

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

PRINTED: 10/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/06/2020
NAME OF PROVIDER OR SUPPLIER ABERDEEN HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1700 NORTH HIGHWAY 281 ABERDEEN, SD 57401	
(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: 26632 A COVID-19 Focused Infection Control Survey was conducted from 10/5/20 through 10/6/20. Aberdeen Health and Rehab was found not in compliance with 42 CFR Part 483.80 infection control regulation: F880. A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 10/5/20 through 10/6/20. The areas surveyed included nursing services and accidents. Aberdeen Health and Rehab was found not in compliance with the following requirements: F677, F755, and F761. Aberdeen Health and Rehab was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 68	F 000	Aberdeen Health and Rehab denies it violated any federal or state regulations. Accordingly, this plan of correction does not constitute an admission or agreement by the provider to the accuracy of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. Completion dates are provided for procedural processing purposes and correlation with the most recently completed or accomplished corrective action and do not correspond chronologically to the date the facility maintains it is in compliance with the requirements of participation, or that corrective action was necessary.	
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Surveyor: 26632 Based on interview and record review, the provider failed to ensure 13 of 20 sampled residents (46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, and 58) on the Arbor wing and 44 of 45 sampled residents (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38,	F 677	I. In continuing compliance with F677, ADL Care Provided for Dependent Residents, Aberdeen Health and Rehab corrected the deficiency by offering baths two times per week and PRN if requested by the resident for the following residents 1,2,3,4,5,6,7,8,9,10,11,12,13, 14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44, 45,46,47,48,49,50,51,52,53,54,55,56,57,58, and all other like residents.	11/5/20

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

TITLE

(X6) DATE

Kirstie Hoon

Executive Director

10/30/20

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.

OCT 30 2020

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F 677	<p>Continued From page 1</p> <p>39, 40, 41, 42, 43, 44, and 45) on the Country wing reviewed for personal hygiene had received a shower or bath on a consistent basis. Findings include:</p> <p>1. Review of the provider's undated shower list for the Arbor wing revealed showers had been scheduled Sunday through Saturday. There were two different columns for each day. Two of the twenty residents had been scheduled for one shower each week. Sixteen of the twenty residents had been scheduled for two showers each week. One resident had been scheduled for three showers each week. One resident was not on the shower schedule.</p> <p>Review of the bathing records for the following residents revealed:</p> <p>*Resident 46 had been scheduled for two showers each week. She had been admitted on 9/17/20, and only one shower had been recorded on 10/5/20.</p> <p>*Resident 47 had been scheduled for three showers a week. From 9/7/20 through 10/5/20 she had only received six showers.</p> <p>*Resident 48 had been scheduled for two showers a week. From 9/9/20 through 10/5/20 no showers had been recorded.</p> <p>*Resident 49 had been scheduled for two showers a week. He had been admitted on 9/25/20, and no showers had been recorded.</p> <p>*Resident 50 had been scheduled for one shower a week. From 9/7/20 through 10/5/20 only one refusal had been recorded, and no showers had been recorded.</p> <p>*Resident 51 had been scheduled for two showers a week. From 9/22/20 through 10/5/20 no showers had been recorded.</p> <p>*Resident 52 had been scheduled for two</p>	F 677	<p>2.To correct the deficiency and to ensure the problem does not recur all nursing staff were educated on 10/30/20 on the bathing schedule and process by DNS.</p> <p>3.The DNS and/or designee will audit showers 5 days a week for 4 weeks and then weekly for 2 months to ensure compliance. As part of Aberdeen Health and Rehabs ongoing commitment to quality assurance, the DNS and/or designee will report identified concerns through the community's QA Process.</p> <p>4. The DNS is responsible for this area of compliance.</p>	

