STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355037	A. BUILDING _____ B. WING _____	08/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALOISIUS MEDICAL CENTER NURSING HOME	325 E BREWSTER ST HARVEY, ND 58341

(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 08/20/2018 and concluded on 08/23/18.	F 000		
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 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		9/25/18

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

Electronically Signed | 09/05/2018

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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, the facility failed to follow	F 880	1. Education was provided to C.N.A.s who provide care to residents #65 and	

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F 880	Continued From page 2 infection control practices for 2 of 12 sampled residents (Resident #65 and #36) observed during personal cares and a random observation of water distribution. Failure to practice infection control related to hand hygiene/glove usage has the potential for transmission of communicable diseases and infections to residents and staff. Finding include: Review of the facility policy titled "Hand Hygiene" occurred on 08/23/18. This policy, dated 07/10/18, stated, ". . . situations that require hand hygiene . . . before and after assisting a resident with personal care . . . after removing gloves . . . after handling soiled equipment or utensils . . ." - Observation on 08/21/18 at 3:44 p.m. showed two certified nursing assistants (CNA) (#2 and #3) provided perineal care to Resident #65 after an incontinent bowel movement. The CNAs (#2 and #3) removed their gloves after perineal care and transferred the resident from the bed to his wheelchair. The CNAs (#2 and #3) failed to perform hand hygiene after removing their gloves and prior to completing other tasks. - On the morning of 08/21/18, an observation showed a CNA (#5) provide perineal care to Resident #36 after a bowel movement. The CNA pulled up the resident's brief and pants, transferred him with a gaitbelt into his wheelchair, and then pushed the resident from the bathroom into his room before removing her gloves and performing hand hygiene. During an interview on 08/22/18 at 3:58 p.m., an administrative nurse (#1) stated she expected	F 880	#36 on August 29th. 2. All residents have the potential to be affected. 3. Staff education provided at C.N.A. meetings on August 30th, August 31st, education and review of proper procedure and policy regarding glove removal and hand hygiene. Policy and meeting minutes posted. 4. QI monitor will be placed to ensure proper hand hygiene is being completed weekly times four weeks, then monthly for remainder of the year. This will be reported quarterly at the QAPI meeting. The DON/QI nurse will be responsible. Completion date September 25, 2018. 1. C.N.A. education posted on August 24th regarding water pass procedure and proper hand hygiene. C.N.A. #4 was educated on policy and procedure on August 29th. 2. All residents have the potential to be affected. 3. Policy was revised and posted on fresh water pass. Staff education provided at C.N.A. meetings on August 30th, and 31st, on updated policy for water pass and proper hand hygiene. Policy and meeting minutes were posted. 4. QI monitor will be placed to monitor water pass to ensure proper process is followed weekly times four weeks then monthly for remainder of the year. Results will be reported quarterly at QAPI meetings. DON/QI nurse will be responsible.	

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F 880	Continued From page 3 staff to perform hand hygiene after removing their gloves. - An observation on 08/20/18 at 2:05 p.m. showed a staff member (#4) enter multiple resident rooms with fresh water mugs and exit with the old water mug. The staff failed to sanitize her hands between the handling of clean and dirty water mugs. During an interview on 08/22/18 at 3:58 p.m., an administrative nurse (#1) stated she expected staff members to perform hygiene between handling dirty and clean water mugs.	F 880	Completion date September 25, 2018.	