STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435038	A. BUILDING ______ B. WING ______	11/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TEKAKWITHA LIVING CENTER	**6 E CHESTNUT** **SISSETON, SD 57262**

(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: 42477 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 11/12/20. Tekawitha Living Center was found not in compliance with 42 CFR Part 483.80 infection control regulation: F880. Tekawitha Living 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, F583, F882, F885, and F886. Tekawitha Living Center was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 36	F 000	The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor agreement by the facility of the truth of the facts alleged on conclusions set forth in the statemnt of deficiencies. The plan of correction was prepared for this deficiency and was executed solely because it is required by the provisions of State and Federal law. Without waving the foregoing statement, the faility states that with respect to:	
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents,	F 880	Infection control plan (ICP) regarding COVID-19 will be reviewed and revised as necessary by the QAPI committee. QAPI committe members include but are not limited to the Administrator, Director of Nursing, Activity Director, Medical Director, Business Office Manager, Environmental Services Director, Dietary Director, MDS coordinator, and Social Services Director. As part of the ICP review for COVID-19, the committee will ensure there is a policy regarding COVID-19 for the following areas: 1. positive staff working who are asymptonmatic 2. positive staff not working with negative residents 3. Ensure staff have been fit tested for N95 masks 4. Monitoring the screening of people who enter the building 5. Monitoring residents for sigs and symptons of COVID-19. 6. Testing residents when they start showing symptons of COVID-19.	12/7/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Chad Stroschein	Administrator	11/30/2020

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 880 — Summary Statement of Deficiencies (continued)

staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§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.

F 880 — Provider's Plan of Correction (continued)

7. Assessing staff who sign into the facility with symptons of COVID-19.

Provider will ensure residents that test positive for COVID will be cohorted at the end of a hallway in attempts to prevent further spread of the virus.

If unable to cohort residents that test positive for COVID then the facility will quarantine all positive residents in the their rooms with isolation barrier on the resident room doors. With wandering positive COVID residents, we will encourage room quarantine and if unable, then we will encourage mask wearing.

Provider will ensure anyone who enters the building is free of sign and symptons of COVID 19 by staff screening each person as they enter the building.

Provider will have positive COVID staff work only with positive COVID residnets based on staff availability and logistically assigning the staff to the area of most positive COVID residents through the nursing schedule.

Director of Nursing or designee will be responsible for re-educating the staff on proper infection control precautions related to COVID.

COVID positive staff will take breaks in the Activity room, use restroom aross from restorative office and enter building at North entrance.

Positive resident visitors will be educated on appropriate PPE use and supply. These visitors will be monitored by all staff and staff will address visitor if they are found to be walking around the facility.

Staff will be re-deucated on proper PPE use. Director of nursing or designee will audit proper PPE use by staff.

Staff will be re-educated on proper lift cleaning and other equipment used on positive COVID residents. Director of nursing or designee will audit proper cleaning of equipment.

Resident COVID screening form has been updated to cover a broader list of symptons and staff will be re-educated on its use.

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

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F 880	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: 42477 Based on observation, interview, record review, and policy review, the provider failed to follow Centers for Disease Control (CDC) and Prevention's guidelines related to the coronavirus (COVID-19) pandemic including: *Infection control practices when providing care for 19 residents positive with COVID-19 (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, and 19). *Ensuring COVID-19 positive staff working were asymptomatic (E, F, G, N, R, V). *Ensuring COVID-19 positive staff (D, H, and I) were not working with negative residents (29, 31, and 35). *Ensuring staff had been fit-tested for N95 masks prior to use. *Monitoring the screening of people who had entered the building. *Ensuring staff had been educated on proper infection control related to COVID-19. *Monitoring residents for signs and symptoms (s/s) of COVID-19. *Testing residents when they had started showing symptoms of COVID-19. *Assessing staff who had signed into the facility with symptoms of COVID-19. Findings include:	F 880	Provider will ensure staff are up to date on current COVID 19 guidelines by creating a COVID binder for information sharing at the nurses station. Staff will be remined to review binder for updales. Only asymptonmatic COVID positive staff wil work in the facility. Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 and all other positive residents will be addressed with these policy reviews and updates. Staff will be re-educated on the infection control plan regarding the COVID-19 policies and procedures. Director of Nursing or designee will audit staff compliance to the updated policies mentioned in this plan of correction. These audits wil be completed once per week for 4 weeks and monthly for two more months. Audit results will be presented by the Director of Nursing at the monthly QAPI meetings for review and consideration.	

