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 _____	12/16/2020

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

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F 000	INITIAL COMMENTS The Centers for Medicare and Medicaid Services (CMS) conducted a COVID-19 Focused Infection Control Survey on 12/16/20. CMS conducted a Focus Concern Survey (FCS) focusing on the following areas: Weight Loss, Visitation, and Infection Control. The FCS area of infection control is associated with State survey event ID 9FTW11. The facility was found in compliance with 42 CFR §483.73 related to E-0024(b)(6). The facility was found not in compliance with 42 CFR §483.80 infection control regulations and had not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Census = 160 Confirmed COVID-19 = 12	F 000		
F 880 SS=F	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: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and	F 880		

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

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F 880	Continued From page 1 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. §483.80(a)(4) A system for recording incidents	F 880		

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F 880	Continued From page 2 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 observations, interviews, and record reviews, the facility failed to maintain an infection prevention program consistent with preventing the transmission of infectious diseases. Specifically, the facility failed to: - Ensure all staff wore a face covering during interactions with other staff members; - Ensure all residents whose status is "Unknown COVID-19 status" (New/Re- Admissions, Appointments, and outside visitation) and who were on Special Droplet/Contact Precautions had their room doors closed. These failures place all residents, staff, and visitors at risk for exposure to COVID-19 or other healthcare-associated infections, which could cause severe harm or death. Findings include: A. During a tour on 12/15/20 at 3:50 PM, in the laundry facility, observation of two maintenance staff (MNT 6 & MNT 9) conversing at the table unmasked and were less than four feet apart.	F 880	Directed Plan of Corrections The facility must immediately implement appropriate infection prevention and intervention plan consistent with the requirements of 42 CFR §483.80 for the affected residents/neighborhood/nursing units; and all staff employed by the facility, including staff identified in the deficiency. The Infection Preventionist (IP), Director of Nursing (DON), in conjunction with the Medical Director, and leadership team will train and educate all staff on the following: " Procedures for transmission-based precautions to include but are not limited to Droplet Precautions, Contact Precautions, and Standard Precautions. " Engineering controls such as maintaining physical barriers to eliminate the possibility of transmission of infectious diseases. " When and where to don PPE (Personal Protective Equipment) to all	

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F 880	Continued From page 3 When the surveyor entered the laundry facility, MNT 6 and MNT 9 identified themselves. When asked by the surveyor what they were doing, MNT 6 stated, "Waiting on softener to reset." As the surveyor entered the laundry room and identified herself as a federal surveyor, MNT 6 and MNT 9 donned their masks. During an interview on 12/15/20 at 4:30 PM, the surveyor shared with the Nursing Home Administrator (NHA) the laundry room observation. When the NHA was asked when is staff mask removal appropriate within the facility, the NHA stated, "Masks are to be worn at all times. That behavior is concerning and is not what we allow or have taught staff". In a subsequent interview on 12/16/20 at 11:00 AM, the NHA stated, "... that the maintenance staff attest they were greater than six feet apart." Professional reference: Review of the Centers of Disease Control and Prevention (CDC) "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic," at https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html, showed, "HCP [health care professionals] should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers." B. During an interview on 12/15/20 at	F 880	staff, including those mentioned in the deficiency. This training must include didactics such as video from a nationally recognized federal agency and in-person instructional method. All staff, including those identified in the deficiency, will sign documentation depicting a thorough understanding of the items mentioned. Conduct a RCA which will be done with assistance from the Infection Preventionist, Quality Assurance and Performance Improvement (QAPI) committee and Governing Body. The RCA should be incorporated into the intervention plan. Information regarding RCAs can be found at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceforRCA.pdf The Unit Directors will work with the IP and the DON in monitoring all staff for compliance weekly for four weeks, then once a month for six months. Information and results of the surveillance will be addressed in QAPI. If the facility is not successful, as evidenced by less than 100% compliance, the facility will begin training and educating staff, followed by the surveillance, as previously mentioned.	

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F 880	Continued From page 4 approximately 3:35 PM, Certified Nurse Aide Mentor (MNTR) 21 was asked why some of the doors with the Blue Special Droplet/Contact Precaution signs were open MNTR 21, stated "that Blue signs are for New Admissions & those who go to appointments and are on TBP [Transmission Based Precautions] for 14 days," but MNTR 21 is unsure if doors need to be open or closed. Observation on 12/15/20 at approximately 3:40 PM, Registered Nurse (RN) 5 exited the room of Resident (R) 3, who was on droplet precautions as evidenced by the sign on the door, and left the door open. In a subsequent interview, when RN 5 was asked why she left the door open, RN 5 replied, "he went on droplet precautions because he went to an appointment." When RN 5 was asked when would she close the door that has a "Droplet Precautions" sign, RN 5 stated, " The Blue [Droplet Precautions] sign is when they are going for an appointment, but the red sign is when they have signs and symptoms of COVID. For the red sign I would shut the door but not the blue sign." In an observation on 12/15/20 at 3:38 PM, Medication Aide (MA) 7 is in a room with R9, R9 is on droplet precautions, and the door is open. After MA 7 exited the room, the door was left open. When MA 7 was asked why the door was not closed when she exited R9's room, MA7 replied, "The door should remain closed, I forgot." In an observation on 12/15/20 at 3:44 PM, R 15 and R 17's door is open, and there is a blue sign on the door that reads, "Droplet Precautions."	F 880	Correction date: January 14, 2021	

