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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435056	A. BUILDING _____ B. WING _____	01/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINNER REGIONAL HEALTHCARE CENTER	805 E 8TH ST WINNER, SD 57580

(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: 41895 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 1/20/21 and on 1/21/21. Winner Regional Healthcare Center was found not in compliance with 42 CFR Part 483.80 infection control regulations: F880. Winner Regional Healthcare was found in compliance with 42 CFR Part 483.10 resident rights and infection control regulations: F550, F562, F563, F583, F882, F885, and F886. Winner Regional Healthcare Center was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 38	F 000		
F 880 SS=D	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,	F 880	Winner Regional Health Long Term Care strives to adhere to all infection control standards in accordance with state and federal regulations and current standards of practice. All residents have the potential to be impacted by not actively screening all staff entering the facility. To that end, the following measures have been implemented.	03/24/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kevin Coffey, CEO
TITLE
(X6) DATE: 02/03/2021

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 880	Continued From page 1 reporting, investigating, and controlling infections and communicable diseases for all residents, 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	F 880	Staff have been educated regarding the significance of self-screening at the beginning of their assigned shift before reporting to work. In the event staff have an elevated temperature of 100 degrees and above or are symptomatic, they are to report immediately to the Director of Nursing or designee for further instructions. Under no circumstances will staff who are symptomatic be required to work with residents. Self-screening results will be monitored daily by the Director of Nursing/Designee and reviewed in real time. The Director of Nursing/ Designee is responsible for compliance. Screening results will be audited 5x/week for 8 weeks. **After 8 weeks of successful audit, then audit will be monthly for two months.** The Director of Nursing/ Designee will monitor the audits to ensure they are completed and results will be reviewed by the QAA/QAPI/Safety Committee	2/9/21

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F 880	Continued From page 2 corrective actions taken by the facility. §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: 41895 Based on observation, interview, record review, policy review, and review of the Centers for Disease Control and Prevention (CDC) 11/20/20 publication Preparing for COVID-19 in Nursing Homes found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, the provider failed to follow the CDC's infection control guidelines regarding the COVID-19 pandemic for: *Quarantine precautions for one of one resident (1) who had been recently admitted to the facility. *Screening for one of one certified nurses assistant (CNA) (D) for signs and symptoms (S/S) of COVID-19. Findings include: 1. Interview on 1/20/21 at 10:45 a.m. with director of nursing (DON) A revealed resident 1 was a new admission and was currently being quarantined for 14 days. Observation on 1/20/21 at 11:06 a.m. and at 12:15 p.m. of resident 1's room revealed: *She did not have a roommate. *The door was open. *No signage was present by the resident's door to	F 880	for need of ongoing monitoring or until substantial compliance is maintained. It is the policy of Winner Regional Health Long Term Care to provide an Infection Prevention and Control Program that meets the CMS-SNF regulations that provide a safe, sanitary, and comfortable environment that helps prevent the development and transmission of disease and infection. The facility has reviewed protocols for quarantine and staff education provided regarding donning/doffing of PPE's. (Gowns, goggles, face-shield, mask, and gloves) when working with residents or are positive for COVID-19 or are on quarantine. Policies and procedures regarding quarantine were reviewed on January 22, 2021 to ensure compliance.	03.24.2021