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1. On 11/12/20 at 11:00 a.m. surveyors were let in the facility's north entrance.
*A staff member informed us to go into a room and screen ourselves.
*No one checked to make sure that we screened ourselves.
*No one checked to ensure we did not have any signs or symptoms of COVID-19.
*No one asked if we had been exposed to COVID-19.

2. Interview on 11/12/20 at 11:05 a.m. with director of nursing (DON) B revealed:
*They had thirty-six residents that tested positive for COVID-19.
-Eight of those residents had passed away.
*There were currently nineteen residents (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, and 19) who had COVID-19 in the facility.
*There were nine residents (20, 21, 22, 23, 24, 25, 26, 27, and 28) who were considered to be recovered from COVID-19.
*Residents 29, 30, 31, 32, 33, 34, 35, 36, and 37 had not tested positive for COVID-19.
*They were currently outbreak testing.
*They allowed family members to visit the residents after they were screened and provided N95 masks.
*All staff were wearing N95 masks.
-DON B was not sure what staff had been fitted for N95 masks.
*She believed the hospital had completed fit testing for some staff but was not sure which staff.
*They did not have a designated COVID-19 unit due to the amount of cases they had in the facility.
*They had staff who were positive for COVID-19

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working in the facility.
-DON B said that was partly due to having a staffing shortage and partly because they "felt fine" to work.
-DON B said they were only working with COVID-19 positive residents.
-She was not sure where positive staff were entering the facility or where they were taking their breaks.
*This surveyor overheard staff mention activities coordinator (AC) C was coming in late due to having diarrhea.
*Asked if they tested staff like AC C who called in with symptoms that could be related to COVID-19, DON B said that AC C was known to have stomach issues.
*DON B stated COVID-19 positive residents had a red sticker by their name which was located by their door.

Surveyor 40771
3a. Observation on 11/12/20 at 11:15 a.m. of the east wing revealed:
*Resident 9 was in his doorway with the call light on.
-He had tested positive for COVID-19 on 11/2/20.
*Residents 1, 3, 6, and 7 were eating at a table in the main area of the east wing.
-They had all tested positive for COVID-19.
*There were negative residents in that area of the facility with their doors opened.

b. Observation on 11/12/20 at 12:35 p.m. of the north wing revealed:
*There had been four residents eating lunch in the sitting area.
-They had all tested positive for COVID-19.
*There were negative tested residents in that same area with their doors open.

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Surveyor 42477
c. Observation and interview on 11/12/20 at 12:58 p.m. with AC C revealed:
*She was wearing two surgical masks.
*That was because she was medically unable to wear an N95 mask.
*She only took care of negative COVID-19 residents.

d. Observation on 11/12/20 at 1:00 p.m. of the north wing revealed:
*AC C answered a call light in resident 4's room.
*Resident 4 was currently positive for COVID-19.
*Her room door was open.
*She had a visitor in her room.
-The visitor was wearing an N95 mask; she was not wearing a gown or face shield.
*Resident 15 was sitting in a recliner in the sitting area of the north wing.
-She was currently positive for COVID-19 and she had not been wearing a mask.
*The north wing had residents that were positive and negative for COVID-19.
-Both positive and negative residents both had their doors opened.
*Resident 31 was in the hallway, she did not have a mask on.
-She had tested negative for COVID-19 on 11/9/20.
*No residents' doors had the type of precautions staff needed to take or what they should wear when they entered their rooms.

e. Observation and interview on 11/12/20 at 1:05 p.m. with dietary aides J and K revealed:
*They were wearing N95 masks.
*They were not wearing the N95 mask properly.
*They had both straps of the N95 mask at the