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F 677	<p>Continued From page 2</p> <p>showers a week. From 9/12/20 through 10/5/20 no showers had been recorded.</p> <p>*Resident 53 had been scheduled for two showers a week. From 9/12/20 through 10/3/20 four showers had been recorded.</p> <p>*Resident 54 had been scheduled for two showers a week. From 9/13/20 through 10/5/20 two showers had been recorded.</p> <p>*Resident 55 had been scheduled for one shower a week. She had been admitted on 9/21/20, and no showers had been recorded.</p> <p>*Resident 56 had been scheduled for two showers a week. From 9/7/20 through 10/5/20 seven showers had been recorded.</p> <p>*Resident 57 had been scheduled for two showers a week. She had been admitted on 9/18/20, and no showers had been recorded.</p> <p>*Resident 58 was no on the shower scheduled. She had been admitted on 9/28/20, and no showers had been recorded.</p> <p>Surveyor: 42477</p> <p>2. Interview with resident 2 on 10/5/20 at 4:55 p.m. revealed:</p> <p>*He felt like he did not get showers or baths very often.</p> <p>-He could not recall the frequency or how often he received a shower or bath.</p> <p>Review of the provider's bathing schedule revealed:</p> <p>*Documentation stated, "Nurses may add new residents to the shower list, but all changes need to be approved by [name][director of nursing]"</p> <p>*The bathing/showering schedule was customized for each resident.</p> <p>-Forty-four out of forty-five residents (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44 and 45)</p>	F 677		

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F 677	Continued From page 3 were scheduled to receive a bath/shower at least two times per week. --One resident,(27), was scheduled to receive a bath/shower once per week. Review of resident 2's bath records from 9/6/20 to 10/6/20 revealed: *He had received a total of three showers/baths in thirty days. -He was scheduled to receive two showers/baths per week. Review of the remaining forty-four residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, and 45's bath records revealed: *They had not received the baths/showers they were scheduled for. -One resident,(7), had not received any baths/showers in thirty days. -One resident,(33), was not on the bathing schedule. -Six residents,(8,9,10,14,32,34) had received one bath in thirty days. On 10/6/20 at 3:30 p.m. the surveyor requested a policy from the administrator on bathing/showering residents. The administrator did not have a policy for bathing/showering residents.	F 677			
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in	F 755	In continuing compliance with F755, Pharmacy Srvcs/Procedures/Pharmacist/Records, Aberdeen Health and Rehab corrected the deficiency by verifying all narcotic counts were correct by the DNS on 10/7/20 with respect to all residents in the facility.	11/5/20	

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F 755	<p>Continued From page 4</p> <p>§483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Surveyor: 42477 Based on observation, interview, record review, and policy review, the provider failed to ensure an effective system for monitoring and accounting for two of four liquid controlled medications (morphine and lorazepam) in one of two wings located in the facility to include the amount of medication remaining. Findings include:</p> <p>1a. Observation on 10/6/20 at 7:45 a.m. with</p>	F 755	<p>2. To correct the deficiency and to ensure the problem does not recur all licensed nursing staff were trained to the procedure on controlled substances on 10/27/20 by DNS. All medication carts were cleaned and audited for expired medications on 10/7/20 by Assistant Director of Nursing.</p> <p>3. The DNS and/or designee will audit for accuracy of narcotic count, documentation of narcotics daily, and expired medications (Monday-Friday) for 4 weeks and then 1x weekly for 2 months to ensure compliance. As part of Aberdeen Health and Rehabs ongoing commitment to quality assurance, the DNS and/or designee will report identified concerns through the community's QA process.</p> <p>4. The DNS is responsible for this area of compliance.</p>	

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F 755	<p>Continued From page 5</p> <p>registered nurse (RN) D at one of two medication carts in the country wing revealed:</p> <p>*All controlled medications were counted twice per day with two RNs.</p> <p>-The medications were counted at the beginning of the shift and at the end of the shift.</p> <p>-- The RNs signed a sheet verifying the controlled medications were accounted for.</p> <p>*When administering controlled medications they filled out a Controlled Drug Receipt/Record/Disposition Form and also signed the medication off in the Medication Administration Record (MAR).</p> <p>-The disposition form stated, "Every dose must be accounted for and requires charting on the Medication Administration Record."</p> <p>*One box of liquid morphine was located behind a divider in the back of the double-locked controlled medication compartment inside the medication cart.</p> <p>*RN D stated the morphine was placed behind the divider, because it had been discontinued on 10/5/20. They were waiting to destroy it.</p> <p>--The prescription read: "Morphine SUL [sulfate] SOL [solution] 100/5 [Milliliters] ML" with the directions to "Give 0.5 ML by mouth two times daily; give 0.25 ML by mouth every 2 hours as [sic]"</p> <p>*According to the Controlled Drug Disposition form it had last been administered on 9/2/20 and the amount in the bottle should have been 10.5 ml.</p> <p>- RN D verified only 5 ml remained in the bottle.</p> <p>b. Further observation on 10/6/20 at 1:30 p.m. of the Country wing medication room revealed:</p> <p>*Liquid lorazepam in an unlocked refrigerator located inside the locked medication room.</p> <p>-The bottle had 2.5 ml of lorazepam remaining in</p>	F 755		

