

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 435107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2020
NAME OF PROVIDER OF SUPPLIER BOWDLE NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 8001 W 5TH STREET POST OFFICE BOX 556 BOWDLE, SD 57428	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, record review, and policy review, the provider failed to ensure infection control policies and procedures for COVID-19 were followed for appropriate personal protective equipment (PPE) use for five of five randomly observed staff (A, B, C, D, and E). Findings include: 1. Observation on 9/25/20 at 12:00 noon of registered nurse B revealed she was only wearing a cloth face mask and did not have eye protection on while passing medications on both wings A and B. Observation and interview on 9/25/20 at 12:15 p.m. of certified nursing assistant (CNA) E revealed: *She was in the hallway on wing B. *She had been wearing an N95 face mask and face shield. *She always wore both, because she was going into COVID-19 positive residents' rooms. Observation and interview on 9/25/20 at 12:23 p.m. of physical therapist D revealed: *She had been in an unidentified resident's room on wing B only wearing a medical face mask. *The resident was a new admission who had just arrived at the facility. *She usually wore a face shield but had forgotten to put it on when she came to see the resident. Observation and interview on 9/25/20 at 12:28 p.m. of CNA C revealed: *She had been going in and out of residents' rooms in wing A collecting lunch trays. *She was wearing a cloth face mask. *She did not have eye protection on. *She had been told she could wear a cloth mask if she was not working with residents who had tested positive for COVID-19. *Only staff going into a COVID-19 positive resident's room were to wear a medical face mask and face shield. Observations and interviews on 9/25/20 between 12:00 noon and 2:10 p.m. with director of nursing A revealed: *She had been wearing a medical face mask. *She had not been wearing eye protection. *She had told staff they could wear a cloth face mask if they were not going into a resident's room who had tested positive for COVID-19. *When staff had cared for or entered residents' rooms with COVID-19 they had been required to wear an N95 face mask, face shield, gown, and gloves. *She was not aware cloth face coverings were not considered PPE. *She was not aware eye protection was recommended even if those staff were not going into residents' rooms that had COVID-19. Review of the provider's undated log for county positivity rates revealed on: *9/14/20 it was 17.5 percent. *9/21/20 it was 12.8 percent. *Those numbers indicated the county positivity rate was high. Review of the provider's 9/4/20 Nursing Home COVID Outbreak September 2020 policy revealed: *Staff working on Wing A must wear full PPE - gown, gloves, N95 mask, and face shield. *Other staff throughout the facility must wear an N95 mask and face shield. Those not able to wear an N95 mask should wear a cloth or surgical mask and face shield. Review of the Center for Disease Control and Prevention (CDC) 7/15/20 Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic Infection Control Guidance revealed: *Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is needed. *HCP (healthcare personnel) working in facilities located in area with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients (residents) with [DIAGNOSES REDACTED]-CoV-2 infection (COVID-19). *They should wear eye protection in addition to their face mask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters.</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.