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base of their neck, because it was more comfortable.
*They had not been fit tested or trained on the mask.
*They were not aware of the importance of wearing it correctly.
*They stated they wished someone had informed them of the proper way to wear the mask.

f. Observation on 11/12/20 at 1:10 p.m. of the east wing revealed:
*Resident 6 was in the doorway of room; he was not wearing a mask.
-He currently had COVID-19.
*The east wing had residents that were positive and negative for COVID-19.
-They both had their doors opened.
*Certified nursing assistant (CNA) Y came out of resident 3's room and placed her personal protective equipment (PPE) in a container in the hallway.
*No residents' doors had the type of precautions staff needed to take or what they should wear when they entered the room.

g. Observation and interview on 11/12/20 at 1:20 p.m. with personal therapy assistant (PTA) M revealed:
*She entered in resident 9's room wearing eye goggles, N95 mask with a surgical mask over the top, and a gait belt around her shoulders.
-She did not have a gown on.
*There was a red sticker by his door, and an isolation drawered container outside of his room.
*PTA M said their therapy company did not work with anyone who was currently COVID-19 positive.
*She thought resident 9 came off isolation yesterday.

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*Her site manager had made her aware if there were any residents who were positive for COVID-19.
*The gait belt and her eye goggles were not disinfected before leaving resident 9's room.
-Resident 9 was still positive for COVID-19.

h. Observation and interview on 11/12/20 at 1:28 p.m. with CNA Y revealed:
*She had not been fitted for the N95 mask that she was wearing.
*She had finished caring for a resident who was positive with COVID-19.
*She walked back to the east nursing station.
*She took off her shield and laid it on the counter.
*Sprayed that shield with Betco Ph7Q Dual.
*Grabbed a cloth that was laying on the counter, wiped off her shield, and put the cloth back on the counter.
*She unaware if she had to leave the chemical on her shield for a specific amount of time.
*There were two education signs hanging on the cabinet at the nurses' station.
-They were dated from February and March of 2020.

i. Observation and interview on 11/12/20 at 1:37 p.m. with CNA L revealed:
*She had not been fitted for her N95 mask.
*She went into resident 15's room without a gown.
*Resident 15's door was open.
*When she came out of the room she did not clean off her eye protection or change her N95 mask.
*When asked what she had to wear when she went into a COVID-19 positive resident's room she stated a gown, faceshield, and mask.
*She stated you put it on before you enter the

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room and take it off before you leave the room.
*When asked why she did not put a gown on she stated, because she "just peaked" in the resident's room.
-Resident 15 was positive for COVID-19.

j. Observation on 11/12/20 at 1:43 p.m. of business manager E revealed, she was sitting at her desk without a mask, her door was opened. She was positive with COVID-19.

Surveyor 40771
k. Observation on 11/12/20 at 1: 45 p.m. of CNA Q regarding resident 4 revealed:
*She took the Hoyer lift into the resident's room.
-She currently had COVID-19.
*When she exited that room, she moved it to the other end of the hallway where there were other Hoyer lifts
*She then cleaned the lift.

Surveyor 42477
4. Further interview on 11/12/20 at 1:45 p.m. with DON B revealed:
*She was unable to listen to the South Dakota Department of Health calls.
-She was informed they were recorded and stored on the website, so she could go back and listen to them.
*Did not keep a record of who has received education.
*Had PPE signs and droplet signs around the facility but thought staff had removed them.
*DON B stated she looked over the staff/visitor screening forms.
-If anyone had symptoms they needed to be evaluated by the charge nurse.
*They had never had anyone who required an

F 880 Continued From page 9 F 880

evaluation by the charge nurse.
*The nurses completed COVID-19 assessments on positive residents once per day.
*Staff screened all residents two times per day.

