

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

PRINTED: 02/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/21/2021
NAME OF PROVIDER OR SUPPLIER FIRESTEEL HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1120 EAST 7TH AVENUE MITCHELL, SD 57301		
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F 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 32332 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 1/20/21 through 1/21/21. Firesteel Healthcare 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.</p> <p>A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted on 1/21/20. Area surveyed included neglect. Firesteel Healthcare Center was found in compliance.</p> <p>Firesteel Healthcare Center was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6).</p> <p>The facility was 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. Two deficiencies were found: F835 and F880.</p> <p>On 1/20/21 at 3:45 p.m. an immediate jeopardy was identified with infection control at F880 when the facility failed to ensure: *N95 masks worn into quarantined rooms had been discarded or changed after leaving the room. *Face shields had been disinfected or discarded after contact with quarantined residents. *One resident in quarantine status had remained</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Carey Brenner

LNHA

2/11/2021

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 000	Continued From page 1 quarantined away from other quarantined and non-quarantined residents. *Staff caring for quarantined residents were aware of proper donning of personal protective equipment (PPE). *Doors for five of twenty quarantine rooms had remained closed except when staff members were entering or exiting the rooms. *One of one nurse had followed proper infection control practices and hand hygiene after leaving one of twenty quarantine rooms. *Separate donning doffing stations were in place outside of quarantine rooms to prevent cross-contamination of PPE. A removal plan was accepted on 1/21/21 at 1:10 p.m. The immediate jeopardy was removed on 1/21/21 at 4:30 p.m. The resident census was 80.	F 000			
F 835 SS=F	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Surveyor: 32332 Based on observation, interview, record review, job description review, and policy review, the provider failed to ensure the facility was operated and administered in a manner that ensured the	F 835	1. Unable to correct deficient practice noted during survey. All residents have the potential to be affected. 2. Administrator, DNS and nurse C and D educated on maintaining the highest level of practicable physical, mental and psychological well being of each resident by 2/2/2021. Job descriptions were reviewed with Administrator, DNS and nurse C and D by 2/2/21. 3. The Administrator or designee will complete audits regarding proper PPE usage, handwashing, door closure and quarantine areas in the center weekly times four and monthly times two. The results of these audits will be taken monthly to the QAPI committee for review and recommendations to continue or discontinue the audits.	2/4/2021	

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F 835	<p>Continued From page 2</p> <p>safety and overall well-being for all 80 residents in the facility. Findings include:</p> <p>1. Interviews, observations, record reviews, and policy reviews throughout the course of the survey revealed the administrator and interim registered nurses (RN) (C and D) filling in at the absence of the director of nursing (DON) had not ensured the safe management and overall well-being of all residents in the outbreak of a pandemic (COVID-19).</p> <p>Review of the provider's May 2018 Director of Nursing job description revealed the DON would:</p> <ul style="list-style-type: none"> *Manage administrative and functional areas related to nursing services. *Manage the overall operation of the department in accordance with company policies, standards of nursing, and government regulations to maintain quality care. *Carry out, coordinate, and manage administrative functions and areas of programs related to nursing services including documentation, medical records, nursing supplies, quality assurance, and the infection control program. *Manage staff scheduling, selection, training, orientation, and supervision of the nursing department. *Comply with, support, and enforce company policies involving all safety and infection control procedures. <p>Review of the provider's February 2015 Administrator job description revealed the administrator would:</p> <ul style="list-style-type: none"> *Lead and direct the overall operations of the facility in accordance with customer needs, government regulations, and company policies, 	F 835	<p>Addendum:</p> <p>2. The DDCO, Divisional Director of Clinical Operations will provide guidance, direction and education to the administrator, DNS and RN's C and D related to infection control in an outbreak during a pandemic. The DDCO reviewed the job descriptions with Administrator, DNS, RN C and D.</p> <p>3. The DDCO will review the F880 Infection Control audits with the ED, DNS and RN C and D weekly times four weeks and monthly thereafter until substantial compliance is met.</p> <p>Our company holds a daily call regarding Covid Monday through Friday with updates to changes in policy surrounding the pandemic. These updates are shared in the daily clinical and department head meeting. The department heads are responsible to relay changes in policy to their specific employees as well as updates are posted on the PCC communication page. There is daily communication with the staff through rounding, observations and auditing. Audit findings are shared immediately with the staff being audited as well as education provided if a deficient practice is noted. The DDCO is currently visiting the center daily until center is in compliance and will continue with minimum of weekly visits times two months. During these two months of weekly visits the DDCO will provide oversight and guidance through reviewing F880 audits, and on-going training and education to Administrator, DNS, RN C and D as well as any other training opportunities that are noted during the visit.</p> <p>2/10/2021 CB</p>		

