

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

PRINTED: 02/17/2021
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435038 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/04/2021 |
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| NAME OF PROVIDER OR SUPPLIER TEKAKWITHA LIVING CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 6 E CHESTNUT SISSETON, SD 57262 | |
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| F 000 | INITIAL COMMENTS Surveyor: 41088 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 2/2/21, and 2/4/21. Tekawitha Living Center was found not in compliance with 42 CFR Part 483.80 infection control regulation: F880. Tekawitha Living Center was found in compliance with 42 CFR Part 483.10 resident rights and 42 CFR Part 483.80 infection control regulation(s): F550, F562, F563, F583, F882, F885, and F886. Tekawitha Living Center was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 38 | F 000 | The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged on conclusions set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because it is required by provisions of the state and federal law. Without waiving the foregoing statement, the facility states that with respect to. | |
| 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 | 1. *Time cannot be turned back to reinstate quarantine for residents 1, 2, 3, 4, 5, and 6 who had been admitted and placed in quarantine, then per CDC guidance and recommendations were removed from quarantine prematurely. Director of Nurses (DON) and assistant administrator B were provided re-education on 02/23/2021 by CDC Guidelines The provider in consultation with the medical director will update their policy to reflect CDC guidance and return to 14-day quarantine period. All staff who are responsible for admitting assessment and determining timeframe of quarantine or isolation will be re-educated by 02/27/2021 by DON The DON and assistant administrator will make every effort to participate live in the South Dakota Department of Health calls relevant to the COVID-19 pandemic and updates about guidance and recommendations from CDC and CMS. If not able to join live, they will view from the archives within 5 days of posting. Identification of Others: 2. *ALL residents with known or suspected COVID-19 have the potential to be affected. 3. ALL facility staff completing their assigned tasks have potential to be affected. Policy education/re-education by 2/27/2021 by DON. The DON and assistant administrator will make every effort to participate live in the South Dakota Department of Health calls relevant to the COVID-19 pandemic and updates about guidance and recommendations from CDC and CMS. If not able to join live, they will view from the archives within 5 days of posting. | 2/27/2021 |

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

TITLE

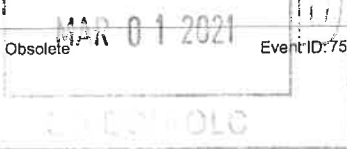
(X6) DATE

Rachel Holler

Administrator

2/27/2021

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 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>Identification of Others:</p> <p>2. *ALL residents with known or suspected COVID-19 have the potential to be affected.</p> <p>3. ALL facility staff completing their assigned tasks have potential to be affected. Policy education/re-education by 2/27/2021 by DON.</p> <p>System Changes:</p> <p>After review of the Root Cause analysis Assistant Administrator B and DON misunderstood CDC Guidelines for quarantine.</p> <p>The Administrator (is governing body) will ensure ALL facility staff are educated and aware of the policy to quarantine new admissions for 14 days.</p> <p>4. Root cause analysis answered the 5 Whys:</p> <p>Assistant Administrator B contacted the South Dakota Quality Improvement Organization (QIN) on 02/24/2021 and the QIN worker provided a synopsis of the conversations I appreciated visiting with you this afternoon regarding the Directed Plan of Correction for the 2/4/21 Focused Infection Control Survey conducted by the SD DOH / OLC at Tekakwitha Living Center. I concur to edit your infection control and prevention policies to align with CDC recommendations for COVID-19 regarding the 14 day quarantine status for new admissions. Keeping up with the rapidly changing CDC guidance as we navigate this pandemic is very important. I am glad to hear that you have signed up for the SD DOH OLC listserv and are making it a priority to attend the now biweekly SD LTC meetings hosted by DOH Licensure and Certification Administrator. In addition, I recommend that you join the SD Healthcare Associated Infection listserv as well. Your Director of Nursing should try also sign up for these listservs and make it a priority to participate in those bi weekly meetings hosted by DOH Licence and Certification Administrator.</p> <p>I was happy to have the opportunity to explain about what the QIN QIO does and how we can be a resource to you. I have you signed up for the Great Plains Nursing Home Quality Care Coalition listserv. This listserv serves as a venue to communicate with your nursing home colleagues throughout both North Dakota and South Dakota.</p> <p>5. The administrator will be made aware of all admissions and conduct at minimum 1 X per week for 4 weeks a review of admitted residents with the DON and assistant administrator to ensure appropriate 14-day quarantine per CDC guidance. After 4 weeks of successful monitoring, then will monitor 1 X per month for 3 months.</p> <p>Monitoring results will be reported by administrator to the QAPI committee and continued as determined by the committee and medical director.</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: 41088 Based on observation, interview, record review, and policy review, the provider failed to follow Centers for Disease Control (CDC) and Prevention's guidelines for infection control practices related to appropriate quarantine time for the coronavirus (COVID-19) for six residents (1, 2, 3, 4, 5, and 6) who were new admissions. Findings include:</p> <p>1. Observation and interview on 2/2/21 from 2:54 p.m. through 3:06 p.m. with director of nursing (DON) A and assistant administrator B during the facility tour of the north wing revealed resident 3: *Was seated in his room with the door open and a clear plastic barrier secured over the door frame. *Had been the only new admission currently quarantined in the facility. *Had a personal protective equipment (PPE) station set up outside of his room next to the doorway. -Tested negative for COVID-19 prior to his admission and had no symptoms of COVID-19.</p> <p>2. Continued interview on 2/2/21 at 3:32 p.m. with DON A regarding new admissions revealed: *She had worked at the facility for several years and was the most familiar with the facility.</p> | F 880 | | | |

