STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43A138	A. BUILDING _____ B. WING _____	10/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDICINE WHEEL VILLAGE	24266 AIRPORT ROAD PO BOX 880 EAGLE BUTTE, SD 57625

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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 10/15/20 and 10/16/20. Medicine Wheel Village was found not in compliance with 42 CFR Part 483.80 infection control regulation: F880. Medicine Wheel Village 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. Medicine Wheel Village was found in compliance 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 25	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, reporting, investigating, and controlling infections and communicable diseases for all residents,	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Deb Arbogast
TITLE: Licensed Nursing Facility Administrator
(X6) DATE: 11/4/2020

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	Continued From page 1 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		

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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: 41895 Based on observation, interview, record review, care plan review, and policy review, the provider failed to ensure infection control practices and facility policies and procedures were followed for the current COVID-19 pandemic for appropriate: *Hand hygiene by one of one certified nursing assistant (CNA) D and one of one dementia specialist E upon exiting residents' rooms. *Environmental controls to reduce or eliminate exposure to COVID-19 for one of one sampled resident (1) who could potentially affect all residents. Findings include: 1. Observation and interview on 10/15/20 at 4:00 p.m. with CNA D revealed: *She had exited resident 1's room and had not performed hand hygiene. *She agreed she should have performed hand hygiene when exiting the room. Observation and interview on 10/15/20 at 4:05 p.m. with dementia specialist E revealed: *He had been in a resident's room and exited the room without performing hand hygiene. *He did not think to wash his hands as he had not touched the resident.	F 880	CNA D was educated on Hand Washing by June Lamb, RN DON. All MWV employees have been assigned Relias HandWashing education to be completed by 11/14/2020. The DON will complete weekly handwashing audits times 4 weeks and monthly times 6 months and report to QAPI monthly. 11/4/2020 D.A.	11/14/2020

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F 880	Continued From page 3 Interview on 10/15/20 at 4:30 p.m. with director of nursing B revealed she had agreed the above staff should have performed hand hygiene when exiting residents' rooms. Review of the provider's revised March 2020 Standard Precautions policy revealed: *"Hand hygiene is performed with ABHR [alcohol based hand rub] or soap and water;" -"(1) before and after contact with the resident;" -"(3) after contact with items in the resident's room;" 2. Review of resident 1's medical record revealed: *She had been hospitalized from 10/2/20 through 10/5/20 at a hospital in Sioux Falls. *Upon return she had no signs or symptoms of COVID-19. *On 10/6/20 an unidentified CNA had stayed with her during her noon meal, because she had not wanted to come out of her room. *On 10/7/20 she had been wandering in the hall. *On 10/8/20 she had been on quarantine but had been found wandering in the hallway. Interview on 10/15/20 at 2:15 p.m. with director of nursing (DON) B revealed: *Resident 1 had been on quarantine since her return from the hospital. *She would be done with her quarantine on 10/19/20. *All staff were required to wear a facemask, face shield, and a gown at all times. Interview on 10/15/20 at 3:00 p.m. with nursing assistant (NA) C revealed: *All staff had been required to wear a facemask, a face shield, and a gown at all times.	F 880	Dementia Specialist E was educated on handwashing by June Lamb RN DON. All employees have been assigned Relias Handwashing education to be completed by11/14/2020. The DON will complete weekly Handwashing audits times 4 and monthly times 6 months and report to QAPI monthly. 11/4/2020 D.A. All Medicine Wheel Village employees will be educated on what to do in a resident quarantine room. Donning, Doffing Competency Check along with PPE and infection Control in Relias by 11/14/2020. **Relias Education specifically details PPE application and removal for Quarantine rooms. Relias education includes Hand Hygeine, COVID-19 Survey Pathway, COVID 19 Fall 2020 Update, Infection Control Airborne Precautions, Infection Control Droplet Precautions, Infection Control Contact Precautions, Personal Protective Equipment with a check list for proper Donning , Doffing and Transmission Based Precautions. These Relias trainings specifically review the proper steps for entering and exiting a Quarantine room with removal of PPE when exiting. D.A. 11/10/2020** The Director of Nursing will audit all staff with residents in Quarantine for staff knowledge of PPE requirements weekly times 8 weeks and monthly times 6 months. The DON will report to QAPI times 12 months. 11/4/2020 D.A	11/14/2020 11/14/2020