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F 835	Continued From page 3 with a focus on maintaining excellent care for the residents while achieving the facility's operational and business objectives. *Manage each department's activities, communicate policies, evaluate performance, provide feedback, assist, observe, and coach the disciplines as needed. *Oversee regular rounds to monitor the delivery of nursing care, operation of support departments, cleanliness and appearance of the facility and ensure the resident needs were being addressed. *Ensure equipment and work areas were clean, safe, and orderly, and any hazardous conditions were addressed. *Ensure universal precautions and infection control, isolation, safety and sanitation practices and procedures were followed. *Maintain a working knowledge of and ensure compliance with all governmental regulations and agencies.	F 835			
F 880 SS=L	Refer to F880, findings 1 through 13. 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	F 880	1. Resident #1 was returned to her quarantined room during survey. Staff members E, K, I, L, M, N and H were educated on proper PPE usage during the survey process. Eight residents #3, 2, 4, 5, 6, 7, 9, and 10 that were not needing to be quarantined were removed from quarantine on 1/20/2021. On 1/21/2021 residents on 100 hall previously negative and not on quarantine will be moved. On 1/23/2021 three more residents #14, 15 and 20 will be removed from quarantine as long as they remain asymptomatic. The other residents will remain on quarantine status for the duration of 14 days and then move at that time. Residents # 1, 8, 11,16, 17, 19, 21, 22, 23, 24,25, 26, 27, 28 and 29 remain on quarantine at this time. 100 hall will become the quarantine hall at this time. All residents have the potential to be affected. Continued on next page.		

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F 880	Continued From page 4 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 by staff involved in direct resident contact.	F 880	Continued from previous page. 2. Administrator, DNS and interdisciplinary team were educated on Covid-19 policy, proper use of PPE, don and doffing of PPE, door closing on quarantine rooms and hand hygiene on 1/21/2021. All staff were educated on 1/20/21 and 1/21/21 or prior to their next working shift on Covid-19 policy, proper use of PPE, don and doffing of PPE, door closing on quarantine rooms and hand hygiene. 3. The administrator or designee will conduct audits on proper use of PPE, don and doffing of PPE, door closing on quarantine rooms and hand hygiene performed per policy. These audits will be conducted weekly times four weeks and monthly times two months. Staff E, H, I, K, L, M and N will be included in these audits. The results of these audits will be taken to the monthly QAPI committee for further review and recommendation to continue or discontinue the audits. Addendum: 1. Staff and residents directly observed will be reeducated on quarantine status precautions and remaining in their room during that time. Staff will be re-educated on donning and doffing of PPE based on specified isolation status required. This education will be completed by end of day on 1/21/2021 by RN C and D in conjunction with DDCO. Only one resident #1 was identified. She was educated on the day of the findings 1/20/2021 by administrator. Continued on the next page.	2/4/2021	

