STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43A138	A. BUILDING _____ B. WING _____	**10/16/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MEDICINE WHEEL VILLAGE	**24266 AIRPORT ROAD PO BOX 880 EAGLE BUTTE, SD 57625**

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, care plan review, 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 appropriate: *Hand hygiene by one of one certified nursing assistant (CNA) D and one of one dementia specialist E upon exiting residents' rooms. *Environmental controls to reduce or eliminate exposure to COVID-19 for one of one sampled resident (1) who could potentially affect all residents. Findings include: 1. Observation and interview on 10/15/20 at 4:00 p.m. with CNA D revealed: *She had exited resident 1's room and had not performed hand hygiene. *She agreed she should have performed hand hygiene when exiting the room. Observation and interview on 10/15/20 at 4:05 p.m. with dementia specialist E revealed: *He had been in a resident's room and exited the room without performing hand hygiene. *He did not think to wash his hands as he had not touched the resident. Interview on 10/15/20 at 4:30 p.m. with director of nursing B revealed she had agreed the above staff should have performed hand hygiene when exiting residents' rooms. Review of the provider's revised March 2020 Standard Precautions policy revealed: *Hand hygiene is performed with ABHR (alcohol based hand rub) or soap and water; -(1) before and after contact with the resident; -(3) after contact with items in the resident's room; 2. Review of resident 1's medical record revealed: *She had been hospitalized from [DATE] through 10/5/20 at a hospital in Sioux Falls. *Upon return she had no signs or symptoms of COVID-19. *On 10/6/20 an unidentified CNA had stayed with her during her noon meal, because she had not wanted to come out of her room. *On 10/7/20 she had been wandering in the hall. *On 10/8/20 she had been on quarantine but had been found wandering in the hallway. Interview on 10/15/20 at 2:15 p.m. with director of nursing (DON) B revealed: *Resident 1 had been on quarantine since her return from the hospital. *She would be done with her quarantine on 10/19/20. *All staff were required to wear a facemask, face shield, and a gown at all times. Interview on 10/15/20 at 3:00 p.m. with nursing assistant (NA) C revealed: *All staff had been required to wear a facemask, a face shield, and a gown at all times. *She had known resident 1 was on quarantine. That meant she could not come out of her room. *When she had gone into resident 1's room she had not removed or changed her gown prior to exiting. *She had worn the same gown to care for resident 1 and then to care for other residents. *She would have only changed gloves and performed hand hygiene between residents' care. *She had not been educated on what to do in a quarantined resident's room. Observation and interview on 10/15/20 at 4:00 p.m. with CNA D regarding resident 1 revealed: *She had entered the resident's room wearing personal protective equipment (PPE); it included a face mask, a face shield, and a gown. *She had exited the room wearing the same PPE and had not performed hand hygiene. *She agreed she should have performed hand hygiene when exiting the room. *She agreed this resident was quarantined. *She did not know she needed to remove or change her gown when exiting the room. *The resident's door had always been left opened as she had been a fall risk. *There had not been signs present to alert staff the resident was to be quarantined. Interview on 10/15/20 at 4:05 p.m. with dementia specialist E revealed he would not have removed or changed his gown when exiting a quarantined resident's room. Interview on 10/15/20 at 4:10 p.m. with registered nurse (RN) F regarding quarantined residents revealed: *The only precaution taken for residents on quarantine was they were to stay in their rooms. *The door to their room was not required to be closed. *Staff had not been required to change PPE after caring for those residents. Continued interview on 10/15/20 at 4:30 p.m. with DON B regarding residents on quarantine revealed: *Quarantine meant the residents had to stay in their rooms. *Staff would only have changed their PPE if it had become soiled. *Resident 1 had been a fall risk, so the door had been left opened. Review of resident 1's revised 8/23/20 care plan revealed: *She had been at risk for falls. *There had not been an intervention for the door to be left open. Telephone interview on 10/16/20 at 3:30 p.m. with administrator A revealed: *The facility had two isolation rooms that were used if a resident: -Was a new admission. -Had signs or symptoms of COVID-19. -tested positive for COVID-19. --Staff had been trained to remove PPE when caring for residents in those rooms. *Resident 1 had been put on quarantine to protect other residents. *Quarantine had meant residents were required to stay in their rooms. *Staff were not required to change PPE when caring for a resident on quarantine. *She did agree if resident 1 had COVID-19 and staff had not taken the proper steps putting on and removing PPE it could have potentially put other residents at risk. *She had thought the hospital staff and transportation staff had taken precautions, so the resident could not have been exposed to COVID-19. Review of the provider's revised March 2020 Quarantine policy revealed: *1. Should COVID quarantine be declared, the Administrator, with the input of the Medical Director and Director of Nursing Services, will work with governmental authorities to implement quarantine practices appropriate for the specific threat and as directed by authorities. *2. The requirements of the quarantine directive will determine who may enter or leave the facility, and or their resident room. *3. A quarantine directive for an individual resident as directed by Tribal Command Center or South Dakota Department of Health Contact [MEDICATION NAME] will be followed as directed to our facility. *4. Residents maybe asked to Quarantine or limit being out of their room by Medicine Wheel Village staff when the above directives have not been instructed to our facility. *5. The resident will be asked to stay in their room for meals and activity attendance will be one on one or limited to their room/door entrance. *6. This is not Isolation. *This policy had not addressed procedures for PPE use when working with quarantined residents. Review of the provider's revised October 2018 Infection Control - Isolation Precautions policy revealed: 1. Droplet precautions may be implemented for an individual documented or suspected to be infected with microorganisms transmitted by droplets. Review of the Centers for Disease Control and Prevention 7/25/20 Preparing for COVID-19 in Nursing Homes revealed: *Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. *Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP (health care personnel) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected.

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.