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F 755	<p>Continued From page 6 the bottle.</p> <p>c. Record review for the liquid morphine and lorazepam according to the provider's Controlled Drug Receipt/Record/Disposition Form revealed: *The last dose of lorazepam had been administered on 9/8/20. -There should have been 8.5 ml of lorazepam remaining in the bottle. --There was 2 ml of lorazepam remaining in the bottle, 6 ml of lorazepam was unaccounted for. *The last dose of morphine had been administered was on 9/2/20 for resident 2. -There should have been 10.5 ml of morphine remaining in the bottle. *On 8/8/20 there was an additional 5 ml of morphine missing, documentation stated two RNs recorded "Bottle reads 16 ML." --There was 10.5 ml of morphine unaccounted for.</p> <p>Interview on 10/6/20 at 2:00 p.m. with RN D and assistant director of nursing (ADON) C revealed: *There was 10.5 ml of morphine and 6 ml of lorazepam was not accounted for. -They were unsure of how long the controlled medications have been unaccounted for. *They were unaware that lorazepam needed to be secured by a double-locked system.</p> <p>Review of the provider's 2016 Administering/Counting all Schedule II, III, IV, and V Controlled Substances policy revealed: *The policy was for Tealwood Senior Living and Senior Care communities. *"...The index page is verified with the corresponding Controlled Substance sign out page. Both personnel are required to visualize each medication. Continue this process until all</p>	F 755		

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F 755	Continued From page 7 medications have been reconciled." **If the count is not correct notify the supervisor. The nurses/TMA [trained medication aide] on the floor will not leave until the supervisor is notified and directions given." **Discontinued controlled substances will continue to be counted with the regular narcotic count until they can be taken to the DON [director of nursing]/Designee office and put in a double locked drawer. The discontinued controlled substances will be counted, secured and destroyed according to established procedures."	F 755		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the	F 761	1. In continuing compliance with F761, Label/Store Drugs and Biologicals, Aberdeen Health and Rehab corrected the deficiency by placing a lock box in the refrigerators behind the locked door on A wing and C wing medication rooms and educating nursing staff on properly securing medications with respect to residents #4,6,29, and all other like residents. 2. To correct the deficiency and to ensure the problem does not recur registered nurse (D) was provided direct education on 10/19/20 by DNS regarding process of securing medications. All other licensed staff were provided education on securing narcotics in a double lock system and process of securing medications when not in immediate view by DNS on 10/27/20. 3. The DNS and/or designee will audit medication carts and medication rooms weekly for 4 weeks and then monthly for 2 months to ensure compliance for expired medications. As part of ongoing commitment to quality assurance, the DNS and/or designee will report identified concerns through the community's QA process. 4. The DNS is responsible for this area of compliance.	11/5/20