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F 880	<p>Continued From page 5</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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: 32332 Surveyor: 42477</p> <p>Based on observation, interview, policy review, record review, and reference source review, the provider failed to implement proper infection control practices for the coronavirus (COVID-19) pandemic with the potential for exposing residents and staff to serious harm including death. On 1/20/21 at 3:45 p.m. an immediate jeopardy was identified when the provider failed to ensure:</p> <p>A. Ensure N95 masks worn into quarantine rooms were discarded or changed upon leaving (widespread). B. Disinfect face shields after contact with quarantined residents (widespread). C. Ensure one of twenty-three residents (1) remained quarantined while in quarantine status. D. Ensure staff caring for quarantined residents were aware of how to properly remove personal protective equipment (PPE) (widespread). E. Ensure doors for five out of twenty quarantined</p>	F 880	<p>2. All staff including nursing, housekeeping, laundry, and activities educated on proper infection control practices regarding all elements of the EmpRes Covid policy regarding active monitor quarantine for residents. Including keeping quarantined residents out of the general population of other residents and keeping them physically separated, discarding masks between quarantined residents, discarding face shields after caring for a quarantined resident and proper hand hygiene. The staff members # E, H, I, K, L and M observed with the N95 mask inappropriate donning and doffing, face shield improper disinfection, hand hygiene discrepancy were given formal education and will undergo competency for understanding of the process by 1/21/2021. Resident #1 was immediately corrected and moved to a room closer to the desk for closer monitoring by staff due to restlessness and cognition. RN C and D provided education under the guidance of the DDCO.</p> <p>3. All masks will be disposed of after caring for each quarantined resident by 1/21/2021. This will be disposed of in the same garbage receptacle as the other PPE inside the door of the room. New face shields and masks will be kept in the PPE carts.</p> <p>4. All face shields will be disposed of after caring for each quarantined resident by 1/21/2021. This will be disposed of in the same garbage receptacle as the other PPE inside the door of the room. New face shields and masks will be kept in the PPE carts.</p> <p>5. All staff re-educated and competency done for proper PPE don/doffing prior to their next working shift. This includes ALL staff employed by EmpRes by the next working shift, including contracted staff prior to their next working shift and PRN staff via email communication by 1/21/2021. Competencies will be completed on all staff prior to their next working shift.</p> <p>Continued on next page.</p>		

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F 880	<p>Continued From page 6 rooms remained closed. F. Ensure one of one registered nurses (RN) (I) followed proper infection control practices and hand hygiene after leaving one of twenty quarantine rooms. G. Ensure there were separate stations to put on and remove PPE in order to prevent cross contamination.</p> <p>Surveyor: 32332 These failures have a potential to expose all residents, staff, and visiting essential personnel to COVID-19, a viral infection that could lead to serious harm or death.</p> <p>NOTICE: Verbal notice of immediate jeopardy and the template was given on 1/20/21 at 3:45 p.m. an Immediate Jeopardy was identified when the facility failed to implement Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Notice of Immediate Jeopardy was given verbally to the administrator, nurse consultant/RN A, infection preventionist/RN D and minimum data set (MDS) coordinator/RN C. For specific immediate jeopardy noncompliance, see above findings A, B, C, D, E, F, and G.</p> <p>At the above time the administrator was asked for an immediate plan of removal to ensure all staff working in the quarantine COVID-19 unknown status residents as well as the COVID-19 negative residents received education and competencies for nationally recognized infection control procedures.</p> <p>PLAN:</p>	F 880	<p>6. All staff will be educated prior to their next working shift beginning immediately. PRN staff will be emailed education by 1/21/2021. ED or designee will ensure education is completed on all staff prior to their next working shift including direct care, indirect care and contracted staff, including therapy and housekeeping/laundry.</p> <p>7. The center will audit each shift for the above competency completed as specified and observational audits for compliance with quarantine area PPE, and infection control until substantial compliance is met. ED or designee will complete the audits.</p> <p>8. Eight residents #3, 2, 4, 5, 6, 7, 9, and 10 that were not needing to be quarantined were removed from quarantine on 1/20/2021. On 1/21/2021 residents on 100 hall previously negative and not on quarantine will be moved. On 1/23/2021 three more residents #14, 15 and 20 will be removed from quarantine as long as they remain asymptomatic. The other residents will remain on quarantine status for the duration of 14 days and then move at that time. Residents # 1, 8, 11, 12, 13, 16, 17, 19, 21, 23, 24,25, 26, 27, 28 and 29 remain on quarantine at this time. 100 hall will become the quarantine hall at this time. The ED or designee will monitor the recovery period to move residents off of the quarantine hall.</p> <p>9. All doors will be closed on the quarantine hall.</p> <p>10. Root Cause Analysis revealed the DNS was out on a medical leave and other RN's were covering for the DNS. There was not an active leadership plan on dealing with the pandemic.</p> <p>11. Education included discarding of all PPE in between residents on quarantine, including gown, gloves, mask and face shields. New PPE is available in the carts including gowns, gloves, masks and face shields. Education provided by administration and nursing management. All PPE is discarded between quarantine and non-quarantine rooms.</p> <p>Continued on next page.</p>		

