

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

PRINTED: 06/23/2020
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435051 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/09/2020 |
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| NAME OF PROVIDER OR SUPPLIER AVANTARA ARROWHEAD | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 ARROWHEAD DR RAPID CITY, SD 57702 |
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| F 000 | INITIAL COMMENTS Surveyor: 40788 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 6/9/20. Avantara Arrowhead was found not in compliance with 42 CFR Part 483.80 infection control regulation: F880. Avantara Arrowhead was found in compliance with 42 CFR Part 483.80 infection control regulations: F884 and F885. Avantara Arrowhead was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 44 | F 000 | 1. CNA E, LPN G and RN D were educated on the Cleaning and Disinfection - COVID-19 policy on 6/11/20. CNAs C and E were educated on the Strategies for Optimizing Personal Protective Equipment (PPE) - (Masks, N95s, Gowns, Eye Protection) for COVID-19 on 6/11/20. 2. All residents are at risk for adverse effects related to failure to 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. 3. The Administrator, Director of Nursing (DON), Activity Coordinator, Social Service designee, and Interdisciplinary Team (IDT) in collaboration with the governing body and Medical Director reviewed the Cleaning and Disinfection - COVID-19 and the Strategies for Optimizing Personal Protective Equipment (PPE) - (Masks, N95s, Gowns, Eye Protection) for COVID-19 policies. The DON or designee will educate all staff, to include CNAs C and E, LPN G and RN D, on the above policies to ensure appropriate | 7/13/20 |
| F 880 SS=D | 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 | | |

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

Laura Karlson

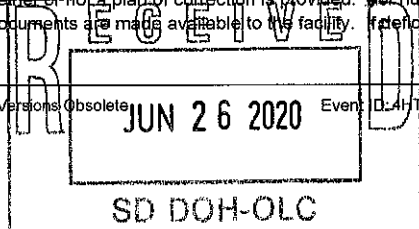
TITLE

Administrator

(X6) DATE

6/26/2020

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>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> <p>§483.80(e) Linens.</p> | F 880 | <p>cleaning and disinfecting of medical equipment with appropriate disinfectant contact time, cleaning of high touch physical plant areas at least three times per day and documented appropriately on the disinfection log and appropriate storage of N95s for reuse. The cited deficiency will be shared during education. Education will occur no later than July 7, 2020 and those not in attendance at education session due to vacation, sick leave, or casual work status will be educated prior to their first shift worked.</p> <p>4. The DON or designee will audit five associates to ensure appropriate cleaning and disinfecting of medical equipment with appropriate disinfectant contact time, audit 5 associates on different shifts and days of the week to ensure high touch physical plant areas are cleaned at least three times per day and documented on the disinfection log and 5 associates to ensure N95s are stored appropriately for reuse. Audits will be weekly for four weeks, and then monthly for two months. Results of audits will be discussed by the DON or designee at the monthly Quality Assessment Process Improvement (QAPI)</p> | |

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| F 880 | <p>Continued From page 2</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: 40788 Based on observation, interview, policy review, and review of the Environmental Protection Agency (EPA) List N (Disinfectants for Use Against SARS-CoV-2), the provider failed to ensure infection control procedures and practices were followed: *Cleaning and disinfection of shared resident equipment by two of two observed certified nurse aides (CNA) (E and F). *Cleaning and disinfecting of insulin injection devices by one of one licensed practical nurse (LPN) (G). *Cleaning and disinfection of the unit dedicated to residents who had tested positive for coronavirus disease 2019 (COVID-19) and residents exposed to COVID-19 who had tested negative. *Storage of personal protective equipment (PPE) by two of two CNAs (C and E). Findings include:</p> <p>1. Interview on 6/9/20 at 10:15 a.m. with administrator A revealed the facility had fifteen residents with active COVID-19, one resident who had recovered from COVID-19, and nine employees who had tested positive for COVID-19 since mass testing had occurred on 5/22/20.</p> <p>2. Observation and interview on 6/9/20 at 12:30 p.m. of certified nurse aide (CNA) E on the</p> | F 880 | <p>meeting with the IDT and Medical Director for analysis and recommendation for continuation/discontinuation/revision of audits based on audit findings.</p> | |

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| F 880 | <p>Continued From page 3</p> <p>dedicated unit referred to above revealed: *Staff had consistent resident assignments throughout their shift. -Either residents who were COVID-19 positive or residents exposed to COVID-19. -All residents were quarantined in their rooms. *She had taken resident 1's temperature, blood pressure, and pulse oximetry reading. *She exited the room, removed her gloves, performed hand hygiene, and put on a new pair of gloves. *She used a Microdot Bleach Wipe to disinfect the surfaces of the used thermometer, pulse oximeter, and blood pressure cuff. -Each item was wiped for less than five seconds. *She performed hand hygiene, applied new gloves, and entered the room shared by residents 2 and 3. -She took their temperatures, blood pressures, and pulse oximetry readings. *She exited that room, removed her gloves, performed hand hygiene, and put on a new pair of gloves. *She used a Microdot Bleach Wipe the thermometer, pulse oximeter, and blood pressure cuff. -Each item was wiped less than five seconds. *She stated resident equipment was allowed to sit three to five minutes after she wiped it and before using it again. *She confirmed she had not disinfected the equipment she used between the above care for residents 2 and 3.</p> <p>3. Interview with CNAs C and E regarding PPE use revealed: *They wore their N95 masks out of the building at the end of their shifts. *They kept those masks in a paper bag in their</p> | F 880 | | |

