STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355082	A. BUILDING _____ B. WING _____	10/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVE MARIA VILLAGE	501 19TH ST NE JAMESTOWN, ND 58401

(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
E 000	Initial Comments A COVID-19 Emergency Preparedness Survey was completed by the Centers for Medicare and Medicaid Services (CMS) on 10/21/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024(b)(6).	E 000		
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted on 10/21/20. The facility was found to not be in compliance with 42 CFR 483.80 infection control regulations and will be cited at F880. The facility had 1 COVID-19 positive resident.	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	F 880		11/14/20

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

Electronically Signed | 11/13/2020

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F 880	Continued From page 1 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 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.	F 880		

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F 880	Continued From page 2 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, record review, review of facility's policy, and staff interview, the facility failed to follow infection control standards for 5 of 11 residents (Resident #4, #5, #6, #7, and #8) on isolation precautions. Failure to provide isolation signage for residents on isolation/enhanced precautions has the potential to spread infection to other residents, personnel, and visitors. Findings include: Review of the facility policy titled "Risk, Prevention, and Response" occurred on 10/21/20. This policy, dated October 2020, stated, ". . . Prevention . . . post signs at the entrance instructing visitors not to visit . . . educate staff on proper use of personal protective equipment and application of standard, contact, droplet and airborne precautions, including eye protection . . . promote easy and correct use of personal protective equipment (PPE) by: . . . Posting signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE . . . considerations for admitting residents with suspected or confirmed COVID-19 . . . prepare to create separate wings, units, floors by moving current residents to handle hospital admissions . . . if the facility currently has suspected or	F 880	1. Corrective Action The facility will immediately implement an appropriate infection prevention and intervention plan consist with the requirements of ¿483.80 for the infection control deficient practices identified in the deficiency. The infection preventionist (IP) and director of nursing (DON), in conjunction with the medical director, shall identify and implement standards for the following: (1) Provide the appropriate signage on the use of specific PPE required for staff before entering an isolation room consistent with nursing facility guidelines from Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services. (2) Identify and implement new and/or revised facility policy and procedures related to infection control standards and practices. 2. Identification of Others: The IP and DON, in conjunction with the interdisciplinary team (IDT) will review current COVID-19 nursing facility guidelines from CDC and CMS. The IP, DON and applicable IDT members will evaluate the facility's compliance with the guidelines. The facility will develop action plans to address any newly identified	

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F 880	Continued From page 3 confirmed COVID-19 cases, admit to a private room on transmission-based precautions . . . do not admit if the facility is unable to meet the level of care needs or the requirements for transmission-based precautions . . ." Observation on the afternoon of 10/21/20 of the facility's three wings (Cottonwood, Dakota, Acorn) identified five residents (Resident #4, #5, #6, #7, and #8) with isolation carts outside their rooms. An administrative staff (#1) stated the residents were on isolation, enhanced precautions due to COVID-19 and Methicillin Staphylococcus Aureus (MRSA) precautions. Review of nurses notes occurred on 10/21/20 and showed Resident #4, #5, #7, and #8 to be on isolation precautions, and Resident #6 on MRSA precautions. During an interview on the afternoon on 10/21/20, an administrative staff (#1) stated the facility did not place precaution signage outside some of the isolation residents' rooms. The facility failed to place signs outside the residents' rooms indicating the type of precautions needed and required PPE.	F 880	non-compliance. 3. System Changes: On or before November 14, 2020 the facility shall complete the following actions: (1) The DON, IP and applicable IDT members will conduct root-cause analysis to identify and address the reasons for non-compliance related to: failure to ensure signage is posted on the specific use of PPE for staff members before entering an isolation room . (2) The DON and IP will ensure education is provided for the use of the appropriate signage posted required for an isolation room (3) The facility leadership will contact the North Dakota Quality Improvement Organization (QIO) to inquire about the assistance and services available from the QIO in improving infection prevention and control within the facility. 4. Monitoring: Monitoring of approaches to ensure infection control and prevention are effective will include: (1) Weekly for no less than 12 weeks, the IP, DON and applicable IDT members will conduct on-going monitoring via observation to ensure the facility is complying with requirements for posted signage. After twelve weeks of monitoring, provided that such monitoring demonstrates expectations are met, monitoring may be reduced to monthly. Monthly monitoring will continue for no less than three months. All monitoring will be reported to the quality assurance process improvement (QAPI) committee as part of QAPI activities. Monitoring will not be discontinued until the facility completes	

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F 880	Continued From page 4	F 880	three consecutive rounds of monthly monitoring which demonstrate sustained compliance as approved by the QAPI committee and medical director. 5. Correction Date: November 14, 2020 AMV'S PLAN OF CORRECTION: 1. Signs indicating the type of precautions needed and the required PPE were immediately placed on the doors of residents on 10/21/20, prior to the surveyors exiting the facility. 2. Our policy COVID-19: Risk, Prevention, and Response was revised 11/13/20. 3. Root cause analysis includes that prior to COVID-19, AMV's procedure for infection control signage included placing signage in isolation cart drawers rather than posting signage directly on doors to be in compliance with HIPAA. Education was provided to nurse managers and nurses for the use of appropriate signage for an isolation room. Assistant administrator reached out to the North Dakota QIO on 11/9/20 to inquire about assistance and services from QIO in improving infection prevention and control within the facility. QIO provided helpful feedback and agreed to help in any way possible. 4. A QA tool has been developed and will be completed by QAPI Manager or Nurse Manager weekly for 12 weeks then	

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F 880	Continued From page 5	F 880	monthly thereafter for all residents that are placed on isolation (week of 10/21, 10/26, 11/2, 11/9, 11/16, 11/23, 11/30, 12/7, 12/14, 12/21, 12/28, and 1/4, and then monthly thereafter.) See attached for QA monitoring plan of correction by QA/RN director. 5. 11/14/20	