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F 761	<p>Continued From page 8</p> <p>quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Surveyor: 26632</p> <p>Surveyor: 42477 Based on observation, interview, and policy review, the provider failed to ensure: *Controlled medications were secured with a double-locked system. *Three insulin pens for three randomly observed residents (4, 6, 29) were secured and inaccessible to unauthorized staff and residents . Findings include:</p> <p>1. Observation on 10/6/20 at 7:45 a.m. of registered nurse (RN) D revealed: *A white basket on top of the medication cart contained insulin pens for residents 4, 6, and 29. *The white basket stayed on top of the cart while RN D completed medication pass. -During that time the medication cart was not within sight of RN D as she was in various residents' rooms administering medications.</p> <p>2. Observation and interview on 10/6/20 at 2:30 p.m. with RN D and assistant director of nursing (ADON) C revealed: *They kept liquid lorazepam in the refrigerator in the locked medication room. -They were unaware that schedule II medications needed to be secured by a double-lock.</p> <p>Surveyor: 26632 Observation and interview on 10/6/20 at 4:30 p.m. with RN H in the Arbor wing medication room revealed a medication refrigerator. The medication room was locked but the refrigerator</p>	F 761		

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F 761	Continued From page 9 was not. In that refrigerator was a full, unopened bottle of lorazepam 2 milligram/ml. RN H was not aware lorazepam had been required to be double-locked. Review of Provider's 2016 for Administering/Counting all Schedule II, III, IV, and V Controlled Substances policy revealed: *The policy was for Tealwood Senior Living and Senior Care communities. **"Discontinued controlled substances will continue to be counted with the regular narcotic count until they can be taken to the DON[Director of Nursing]/Designee office and put in a double locked drawer. The discontinued controlled substances will be counted, secured and destroyed according to established procedures."	F 761		
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, staff, volunteers, visitors, and other individuals	F 880	1. In Continuing compliance with F880, Infection Prevention and Control, Aberdeen Health and Rehab corrected the deficiency with respect to resident #29,56,57 and other like residents; the shower rooms were cleaned and a laundry cart was placed inside to ensure proper storage of dirty linen. All non-labeled resident items were removed from bathing areas. 2. To correct the deficiency and to ensure the problem does not recur employees RN-D, UAP-I, RH-H, CNA-J, CNA-K, and all nursing employees were provided education on proper sanitization of glucometers, handwashing techniques, sanitization of equipment between residents uses, and cleanliness/sanitary conditions of the shower rooms on 10/27/20 by DNS.	11/5/20

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F 880	<p>Continued From page 10</p> <p>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> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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. <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.</p>	F 880	<p>3. The DNS and/or designee will audit weekly for 4 weeks and then monthly for 3 months for proper sanitization of glucometers, handwashing techniques, sanitization of equipment between resident uses, and cleanliness/sanitary conditions of the shower rooms to ensure compliance. As part of Aberdeen Health and Rehab ongoing commitment to quality assurance, the DNS and/or designee will report identified concerns through the community's QA process.</p> <p>4. The DNS is responsible for this area of compliance.</p>	

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F 880	<p>Continued From page 11</p> <p>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: 26632 Based on observation, interview, record review, and policy review, the provider failed to ensure infection control policies and procedures were followed for: *Sanitizing glucometers between residents by one of one registered nurse (RN) (D) and one of one unlicensed assistive personnel (UAP) (I) for three of three observed resident's (29, 56, and 57). *Handwashing for one of one UAP (I) observed during blood glucose testing for two of two randomly observed residents (56 and 57). *Sanitizing of resident use items between residents by one of one RN (H) and two of two certified nursing assistants (CNA) (J and K) for residents on the Arbor wing. *Maintaining three of three shower rooms in a clean and sanitary manner. Findings include:</p> <p>1. Observation on 10/6/20 from 11:24 a.m. through 11:30 a.m. with UAP I revealed: *She removed a plastic basket with handles from the bottom of the medication cart and set it on top of the cart. *The basket contained the glucometer on top of: cotton balls, alcohol wipes, glucometer strips, and lancets. *She went down the hall and entered resident 56's room.</p>	F 880		