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F 880	<p>Continued From page 7</p> <p>On 1/21/21 at 1:05 p.m. the administrator provided an email that included the final written removal plan. That removal plan was approved by the surveyors on 1/21/21 at 1:10 p.m. A removal plan was accepted and the Immediate Jeopardy was removed on 1/21/21 at 4:30 p.m. after the implementation of the plan was verified by the surveyors. After removal of the Immediate Jeopardy, the scope/severity of this citation is level "F".</p> <p>The facility provided the following acceptable removal plan on 1/21/21:</p> <p>"This removal plan is prepared and submitted as required by law. By submitting this IJ removal plan, [the provider] does not admit that the deficiency listed on this form exist , nor does the center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.</p> <p>1. Staff and residents directly observed will be reeducated on the quarantine status precautions and remaining in their room during that time. Staff will be re-educated on donning and doffing of PPE based on specified isolation status required. This education will be completed by the end of the day on 1/21/21.</p> <p>2. All staff including housekeeping, laundry, and activities educated on proper infection control practices regarding all elements of the [provider] policy regarding active monitor quarantine for residents. Including keeping quarantine residents</p>	F 880	<p>12. Audits include PPE don/doffing per CDC guidance, hand hygiene performed per policy, mask and shield disposed of prior to leaving the room and keeping doors closed.</p> <p>13. The DDCO is currently visiting the center daily until center is in compliance and will continue with minimum of weekly visits times two months. During these two months of weekly visits the DDCO will provide oversight and guidance through reviewing F880 audits, and on-going training and education to Administrator, DNS, RN C and D as well as any other training opportunities that are noted during the visit.</p> <p>2/10/2021 CB</p>		

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F 880	<p>Continued From page 8</p> <p>out of the general population of other residents and keeping them physically separated, discarding masks between quarantined residents, discarding face shields after caring for a quarantined resident and proper hand hygiene. The staff members observed with the N95 mask inappropriate donning and doffing, face shield improper disinfection, hand hygiene discrepancy cy was given formal education and will undergo competency for understanding of the process by 1/21/21. Resident #1 was immediately corrected and moved to a room closer to the desk for closer monitoring by staff due to restlessness and cognition.</p> <p>3. All masks will be disposed of after caring for each quarantined resident by 1/21/2021. This will be disposed of in the same garbage receptacle as the other PPE inside the door of the room. New face shields and masks will be kept in the PPE carts.</p> <p>4. No doffing station will be necessary as face shield and mask will be disposed of after each use in a quarantined room by 1/21/2021. The shield will be disposed of in the same receptacle as the other PPE insider the door.</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term.html 'Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown.</p> <p>Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>[healthcare professionals] should wear an N95 or higher-level respirator (or face mask if a respirator is not available), eye protection (ie: 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.'</p> <p>Unfortunately, this pandemic has shown us to expect the unexpected. Residents who are quarantined and placed in transmission-based precautions need to be physically separated from residents who are have not tested positive for COVID-19. Residents are in quarantine because their COVID-19 status may change during that 14-day time period. When you have a hallway of residents who are negative for COVID-19 and residents who are under quarantine there needs to be a physical barrier in place.</p> <p>5. All staff re-educated and competency done for proper PPE don/doffing prior to their next working shift. This includes ALL staff employed by [provider] by the next working shift, including contracted staff prior to their next working shift and PRN (as-needed) staff prior to their next working shift and PRN staff via email communication by 1/21/21. Competencies will be completed on all staff prior to their next working shift.</p> <p>6. Regarding above, all staff will be educated prior to their next working shift beginning immediately. PRN staff will be emailed education by 1/21/2021. ED (executive director) or designee</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>will ensure education is completed on all staff prior to their next working shift including direct care, indirect care and contracted staff, including therapy and housekeeping laundry.</p> <p>7. The center will audit each shift for the above competency completed as specified and observational audits for compliance with quarantine area PPE, and infection control every shift beginning 1/21/2021 until substantial compliance is met. ED or designee will complete the audits.</p> <p>8. Eight residents #3, 4, 5, 6, 7, 9, and 10 that were not needing to be quarantined were removed from quarantine on 1/21/2021. On 1/21/2021 residents on 100 hall previously negative and not on quarantine will be moved. On 1/23/2021 three more residents, #14, 15, and 20 will be removed from quarantine as long as they remain symptomatic. The other residents will remain on quarantine status for the duration of 14 days and then move at that time. Residents #1, 8, 11, 12, 13, 16, 17, 19, 21, 23, 24, 25, 26, 27, 28, and 29 remain on quarantine at this time. 100 hall will become the quarantine hall at this time. The ED or designee will monitor the recovery period to move residents off the quarantine hall.</p> <p>9. All doors will be closed on quarantine rooms.</p> <p>Reference guidelines 1. https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html."</p> <p>Surveyor: 42477 Findings include:</p>	F 880			

