

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 435060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER AVANTARA SAINT CLOUD		STREET ADDRESS, CITY, STATE, ZIP 302 ST CLOUD STREET RAPID CITY, SD 57701	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, review of personal protective equipment (PPE) signage, and policy review, the provider failed to ensure infection control procedures and practices were followed for: *Glove use by one of two observed certified nurse aides (CNA) (B) during the care of three of four randomly observed residents (1, 2, and 3). *PPE disposal by one of one observed CNA (B) following the care of one of three randomly observed residents (3). *Hand hygiene by one of two CNAs (C) and one of one licensed practical nurse (LPN) (D) prior to, during, and following the care of one of four randomly observed residents (4). Findings include: 1. Observation and interview on 7/7/20 between 2:15 p.m. and 2:30 p.m. of certified nurse aide (CNA) B revealed she: *Was wearing a surgical mask and face shield *Performed hand hygiene, put on a gown, and entered resident 1 and 2's shared room. *Did not wear gloves. *Took resident 1's axillary temperature, pulse oximetry reading, and blood pressure. *Washed her hands in the residents' bathroom and without putting on gloves attempted to take resident 2's vital signs. -The resident refused. *Discarded her gown in a garbage can lined with a biohazard bag and exited the room. *Immediately put on a clean gown without performing hand hygiene first. *Used hand sanitizer and entered resident 3's room without wearing gloves. *Took that resident's axillary temperature, pulse oximetry reading, blood pressure, and rearranged his bedding. *Washed her hands in the resident's bathroom, removed her gown inside of the room, exited the room with the gown, walked down the hall, entered resident 1 and 2's room, and discarded the above gown in the garbage can there. *Voiced she had thought used gowns were discarded in biohazard bags. -There was no biohazard bag in resident 3's room. *Had agreed she should wear gloves during the residents' personal care. *Confirmed residents 1, 2, and 3 had tested positive for [MEDICAL CONDITION] disease 2019 (COVID-19). 2. Observation and interview on 7/7/20 between 2:50 p.m. and 3:05 p.m. of CNA C and licensed practical nurse (LPN) D revealed: *An ambulance crew had returned resident 4 from an acute hospital stay back to his room at the facility. *CNA C and LPN D entered the resident's room wearing gowns, face masks, and face shields. *They proceeded into the bathroom and without performing hand hygiene put on gloves. *They transferred the resident from the ambulance gurney to his bed and checked his incontinence brief. *They started to change the brief, but there were no incontinence supplies in the room. *CNA C removed and discarded her gloves. *She stepped towards the doorway of the room and verbally alerted a staff person in the hallway of her supply need. *CNA C received the supplies, entered the resident's bathroom, and without performing hand hygiene put on new gloves. *CNA C and LPN D changed the resident's brief, and they removed and discarded their gloves. *CNA C left the resident's room. *LPN D entered the resident's bathroom and without performing hand hygiene put on a new pair of gloves, took the resident's vital sounds, and listened to his heart and lung sounds. *LPN D stated, I think we should use soap and water or a hand sanitizer between glove use when asked about hand hygiene and glove use. *Confirmed the resident had tested positive for COVID-19. 3. Interview on 7/7/20 at 3:45 p.m. with director of nursing (DON) A regarding the infection control practices above revealed: *Glove use by staff taking residents' vital signs was not needed if staff did not anticipate contact with bodily fluids or other bodily substances. *It was her expectation gowns were disposed of prior to leaving a resident's room. -Disposal of gowns in biohazard bags was not indicated for COVID-19 positive residents. *Performing hand hygiene prior to putting on and after removing gloves was expected. Review of PPE signage posted outside the entry of COVID-19 positive residents' rooms revealed: *Steps for putting on PPE as recommended by the Centers for Disease Control (CDC): hand hygiene, gown, respiratory protection, eye protection, and gloves. *Steps for removing PPE as recommended by the CDC: gloves, eye protection, gown, respiratory protection, and hand hygiene. Review of the revised 5/4/20 Transmission Based Precautions policy revealed: *Enhanced Precautions (Use of Contact and Droplet Precautions together): -1. Under certain circumstances, such as a novel respiratory infection (e.g. COVID-19) the CDC recommends the use of both Contact and Droplet Precautions together. *Policy: - .Soiled linen and trash containers will be placed inside the room. *Contact Precautions: -III. Gowns: --The gown should be removed before leaving the resident's room. *Droplet Precautions: -III. Gloves and Hand Hygiene: --Hand hygiene should be completed prior to donning and after removing gloves. --Gloves should be worn while providing care for the resident. --Gloves should be removed before leaving the resident's room and hand hygiene should be performed immediately. Review of pages 3 and 4 of the revised 7/6/20 Resident with Suspected/Confirmed COVID-19/[DIAGNOSES REDACTED] COV-2 policy revealed: *If COVID-19 test results were positive: -Hand Hygiene should be performed before and after all resident contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. Review of the October 2019 Hand Hygiene policy revealed: *7. Hand hygiene is always the final step after removing and disposing of personal protective equipment. *8. The use of gloves does not replace handwashing/hand hygiene.</p>		

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

TITLE

(X6) DATE

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.