STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355115	A. BUILDING _____ B. WING _____	09/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARRISON MEM HOSP NSG FAC	407 3RD AVE SE GARRISON, ND 58540

(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 For the standard Medicare/Medicaid recertification survey started on September 27, 2011 and completed on September 29, 2011, the sample included two (2) residents for complete review, seven (7) residents for focused review, and one (1) closed record for review. The sample included one (1) additional resident to verify specific concerns during the survey.	F 000		
F 323 SS=B	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, facility policy review, and staff interview, the facility failed to ensure the resident environment remained safe and free from potential accident hazards on 2 of 3 survey days (09/28/11 and 09/29/11). Failure to secure hazardous chemicals and sharp knives increases the risk of injury for residents, especially residents who wander and have dementia. Findings include: Review of facility policy "E. Hazardous Materials" occurred on 09/29/2011. The policy, dated October 2003, stated, ". . .7. Chemical storage. . . All hazardous chemicals will be stored in a locked	F 323	F- 323 1. The drawers in the kitchenette and in the activity room will have safety locks installed. The cupboard under the kitchenette will have all non-chemical items removed and the cupboard will be locked. 2. All residents who wander or are confused are at risk for injuries. 3. Safety locks will be installed on the mentioned drawers in the kitchenette and activity room. This will prevent any residents that are confused or wandering from injury. All non-chemical items have been removed from the cabinet under the sink in the kitchenette. The lock will be monitored to ensure that it is closed. 4. By Oct . 31st, 2011 all above corrections will be completed.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Dan Mattern	administrator	10/13/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323	Continued From page 1 storage area or under child proof locks...." During the entrance conference on 09/27/11, the facility identified two Residents (#1 and #11) that wander within the facility. Observations on all days of survey showed Resident #1 and Resident #11 wandering in the hallways of the facility. A tour of the activity room and nursing kitchenette identified the following: *On 09/28/11 at 5:00 p.m. and 09/29/11 at 9:00 a.m., an unlocked nursing kitchenette cupboard directly below the sink contained one can of air freshener labeled, "harmful if swallowed," one can of WD 40 labeled, "harmful or fatal if swallowed," and a bottle of glass cleaner labeled, "if swallowed induce vomiting. . . seek medical attention immediately." *On 09/29/11 at 5:10 p.m. and 09/29/11 at 9:00 a.m., an unlocked nursing kitchenette drawer contained two sharp knives. *On 09/28/11 at 5:15 p.m. and 09/29/11 at 8:20 a.m., two unlocked activity room drawers contained sharp knives; one drawer contained five and the other drawer held two. An interview with a supervisory staff member (#5) on 09/29/11 at 8:20 a.m. stated facility staff stored knives in unlocked activity drawers since she started working at the facility four years ago. During an interview on 09/29/11 at 9:00 a.m., a supervisory nursing staff member (#1) stated hazardous chemicals and knives should be stored in locked areas.	F 323	5. QA monitors for the drawers, non-chemical items and the locks will be completed by the DON/Clinical Co-ordinator. Childproof locks will be installed in the kitchenette and activity knife drawers and non-chemical items will not be placed in the cabinet. The monitor will continue for two months. (See attached.) 10/31/2011	
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	F 441		

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F 441	Continued From page 2 The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) 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. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441	F- 441 1. Hand washing technique will be completed appropriately by all staff. 2. All residents could be affected by this practice. 3. Hand washing policies will be reviewed by all staff, hand washing skills labs will be held to ensure proper training and techniques. 4. This will be completed by Oct. 31, 2011. 5. Hand washing surveillance will by done by the DON/Clinical Coordinator as a QA project. This will be done over a two month time period. (See attached) 10/31//11	

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F 441	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to follow standard infection control practices for 3 of 7 sampled residents (Resident #2, #3, and #9) observed receiving personal cares. Failure to perform hand hygiene following assistance with personal cares may result in the spread of infection to other residents, visitors, and staff. Findings include: Review of the facility policy titled "Hand Hygiene" occurred on 09/29/11. This policy, dated March 2004, stated, ". . . Policy: Hand hygiene must be performed before and after patient contact, after touching contaminated objects, and following glove removal. . . ." Observation on 09/27/11 at 4:20 p.m. showed two CNAs (#6 and #8) assisted Resident #2 with toileting using a sit-to-stand mechanical lift. Following toileting, a CNA (#6) performed perineal cares for the resident and removed her gloves. The CNA (#6) then pulled up the resident's pants and transferred him to a wheelchair using the lift. Without performing hand hygiene, the CNA (#6) removed the lift sling/straps from around Resident #2's back and calves, pinned a chair alarm to the resident's shirt, applied foot pedals to the wheelchair, and washed her hands. The CNA (#6) failed to perform hand hygiene immediately after ensuring the resident's safety. Observation on 09/28/11 at 9:42 a.m. showed a certified nursing assistant (CNA) (#7) performed	F 441		

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F 441	Continued From page 4	F 441		

perineal cares for Resident #3 following toileting. Upon completion of perineal cares, the CNA (wearing the same gloves used to perform the cares) pulled up the resident's pants, assisted her to pivot transfer into the wheelchair, removed the gait belt, pinned a chair alarm to Resident #3's sweater, and handed the resident a wipe to clean her hands. The CNA then removed her gloves, applied foot rests to the resident's wheelchair, and washed her hands. The CNA failed to perform hand hygiene immediately after ensuring the resident's safety.

- On 09/29/11 at 9:20 a.m., three CNAs (#2, #3, and #4) entered the bathroom to assist Resident #9 with pericare after toileting. Without performing hand hygiene prior to entering the room (the bathroom had no sink), one CNA (#2) donned gloves and cleansed the resident. This CNA then removed the gloves, put the resident's brief on, and pulled the resident's pants up. Another CNA (#4) raised the resident using a stand lift, while the first CNA (#2) guided the resident from the bathroom into a recliner in the bedroom. This same CNA (#2), without performing hand hygiene, then offered the resident water, attached the call light to the resident's shirt, and opened the blinds. After completing all of these tasks, the CNA (#2) washed her hands before leaving the room.

During an interview on 09/29/11 at 1:00 p.m., a supervisory nursing staff member (#1) confirmed the CNAs should perform hand hygiene after ensuring the resident's safety and before completing other tasks.