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F 880	Continued From page 11 1. Observation on 1/20/21 at 10:15 a.m. of licensed practical nurse (LPN) E revealed: *She opened resident 17's door to inquire about a call light alarming. *The door had signs on the outside with instructions on how to put on and remove PPE. *There was a sign on the door to keep the door closed. *She left the door open and put on a gown and gloves. *She took off her gown inside the doorway after caring for resident 17. Further observations and interview on 1/20/21 at 10:20 a.m. with LPN E revealed: *She had not cleaned off her face shield or changed it after leaving resident 17's room. *This surveyor had asked her what staff were supposed to do with their shield and N95 masks upon leaving a quarantined resident's room. *She stated, staff put their N95 masks in a brown paper bag and keep it in the clean PPE container. *She stated that some staff throw their N95 masks away. *She stated staff clean off their face shield with a wipe. *LPN E then threw away her N95 mask. *She then walked to a sink by the nurses station and washed her face shield. 2. Observation and interview on 1/20/21 at 10:30 a.m. of the 100 wing revealed: *A resident sitting in a chair across from the nurses' station. *The resident was identified by LPN E as resident 1. *Resident 1 was on the surveyors list of quarantined residents.	F 880			

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F 880	<p>Continued From page 12</p> <p>*Resident 1 was sitting in the chair with her mask underneath her chin. *There were two open resident doors adjacent to where she was sitting. *LPN E stated they put her by the nurses' station so they could watch her since she had a fall this morning.</p> <p>3. Observation on 1/20/21 at 10:45 a.m. of activity assistant K revealed: *She walked to resident 1's room to retrieve resident 1's glasses. *She was wearing an N95 mask and face shield. *She had put on a gown and gloves and went into resident 1's room. *She placed resident 1's glasses outside the door on the clean PPE supply cart. *She had taken off her gown and gloves inside the room. *She walked out of the room and cleaned off the glasses. *She did not clean her face shield or change her N95 mask.</p> <p>4. Observation on 1/20/21 at 11:05 a.m. of registered nurse (RN) I revealed: *She was walking down the hallway carrying a glucometer with a test strip inside of it and a cotton ball. *She had on a face shield and an N95 mask. *She put down the glucometer with the test strip, cotton ball, and insulin pen on top of a three-drawer container housing PPE items. *She put on a gown and gloves. *She went into resident 2 and 3's shared room, their door was open. *After a short time, she came back out of the room. *She was still wearing her N95 mask, face shield,</p>	F 880		

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F 880	<p>Continued From page 13 and gloves. *She was carrying the glucometer and insulin pen. *She brought them down to the medication cart by the nurses' station *RN D handed her a disinfection wipe. *Still wearing her soiled gloves, she cleaned off the glucometer and insulin pen. *She removed her gloves and put clean gloves on. *She did not clean off her face shield. *She did not change her N95 mask. *She did not perform hand hygiene.</p> <p>5. Observation and interview on 1/20/21 at 11:30 a.m. with RN D and occupational therapy assistant (OTA) H revealed: *OTA H was going into resident 23's room, who was on quarantine. *She had on a face shield and an N95 mask. *She put on a gown and gloves and went into resident 23's room. *When she came out of the room, she did not change her N95 mask or clean of her face shield.</p> <p>Interview on 1/20/21 at 11:45 a.m. with RN D revealed she: *Was in charge of infection prevention for the facility. *Expected staff to hang up their face shield in a resident's room prior to exiting. *Said that staff can choose to discard the shield and get a new one. *Stated staff do not change their N95 mask after caring for quarantined residents. *Stated when staff care for COVID-19 positive resident's they change their N95 mask but not for quarantined residents.</p>	F 880		