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F 880	Continued From page 5 When Certified Nurse Aide (CNA) 7 was asked why the door is open, CNA 7 replied, "I don't know why it is open...it should be closed." Further observations of residents that are on "Droplet Precautions" revealed the residents' doors that are open are for the rooms of R 5, R 11, R 13, R 19, R 23, R 29, R 35, R 39, R 41, R 43, R 45, R 47, R 49, and R 51. Review of, "<the facility's> Policy: COVID -19 Prevention Procedures - Resident Care", last updated 12/4/20, given to Federal Surveyors by (Director of Nursing) DON on 12/15/20 revealed: "3. New Resident Admission and Resident Readmission 1. All new resident admission and readmission will be placed in a private room on special contact/droplet isolation for 14 days" 4. Essential Resident Appointments and Emergency Room Visits a. Residents who leave the facility with family will be placed in special contact/droplet isolation for 14 days upon their return to the facility. b. Residents going to the ER (Emergency Room) or have an overnight stay in the hospital will be placed in special droplet/contact isolation for 14 days upon their return to the facility. If the resident is away from the facility for more than 24 hours, resident will be moved to a private room for the 14 day isolation period." Review of "<Facility's> Policy: Covid-19 Exposed Resident, Pending Test, Confirmed Test, Diagnostic Asymptomatic Test," last updated 11/25/2020, given to federal surveyors by the Director of Nursing (DON) on 12/15/20 revealed:	F 880		

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F 880	Continued From page 6 "Procedure for Isolation 1. ...resident has had a high risk contact, ... The Nurse will put resident on Special Droplet/Contact Precautions immediately and place the resident in a private room. Place Special Droplet/Contact Precautions sign on resident room door." Review of North Dakota State Department of Health "Long Term Care (LTC) Recommendations for Coronavirus," accessed 12/18/20, last updated 12/10/20 at https://www.health.nd.gov/sites/www/files/documents/Files/MSS/coronavirus/LTC_Recommendations.pdf revealed: "New Admission and Readmission Recommendations: COVID-19 Status is Unknown: o A new admission that is not suspected of having COVID-19 or a confirmed case should be placed in a private room, with droplet precautions including an N95 mask if possible the resident should wear a mask or cloth face covering for source control, for 14 days. If the individual remains asymptomatic, then he/she can be moved to another room with a roommate. o Assess the resident twice a day for symptoms and fever for 14 days. o Keep the door to the resident room closed. o Attempts should be made to have these residents cohorted with dedicated staff. o If a resident becomes symptomatic, then he/she should be tested for COVID-19. Increase monitoring of residents for worsening of symptoms. o If transfer to an acute hospital needs to be	F 880		

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F 880	Continued From page 7 made due to worsening condition, without testing or before test results are known, call ahead to make arrangements and notify the facility and transfer crew that the resident may have COVID-19. o If the resident has not already been tested for COVID-19 due to being a close contact, consider testing the resident for COVID-19, ideally 7-10 days from a known exposure to a confirmed case and again on day 14." Professional reference: Further review of Centers for Disease Control and Prevention, "Preparing for COVID-19 in Nursing Homes," accessed 12/15/2020, last updated 11/20/2020 at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html 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 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."	F 880		

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F 880	Continued From page 8 On 12/16/20 at 10:21 AM (CST), Interview with Infection Preventionist (IP), Unit Director 18 (UD 18), and Unit Director 20 (UD 20). When the observation about the doors being open when residents are on "Droplet Precautions" was shared, the IP stated, "We will prefer to keep the doors closed, but in some cases, they are high risk for falls." When shared the staff interview and how fall precautions were not mentioned, the IP replied, "It is not possible to shut doors." The IP further states the rooms are eight feet apart, and if the door is open, they are maintaining six feet distance, and if the door is open, it is care planned. When asked UD 18 why the doors are open with rooms that are on droplet precautions, UD 18 replied the doors are open for fall precautions and maybe the resident preference. When UD 20 was asked why the doors were open, UD 20 states," for <Resident's Name> [Resident 3], <Resident's Name> [Resident 25], and <Resident's Name> [Resident 27] they are on fall precautions. The IP stated," I know it is recommended that we have the door closed, but residents rights." When asked does the facility discuss the risk/benefit to the resident of the door being closed, there was no response. On 12/16/20 at 11:10 AM (CST), in an exit interview via phone with NHA, DON, IP, Unit Directors, and the Medical Director, the observations of the residents who are on "Droplet Precautions" and the doors were open were shared. The IP stated, "we have to keep every resident safe, not just from COVID," the IP further reiterated how the doors assist in preventing falls and then stated this is their home. Explained to the IP that the facility, although it resembles a	F 880		

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F 880	Continued From page 9 home environment, also renders health services and, as such, must adhere to the Federal and State guidelines to keep residents safe from infectious diseases such as COVID-19. No further comments by the facility.	F 880		