

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>43A075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BENNETT COUNTY HOSPITAL AND NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>102 MAJOR ALLEN POST OFFICE BOX 70 MARTIN, SD 57551</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview, record review, review of the coronavirus disease 2019 (COVID-19) staff and visitor screening log, 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: *COVID-19 staff screening by 7 of 13 staff (director of nursing (DON) (B), personal care attendants (PCA) (C, D, and F), activities director (E), dietary aide (G), and registered nurse (RN) (H) who had worked the day shift (6:30 a.m. until 7:00 p.m.) on 10/15/20. *Daily monitoring of COVID-19 signs and symptoms for 3 of 3 randomly sampled residents (1, 2, and 3). Findings include: 1. Review of the 10/15/20 COVID-19 staff and visitor screening log revealed: *Six staff had documented their screening information. *Seven staff had not documented their screening information. Interviews on 10/15/20 between 10:45 a.m. and 11:15 a.m. with above staff revealed: *DON B stated she had completed the screen but had not recorded that information. *PCAs C and D, dietary aide G, and RN H confirmed they had either forgotten to screen or had completed their screen but had not recorded that information. *PCA F had thought she no longer was required to screen, because she had recovered from COVID-19. *Activities Director E stated he had completed his screen and thought the night nurse had recorded his screening information. 2. Review of residents 1, 2, and 3's 10/1/20 through 10/14/20 COVID-19 vital sign and nurse assessment documentation revealed: *Resident 1 had no vital signs recorded on 10/2, 10/12, and 10/14/20. -Nurse assessments had not been recorded on 10/6, 10/11, 10/12, and 10/13/20. *Resident 2 had no vital signs recorded on 10/2, 10/6, 10/12, and 10/14/20. -Nurse assessments had not been recorded on 10/6, 10/11, 10/12, and 10/13/20. *Resident 3 had no vital signs recorded on 10/1, 10/3, 10/9, and 10/10/20. -Nurse assessments had not been recorded on 10/12 and 10/13/20. Interview on 10/15/20 at 10:30 a.m. with administrator A and DON B regarding monitoring residents for COVID-19 revealed they expected vital signs and a COVID-19 nurse assessment had been completed and documented no less than once daily. Interview on 10/15/20 at 11:15 a.m. with DON B regarding staff screening for COVID-19 revealed: *Staff had been responsible for screening themselves and recorded that information on the screening log prior to starting their shift. -The screening log had included their name, the screening date, and responses to questions regarding COVID-19 signs and symptoms. *She reviewed the screening log entries several times a day. *She confirmed staff who had COVID-19 and recovered had been expected to screen themselves. Phone interview on 10/15/20 at 4:10 p.m. with DON B revealed she confirmed the above resident record findings. Review of the 8/26/20 revised Pandemic Staff Screening policy revealed: all staff will be screened for pandemic illness signs/symptoms at the time of arrival for each shift. Review of the 9/22/20 revised Pandemic Resident Screening COVID-19 policy revealed: *All residents will be assessed at least once per twenty-four hour period for the following: -Temperature, pulse, respirations, blood pressure, oxygen saturation levels, and lung sounds. -Signs and symptoms of COVID-19 including fever, dry cough, sore throat, shortness of breath, tiredness/increased weakness, increased confusion, headache, diarrhea, loss of taste or smell, decline in appetite and/or intake, and complaint of general discomfort.</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.