STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355051	A. BUILDING _____ B. WING _____	03/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HATTON PRAIRIE VILLAGE	950 DAKOTA AVE HATTON, ND 58240

(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 03/28/16 and completed on 03/30/16, the sample included 2 residents for complete review, 8 residents for focused review, and 1 closed record for review. The sample included 1 additional resident to verify specific concerns during the survey.	F 000		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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	F 441		5/3/16

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

Electronically Signed | 04/07/2016

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F 441	Continued From page 1 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. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, review of professional literature, and staff interview, the facility failed to provide services in a manner that prevents the spread of infectious organisms for 2 of 6 sampled residents (Resident #5 and #9) and 1 unidentified resident observed during cares. Failure to perform hand hygiene after perineal cares (Resident #5 and #9) and to follow established food handling practices has the potential to cause or spread infection within the facility. Findings include: PERINEAL CARE Review of the facility policy titled "Perineal Care" occurred on 03/30/16. This undated policy, stated, ". . . Wash hands before leaving room. . . ." Kozier & Erb's "Fundamentals of Nursing, Concepts, Process, and Practice," 10th Edition, Pearson Education Inc., Upper Saddle River New Jersey, 2016, page 612 and 620, stated, ". . . It is important for both the nurses' and the clients'	F 441	F441- Infection Control 1. Corrective action for those residents found to have been affected by the deficient practice: * Mandatory refresher training in infection control and hand hygiene by DON that will include the two CNAs and one nurse found to be deficient in hand hygiene when caring for Residents #5 and #9 and CNAs who help feed residents in the dining room. * CNAs will not handle residents' food with bare hands in the dining room or any other place in the facility. If bread/buns come to a resident without butter, CNA will return bread/buns on plate (handling only the plate) to the kitchen to be buttered. CNA will bring buttered bread/buns back to the resident handling only the plate. 2. Identify other residents having the potential to be affected by the same deficient practice: * All residents have the potential to be affected because all residents receive	

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F 441	Continued From page 2 hands to be cleansed at the following times to prevent the spread of microorganisms: . . . after using the bedpan or toilet. . ." and ". . . Gloves . . . The hands are cleansed each time gloves are removed . . ." - Observation on 03/29/16 at 9:13 a.m. showed a certified nursing assistant (CNA) (#2) assisted Resident #5 with toileting. The CNA (#2) removed the brief smeared with stool, wiped the resident in a front to back motion, and removed her gloves. The CNA (#2) exited the room, returned with a new brief, washed her hands, donned gloves, and placed the new brief on the resident. The CNA failed to perform hand hygiene prior to exiting the room to obtain a new brief. Observation on 03/29/16 at 9:59 a.m. showed a registered nurse (#3) performed a bladder scan on Resident #5. The nurse donned gloves, lowered the resident's pants and brief, performed the procedure, removed her gloves, and exited the room. The nurse failed to perform hand hygiene prior to exiting the room. - On 03/30/16 at 8:48 a.m., observation showed a CNA (#1) provided perineal cares to Resident #9 after she voided. The CNA removed her gloves, pulled up the resident's brief and pants, and transferred her per a mechanical stand lift to the recliner. Without performing hand hygiene, the CNA removed the lift sling from Resident #9, adjusted the recliner position, covered the resident with an afghan, and held the resident's cup and straw while the resident took a drink. The CNA failed to perform hand hygiene after providing perineal cares and before completing	F 441	daily cares and eat food in the dining room. 3. Measures that will be put in place to ensure that the deficient practice will not recur: * Mandatory refresher training by DON for all CNAs and nurses on infection control and hand hygiene. * Audit CNAs providing cares to residents (on a random basis) - 2 CNAs per day for 2 months; 1 CNA per day for 2 months and 3 CNAs per week for 2 months. * Audit nurses providing cares to residents that involve direct contact with residents (on a random basis) - 3 nurses per week for 3 months. *Audit CNAs who help residents eat in the dining room (on a random basis) - 2 CNAs per day for 2 months; 1 CNA per day for 2 months and 3 CNAs per week for 2 months. *Audits will be done by LPNs and RNs. 4. Plans to monitor its performance to make sure solutions are sustained: *QA Committee review audit results weekly for 2 months and then monthly for 4 months. * QA Committee will evaluate audit results to see if effective in correcting deficient hand hygiene.	

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F 441	Continued From page 3 other tasks. During an interview on 03/30/16 at 11:25 a.m., an administrative nurse (#2) agreed staff are expected to wash their hands after providing perineal cares and before completing other tasks. BARE HAND FOOD CONTACT - Observation on 03/29/16 at 5:11 p.m. showed a CNA (#4) in the dining room buttered an unidentified resident's bread with her bare hands and then held it for the resident to eat throughout her meal. During an interview on 03/30/16 at 12:56 p.m., an administrative staff member (#5) agreed the CNA should have worn gloves.	F 441		