

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

PRINTED: 01/28/2021
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 436114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/13/2021
NAME OF PROVIDER OR SUPPLIER DIAMOND CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 901 N MAIN AVE BRIDGEWATER, SD 57319		
(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	
F 000	INITIAL COMMENTS Surveyor: 41088 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 1/12/21 and on 1/13/21. Diamond Care Center was found in compliance with 42 CFR Part 483.10 resident rights and 42 CFR Part 483.80 infection control regulation(s): F550, F562, F563, F880, F883 F885, and F886. The facility was found not in compliance with 42 CFR Part 483.80 infection control regulations, and had not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. One deficiency was found: F882. Diamond Care Center was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6).	F 000			
F 882 SS=D	Total residents: 30 Infection Preventionist Qualifications/Role CFR(s): 483.80(b)(1)-(4)(c) §483.80(b) Infection preventionist The facility must designate one or more individual(s) as the infection preventionist(s) (IP) (s) who are responsible for the facility's IPCP. The IP must: §483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field; §483.80(b)(2) Be qualified by education, training, experience or certification;	F 882	Director of Nursing completed training for the Infection Preventionist role on 01/27/2021	1/27/21	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE	
Brianna Morris		Administrator		02/01/2021	

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 882	Continued From page 1 §483.80(b)(3) Work at least part-time at the facility; and §483.80(b)(4) Have completed specialized training in infection prevention and control. §483.80 (c) IP participation on quality assessment and assurance committee. The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis. This REQUIREMENT is not met as evidenced by: Surveyor: 41088 Based on interview and record review, the provider failed to ensure that one of one director of nursing (DON)/infection control registered nurse (RN) (B) had completed specialized training in infection prevention and control as required by the Centers for Medicare and Medicaid Services (CMS). Findings include: 1. Interview on 1/12/21 at 12:04 p.m. to 12:10 p.m. with DON/infection control RN B and administrator A regarding the infection prevention and control program (IPCP) position revealed she: *Had been hired in August 2019 to lead their facility IPCP. *Started the specialized training but had not completed the training program -Confirmed she had finished about half of the required training modules. *Had not continued with the training because of other responsibilities. *Knew the deadline to complete the specialized training had been November 28, 2019.	F 882		

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F 882	Continued From page 2 *Thought they would be cited because of the missed deadline. Record review of certificates of completion provided from the CDC TRAIN Nursing Home Infection Preventionist Training Course for infection control RN B included: *Module 1- Infection Prevention and Control Program with completion date of 9/24/19. *Module 2- The Infection Preventionist with completion date of 9/25/19. *Module 3- Integrating Infection Prevention and Control into the Quality Assurance Performance Improvement Program with completion date of 9/25/19. *Module 4- Infection Surveillance with completion date of 9/28/19. *Module 5- Outbreaks with completion date of 9/29/19. *Module 6a- Principles of Standard Precautions with completion date of 1/13/21. *Module 7-Hand Hygiene with completion date of 1/13/21. *Module 12A- Preventing Respiratory Infection with completion date of 1/13/21. *Three of the modules had been completed after the above interview. *Eight of the twenty-three required modules had been completed.	F 882		