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F 880	<p>Continued From page 12</p> <ul style="list-style-type: none"> -Set the basket on the counter next to the sink. -Put on gloves without performing hand hygiene, took the glucometer, test strip, cotton balls, and lancet to the resident. -She placed the glucometer on his bedside table, used an alcohol wipe on his finger, wiped off the excess alcohol, obtained blood with the lancet, picked up the glucometer from the bedside table, placed the test strip in the glucometer, and then placed a drop of his blood on the test strip. -Removed her gloves, disposed of the alcohol wipe and test strip inside of her gloves, and then placed the lancet in the Sharps container located in his bathroom. -Washed her hands for approximately five seconds, shut the faucets off with her wet hands, and then dried them. -Wiped the glucometer with an alcohol wipe. -Placed the glucometer back in the basket. -Picked up the basket and left his room. -Placed the basket on the medication cart and documented his blood glucose results in the computer. *Took the basket to the personal protective equipment (PPE) room on the COVID-19 unit. -Put the basket on the counter next to the sink. -Washed her hands for less than five seconds. -Put on a gown and gloves, took the glucometer, test strip, cotton ball, alcohol wipe, and lancet to resident 57's room. -She placed the glucometer on her bedside table, used an alcohol wipe on her finger, wiped off the excess alcohol, obtained blood with the lancet, picked up the glucometer from the bedside table, placed the test strip in the glucometer, and then placed a drop of her blood on the test strip. -After she tested the resident's blood sugar level she removed her gloves, set the glucometer on the edge of the resident's room sink, and washed 	F 880		

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F 880	<p>Continued From page 13</p> <p>her hands for approximately seven seconds. -Returned to the PPE room, removed her gown, and cleaned the glucometer with an alcohol wipe. -Placed the glucometer in the basket and took the basket and set it on top of the medication cart. *When questioned at this time UAP I was not sure of the provider's policy on sanitizing the glucometer between residents. *She also had not realized she should have set a barrier down in the resident's room prior to placing the basket or glucometer on any surface. *She had not realized her handwashing had not been done for at least twenty seconds and she had recontaminated her hands by touching other surfaces. *There had been no instruction to her on sanitizing the basket prior to putting it back in the medication cart.</p> <p>2a. Observation and interviews on 10/5/20 at 5:45 p.m. with CNAs J and K revealed the following. They exited resident 46's room with a body lift. They placed the lift in the hallway beside the resident's room. They then took garbage to the PPE room and disposed of it. b. When they returned to the hall this surveyor asked how the lift was sanitized between residents. CNA J first stated they wiped it down with an alcohol wipe and then stated it was sprayed with alcohol. She was asked to show the surveyor what product was used. We entered the shower/bathing room and she retrieved a spray bottle of Virex TB. She told the surveyor they used the bottle between the shower/bathing room and the resident use equipment. She was unable to state how long the Virex TB had to stay wet on the equipment to have been effective.</p> <p>3. Observation on 10/6/20 from 7:30 a.m. through</p>	F 880		

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F 880	<p>Continued From page 14</p> <p>8:30 a.m. of RN H revealed she had a wheeled vital signs (VS) machine. She went into residents' rooms on both the COVID-19 unit and the non-COVID-19 unit. She was not observed to have sanitized any part of the VS machine between residents' rooms.</p> <p>Interview on 10/6/20 at 10:00 a.m. with RN H regarding the above observation revealed she did not sanitize any of the VS equipment in between residents. She agreed there was a container of Sani-Clothes on the VS machine. She had not thought that sanitizing that equipment between residents was a good infection control measure.</p> <p>Surveyor: 42477</p> <p>3. Observation and Interview on 10/6/20 at 7:45 a.m. of RN D revealed: *A glucometer was taken into resident 29's room. *The glucometer was placed on resident 29's bedside table, without a barrier. *After resident 29's blood sugar was obtained, the glucometer was brought back to the medication cart and placed in a white basket. -The glucometer was not disinfected after being used on resident 29. *RN D revealed that they use purple sani-cloths at the nurses station to disinfect the glucometers. -RN D believes that the contact time is 1 minute.</p> <p>Observation and interview on 10/6/20 at 8:30 a.m. of RN G revealed: *The facility used shared glucometers. *RN G used an alcohol pad to clean off the glucometer in between residents.</p> <p>4a. Random observations of two shower rooms on 10/5/20 from 4:30 p.m. to 6:00 p.m. and on</p>	F 880		