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| F 880 | <p>Continued From page 3</p> <ul style="list-style-type: none"> *Assistant administrator B had started her position on 12/28/20. -Since that time assistant administrator B had referred questions to DON A. *They had been accepting new admissions. *She was in charge of the infection control and prevention program. *New residents were tested for COVID-19 prior to admission and placed on quarantine. *Their policy was to re-test the new admits who were asymptomatic on day six after their admission for COVID-19, not the 14 days as recommended by the CDC. *If the results of the test on day six were negative they would release the resident from quarantine on day seven. *She believed the 14 day quarantine was no longer needed for all residents if they were asymptomatic. *She thought their quarantine policy had been recommended by the CDC and the South Dakota department of health. *She could not remember who she emailed for information. *They had questioned the need for a specific new admit to quarantine for 14 days when she had just completed 14 days of quarantine at another facility that she had transferred from. *Their concern was for that resident's mental health. *Their quarantine policy had changed as a result of the information she received from this emailed correspondence and information found on the CDC website which had been around 12/7/20. *The email was saved on her computer and she would give a copy to the surveyor to review when found. *She confirmed she was aware of weekly informational sessions provided by the the South | F 880 | | |

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| F 880 | <p>Continued From page 4</p> <p>Dakota department of health but expressed she did not have time to participate in them or review archived sessions.</p> <p>3. Record review of new admissions to the facility from 12/4/20 through 2/2/21 revealed: *Six residents were admitted, resident 1, 2, 3, 4, 5, and 6. *All of the residents admitted had been quarantined and were asymptomatic. *Testing for COVID-19 was completed on day six after their admission date. *All of those six residents were released from quarantine on day seven rather than after the recommended 14 days had passed. *None of the residents identified (resident 1, 2, 3, 4, 5, and 6) had tested positive for COVID-19 since their admission.</p> <p>4. Interview on 2/4/21 on 3:10 p.m. with DON A regarding their quarantine policy for new admissions/readmissions and the previously mentioned email correspondence revealed: *She confirmed the resident information in finding 3. *She believed their policy was appropriate for new admissions who were asymptomatic. *Regarding the above mentioned email correspondence response to her posed questions: -She agreed that the information she received regarding quarantine had been referring to quarantine for a single resident with mental health concerns. -Confirmed the email also stated quarantine for 14 days would be the standard expectation for residents that were new admissions. -They would be changing their policy back to include 14 days of quarantine.</p> | F 880 | | | |

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| F 880 | Continued From page 5 Review of the 1/25/21 CDC Clinical Questions about COVID-19: Questions and Answers revealed: **Are the alternatives to the 14-day quarantine described in the Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing recommended for healthcare facilities?" **Given the need for often extensive and close contact between patients and healthcare personnel, a 14-day quarantine period continues to be recommended for patients receiving healthcare and healthcare personnel with exposures to SARS-CoV-2 warranting quarantine and work restrictions respectively." **This option maximally reduces post-quarantine transmission risk and is the strategy with the greatest collective experience at present." **In healthcare settings, patients under quarantine are typically isolated in a single-person room and cared for by healthcare personnel using all PPE recommended for a patient with suspected or confirmed SARS-CoV-2 infection. However, these patients should not be cohorted with patients with SARS-CoV-2 infection unless they are also confirmed to have SARS-CoV-2 infection through testing." | F 880 | | | |