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F 880	Continued From page 4 *She had known resident 1 was on quarantine. That meant she could not come out of her room. *When she had gone into resident 1's room she had not removed or changed her gown prior to exiting. *She had worn the same gown to care for resident 1 and then to care for other residents. *She would have only changed gloves and performed hand hygiene between residents' care. *She had not been educated on what to do in a quarantined resident's room. Observation and interview on 10/15/20 at 4:00 p.m. with CNA D regarding resident 1 revealed: *She had entered the resident's room wearing personal protective equipment (PPE); it included a face mask, a face shield, and a gown. *She had exited the room wearing the same PPE and had not performed hand hygiene. *She agreed she should have performed hand hygiene when exiting the room. *She agreed this resident was quarantined. *She did not know she needed to remove or change her gown when exiting the room. *The resident's door had always been left opened as she had been a fall risk. *There had not been signs present to alert staff the resident was to be quarantined. Interview on 10/15/20 at 4:05 p.m. with dementia specialist E revealed he would not have removed or changed his gown when exiting a quarantined resident's room. Interview on 10/15/20 at 4:10 p.m. with registered nurse (RN) F regarding quarantined residents revealed: *The only precaution taken for residents on quarantine was they were to stay in their rooms.	F 880		

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F 880	Continued From page 5 *The door to their room was not required to be closed. *Staff had not been required to change PPE after caring for those residents. Continued interview on 10/15/20 at 4:30 p.m. with DON B regarding residents on quarantine revealed: *Quarantine meant the residents had to stay in their rooms. *Staff would only have changed their PPE if it had become soiled. *Resident 1 had been a fall risk, so the door had been left opened. Review of resident 1's revised 8/23/20 care plan revealed: *She had been at risk for falls. *There had not been an intervention for the door to be left open. Telephone interview on 10/16/20 at 3:30 p.m. with administrator A revealed: *The facility had two isolation rooms that were used if a resident: -Was a new admission. -Had signs or symptoms of COVID-19. -Tested positive for COVID-19. --Staff had been trained to remove PPE when caring for residents in those rooms. *Resident 1 had been put on quarantine to protect other residents. *Quarantine had meant residents were required to stay in their rooms. *Staff were not required to change PPE when caring for a resident on quarantine. *She did agree if resident 1 had COVID-19 and staff had not taken the proper steps putting on and removing PPE it could have potentially put	F 880		

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F 880	Continued From page 6 other residents at risk. *She had thought the hospital staff and transportation staff had taken precautions, so the resident could not have been exposed to COVID-19. Review of the provider's revised March 2020 Quarantine policy revealed: *"1. Should COVID quarantine be declared, the Administrator, with the input of the Medical Director and Director of Nursing Services, will work with governmental authorities to implement quarantine practices appropriate for the specific threat and as directed by authorities." *"2. The requirements of the quarantine directive will determine who may enter or leave the facility, and or their resident room." *"3. A quarantine directive for an individual resident as directed by Tribal Command Center or South Dakota Department of Health Contact tracers will be followed as directed to our facility." *"4. Residents maybe asked to Quarantine or limit being out of their room by Medicine Wheel Village staff when the above directives have not been instructed to our facility." *"5. The resident will be asked to stay in their room for meals and activity attendance will be one on one or limited to their room/door entrance." *"6. This is not Isolation." *This policy had not addressed procedures for PPE use when working with quarantined residents. Review of the provider's revised October 2018 Infection Control - Isolation Precautions policy revealed: "1. Droplet precautions may be implemented for an individual documented or suspected to be infected with microorganisms	F 880		

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F 880	Continued From page 7 transmitted by droplets." Review of the Centers for Disease Control and Prevention 7/25/20 Preparing for COVID-19 in Nursing Homes revealed: *"Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown." *"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 [health care 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."	F 880		