5a. Review of staff and visitor COVID-19 screening logs from 11/1/20 to 11/12/20 revealed:
*They were asked to check "Y [yes] or N [no]" for the s/s of COVID-19 and whether or not they were asked to go home.
*Business office manager E marked that she had symptoms on 11/3/20, and 11/10/20.
*Business office manager E had tested positive on 11/3/20.
*She had marked she still had a cough and muscle pain on 11/10/20.
*She had not filled the screening form on 11/12/20, and she was working in the facility.
*From 11/1/20 to 11/12/20 there were forty-nine instances where staff and visitors signed into the facility and indicated they had symptoms related to COVID-19.
-Twenty-seven of the forty-seven times were staff that were positive or had tested positive for COVID-19.
--They were not sent home or evaluated by the charge nurse.

b. Review of resident 31's electronic medical record revealed:
*She had tested negative on 11/9/20.
*She had documented instances of staff positive for COVID-19 providing care for her.
*CNA D had tested positive on 11/3/20.
-She had cared for the resident 31 on 11/9/20, 11/10/20, and 11/13/20.
*CNA F had tested positive on 11/3/20.
-She had cared for the resident on 11/6/20.
*The resident had not been tested again until

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11/16/20 and she tested positive for COVID-19.

c. Record review of resident 35's electronic medical record revealed:
*He had tested negative on 11/9/20.
*Licensed practical nurse (LPN) I had tested positive for COVID-19 on 11/9/20.
*LPN I made the following documentation in the resident's medical record;
*On 11/13/20 at 8: 55 p.m., "Resident sleeping well at this time, SPO2 [oxygen saturation] is running in the 80%'s so O2 [oxygen] has been started at 2 L/M [liters per minute] via NC [nasal cannula], resident has denied any c/o's [complaints of] pain or discomfort, call light in reach and will continue to monitor."
*On 11/14/20 at 12:39 a.m., "Resident's SPO2 still running in the 80's with O2 at 2 l/m so was bumped up to 2 1/2 L/M which brought up SPO2 to 92%.
*There was documentation by LPN Z that he, "....does have Decreased appetite, cough, temp [temperature] of 98.9..."
*Resident was not tested for COVID-19 until 11/16/20.
-He had tested positive on 11/16/20.
*His paper screening forms noted he was having a cough on 11/13/20.
*He had low O2 sats, cough, weakness, and decreased appetite on 11/14/20.
*He had continued to have a cough and decreased appetite on 11/15/20.
*He was not tested for COVID-19 until 11/16/20.

e. Review of resident 29's electronic medical record revealed:
*He had tested negative on 11/9/20.
*Registered nurse (RN) H had tested positive for COVID-19 on 11/9/20.

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*RN H had assessed the resident on 11/15/20.
*CNA D cared for the resident 29 on 11/9/20, 11/10/20, 11/13/20.
*On the resident's paper screening form he was noted to have "loose stools x2 [two times]" on 11/14/20.
*He was next tested on 11/16/20 and he tested positive for COVID-19.

f. Review of resident 1's electronic medical record revealed:
*She had tested negative for COVID-19 on 10/26/20.
*On 10/28/20 she had complaints of a sore throat, headache, occasional cough, nasal drainage, and loose stools.
*Her paper screening form on 10/28/20 noted a sore throat, but no other symptoms.
-Her paper screening form did not mention that she was having a headache, occasional cough, or nasal drainage as revealed in her electronic medical record.
*Later in the day on 10/28/20 she was out in the east lobby playing dice.
*She was next tested on 11/2/20 and she was positive for COVID-19.

g. Review of the provider's undated isolation Categories of Transmission Based Precaution Policy revealed, "Signs-The facility will implement a system to alert staff and visitors to the type of precaution the resident requires."

Review of the provider's undated Designated Resident Person Entrance Consent revealed:
*"The designated person will be given the door code and allowed to enter ad lib [without restriction]. The door code is not to be shared with anyone. If the code is shared, the code will

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	435038	A. BUILDING ______ B. WING ______	11/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TEKAKWITHA LIVING CENTER	6 E CHESTNUT SISSETON, SD 57262

(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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be changed and you will have to wait for staff to let you in. Upon entering [facility's name], each designated person will be required to take their temp [temperature], answer screening questions and document in the visitor screening log. Admittance will not be allowed if you answer yes to any of the health screening questions or have a temp above 100.4"
*"We do recommend that when visiting you stay in your resident's room as much as possible"

Review of the provider's Daily Resident Screening for COVID-19 document revealed, "Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include but not limited to: new or worsening malaise, new dizziness, diarrhea, or sore throat. If you identify these symptoms in a resident it may prompt isolation and further evaluation for COVID-19."

