

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

PRINTED: 03/16/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2021
NAME OF PROVIDER OR SUPPLIER HIGHMORE HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 410 8TH STREET SE HIGHMORE, SD 57345	
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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 3/2/21. Highmore Health was found not in compliance with 42 CFR Part 483.80 infection control regulation: F880. Highmore Health 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. Highmore Health was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 36	F 000	Directed Plan of Correction Highmore Health F880 Corrective Action: 1. *Time cannot turn back the clock to licensed practical nurse (LPN) C completing tasks of: -Disinfecting reusable medical equipment after exiting an active quarantine room. -Appropriate removal of a meal tray from a resident in quarantine. -Appropriate disposal of soiled personal protective equipment (PPE). Director of Nurses (DON) and administrator were provided re-education on 3/2/2021 by surveyor who had reviewed the guidance. The provider in consultation with the medical director will review, revise, create as necessary policies and procedures about appropriate disinfection of multiple use medical equipment, removal of meal trays, and appropriate disposal of soiled PPE from rooms in quarantine.	
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, reporting, investigating, and controlling infections and communicable diseases for all residents,	F 880		3/29/2021

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

TITLE

(X6) DATE

Kim Gray

Administrator

3/25/2021

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.

MAR 29 2021

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F 880	<p>Continued From page 1</p> <p>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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</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>	F 880	<p>All staff licensed and unlicensed who provide care to those residents in quarantine will be educated by 3/29/2021 at All-Staff meeting.</p> <p>Identification of Others:</p> <p>2. *ALL residents who are in quarantine or not have the potential to be affected. *ALL licensed and unlicensed staff completing their assigned tasks have potential to be affected. Policy education/re-education about roles and responsibilities when providing care for the resident(s) in quarantine will be provided by DON by 3/29/2021 at All-Staff meeting.</p> <p>System Changes:</p> <p>3. Root cause analysis answered the 5 Whys: All staff including travelers need re-education on isolation and PPE procedure. New hires and travelers will be educated on infection control and prevention during orientation.</p> <p>Administrator and or DON will ensure ALL facility staff</p>		

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F 880	<p>Continued From page 2</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: 41895 Based on observation, interview, and policy review, the provider failed to ensure appropriate infection control practices and protocols were followed for one of one resident (1) who was recently admitted and on a fourteen-day quarantine by not: *Disinfecting reusable medical equipment and meal tray after exiting a quarantine room by one of one licensed practical nurse (LPN) (C). *Removing contaminated personal protective equipment (PPE) prior to exiting a quarantine room by one of one LPN (C). Findings include:</p> <p>1. Interview on 3/2/21 at 10:10 a.m. with certified nursing assistant (CNA) D regarding resident 1 revealed she had been admitted on 2/25/21 and was being quarantined.</p> <p>Observation and interview on 3/2/21 at 10:30 a.m. with LPN C upon exiting resident 1's room revealed: *In the hallway outside of the room was: -A cart with drawers containing PPE, garbage bags, and disinfecting wipes. On top of that cart was a box of new surgical masks, and a blood pressure (BP) cuff. -Two garbage cans, one was affixed to the wall</p>	F 880	<p>responsible for providing care to those in quarantine will be educated and aware of their roles and responsibilities for appropriate disinfection of equipment, appropriate removal of meal trays and appropriate disposal of soiled PPE.</p> <p>DON contacted the Program Manager of the South Dakota Quality Improvement Organization (QIN) on 3/24/2021 and the QIN concur that education, re-education and frequent auditing of training/competencies around disinfection of supplies, equipment care items, proper use of PPE when donning and doffing are important steps to ensure infection control and prevention actions are the normal way that work is done in your facility.</p> <p>Monitoring:</p> <p>4. Administrator and or DON will conduct at minimum 3 X per week on alternating shifts, for 4 weeks, a review of staff completing assigned tasks that include disinfecting reusable</p>	

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F 880	Continued From page 3 and the other was next to the cart. *She: -Had administered a nebulizer treatment while in the room. -Had exited the room into the hallway wearing a gown, gloves, goggles, and KN95 mask carrying an oximeter, stethoscope, and breakfast tray. -Had set the breakfast tray on top of the garbage can affixed to the wall. -Had set the oximeter and stethoscope on top of the BP cuff sitting on the cart. -Removed her gown and gloves and put them into the garbage can next to the cart. -Picked up the breakfast tray and walked to the kitchen. --Kitchen staff would not take it from her without her disinfecting it first. -Had walked back to the resident's room, put all the items on the breakfast tray into the garbage can next to the cart, and set the tray on top of that garbage can. -Picked up the stethoscope and oximeter, disinfected them, and set them back on the BP cuff. -Removed her goggles, disinfected them, and set them on top of the cart. -Picked up the breakfast tray and disinfected it. -Had not disinfected the surfaces of the garbage cans where she had set the breakfast tray. -Did not change her facemask. -Agreed her gown and gloves would have been contaminated and should have been removed prior to exiting the resident's room. --Stated she did not remove them in the room because her hands were full. -Agreed her mask would have been contaminated and she should have changed it. -Removed her KN95 mask, put it into the trash can next to the cart, and applied a new surgical	F 880	medical equipment, appropriate removal of meal trays and appropriate disposal of PPE during care for those in quarantine. After 4 weeks of successful monitoring, then will monitor 1 X per month for 3 months. Monitoring results will be reported by administrator and or DON to the QAPI committee and continued as determined by the committee and medical director.		

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F 880	<p>Continued From page 4 mask.</p> <ul style="list-style-type: none"> -Agreed the stethoscope, oximeter, and breakfast tray would have been contaminated. -Had confirmed the stethoscope, oximeter, and BP cuff were only used for resident 1 but did not know why they had not been stored in the room. -Agreed the stethoscope and oximeter could have contaminated the BP cuff, and by setting them back on the BP cuff after disinfecting them could have recontaminated them. -Agreed setting the breakfast tray on both garbage cans would have contaminated both of those surfaces and they should have been disinfected. -Had walked down the hall without disinfecting the contaminated surfaces. <p>Interview on 3/2/21 at 12:40 p.m. with administrator A and director of nursing B regarding the above observations revealed they agreed:</p> <ul style="list-style-type: none"> *LPN C should have removed her gown and gloves prior to exiting resident 1's room. *Setting the stethoscope, oximeter, and breakfast tray down prior to disinfecting them had contaminated surfaces in the hallway. *LPN C's mask would have been contaminated and should have been changed. *The stethoscope, oximeter, and BP cuff could have been stored in resident 1's room. <p>Review of the provider's 3/10/20 Doffing PPE: Special Droplet/Contact procedure that was posted on resident 1's door revealed to:</p> <ul style="list-style-type: none"> *Remove the gown and gloves before exiting the resident's room. *Remove the goggle and N95 mask outside the room. 	F 880			

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F 880	Continued From page 5 Review of the provider's undated General Cleaning and Maintenance of Equipment policy and procedure revealed: *Its purpose was to "Prevent transmission of infection." **"All equipment and supplies will be cleaned and decontaminated immediately after use."	F 880		