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F 880	<p>Continued From page 14</p> <p>Surveyor: 32332</p> <p>6. Observations on 1/20/21 from 10:15 a.m. through 12:00 noon revealed:</p> <ul style="list-style-type: none"> *The 100 hall contained both quarantined resident room and COVID-19 negative resident rooms. The eight quarantine rooms were spread throughout the hall, without a break between the quarantined rooms and COVID-19 negative rooms. *The 200 hall contained four quarantine rooms scattered between COVID-19 negative rooms. *The 300/400 hall contained eleven quarantine rooms scattered between COVID-19 negative rooms. *The 500 hall was currently empty. *The two COVID-19 positive residents were separated by a door in their own hall. <p>Interview on 1/20/21 at 10:15 a.m. with the administrator regarding revealed:</p> <ul style="list-style-type: none"> *The 300/400 hall contained mostly recovered COVID-19 residents and two COVID-19 negative residents. *Other halls contained hospital returns or admissions from a hospital. Two residents had refused to be tested. *There was no separation between quarantined residents and COVID-19 negative residents. <p>7. Observation on 1/20/21 at 10:20 a.m. of resident 20's room (129) revealed:</p> <ul style="list-style-type: none"> *The door was open with a quarantine sign giving PPE instructions. Another sign instructed staff to keep the door closed. *An unidentified staff member brought resident 20 into the room . *That staff member: -Told the resident he needed to stay in his room with the door closed. 	F 880		

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F 880	<p>Continued From page 15</p> <p>-Closed the door and walked away from the room. *The resident opened his door after the staff member left.</p> <p>Interview on 1/20/21 at 10:25 a.m. with certified nurse assistant (CNA) F regarding the process for PPE revealed: *The staff wore gowns, gloves, N95 mask, and a face shield into all quarantine rooms. *After caring for quarantined residents the staff removed their gown and gloves and placed them in a garbage can inside the resident's room. *Staff members continued to wear the same N95 mask and a face shield between quarantine rooms and non-quarantine rooms. *The only time staff members had removed their N95 mask and put on a new N95 mask and face shield was after they had cared for a COVID-19 positive resident on the COVID unit.</p> <p>8. Observation on 1/20/21 at 10:30 a.m. through 11:10 a.m. of resident 18 in room 112 revealed: *The door: -Was open and remained open during the observed forty minutes. -Had a quarantine sign giving PPE instructions. -Had another sign instructing staff to "KEEP DOOR CLOSED." *The resident remained in her bed with oxygen on during the observation. *Staff members had not entered the room during the observation.</p> <p>9. Observation and interview on 1/20/21 at 11:15 a.m. with housekeeper L regarding PPE use during cleaning and disinfection of resident rooms revealed: *She had worked as a housekeeper for</p>	F 880			

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F 880	<p>Continued From page 16 approximately one year.</p> <p>*She applied a new gown and gloves for each room she cleaned.</p> <p>*She wore the same N95 mask and face shield throughout her entire shift.</p> <p>*At the end of her shift she threw the N95 mask and face shield away.</p> <p>*Her face shield was visibly soiled with finger print marks on the outer edges of the shield.</p> <p>*She did not know she was supposed to disinfect the face shield after exiting each resident room.</p> <p>*She was not aware she was supposed to change N95 masks between quarantined residents and COVID-19 negative residents.</p> <p>10. Interview on 1/20/21 at 11:25 a.m. with LPN M regarding the process for PPE use revealed she: *Wore a gown and gloves to enter the quarantine rooms. *Removed the gown and gloves before she left the room. *Left her mask on. *Cleaned the inside of the face shield after leaving each resident room. *Only changed the N95 mask "every couple hours" and not between residents.</p> <p>11. Interview on 1/20/21 at 11:30 a.m. with maintenance assistant N regarding the use of N95 masks revealed he wore the same N95 mask throughout the building and changed to a new mask daily.</p> <p>Review of 20 PPE carts in the 100, 200, and 300/400 hallways revealed only one PPE cart (room 112) had only three N95 masks. The other 19 carts did not have any available.</p> <p>Surveyor: 42477</p>	F 880		