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F 880	Continued From page 3 alert staff she was on quarantine or what personal protective equipment was required to enter the room. *At 12:15 p.m. with the door open, she was sitting in her wheelchair approximately four feet from the doorway. Observation and interview on 1/20/21 at 11:09 a.m. with registered nurse (RN) E regarding resident 1's quarantine status revealed: *She walked into the residents room with only a surgical mask and eye protection on. --The door to the room was open and she had been with in six feet of the resident. *She exited the room without changing her mask or cleaning her eye protection. *She indicated resident 1 had a sign in her room stating she was on quarantine until 1/26/21. *When a resident was on quarantine they were not able to come out of the room but no other precautions had been taken. *Quarantined residents were not required to have the door closed. Interview on 1/20/21 at 1:15 p.m. with licensed practical nurse (LPN) F regarding residents on quarantine revealed: *When a resident was on quarantine they could not come out of their room. *If the resident had to come out of the room they had to wear a mask. *Staff had not been required to take increased precautions. Review of resident 1's medical record revealed she had: *Been admitted to the facility on 1/12/21 following a five day respite stay. -Prior to respite stay she lived at home with her	F 880	PPE's will be available for donning prior to entering resident's room who are positive for COVID-19 or undergoing quarantine. Resident's room door will be shut closed while under quarantine. All staff provided with N95 mask, eye protection-goggles/safety glasses/face shield. Additional mask and eye protection available for all staff as needed. The Director of Nursing/Designee is responsible for compliance. Audit of PPE usage including N95 mask, goggles, handwashing, and equipment cleaning will be completed 5x/week for 8 weeks. **After 8 weeks of successful audits, then monthly for 2 months.** The Director of Nursing/Designee will monitor the audits to ensure they are completed and results will be reviewed by the QAA/QAPI/ Safety Committee for need of ongoing monitoring until substantial compliance is maintained.	2/9/21

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F 880	Continued From page 4 family. *Negative COVID-19 test on 1/13/21 and on 1/20/21. *Been screened for S/S of COVID-19 twice a day. *Family visits in her room since admission. Interview on 1/20/21 at 1:30 p.m. with DON A, infection control nurse/RN B, and social services manager C revealed they had no a policy for COVID-19 precautions to be used new admissions. 2. Interview on 1/20/21 at 12:00 p.m. with an unidentified resident regarding CNA D revealed: *She had heard CNA D had left work early the day before she was sent home early with a temperature and had tested positive for COVID-19. *She expressed concern she would get sick because CNA D had given her a bath a few days before getting sick. *CNA D had worn a mask and face shield. Interview on 1/20/21 at 1:30 p.m. with DON A and RN E regarding CNA D revealed: *On 1/17/21 CNA D had: -Complaints of not feeling well, reported feeling fatigued and having body aches. -Tested negative for COVID-19. -Left her shift early. *On 1/18/21 CNA D: -Had came to work at 5:00 a.m. and started to not feel well around 9:00 a.m. --Temperature was 101.2. -Tested positive for COVID-19 around 10:00 a.m. -Left her shift early. Continued interview and Staff Screening Log review on 1/20/21 at 1:35 p.m. with DON A	F 880		

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F 880	Continued From page 5 revealed: *The Staff Screening Log was kept at the front entrance. *All staff were required to screen themselves and fill out the log prior to starting their shift. *CNA D assessment for 1/17/21 or 1/18/21 was not documented on the screening log. *He would have expected CNA D to have screened herself at the beginning of her shift and document the screening on the Staff Screening Log. *CNA D had told him she entered the building through the back door and taken her temperature, but did not go to the front door to document her S/S. Telephone interview on 1/21/21 at 12:10 p.m. with DON A revealed all residents: *And staff including CNA D were tested weekly on Wednesdays. *And staff had tested negative on 1/20/21. *Residents were screened for S/S of COVID-19 twice a day. 3. Review of the provider's August 2020 Emerging Threats, Acute Respiratory Syndromes, Coronavirus (COVID-19) Infection Control Policy revealed: *"Daily staff should monitor his/her temperature and the presence of any symptoms. *Staff with signs and symptoms of a respiratory infection should not report to work. *Staff should follow the most current screening process." *Appendix G the Staff Screening Log indicated: -If an employee had a fever greater than 100 degrees, chills, cough, new onset of shortness of breath or difficulty breathing, excessive fatigue, new onset muscle or body aches, new onset	F 880		

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F 880	Continued From page 6 headaches, sore throat, new loss of taste or smell, new onset of nasal congestion or runny nose, nausea, vomiting, or diarrhea the employee should stay home until they feel better or they identify another source of the symptoms and to call their doctor. Review of the CDC 11/20/20 publication Preparing for COVID-19 in Nursing Homes found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html revealed: *"Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. *HCP [healthcare personnel] should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. *Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. *Testing at the end of this period can be considered to increase certainty that the resident is not infected. *Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19. *Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. *Fever is either measured temperature >100.0oF [100 degrees Fahrenheit] or subjective fever."	F 880		