC units. *The AC units were removed in the fall of 2015 for the winter and were cleaned and stored away. *The activity room AC unit had black spots in it when it was removed in 2015.	F 253	F253  Activity Office AC and Room 155 AC units were cleaned on 8/16/16 in a sanitary manner.  All other AC units were inspected on 8/16/16 to ensure their cleanliness.  Administrator, DON, Infection Control Nurse, Maintenance Director, Dietary Manager, and Interdisciplinary Team review, revised, or created as necessary the policies and procedures about infection prevention and control.  Education was provided on 8/18/16 to all staff about the roles and responsibilities for infection prevention and control. Environmental Services staff were educated on 8/19/16 regarding the process for routine cleaning of AC units.  Environmental Services Director or designee will audit AC units once per week for four weeks and monthly for two more months to ensure cleanliness.	9/28/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>John M. [Signature]</i>	TITLE <b>ADMINISTRATOR</b>	(X6) DATE <b>8/25/2016</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.

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F 253	Continued From page 1 -He had not found a way to effectively clean the duct of that AC unit without disassembling the entire AC unit. -The duct work that could be reached had been cleaned with Q-tips and all of the duct had been sprayed with bleach solution. -The black spots deep in the duct were not removed during the cleaning. *The AC units were installed back into the facility in the spring of 2016. -At that time the only AC unit that he was aware had black spots was the activity room AC unit. *He had been monitoring the activity room air conditioner for regrowth. -He was aware it had black spots from before but had not noticed any regrowth from those spots. *He was not aware the activity office AC unit and resident room 155 AC unit had black spots in them. *For routine cleaning the exterior and filters of the AC units were to be cleaned by housekeeping when they cleaned the rooms.	F 253	Environmental Services Director or designee will present findings from these audits at the monthly QAPI meetings for review.		
F 441 SS=E	<b>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</b>  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	F 441	F441  Infection Control Logs have been updated for the months of May, June, and July.  Infection Control Nurse will receive on-going training from facility Director of Nursing that will include planning, organization, implementation, monitoring, and maintaining the elements needed for the program's success.	9/28/16	

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F 441	<p>Continued From page 2</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</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: 29354 Based on interview, record review, and policy review, the provider failed to: *Ensure an effective Infection Control Program (ICP) with planning, organization, implementation, monitoring, and maintaining the elements needed for the programs success. *Provide appropriate training for the infection control nurse (ICN). Findings include:</p> <p>1. Review of the infection control log from May 2016 through August 8, 2016 revealed:</p>	F 441	<p>Administrator, DON, Infection Control Nurse, Maintenance Director, Dietary Manager, and Interdisciplinary Team review, revised, or created as necessary the policies and procedures about infection prevention and control.</p> <p>Education was provided on 8/18/16 to all staff about the roles and responsibilities for infection prevention and control.</p> <p>DON or designee will perform audits on Infection Control logs to ensure they are complete and accurate once per week for four weeks and monthly for two more months.</p> <p>DON or designee will present findings from these audits at the monthly QAPI meetings for review.</p>		

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F 441	<p>Continued From page 3</p> <p>*Multiple antibiotics administered to residents did not have a diagnosis.</p> <p>*There were thirty-three individual residents with documented antibiotic usage. Of those there were:</p> <ul style="list-style-type: none"> <li>-Eight infections for May.</li> <li>-Fifteen infections for June.</li> <li>-Sixteen infections for July.</li> <li>-Six infections for August 1 to 8.</li> </ul> <p>*The breakdown of infections included:</p> <ul style="list-style-type: none"> <li>-Pneumonia: <ul style="list-style-type: none"> <li>--One for June and four for July.</li> </ul> </li> <li>-Urinary tract infection: <ul style="list-style-type: none"> <li>--Five for both June and July, and four for August.</li> </ul> </li> <li>-Skin and wound: <ul style="list-style-type: none"> <li>--One for both May and June, and six for July.</li> </ul> </li> </ul> <p>Review of the dated 8/8/16, 802 Roster/Sample Matrix form revealed there were eight residents with infections.</p> <p>Review of the 8/8/16, 672 Resident Census and Conditions form revealed there were twelve residents receiving antibiotics.</p> <p>2. Interview on 8/9/16 at 7:10 a.m. with the ICN regarding the infection control program revealed:</p> <p>*She:</p> <ul style="list-style-type: none"> <li>-Had been the ICN since March 2016.</li> <li>-Was the Minimum Data Set (MDS) coordinator.</li> <li>-Had not received any formal training or education on being the ICN.</li> <li>-Was allowed two hours each week for infection control but had been busy with the residents MDS assessments and care plans.</li> </ul> <p>*The facility did not have a time frame when she was to have the infection control information completed.</p> <p>*Her usual practice was to fill out the Infection</p>	F 441			