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F 880	<p>Continued From page 17</p> <p>Review of the signs placed on quarantine residents' doors revealed:</p> <ul style="list-style-type: none"> *There were three signs on the quarantined resident doors. -One sign stated to keep doors closed. -One sign was information on how to put on PPE. -One sign was information on how to remove PPE. <p>*The signs instructed staff to remove all PPE, except for a respirator prior to exiting a resident's room.</p> <p>*Respirator or mask was to be removed once outside the closed residents room.</p> <p>Review of provider's current staff competencies for putting on and removing PPE revealed:</p> <p>"4. Removes mask or respirator last. DO NOT TOUCH! Grasps bottom ties or elastic, then the ones at the top, and remove without touching the front. If respirator is used it is not removed until after leaving the resident room and closing the door. If hands become contaminated during glove removal, immediately washes hands or uses ABHR [alcohol based hand rub]."</p> <p>*LPN E, activities assistant K, RN I, and OTA H had all had competencies completed.</p> <p>Surveyor: 32332 12. Interview on 12/20/21 at 1:15 p.m. with administrator B regarding the above observations for:</p> <ul style="list-style-type: none"> *Inconsistent and incorrect responses regarding how to use PPE. *Use of the same N95 masks that had not been changed between quarantined residents and residents that were negative for COVID-19. *Face shields that had not been disinfected when caring for both quarantined residents and COVID-negative residents. 	F 880			

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F 880	<p>Continued From page 18</p> <ul style="list-style-type: none"> *Allowing quarantined resident room doors to remain open without a barrier. *One observation of failure to perform hand hygiene after exiting a resident room that was in quarantine. *Allowing a resident that was to be quarantined to sit in the hallway. *Lack of doffing stations at outside quarantine rooms for disinfecting face shields. *The administrator stated: <ul style="list-style-type: none"> -She thought since the quarantined residents were not symptomatic or tested positive the staff were able to share the PPE between quarantined residents and COVID-negative residents. -There were supplies for disinfecting the face shields available in the carts outside the residents rooms. -Staff PPE competencies had been completed for nursing staff, but they had not been disposing of the masks between residents. <p>13. Interview on 1/21/21 at 9:30 a.m. with nurse consultant regarding the immediate jeopardy for the above observations revealed:</p> <ul style="list-style-type: none"> *The DON was not available due to illness. *The infection control preventionist D and Minimum Data Set (MDS) coordinator C had been filling in for the DON to fulfill her duties. *The nurse consultant had not visited the provider recently and did not know the provider was not using PPE and infection control guidelines appropriately. *The provider was using the PPE in crisis capacity, but no longer needed to use the crisis capacity strategies now that PPE was readily available. <p>Surveyor: 32332 Review of provider's 11/30/20 COVID-19 policy</p>	F 880		

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F 880	Continued From page 19 and procedure revealed: **All new admissions and readmissions will be treated as potential COVID positive per CDC [Centers for Disease Control and Prevention] recommendations and place in active monitoring quarantine based precautions for a minimum of 14 days and actively monitored for symptoms." **Patients with known or suspected COVID-19 should be placed in a single-person room with the door closed in a dedicated area per center's plan and in accordance with recommendations from the state health department and CDC guidance. The patient should have a dedicated bathroom if possible." **As a measure to limit HCP[health care personal] exposure and conserve PPE, Centers could consider designating entire units or sections within the Center, with dedicated HCP, to care for known or suspected COVID-19 patients. Dedicated means that HCP are assigned to care only for these patients during their shift." **Eye protection and the facemask should be removed, and hand hygiene performed if they become damaged or soiled and when leaving the unit." **HCP should strictly follow basic infection control practices between patients (e.g., [for example] hand hygiene, cleaning and disinfecting share[d] equipment)." **Room doors should be kept closed except when entering or leaving the room, and entry and exit should be minimized-housekeeping to be performed by care staff if possible." Review of CDC's https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html , Preparing for COVID-19 in Nursing Homes, reviewed on 1/25/21 revealed:	F 880			

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F 880	Continued From page 20 *Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP [healthcare professionals] should wear an N95 or higher-level respirator (or face mask if a respirator is not available), eye protection (ie: 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.'	F 880		