STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435072	A. BUILDING _____ B. WING _____	**09/22/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SEVEN SISTERS LIVING CENTER	**1201 HWY 71 SOUTH HOT SPRINGS, SD 57747**

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.** Based on observation, interview, and policy review, the provider failed to ensure infection control policies and procedures for coronavirus disease 2019 (COVID-19) were followed for: *Implementing appropriate environmental controls to reduce or eliminate exposures to COVID-19 on one of one north hall that had four of five COVID-19 positive residents (1, 3, 4, 5). *Appropriate use of personal protective equipment (PPE) by one of one observed certified nurse aide (CNA) (C). Findings include: 1. Observation on 9/22/20 between 10:15 a.m. and 11:00 a.m. of the north hall revealed: *One part of the hall was securely closed with a heavy plastic zippered barrier. *Three rooms inside of that barrier were occupied by three COVID-19 positive residents 3, 4, and 5. -The doors to residents 3 and 4's rooms had been open. -The door to resident 5's room was closed. *Two rooms outside of that barrier on that same hall were occupied by two other residents, 1 and 2. -Resident 1 was COVID-19 positive, and resident 2 had tested negative for COVID-19. -The doors to both residents' rooms had been open. 2. Observation on 9/22/20 at 10:25 a.m. of CNA C revealed: *She put a gown and gloves on prior to entering resident 1's room. -She was wearing an N95 respirator. *She closed the door after entering the room and left the door open after she exited the room. Interview on 9/22/20 at 10:40 a.m. with CNA C regarding residents 1, 2, 3, 4, and 5's room doors revealed: *They had been kept open for staff to see inside those rooms from the hallway. -Resident 5 sometimes wandered, out of her room, and her door was closed. Continued interview at that same time with CNA C regarding face shield use inside residents 1, 3, 4, and 5's rooms revealed: *She confirmed she had not worn a face shield inside of those rooms. *She stated resident 1 was short of breath but not coughing. *She said residents 3 and 4 were nearing the end of their quarantine period. *She said resident 5 was not showing any active COVID-19 symptoms. 3. Interview on 9/22/20 at 11:00 a.m. with director of nursing (DON) B regarding COVID-19 environmental controls and faces hield use revealed: *Six rooms inside the plastic barrier had been designated for COVID-19 positive residents. *Additional rooms outside the plastic barrier on that hall had previously been used as COVID-19 over-flow rooms. *Resident 1 had not been moved to one of the six designated COVID-19 rooms after the COVID-19 designated rooms had become available. -She had thought a room move was not indicated because, residents 1 and 2 remained inside their own rooms quarantined. *She said the decision to wear a face shield inside of COVID-19 positive rooms was left up to the staffs' discretion. -She would have expected a face shield to have been worn inside resident 1's room since he required high flow oxygen of 10 to 15 liters. Interview on 9/22/20 at 11:15 a.m. with administrator A and DON B regarding COVID-19 environmental controls and face shield use revealed: *They had thought residents had the right to choose whether or not their room door was open or closed. *They had thought opened doors increased resident safety. -They had not considered increasing their expectation of hourly rounding to something more frequent. *They agreed face shield use should have been worn by all staff when caring for residents with suspected or known COVID-19 regardless of their symptoms. Review of the provider's revised 7/7/20 Interim Policy for Admissions and Care Management during COVID-19 Pandemic policy revealed: *6. Patient/Resident with Suspected or Known COVID-19: -A. SSLC (Seven Sisters Living Center) residents will be placed in the 6 designated beds on the end of the north hallway in SSLC. --The use of over-flow rooms for suspected or known COVID-19 residents was not addressed. -B. Place on contact/airborne precautions. -E. PPE includes N95, face mask, goggles, PAPRs (positive airway pressure respirator), gowns, and booties. Review of the provider's revised 1/22/2016 Transmission Based Precautions-Airborne Precautions policy revealed: *1. Patient (resident) Placement: -Keep the room door closed and the patient in the room.
F 0886 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	Based on interview and review of the Centers for Medicare and Medicaid Services (CMS) memorandum, the provider failed to have a procedure to address residents and staff who refused coronavirus disease 2019 (COVID-19) testing or were unable to be tested for COVID-19. Findings include: 1. Interview on 9/22/20 at 9:45 a.m. with administrator A and director of nursing (DON) B regarding COVID-19 testing requirements revealed the provider had adopted the 8/26/20 CMS memorandum for their facility's guidance. Follow-up telephone interview on 9/22/20 at 2:30 p.m. with DON B regarding resident and staff refusal of COVID-19 testing revealed: *There had been a resident who refused COVID-19 testing. -That resident's physician had been contacted and discussed with the resident their reason for refusal. *That resident then agreed to COVID-19 testing. *She stated a resident would be expected to isolate in their room if they continued to refuse COVID-19 testing after education. *She stated staff would not be allowed to work if they refused COVID-19 testing. *She confirmed none of the above interventions regarding COVID-19 testing refusal had been documented in the form of a procedure but should have been. Review of the provider's 9/8/20 COVID-19 LTC (Long Term Care) Testing Requirements policy revealed: *Page two: -(5) Have procedures for addressing residents and staff, including individuals providing services under arrangements and volunteers, who refuse testing or are unable to be tested .

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE