STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355080	A. BUILDING _____ B. WING _____	02/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNSEITH COM NURSING HOME	15 1ST ST NE DUNSEITH, ND 58329

(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
F 000	INITIAL COMMENTS The standard Medicare/Medicaid recertification survey started on 02/10/20 and concluded 02/13/20.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal	F 550		3/12/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/05/2020

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F 550	Continued From page 1 from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to provide care in a manner that promoted dignity during mealtime and in the hallway for 1 of 1 resident (Resident #76) with two urine collection bags. Failure to cover the urine collection bags did not enhance the resident's dignity and self esteem. Findings include: Review of the facility policy, "Promoting/Maintaining Resident Dignity During Mealtimes" occurred on 02/13/20. This policy, dated 02/18/19, stated, "Policy: It is the practice of this facility to treat each resident with respect and dignity and care for each resident in a manner and in an environment that maintains or enhances his or her quality of life, recognizing each resident's individuality and protecting the rights of each resident." Observations on February 10-13, 2020 showed Resident #76 in the facility hallway and dining room with two urine collection bags visible on the resident's walker and in view of other residents. During an interview on the morning of 02/13/20, an administrative nurse (#1) stated she expected	F 550	1. The facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that maintains or enhances his or her quality of life, recognizing each residents individually and protecting the rights of each resident. On Resident #76 the facility covered both drainage bags with a dignity bag and the facility will ensure staff to be properly trained on Residents Rights and Dignity for urine bags in the hallway and dining room. The facility will review and update policy for residents rights and dignity for urine bags. 2. All residents have the potential to be affected by these deficient practices. 3. All Facility Nursing staff will be in-serviced by DON/Designee on the proper procedure to enhance dignity for all residents during meal times, hallways, and to ensure all urine bags are covered. 4.DON/Designee will do a quality monitor on nursing staff to ensure urine bags are covered when residents leaves room, in dining room, and in hallways. Quality monitor will be done weekly x 4 weeks, then bi weekly x 4, followed by monthly for a total of 1 year. The above monitoring	

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F 550	Continued From page 2 staff to cover Resident #76's urine collection bags.	F 550	will be initiated starting 3/12/20. Results of the monitoring will be reviewed at the Quality Assurance Meetings. 5. 03/12/20	
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, facility policy review, and staff interview, the facility failed to provide a safe and secure storage of medications for 1 of 1 medication cart during medication pass. Failure	F 761	1. The Facility failed to provide a safe and secure storage of medications for 1 of 1 medication cart during medication pass. Failure to store all medication	3/12/20

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F 761	Continued From page 3 to store all medications securely may result in unauthorized access to medications. Findings include: Review of the facility policy titled "Medication Administration" occurred on 02/13/20. This policy, dated September 2018, stated ". . . The medication cart . . . to be kept in clear view and in reach of the person administering medications unless it is locked. . . ." Observation on the morning of 02/11/20 showed a staff nurse (#2) passing medications in the dining room, the medication cart remained unlocked in the nearby hallway out of view of the nurse. Observation on the morning of 02/11/20 showed a staff nurse (#2) at the medication cart located in the resident hallway preparing medications. Observation showed the staff nurse (#2) left the medication cart unattended to deliver medications to residents located in their rooms. The medication cart remained unlocked in the hallway out of view of the nurse. During an interview on the morning of 02/13/20, an administrative nurse (#1) confirmed she would expect the medication cart to be locked when not in clear view and in reach of the person administering medication.	F 761	securely may result in unauthorized access to medications. The facility will ensure staff to be properly trained on the Medication Administration Policy and trained properly for medication administration. 2. All Residents have the potential to be affected by these deficient practices. 3. All Facility Nursing Staff will be in-serviced by DON/Designee on the proper procedure for Medication Administration to ensure Medication Carts are kept lock when out of view of medication nurse. 4. DON/Designee will do a quality monitor on nursing staff to ensure Medication Carts are kept lock when out of view of medication nurse and ensure nursing staff are following the policy of medication administration. Quality monitor will be done weekly x 4 weeks, then bi weekly x 4, followed by monthly for a total of 1 year. The above monitoring will be initiated starting 03/12/20. Results of the monitoring will be reviewed at the Quality Assurance Meeting. 5. 03/12/20	
F 880 SS=D	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	F 880		3/12/20

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F 880	Continued From page 4	F 880		

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;
(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

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F 880	Continued From page 5 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 policies, and staff interview, the facility failed to follow infection control practices for 3 of 12 sampled residents (Residents #1, #3, and #19). Failure to follow infection control practices during a dressing change (Resident #1 and #3) and personal cares (Resident #19) has the potential to spread infection to other residents, personnel, and visitors. Findings include:	F 880	1. The facility failed to follow infection control practices for 3 of 12 sampled residents. (Residents #1, #3, and #19). The facility failed to follow infection control practices during a dressing change on Resident # 1 and #3. The facility also failed to follow infection control practices for personal cares on Resident #19 which has the potential to spread infection to other residents, personnel, and visitors. The facility will ensure staff to be properly trained on	

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F 880	Continued From page 6 Review of the facility policy titled "Dressing Change" occurred on 02/13/20. This policy, dated November 2010, stated, ". . . Tape a biohazard bag on the bedside or open on the bed. . . . Apply the ordered dressing and secure with tape . . . Discard disposable items into the bag placed at the bedside. Remove gloves and discard into the bag at the bedside. . . . perform hand hygiene. . . ." Review of the facility policy titled "Hand Hygiene" occurred on 02/13/20. This policy, dated 2016, stated, ". . . Specific indications for Hand Hygiene . . . Before and after contact with residents/residents belongings. Before applying and after removing gloves. After contact with body fluids or excretions, non intact skin, mucous membranes or wound dressings." DRESSING CHANGE - Observation on 02/11/20 at 10:27 a.m. showed a staff nurse (#3) completed Resident #1's pressure ulcer dressing change on the buttocks. The nurse donned gloves and secured the dressings with tape. The nurse (#3) instructed the resident to roll onto his side and observation showed he rolled onto a pad which was soiled with wound drainage. The nurse (#3) then applied a medicated ointment to Resident #3's shoulder with the same gloves she/he used to perform the dressing change. The nurse (#3) failed to change gloves and perform hand hygiene between the dressing change and the application of ointment and failed to remove the soiled pad from the bed after the dressing change.	F 880	infection control policy for personal cares, dressing changes, and hand washing to prevent spread of infection to other residents, personnel, and visitors. 2. All residents have the potential to be affected by these deficient practices. 3. All facility Nursing staff will be in-serviced by DON/Designee on the proper procedure for infection control procedures for dressing changing, handwashing, and personal cares for residents. 4. DON/Designee will do a quality monitor on nursing staff on proper ways for dressing changes, handwashing, and personal cares for residents to ensure all staff are following the facility infection control policies. Quality Monitor will be done weekly x 4 weeks, then bi-weekly x 4, followed by monthly for a total of 1 year. The above monitoring will be initiated starting 3/12/20. Results of the monitoring will be reviewed at the Quality Assurance Meeting. 5. 03/12/20	

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F 880	Continued From page 7	F 880		

During an interview on 02/12/20 at 3:05 p.m., an administrative nurse (#1) confirmed she expected the staff nurse to remove the soiled pad before Resident #1 rolled onto it with a clean dressing and expected the nurse to change gloves and perform hand hygiene before applying ointment to the resident's shoulder.

- Observation on 02/11/20 at 8:39 a.m. showed nurse (#3) remove dressings soiled with drainage from Resident #3's foot wound. The nurse placed the dressings directly onto the resident's bed. The nurse failed to discard the soiled dressings into a waste receptacle or a biohazard bag and instead placed the soiled dressings directly on the resident's bed with no protective covering underneath.

During an interview on the morning of 02/13/20, an administrative nurse (#1) confirmed she expected the nurse to discard the soiled dressings into a waste receptacle and not directly on a resident's bed.

HAND HYGIENE

- Observation on 02/10/20 at 3:42 p.m. showed a certified nursing assistant (CNA #4) assisted Resident #19 with perineal cares. After removing the resident's brief, soiled with urine and stool, the CNA (#4) performed perineal care, removed her gloves and assisted the resident to her wheelchair. The CNA (#4) then retrieved Resident #19's cell phone, which had fallen to the floor, answered the call, and gave it to the resident. The CNA adjusted the resident's nasal cannula, collected the garbage, transported the resident via wheelchair into the hallway, disposed

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F 880	Continued From page 8 of the garbage in the dirty utility room and then performed hand hygiene. The CNA (#4) failed to perform hand hygiene after perineal care and prior to performing other tasks.	F 880		