STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355059	A. BUILDING _____ B. WING _____	11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSOURI SLOPE	**2425 HILLVIEW AVE BISMARCK, ND 58501**

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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the Centers for Medicare and Medicaid Services (CMS) on 11/23/20 through 11/24/20. The facility was found to be 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 was conducted by Healthcare Management Solutions, LLC on behalf the Centers for Medicare & Medicaid Services (CMS) on 11/23/20 through 11/24/20. The facility was found not to be in substantial compliance with 42 CFR 483.80 Infection Control requirements. On 11/23/20 at 7:15 PM, the Administrator, Director of Nursing, and Assistant Director of Nursing were notified that the facility failure to ensure two readmitted residents were placed in quarantine isolation and not back in their original rooms, likely exposing their roommates to COVID-19, constituted an immediate jeopardy at F880. The Facility presented an acceptable removal plan for the immediate jeopardy on 11/24/20 at 3:30 PM. The removal plan indicated residents (Resident (R) 8 and R10) would be moved to private rooms for the remaining days of the two-week quarantine. The roommates (R9 and R11, respectively) would remain in their original rooms, but due to the likely exposure to COVID-19, would remain on quarantine for the remainder of the two weeks. The facility policy regarding placement of readmitted residents was	F 000		

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

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F 000	Continued From page 1 also updated. The removal plan was validated through observations, staff interviews, and policy review. Observations verified that the re-admitted residents were placed in private rooms, droplet isolation signage was in place, and Personal Protective Equipment (PPE) supplies were at each room entrance. Review of revisions to the admission policy showed re-admitted residents would be placed in quarantine isolation. Interview with facility staff revealed they had received education regarding the need for quarantine isolation for new/re-admitted residents and were aware of the required PPE for droplet isolation. The surveyor notified the Administrator that the immediate jeopardy was removed on 11/24/20 at 3:45 PM. The deficient practice remained at a "D" scope and severity (isolated with a potential for more than minimal harm) following the removal of the immediate jeopardy. Survey Census: 167 Sample Size: 3 Supplemental Residents: 8	F 000		
F 880 SS=J	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	F 880		

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F 880	Continued From page 2 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 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	F 880		

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F 880	Continued From page 3 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. §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 ensure two of two residents (Resident (R) 8 and R10) re-admitted in the past 14 days were placed in quarantine isolation without a roommate, likely exposing their roommates to SARS Coronavirus 2 (COVID-19). This failure had the potential to expose residents residing in the facility that have a roommate that has been readmitted following a hospitalization. On 11/23/20 at 7:15 PM, the Administrator, Director of Nursing, and Assistant Director of Nursing were notified that the facility failure to ensure two readmitted residents were placed in quarantine isolation and not back in their original rooms, likely exposing their roommates to COVID-19, constituted an immediate jeopardy at	F 880		

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F 880	Continued From page 4 F880. The Administrator presented an acceptable removal plan for the immediate jeopardy on 11/24/20 at 3:30 PM. The removal plan indicated R8 and R10 would be moved to private rooms for the remaining days of the two-week quarantine. The roommates (R9 and R11, respectively) would remain in their original rooms, but due to the likely exposure to COVID-19, would remain on quarantine for the remainder of the two weeks. The facility policy regarding placement of readmitted residents was also updated. The removal plan was validated through observations, staff interviews, and policy review. Observations verified that the re-admitted residents were placed in private rooms, droplet isolation signage was in place, and Personal Protective Equipment (PPE) supplies were at each room entrance. Review of revisions to the admission policy showed re-admitted residents would be placed in quarantine isolation. Interview with facility staff revealed they had received education regarding the need for quarantine isolation for new/re-admitted residents and were aware of the required PPE for droplet isolation. The surveyor notified the Administrator that the immediate jeopardy was removed on 11/24/20 at 3:45 PM. The deficient practice remained at an "D" scope and severity (isolated with a potential for more than minimal harm) following the removal of the immediate jeopardy. Findings include: During the Entrance Conference on 11/23/20 at 9:00 AM the Director of Nursing (DON) and	F 880		

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F 880	Continued From page 5 Assistant Director of Nursing (ADON) stated there were seven residents positive for COVID-19 currently in an isolation ward. A list of residents on isolation was requested. The list included R8 who had returned from a hospital admission on 11/17/20. Review of the list revealed that R8 was sharing a room with R9 and both residents were placed on droplet isolation for 14 days. Further review of the list revealed R10 had returned from the hospital on 11/23/20 and was sharing a room with R11 and both residents were placed on droplet isolation for 14 days. 1. Review of R8's electronic health record (EHR) "Progress Notes" revealed a Nursing Progress Note, dated 11/17/20, stating that R8 "will be returning from hospital today. Was treated for Pnuemonia [sic], Sepsis ..." Further review of the nursing progress notes revealed that R8 was readmitted to the facility from the hospital on 11/17/20 and "returned to NE [Northeast hall unit] ..." Observation of the Northeast unit on 11/23/20 at 12:20 PM showed R8's room with a droplet isolation notice on the door, Personal Protective Equipment (PPE) outside the door in the hall, and two names on the room placard. 2. Review of R10's EHR "Progress Notes" revealed a Nursing Progress Note, dated 11/23/20, stating R10 "will be returning to nursing home this afternoon ...was admitted with c/o [complaint of] chest pain and nausea on 11/21/20 ..." Further review of the nursing progress notes revealed R10 was readmitted on 11/23/20 to his room.	F 880		

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F 880	Continued From page 6 Observation of the Southeast unit on 11/23/20 at 11:10 AM showed R10's room with a droplet isolation notice on the door, PPE outside the door in the hall, and two names on the room placard. In an interview on 11/23/20 at 4:10 PM, regarding the isolation of readmission residents, the Infection Preventionist (IP) stated, "Yes, the roommates are, unfortunately, on isolation as well. We've had some move to another room if their roommate went to the hospital to avoid the 14- day isolation - that's their choice for those than can know and understand." In an interview on 11/23/20 at 4:39 PM, regarding the isolation of readmission residents with their roommates, the Medical Director stated, "That is a tough one because we've gone around. I don't know if there is a way to handle it." When asked about returning and potentially exposing a roommate that had not left the facility, the Medical Director responded, "I don't know how to answer; I don't know how you could do it any other way." When a facility policy on quarantining/isolating readmitted residents was requested, the ADON provided a North Dakota Health Department "Recommendations to prevent and respond to COVID-19 in Long Term Care, Basic Care, & Assisted Living Facilities," with an issue date of 08/11/20. Review of the North Dakota Health Department recommendations revealed no guidance for residents readmitted to the facility. There was guidance on to place new admissions in isolation in a private room for 14 days to	F 880		

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F 880	Continued From page 7 monitor for signs and symptoms and to reduce the likely exposure of COVID-19 to roommates.	F 880		