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| F 880 | <p>Continued From page 4</p> <p>personal vehicles in a place where the bag would be warm.</p> <p>4. Interview on 6/9/20 at 12:45 p.m. with registered nurse (RN) D regarding cleaning and disinfection of the dedicated unit revealed: *Caregivers were responsible for daily cleaning and disinfection of that unit. *There was An Environmental Disinfectant Log Common Touchpoints documentation tool to record that activity. -It included a list of high touch surfaces throughout the unit. -That activity was scheduled in the morning, evening, and during the night.</p> <p>Review of the June 2020 documentation log referred to above revealed: *Cleaning and disinfection had been recorded nine of nine morning opportunities, two of eight evening opportunities, and zero of eight opportunities during the night shift. *RN D confirmed the information on that tool. -She stated CNA F had cleaned and disinfected the unit in the morning during June 2020 but could not speak to cleaning on the evening shift or night shift. -She was uncertain who was responsible for monitoring that documentation tool.</p> <p>Surveyor: 29162</p> <p>5. Observation and interview on 6/9/20 at 11:45 a.m. in the hall on the unit dedicated to residents suspected or confirmed positive for COVID-19 of CNA C while she cleaned vital sign equipment revealed she: *Placed two Clorox Healthcare Bleach Germacidal Wipes (Clorox wipe) on top of each other on an over-the-bed table.</p> | F 880 | | |

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| F 880 | <p>Continued From page 5</p> <ul style="list-style-type: none"> *Placed another Clorox wipe on that same over-the-bed table. *Put the blood pressure cuff and stethoscope on top of the two Clorox wipes. *Put the thermometer and pulse oximeter on top of the single Clorox wipe. *Removed another Clorox wipe from the container and wiped off the thermometer, pulse oximeter, and stethoscope with the same wipe. -That wipe had not remained wet during that entire cleaning process. *Used the remaining two wipes to clean the blood pressure cuff. *The vital sign equipment had only been wet with the Clorox wipe solution fifteen seconds or less. *She was unaware of how long the vital sign equipment was to have remained wet with the Clorox wipe to be effective. -"They are just wet until they are dry." <p>6. Observation and interview on 6/9/20 from 12:00 noon through 12:30 p.m. in the hall on the unit dedicated to residents suspected or confirmed positive for COVID-19 of licensed practical nurse G revealed:</p> <p>*She:</p> <ul style="list-style-type: none"> -Administered insulin to two unidentified residents. -Used a separate Clorox wipe and wiped off the insulin injection devices when she was done. -Stated she just wiped them off and put them away. -Stated the cleaning process for the injection devices was the same for all residents on the dedicated unit. -Had been unsure how long the injection devices should have stayed wet from the Clorox wipe to have been effectively cleaned. *Both of the injection devices had not remained | F 880 | | |

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| F 880 | <p>Continued From page 6</p> <p>wet with the Clorox wipe solution for more than fifteen seconds.</p> <p>7. Interview on 6/9/20 at 1:30 p.m. with administrator A, director of nursing B, and nurse consultant H regarding resident equipment use, PPE storage, and unit cleaning and disinfection revealed:</p> <p>*It was DON B's expectation resident equipment was disinfected between resident use.</p> <p>-Cleaned equipment surfaces remained wet for the time recommended by the product label.</p> <p>*Staff had not been educated to store their N95 masks in personal vehicles.</p> <p>-It was her expectation N95 masks had been placed in labeled brown bags at the exit door of the designated unit at the end of a shift.</p> <p>*DON B stated high touch areas in the facility were expected to be cleaned three times per day using the documentation tool in finding 4.</p> <p>-She was unaware staff documentation on the designated unit did not reflect that.</p> <p>*It was the responsibility of the Infection Preventionist to monitor that data.</p> <p>-She was currently filling the Infection Preventionist role.</p> <p>Review of the EPA List N product registration (37549-1) information for Microdot Bleach Wipes revealed the contact time for that product was thirty seconds.</p> <p>Accessed on 6/10/20 at 11:00 a.m. from the Internet: at https://www.cloroxpro.com/products/clorox-health-care/bleach-germicidal-disinfectants/?Healthcare Bleach Germicidal Wipes revealed: "Efficacy, Virus, Kill Time Human coronavirus 1 min."</p> | F 880 | | |

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| F 880 | Continued From page 7 Review of the revised May 6, 2020 Strategies for Optimizing PPE for COVID-19 revealed: *Masks: -"c. ...The folded mask can be stored between uses in a clean paper bag with employee's name written on it. Bag will need to be closed and folded when storing mask." Review of the revised April 10, 2020 Cleaning and Disinfection COVID-19 policy revealed: **Cleaning during Covid-19 Pandemic: -High touch physical plant areas will be cleaned at least three times per day. -Cleaning and disinfection will be completed after use of shared equipment." | F 880 | | | |