

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>435110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FOUNTAIN SPRINGS HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2000 WESLEYAN BLVD RAPID CITY, SD 57702</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> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and policy review, the provider failed to ensure their facility's policies and procedures for the current COVID-19 pandemic had been implemented and carried through for eight of eight sampled residents (1, 2, 3, 4, 5, 6, 7, and 8). Findings include: 1. Observation on 7/16/20 from 1:15 p.m. through 1:30 p.m. of residents 1, 2, 3, 4, 5, 6, 7, and 8 revealed the doors to their rooms were open. The residents had been laying on their beds or sitting in a chair. Interview on 7/16/20 at 1:35 p.m. with registered nurse A revealed: *The doors to the residents' rooms on the COVID-19 dedicated hall were opened unless the resident requested the door closed. *The resident's room door would be closed if the resident had tested positive for COVID-19. *The resident's room door was not closed at all times for suspected positive COVID-19. *He had been unable to state what the facility's COVID-19 policy was regarding residents' room doors being open or closed. Observation on 7/16/20 from 2:00 p.m. through 2:10 p.m. of residents 1, 2, 3, 4, 5, 6, 7, and 8 revealed the doors to their rooms were open. The residents had been either laying on their beds or sitting in a chair. Interview on 7/16/20 at 2:10 p.m. with certified nurse aide B revealed the doors to the residents' rooms on the dedicated COVID-19 hall were open unless the resident requested the door closed. Review of the provider's revised 5/13/20 COVID-19 Policy and Procedure revealed: *All new admissions and readmissions will be treated as COVID positive per CDC (Center for Disease Control and Prevention) recommendations and placed in isolation transmission based precautions for a minimum of 14 days and actively monitored for symptoms. *Patients (resident) with known or suspected COVID-19 should be placed in a single-person room with the door closed in a dedicated area per center's plan and in accordance with the recommendations from the state health department and CDC guidance. *Room doors should be kept closed except when entering or leaving the room, and entry and exit should be minimized-housekeeping to be performed by care staff if possible. Review of the provider's revised 6/19/20 COVID-19 Admission Policy stated, All new admissions and readmissions will be placed on special droplet transmission based quarantine for 14 days. From the internet at <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a> accessed on 7/20/20 at 11:30 a.m. revealed: *The above guidelines had been updated on 7/25/20. *2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed [DIAGNOSES REDACTED]-COV-2 infection (severe acute respiratory syndrome coronavirus 2). If admitted, place a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection in a single-person room with the door closed.</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.