Review of the provider's undated Screening for [facility's name] employees document revealed: "All Health Care Providers and or visitors that enter [facility's name] will be screened for fever and respiratory symptoms in the North Family Room, before starting each shift or going on to the floor. They will report to the charge nurse if experiencing any symptoms for further evaluation. The Charge nurse will determine whether or not to the [sic] employee and or visitor needs to be sent home."

Review of the provider's undated Testing for Residents document revealed, "...When prioritizing individuals to be tested, [facility's name] will prioritize individuals with signs and symptoms of COVID-19 first, then perform testing triggered by an outbreak..."

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

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Review of CDC's COVID-19 guidance for nursing homes, "Responding to Coronavirus (COVID-19) in Nursing Homes," www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html, accessed on 11/16/20 revealed:
*"Facilities that have already identified cases of COVID-19 among residents but have not developed a COVID-19 care unit, should work to create one unless the proportion of residents with COVID-19 makes this impossible (e.g [for example]., the majority of residents in the facility are already infected). Ideally the unit should be physically separated from other rooms or units housing residents without confirmed COVID-19. Depending on facility capacity (e.g., staffing, supplies) to care for affected residents, the COVID-19 care unit could be a separate floor, wing, or cluster of rooms. Assign dedicated HCP [health care professional] to work only on the COVID-19 care unit. At a minimum this should include the primary nursing assistants (NAs) and nurses assigned to care for these residents. HCP working on the COVID-19 care unit should ideally have a restroom, break room, and work area that are separate from HCP working in other areas of the facility. Place signage at the entrance to the COVID-19 care unit that instructs HCP [health care professional] they must wear eye protection and an N95 or higher-level respirator (or facemask if a respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms. Ensure that HCP have been trained on infection prevention measures, including the use of and steps to properly put on and remove recommended personal protective equipment (PPE)."

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* "If the resident is confirmed to have COVID-19, regardless of symptoms, they should be transferred to the designated COVID-19 care unit. Increase monitoring of ill residents, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least 3 times daily to identify and quickly manage serious infections. Consider increasing monitoring of asymptomatic residents from daily to every shift to more rapidly detect any residents with new symptoms."

Phone interview with DON B on 11/18/20 at 11:18 a.m. revealed:
*If a resident was showing COVID-19 symptoms the residents were placed in "quarantine" status and test on their outbreak testing day.
-Outbreak testing was completed once per week.
*They screened residents for temperatures and respiratory symptoms once per day, including residents positive with COVID-19.
*The nurses were assessing positive residents once per day.
-They were not assessing residents for COVID-19 symptoms until they tested positive with COVID-19.

Review of the provider's paper screening forms from 10/1/20 to 11/17/20 that were filled out one time per day revealed:
*Staff were taking residents' temperatures and noting any respiratory symptoms.
*Some residents had their temperatures taken and for some residents the only respiratory symptoms listed were, "COVID +", or "+".
*Some residents did not have anything marked under respiratory symptoms.
*Days missing were, 11/7/20, 11/11/20, 11/16/20.

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F 880	Continued From page 15 Surveyor 40771 A phone interview on 11/13/20 at 10: 45 a.m. with administrator A revealed: *He was currently the acting iterim administrator. *He was in the facility each week. *He thought DON B was listening to the weekly South Dakota Department of Health calls. -He was unaware that she had not listened to the weekly calls. *Staff that were positive for COVID-19 and felt well enough were working with residents that were positive for COVID-19. -They were trying to keep the positive staff with positive residents but it might not always be possible. *He thought they did not need to cohort positive residents, he believed this was the direction given on one of the weekly calls. -Confirmed that had not been the instruction given by the administrator from the Department of Health.	F 880		