STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355058	A. BUILDING _____ B. WING _____	11/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HEALTH CARE CENTER	**3400 NEBRASKA DRIVE BISMARCK, ND 58503**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments A COVID-19 Focused Infection Control Survey, ending 11/10/2020, was conducted by the Centers for Medicare & Medicaid Services (CMS). The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6).	E 000		
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey, ending 11/10/2020, was conducted by the Centers for Medicare & Medicaid Services (CMS). The facility was found not in compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. One deficiency was found related to 42 CFR §483.80 infection control regulations. Total residents: 133	F 000		
F 880 SS=E	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:	F 880		

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

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F 880	Continued From page 1 §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 providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.	F 880		

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F 880	Continued From page 2 §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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: Based on observation, interview, and record review, the facility failed to establish an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility staff failed to wear personal protective equipment (PPE) according to national and local guidelines for residents on transmission based precautions (TBP) due to symptoms related to COVID-19 (Resident-R4). Staff did not change their mask after providing care to R4 before providing care to other residents in the neighborhood. This practice had the potential for cross-contamination of a communicable illness to other residents in the neighborhood. According to the review of the National Institute for Occupational Safety and Health (NIOSH), "Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings," dated 3/27/2020, revealed the practice of extended use	F 880		

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F 880	Continued From page 3	F 880		

was well suited for patients that are infected with the same respiratory pathogen. Specifically, "Extended use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several patients, without removing the respirator between patient encounters. Extended use is well suited to situations wherein multiple patients are infected with the same respiratory pathogen and patients are placed together in dedicated waiting rooms or hospital wards. Extended use has been recommended as an option for conserving respirators during previous respiratory pathogen outbreaks and pandemics. (10, 11)."

During the entrance interview on 11/9/2020, at approximately 3:00 PM, the Administrator, Director of Nursing (DON) and Infection Preventionist (IP) stated their PPE supplies were okay and that the State Health Department had helped them obtain more N95 masks.

On 11/9/2020 beginning at 4:00 PM, a facility tour and concurrent interview with the IP included an observation and explanation of a resident room on TBP. Specifically, R4's room had signage on the door to indicate he was on droplet and contact precautions. The IP stated that R4 was on precautions because of a high temperature. The IP stated they suspected the cause of the fever was a urinary tract infection but that when a resident displayed any symptoms of COVID-19, they were immediately isolated and put on TBPs and tested for COVID-19. Further observation revealed the PPE bins outside R4's room had clean gowns, disposable disinfectant wipes, hand sanitizer and gloves. There were no masks or face shields present. The IP stated that staff must

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F 880	Continued From page 4 clean their hands and put on a clean gown and gloves before they enter R4's room. The IP stated when then exit the room, the staff were to disinfect their face shield but they did not have to change their mask because the facility was wearing the same mask for the entire shift unless it became soiled or damaged. Additional observation revealed R4 was on a neighborhood with other residents that were not on TBPs. The IP stated that staff will wear the same mask in and out of all the resident rooms on that neighborhood. Review of facility policy titled, COVID-19 protocol (Formerly Phase 2 and Phase 3)-SNF [skilled nursing facility], reviewed 10/5/2020 revealed (in part): - all employees will wear a surgical mask at all times and they should be changed if they become wet or soiled. - all employees will wear eye protection at all times when they are in shared space with residents and other employees. - "Residents that are symptomatic and have pending COVID-19 test results will be placed in contact and droplet precautions. All staff entering these rooms will wear gloves, gown, mask, and eye protection." Review of the Contact and Droplet transitional protective precautions sign, dated 10/2020, revealed staff were directed to take PPE off and dispose of it in the following order: gloves, eye protection, gown, mask and perform hand hygiene. There was no direction on the sign about the extended use of eye protection and masks.	F 880		

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F 880	Continued From page 5 During an interview on 11/10/2020 at 12:00 PM, the IP reviewed the Contact and Droplet transitional protective precautions sign and stated the signage did not explain the extended use of the face mask and face shield. During a telephone call on 11/10/2020 at 1:40 PM with the State Health Department, Administrator, DON and IP, the State Health Department stated they expected that staff would change their mask after providing care to residents who were suspected of COVID-19 before providing care to other residents in the neighborhood. During an interview on 11/10/2020 at 1:55 PM, the IP stated she thought they were appropriately extending the use of face masks according to the CDC's optimization of PPE supplies. The IP also stated there was no national or local guidance that specifically said the mask had to be changed between a resident who was symptomatic and one who was not. The IP also stated she thought it was an accepted practice to wear the same mask as long as the face shield was worn over top of the mask. During continued interview on 11/10/2020 at 1:55 PM, the Administrator stated, at this time, the facility had enough surgical masks to follow the guidance from the State Health Department and that facility staff would change their mask after providing care to residents who were suspected of COVID-19 before providing care to other residents in the facility.	F 880		