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
	435078	A. BUILDING _____ B. WING _____	10/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERA EUREKA HEALTH CARE CENTER	202 J AVENUE EUREKA, SD 57437

(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 Office of Licensure and Certification on 10/15/21. Avera Eureka Health Care Center was found not in compliance 42 CFR Part 483.80 infection control regulations: F880. Avera Eureka Health Care Center 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, F885, and F886. A COVID-19 Focused Emergency Preparedness survey was conducted by the South Dakota Department of Health Office of Licensure and Certification on 10/15/21. Avera Eureka Health Care Center was found in compliance with 42 CFR Part 482, Subpart B, Subsection 483.73 related to E-0024(b)(6). Total residents: 50	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	F 880	FOR ALL NURSING DEPARTMENT STAFF (RN'S, LPN'S, CNA'S) MANDATORY HAND HYGIENE AND GLOVE USE COMPETENCY TO BE COMPLETED BY DIRECTOR OF NURSING AND DESIGNATED INFECTION CONTROL NURSE DESIGNEES VIA ONE TO ONE COMPETENCY WITH SUCCESSFUL RETURN DEMONSTRATION. THIS WILL BE COMPLETED BY 11/11/21. THE COMPETENCY WILL INCLUDE HAND HYGIENE POLICY AND GLOVE USE POLICY WITH REVIEW OF WHEN TO PERFORM HAND HYGIENE. DIRECTOR OF NURSING WILL CONDUCT CNA DEPARTMENT MEETING ON 11/8/21 WITH REVIEW OF HAND HYGIENE/GLOVE USE AND APPROPRIATE TIMES OF HAND WASHING AS PART OF AN INFECTION CONTROL PRESENTATION. DIRECTOR OF NURSING AND INFECTION CONTROL NURSE DESIGNEE WILL CONDUCT AUDITING OF HAND HYGIENE AND GLOVE USE 2 X PER WEEK FOR 4 WEEKS TO ENSURE COMPLIANCE.	11/11/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Carmen Weber | Administrator | 11/4/21

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 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, 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	F 880	AFTER 4 WEEKS OF AUDITING IF EXPECTATIONS ARE BEING MET, MONITORING WILL REDUCE TO WEEKLY AUDITS X 1 MONTH FOLLOWED BY MONTHLY AUDITS THEREAFTER PER REGULAR FACILITY SURVEILLANCE. RESULTS WILL BE REPORTED TO QUALITY ASSURANCE PERFORMANCE IMPROVEMENT COMMITTEE BY THE DIRECTOR OF NURSING QUARTERLY UNTIL FACILITY DEMONSTRATES SUSTAINED COMPLIANCE. DIRECTOR OF NURSING MET WITH SOUTH DAKOTA QUALITY IMPROVEMENT ORGANIZATION, LORI HINTZ, ON 11/2/21 REGARDING THE DIRECTED PLAN OF CORRECTION FOR F880. DISCUSSED THE 5 WHYS ROOT CAUSE ANALYSIS AND DISCUSSED TOOLS AND TRAINING RESOURCES TO ASSIST IN ACHIEVING COMPLIANCE RELATED TO TAG F880. FACILITY WILL UTILIZE TRAINING RESOURCES AT CNA MEETING ON 11/8/21.	

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F 880	Continued From page 2 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. §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, and policy review, the provider failed to ensure infection control techniques were maintained by one of one certified nursing assistant (CNA) (B) during one of one observed resident's (1) bath. Findings include: 1. Observation on 10/15/21 at 10:54 a.m. of CNA B while assisting resident 1 with her bath revealed she: *Had entered resident 1's room, gathered clothing and bathing items touching several surfaces in the room, and pushed resident 1 out of the room in her wheelchair (w/c). -She had not performed hand hygiene. *Pushed resident 1 into the whirlpool room and without performing hand hygiene she: -Put on a pair of gloves. -Assisted resident 1 to stand up out of the w/c. -Pulled down resident 1's pants and incontinence pull-up and assisted her to sit in the bath chair. -Removed resident 1's shoes, pants, and	F 880		

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F 880	Continued From page 3 incontinence pull-up. -Took her gloves off, and assisted resident to remover her shirt, bra, and watch. -Used the controller on the bath chair to raise the resident into the air. -Put on a pair of gloves and performed perineal care. -Removed the gloves, and pushed the resident to the bathtub. -Picked up a pen and paper and wrote down resident 1's weight. -Picked up a clean towel and set it on the handle of the lift chair she had used to push the chair to the bathtub. -Put on a pair of gloves, assisted resident 1 to wash her face and then washed her perineal area. -Changed her gloves and continued to assist resident with the bath. Interview on 10/15/21 at 11:30 a.m. with CNA B regarding the above observation revealed she: *Usually carried hand sanitizer in her uniform pocket but had set it on the shelf in the whirlpool room. *Agreed she had missed several opportunities to wash her hands. *Agreed she had been educated on appropriate hand hygiene and should have washed her hands: -When entering and exiting a residents room. -Before and after glove use. -When moving from a clean task to a dirty task. -After touching residents or their belongings. Interview on 10/15/21 at 11:40 a.m. with director of nursing A regarding the above observation and interview revealed: *She agreed CNA B had missed several	F 880		

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F 880	Continued From page 4 opportunities to perform hand hygiene. *She had expected staff to perform hand hygiene when: -Entering and exiting a residents room. -Before and after glove use. -Moving from a dirty task to a clean task. *Provider had done hand hygiene competencies with all staff about one year ago. Review of the provider's April 2021 Hand Washing policy revealed: *"Staff will use proper handwashing to prevent the spread of pathogens." *It had not indicated when staff should perform hand hygiene.	F 880		