STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435135	A. BUILDING _____ B. WING _____	01/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENNETT COUNTY HOSPITAL AND NURSING HOME	102 MAJOR ALLEN MARTIN, SD 57551

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F 000	INITIAL COMMENTS Surveyor: 40788 A COVID-19 Focused Infection Control survey was conducted by the South Dakota Department of Health Office of Licensure and Certification on 1/25/22. Bennett County Hospital and Nursing Home was found not in compliance with 42 CFR Part 483.80 infection control regulation: F880 Bennett County Hospital and Nursing Home was found in compliance with 42 CFR Part 483.10 resident rights and 42 CFR Part 483.80 infection control regulations: F550, F562, F563, F583, F882, F883, F885, F886, and F887. Bennett County Hospital and Nursing Home was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 31	F 000	**Directed Plan of Correction** **Bennett County Hospital and Nursing Home** Submission of this Response and Plan of Correction (POC) is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of fault by the facility, the Administrator or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of the Plan of Correction does not constitute and should not be interpreted as an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the statement of deficiencies Accordingly, the Facility has prepared and submitted this Plan of Correction for these Deficiencies prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law hat mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in Title 18 and 19 programs. This Plan of Correction is submitted as the facility's credible allegation of compliance. .Without waving the foregoing statement, the facility states that with respect to F 880:	
F 880 SS=E	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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Administrator /CEO	02/08/2022

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.

FEB 09 2022

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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	**Corrective Action:** **F880 1.For the identification of lack of:** Resident 1 fully recovered and returned from isolation to general population 2/2/22 *Appropriate putting on and taking off PPE when transitioning within an isolation area caring for multiple residents. -Hand hygiene and glove use. *Appropriate use of N95 masking per established guidance. *Appropriate maintenance of face shields and/or goggles that includes cleaning. Facility will utilize disposable face shields as PPE in isolation areas to eliminate the need for or requirement to clean goggles or face shields when exiting isolation area. The administrator, DON, ADON and/or designee in consultation with the medical director will review, revise,and create as necessary policies and procedures for the above identified areas. DON and ADON will be educated / re-ducated by February 17, 2022 by infection preventionist. All other facility staff who provide or are responsible for the above cares and services will be educated/re-educated by February 17, 2022 by DON and / or ADON.	02/17/2022 02/17/2022

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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: 40788 Based on observation, interview, policy review, and facility posted personal protective equipment (PPE) guidance information, the provider failed to ensure for one of one COVID-19 unit and one of one sampled resident (1) infection prevention and control practices were maintained for correct use of PPE by six of six observed staff (environmental services manager D, certified nurse aid (CNA) E, housekeeper G, CNA F, assistant director of nursing/infection preventionist (ADON/IP) C, and director of nursing (DON) B. Findings include: 1. Entrance conference interview on 1/25/22 at 12:30 p.m. with chief operating officer/human resources manager (COO/HR manager) A, DON B, and ADON/IP C revealed: *Eleven COVID-19 positive residents had been placed in rooms on the east hall of the facility. *An ante room for putting on and taking off PPE was situated between a floor to ceiling plastic barrier at the entrance of that hall and a set of double doors that opened up to that COVID-19 unit. Observations made on 1/25/22 of staff exiting the COVID-19 unit revealed:	F 880	**Identification of Others:** **2.ALL residents and staff have the potential to be affected by lack of:** *Appropriate putting on and taking off PPE when transitioning within an isolation area caring for multiple residents. -Hand hygiene and glove use not followed. *Appropriate use of N95 masking per established guidance. *Appropriate maintenance of face shields and/or goggles that includes cleaning. Facility will utilize disposable face shields as PPE in isolation areas to eliminate the need for or requirement to clean goggles or face shields when exiting isolation area. Policy education/re-education about roles and responsibilities for the above identified assigned care and services tasks will be provided by February 17, 2022 by DON and/or ADON.	02/17/2022