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F 441	<p>Continued From page 4</p> <p>Control Review form and give it to the director of nursing (DON). It was the DON's responsibility to take the information to the Quality Assurance Program.</p> <p>*She:</p> <ul style="list-style-type: none"> <li>-Documented the infections each week.</li> <li>-Felt she tracked and trended the residents infections 50% of the time.</li> <li>-Had not been involved with the staff training for infection control.</li> <li>-Had not completed any audits for infection control.</li> <li>-Had done some investigating with the residents' infections.</li> <li>-Had never done infection control rounds in the facility.</li> <li>-Felt the infection control program could be improved.</li> </ul> <p>Interview on 8/9/16 at 10:00 a.m. with the DON regarding the infection control nurse and program revealed:</p> <p>*The ICN did not have "set hours" for infection control.</p> <p>*Her involvement with the infection control program was to take the information obtained from the infection control form that she received from the ICN and presented it at the Quality Assurance meeting.</p> <p>*They:</p> <ul style="list-style-type: none"> <li>-Did not have infection control meetings.</li> <li>-Had no process for tracking and trending infections in the facility.</li> <li>-Had not performed competencies on staff regarding infection control practices in the facility.</li> <li>-Did not have documentation to support what they had done for facility wide infection control practices.</li> </ul> <p>*She:</p>	F 441		
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F 441	<p>Continued From page 5</p> <p>-Was still new at the job and trying to collaborate with the ICN to make it "their own program." -Felt overall the infection control program was missing many components.</p> <p>3. Interview on 8/9/16 at 10:45 a.m. with the administrator regarding the infection control program and infection control nurse revealed: *The MDS coordinator job description had also included being the ICN. *The infection control program could be stronger. *They were aware of the infections and had addressed them.</p> <p>Review of the provider's revised April 2013 Infection Control Guidelines for All Nursing Procedures revealed the purpose was "To provide guidelines for general infection control while caring for residents."</p> <p>Review of APIC Text of Infection Control and Epistemology, 3rd Ed., Volume I, Essential Elements, 2009, pp.1-4 through 1-5 revealed: *"Often the core of the infection prevention programs the infection preventionist, chair of the infection prevention committee. *There should be one person who is designated as having responsibility for the program. *Team members must be qualified and guided by sound principles and current information. *A facility may have an infection prevention committee. *The role of the infection prevention professionals includes numerous responsibilities: -Collection and analysis of infection data. -Evaluation of products and procedures. -Development and review of policies. -Education efforts directed at interventions to reduce infection risks."</p>	F 441			

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F 441	Continued From page 6	F 441		
F 465 SS=C	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 25107 Based on observation and interview, the provider failed to: *Maintain the paint on the kitchen ceiling from peeling and falling off. *Maintain the cleanliness of the floor in the kitchen. Findings include:</p> <p>1. Interview on 8/8/16 at 3:45 p.m. with the head of maintenance revealed: *A new roof had been installed on the facility. *The facility had a roof leak approximately two years ago. That roof leak caused some water damage to the ceiling in the kitchen area. *He had patched the leak in the roof as a temporary fix until a new roof could be installed. *The new roof had been completed two weeks ago.</p> <p>Observation on 8/8/16 at 4:30 p.m. of the kitchen ceiling revealed:</p>	F 465	<p>F465</p> <p>Paint on kitchen ceiling in identified areas has had loose edges removed. All other areas of kitchen ceiling were inspected to ensure no loose edges remained.</p> <p>Floor in kitchen in identified areas has been cleaned to ensure no residue remains. All other areas of kitchen floor were inspected for visible residue.</p> <p>Administrator, DON, Infection Control Nurse, Maintenance Director, Dietary Manager, and Interdisciplinary Team review, revised, or created as necessary the policies and procedures about infection prevention and control.</p> <p>Education was provided on 8/18/16 to all staff about the roles and responsibilities for infection prevention and control.</p> <p>Dietary Manager or designee will perform audits on kitchen ceiling and floor for proper cleanliness once per week for four weeks and monthly for two more months.</p> <p>Dietary Manager or designee will present findings from these audits at the monthly QAPI meetings for review.</p>	9/28/16

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F 465	<p>Continued From page 7</p> <p>*In the bakery area near the mixer there were three areas of the ceiling paint approximately one foot in diameter that had peeled off. -The edges of the paint were loose and were curling down.</p> <p>*In the back hallway of the kitchen was another triangle shaped area approximately one foot wide and three feet long where the paint had peeled off. -There were no loose edges around that area.</p> <p>Interview on 8/9/16 at 7:45 a.m. with the head of maintenance revealed: *He had removed the loose paint after the initial water damage. *He had patched the roof to prevent any more water damage. *He had been monitoring the damage in the kitchen (peeling paint) and had removed loose paint. -It was unknown when he had last removed loose paint. *In May of 2016 during a heavy rain storm he had checked to make sure the ceiling of the kitchen was not leaking. -He confirmed the ceiling was not leaking but did not notice if the paint was loose. *He agreed the loose edges of paint should have been removed.</p> <p>Interview on 8/9/16 at 8:15 a.m. with the dietary manager revealed: *He had started in November 2015. *The paint on the ceiling had been peeling when he had started. *He had not seen the paint trimmed since he had been there. *He had not noticed any falling paint nor did he think the condition of the peeling paint was any</p>	F 465		

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F 465	<p>Continued From page 8</p> <p>worse from when he had started.</p> <p>*He agreed the loose edges could have been removed to prevent paint from falling from the ceiling.</p> <p>2. Observation and interview with the dietary manager on 8/8/16 at 4:35 p.m. in regards to the kitchen floor revealed:</p> <p>*The floor where the mixer cart was stored had a black crusty residue under the wheels.</p> <p>*The floor at the end of the ovens where the serving cart was stored had a brown crusty residue where the wheels set.</p> <p>-That residue came off when scratched with a finger nail.</p> <p>*The floor under the back prep table was completely covered with a grey brown residue.</p> <p>*The floor in the kitchen was scrubbed twice a day.</p> <p>*The carts should have been moved, and the floors scrubbed where they had been.</p> <p>*The back table was mounted to the ceiling and could not move. They mopped what they could easily reach but had not put effort into cleaning the hard to reach areas.</p> <p>*He agreed the floors should have been cleaner.</p>	F 465		
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