STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355054	A. BUILDING _____ B. WING _____	11/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST HEALTHCARE SERVS	802 2ND ST NW BOWMAN, ND 58623

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F 000	INITIAL COMMENTS The standard Medicare/Medicaid recertification survey started on 11/19/18 and concluded 11/21/18.	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: §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;	F 880		12/26/18

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

Electronically Signed | 12/05/2018

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F 880	Continued From page 1 (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 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, review of facility policy, and staff interview, facility staff failed to follow	F 880	Perineal Care and Hand Hygiene 1. Staff involved in perineal cares who	

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F 880	Continued From page 2 standard infection control practices with 4 of 13 residents (Resident #9, #37, #90, and #91) observed during personal cares. Failure to follow infection control practices during personal cares and use of personal protection equipment has the potential to transmit infections to other residents, staff, and visitors. Findings include: PERINEAL CARE and HAND HYGIENE - Observation on 11/19/18 at 2:46 p.m. showed a certified nurse aide (CNA) (#1) assist Resident #9's perineal care after toileting. The CNA (#1) cleansed Resident #9's perineal care using a soiled wipe without turning the wipe to a clean area. The CNA (#1) removed her gloves, assisted the resident to the sink, placed items in the bedside stand, returned to the sink and adjusted the water temperature, assisted the resident to sit in her recliner, gave her a drink of water, adjusted the recliner, and then performed hand hygiene. The CNA (#1) failed to complete hand hygiene after providing perineal care and prior to providing additional cares. - Observation on 11/19/18 at 3:06 p.m. showed CNA (#1) failed to cue Resident #90 to wash her hands after she provided her own perineal cares. - Observation on 11/19/18 at 4:25 p.m. showed a certified nurse aide (CNA) (#1) assist Resident #37 with perineal care after toileting. The CNA (#1) cleansed Resident #37 perineal care using a soiled wipe without turning the wipe to a clean area. The CNA (#1) removed her gloves, assisted the resident to sit in her wheelchair,	F 880	(1) failed to complete hand hygiene after providing perineal care prior to providing additional cares, (2) failed to cue resident to wash hands after providing own perineal care, and (3) used same area of wipe to provide perineal care were educated 11/28/18. 2. All other staff were educated 11/28/2018 on the infection and prevention control standards listed above. Additional education provided via Proper Perineal Care booklet distributed 11.30.18 and to be completed by 12.26.2018. 3. Perineal Policy was reviewed and revised 11/27/2018. Hand Hygiene Policy was reviewed and revised 11/27/18. All CNA□s will be observed for meeting the infection control standards listed above. Any deviation from standard will be corrected at time of observation. 4. Starting on 11/23/18, the DON, QA manager or designee will monitor adherence to Infection Prevention and Control standards weekly times x4, monthly x2 and quarterly x3. The DON and/or QA manager will submit QA findings to QA Committee quarterly x4. 5. 12/26/2018 Use of Personal Protective Equipment (PPE) 1. Staff involved in failure to tie straps of PPE gown at neck and waist was educated 11/28/18. 2. All other staff were educated on proper technique of Donning and Doffing PPE 11/28/2018.	

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F 880	Continued From page 3 removed the gait belt, placed the wipes in a cupboard, combed the resident's hair, placed her feet on the foot pedals of her wheelchair, gave her a drink of water, before she performed hand hygiene. The CNA (#1) failed to complete hand hygiene after providing perineal care and prior to providing additional cares. USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) Review of the facility policy titled "Contact Precautions" occurred on 11/21/18. This policy, dated 03/30/17, stated, ". . . Personal Protective Equipment is designed to protect the wearer's skin, eyes, mucous membranes, airways, and clothing from coming in contact with infectious agents. . . . 2. Fluid resistant gowns: worn when the HCP (Health Care Professional) anticipates performing patient care activities or procedures in which exposed skin or clothing are likely to be exposed to any patient blood, body fluids, secretions or excretions. 3. Gloves: worn when HCP anticipates toughening the mucous membrane or nonintact skin of a patient or any patient blood, body fluids, secretions or excretions. Gloves should be worn when handling or touching equipment or environmental surfaces that have been contaminated. . . . 4. Barrier masks . . . : worn when the HCP anticipates sprays of blood or body fluids . . ." - Observation on 11/20/18 at 1:12 p.m. showed a CNA (#2) donned PPE to empty the urinary catheter bag for Resident #91, who had a current diagnosis of an antibiotic resistant urinary tract infection. The CNA (#2) donned a gown, mask, and gloves. The CNA (#2) failed to tie the straps	F 880	Additional education provided via Donning and Doffing PPE booklet distributed 11.30.18 and to be completed 12.26.2018. 3. Personal Protective Equipment policy was reviewed 11/27/18. All CNA□s will be observed for meeting the infection control standards listed above. Any deviation from standard will be corrected at time of observation. 4. Starting on 11/23/18, the DON, QA manager or designee will monitor adherence to Infection Prevention and Control/PPE standards weekly times x4, monthly x2 and quarterly x3. The DON and/or QA manager will submit QA findings to QA Committee quarterly x4. 5. 12/26/2018	

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F 880	Continued From page 4 of the gown at the neck and the waist. Every time the CNA (#2) leaned forward the gown fell away from her clothes and into the work surface. This happened as the CNA (#2) set up a barrier work surface on the floor, emptied the resident's catheter bag into a graduate, emptied the graduate into the toilet, sanitized the toilet, gathered the barrier surface from the floor, threw items into the garbage, and washed her hands between gloves changes. Failure to tie the straps of the gown exposed her clothing to potential splatter from bodily fluids and/or allowed her clothing go come into contact with contaminated surfaces. During an interview on 11/21/18 at 11:18 a.m., an administrative staff member (#3) identified staff are to fold and use a clean area of the wipe during perineal cares, wash their hands after providing perineal cares prior to providing additional cares, encourage residents to wash their hands, and secure the straps on the PPE gowns in an effort to prevent contamination of the CNA's uniform.	F 880		