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F 880	Continued From page 3 *At 12:45 p.m. environmental services manager D discarded his gown, gloves, and N95 mask inside the ante room. -A surgical mask he had worn beneath that discarded N95 mask remained in place. *He had not cleaned his eye protection prior to leaving that ante room. *At 12:50 p.m. CNA E had not removed and cleaned her eye protection or removed and replaced her N95 mask prior to leaving that ante room. *At 1:05 p.m. CNA E had not removed and cleaned her eye protection or removed and replaced her N95 mask prior to leaving that ante room. *At 2:15 p.m. housekeeper G removed her gown, gloves, and replaced her N95 mask with a clean surgical mask inside the ante room. -Exited the ante room without cleaning her eye protection. Observation and interview on 1/25/22 at 1:00 p.m. with CNA F revealed: *At 1:05 p.m. she entered the COVID-19 unit wearing a gown, gloves, surgical mask over her N95 mask, and prescription glasses. -Thought that surgical mask over the N95 mask provided enhanced protection. -Her goggles had not fit over her glasses and she had left her face shield inside the COVID-19 unit. *At 1:10 p.m. she removed her gown and gloves in the ante room and exited without removing and replacing her face mask or wearing eye protection. Observation and interview on 1/25/22 at 1:15 p.m. with ADON/IP C revealed she: *Had worn a surgical mask over her N95 mask because she had failed Fit testing for her N95	F 880	**System Changes:** **3.Root cause analysis (RCA) conducted and answered the 5 Whys:** During a RCA performed on February 3,2022 BCHNH determined that the facility will create plan to increase orientation time, assign guides to new staff / agency staff, will move supply car location, will complete regular inventory to ensure adequate supplies and will retrain/educate all staff. Competencies will be completed on all frontline staff on donning/doffing, Hand Hygiene and fit testing per policy by February 17, 2022 Administrator, DON, medical director, and any others identified as necessary will ensure ALL facility staff responsible for the assigned task(s) have received education/training with demonstrated competency and documentation. Administrator contacted the South Dakota Quality Improvement Organization (GPQIN) on February 4, 2022 so the facility administrator and QIO Quality Improvement Advisor could discuss the RCA. This virtual meeting included review and discussion of the facility RCA findings as well as review of POC tracking resources and other training materials available to enhance training of facility staff. Administrator shared the results of this discussion with all facility leadership and shared training resources with infection control committee.	02/17/2022

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F 880	Continued From page 4 mask. -Had not tried Fit testing using any other type of N95 mask. *Thought it was staffs' choice to double mask. Observation and interview at 3:05 p.m. of DON B preparing to exit resident 1's room revealed: *He had tested positive for COVID-19 and was preparing to move to a room in the COVID-19 unit. *She removed and discarded her gown and gloves prior to exiting that room. *She had not removed her N95 mask and replaced it with a clean mask or disinfected her eye protection. -Agreed she should have. *She then discarded her N95 mask and without performing hand hygiene put a clean N95 mask over her eye protection that had not been disinfected. Interview with COO/HR manager A, DON B, ADON/Infection Preventionist C, and environmental services manager D revealed: *All staff should have worn an N95 mask, eye protection, gown, and gloves prior to entering the COVID-19 unit. *All staff should have discarded their N95 mask, gown, gloves, and disinfected their eye protection in the ante room prior to exiting that unit. *They had not known there were contraindications to the practice of double masking. *ADON/IC C stated hand hygiene and PPE audits and competencies were being completed with all staff. *Additional staff education and training was indicated.	F 880	**4. Monitoring:** Administrator, DON, and ADON will conduct auditing and monitoring 2 to 3 times weekly over all shifts to ensure identified and assigned tasks are being done as educated and trained. Monitoring for determined approaches to ensure effective implementation and ongoing sustainment. *Staff compliance in the above identified area. * other areas identified through the facility Root Cause Analysis. After 4 weeks of monitoring demonstrating expectations are being met, monitoring may reduce to twice monthly for one month. Monthly monitoring will continue at a minimum for 2 months. Monitoring results will be reported by administrator, DON, and/or a designee to the QAPI committee and continued until the facility demonstrates sustained compliance as determined by QAPI committee.	

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F 880	Continued From page 5	F 880		

Review of the 7/2020 Pandemic Personal Protective Equipment (PPE) for Staff policy revealed:
*"Objective: Prevent the spread of pandemic illness from person to person with appropriate use of PPE by staff."
-There was no explanation of when or how PPE was expected to be worn or removed.
-There was no explanation of what PPE was able to be re-used or how to safely re-use that PPE.
-A mask was provided to staff at the beginning of their work day and expected to be worn until "the end of the day or 24-hour period" unless "it becomes visibly soiled at which point they [staff] may obtain a new one."
-No other PPE was mentioned in that policy.

Review of updated 3/2/21 facility posted PPE Guidance information revealed:
*Page 2 General Guidelines:
-"The N95 respirator can be doffed and discarded (single use) after use with a patient in Airborne or Special Airborne/Contact Precautions. A clean mask should be donned to maintain universal source control."
-"N95 respirator guidelines apply only to those who are fit-tested."
*Page 6 Re-use of Eye Protection/Full-face shields: "Eye protection/Full face shields should be dedicated to individual healthcare personnel and disinfected between use."

Review of the updated 4/6/21 Centers for Disease Control and Prevention publication "Improve How Your Mask Protects You" www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks revealed:
*Do NOT:
-"Combine two disposable masks.

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F 880	Continued From page 6 --Disposable masks are not designed to fit tightly and wearing more than one will not improve fit. -Combine a N95 or KN95 mask with any other mask. --Only use one N95 or KN95 mask at a time."	F 880		