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F 880	<p>Continued From page 15</p> <p>10/6/20 from 1100 a.m. to 11:45 p.m. on the Country wing revealed:</p> <ul style="list-style-type: none"> *Soiled underwear and other residents' clothing on the floor. *Some of the items located in the shower rooms were: <ul style="list-style-type: none"> -An opened package of lemon glycerin swabsticks, one swabstick was missing, the other was completely dry. -Personal shower and bath items without lids. -Dirty finger nail clippers with various clipped finger nails laying in the drawer. -Ketoconazole 2% shampoo expired 4/20/20. -Opened baby powder. -Stick deodorant. -After shave. -Body spray. -Used loofah sponge on a stick located in a bucket. *There were shower disinfecting logs hanging in the two shower rooms. -The last disinfection dates listed were February 2020 and July 2020. <p>Interview on 10/6/20 at 11:00 a.m. with CNA E regarding the shower rooms revealed:</p> <ul style="list-style-type: none"> *They were supposed to sign off the shower disinfecting log when they were done cleaning the shower. *They cleaned off the nail clippers with alcohol pads were. -She was unsure where the alcohol pads were. *She was unsure why there were opened bottles of personal shower/bath items were in the bathroom. *She was unsure where the loofah sponge came from or who it belonged to. <p>Interview on 10/6/20 at 11:30 a.m. with CNA F</p>	F 880		

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F 880	<p>Continued From page 16</p> <p>regarding shower rooms revealed:</p> <ul style="list-style-type: none"> *The opened bottles of personal shower/bath items, stick deoderant, body spray, and after shave were used for the residents the CNAs were showering or bathing -They used the same stick deoderant on multiple residents. *They sprayed the shower chair down with Vyrex. -They let the disenfectant sit for a while, but they were unsure of the exact amount of time. *They did not have a laundry recepticle in the shower room, which was why they put the clothing items on the floor until they took them down to the soiled utility room. <p>b. Observation on 10/6/20 at 12:00 p.m. of the shower room on Arbor wing reavealed:</p> <ul style="list-style-type: none"> *A resident's comb with hair in it. *A pair of soiled gloves turned inside out. --Both of those items were located on the clean linen shelves. *Dirty nail clippers were in a drawer. *There was not a shower disenfecting log located in the Arbor lane shower room. <p>5. Review of provider's 2017 Practice Guideline and Procedure: Blood Glucose Testing policy revealed:</p> <ul style="list-style-type: none"> **To disinfect the meter; use a Sani-Cloth Super Wipe. a) Remove wipe from container. b) Thoroughly wipe down the meter. c) If the wipe is very saturated, wring out excess as to not to damage the test strip and key code ports during cleaning. d) Contact time for keeping the glucometer moistened with the Sani-Wipe is 2 minutes. To ensure the glucometer remains moist, either wipe the meter down for two full minutes or wrap the meter in the wipe after thoroughly wiping it down. e) After two full 	F 880			

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F 880	<p>Continued From page 17</p> <p>minutes place the meter on a clean surface to allow the glucometer to dry. f) Preform hand hygienie."</p> <p>Review of the provider's 2017 policy entitled practice Guideline and Procedure: Standard Precautions revealed:</p> <p>*For patient (resident) care equipment, "Avoid contamination of clothing and the transfer of microorganisms to other patients, surfaces and environments [.] Clean, disinfect or reprocess non-disposable equipment before reuse with another patient [.] Discard single-use items properly [.]"</p> <p>*Regarding masks and respirators, "Wear a face mask when there is potential contact with respiratory secretions and sprays of blood or body fluids, when placing a catheter or injecting material into the spinal canal or subdural space (to protect patients from exposure to infectious agents carried in the mouth or nose of healthcare personal), or to preform intrathecal chemotherapy."</p> <p>*Additional procedures listed, "Hand Hygiene-always -following any patient contact [.] Wash hands for 20 seconds with soap and warm water - especially if visibly soiled [.] Clean hands with alcohol-based hand rub if not visibly soiled [.]"</p> <p>On 10/6/20 at 5:00 p.m. policies were requested from the administrator regarding disinfecting/cleaning supplies in shower/bathing rooms.</p> <p>The administrator did not have policies related to disinfecting/or cleaning supplies in the shower/bathing rooms.</p>	F 880		