PRINTED: 04/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355114	A. BUILDING ______ B. WING ______	04/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH DAKOTA VETERANS HOME	1600 VETERANS DRIVE LISBON, ND 58054

(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 04/06/15 and completed on 04/08/15, the sample included 3 residents for complete review, 9 residents for focused review, and 1 closed record for review.	F 000	The North Dakota Veterans Home (NDVH) objects to the allegation under which the Health Department sites that the facility must establish an infection control program under which it	
F 441 SS=E	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 hand washing is indicated by accepted professional practice.	F 441	(a) Infection Control Program (1) Investigates, controls and prevents infections in the facility. The facility maintains a very aggressive infection control program that monitors infections and investigates all issues with infection control. The facility also maintains records of incidents and all corrective action related to infections. Routine staff education is done on-going throughout the year to educate staff about the dangers of bacterial infections. On page 6, paragraph 2, a surveyor quoted administrative nurse (#4) as stating "she would expect staff not to place the catheter leg bag directly on the floor and perform hand hygiene after perineal care, once the resident is safe". The surveyor misrepresented what the administrative nurse stated;	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mark B. [signature]
TITLE: Administrator
(X6) DATE: 4/23/15

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 441	Continued From page 1 (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, record review, policy review, and staff interview, the facility failed to maintain an infection control program to prevent the development of disease and infection for 4 of 8 sampled residents (Resident #4, #7, #10, and #11) observed receiving personal cares. Failure to practice infection control procedures for a resident in contact isolation (Resident #10), a resident with a urinary drainage bag (Resident #7), perform proper hand hygiene following incontinence cares (Resident #4), and perform hand hygiene between residents during medication pass (Resident #11), placed residents, staff, and visitors at risk of developing infections and illness. Findings include: Review of the facility policy titled "Prevention and Control of Transmission of Infection" occurred on 04/08/15. This policy, dated 2011, stated ". . . Hand Hygiene: Hand hygiene is the primary means of preventing the spread of infection. The following is a list of some situations that require hand hygiene: . . . Before and after entering isolation precaution setting . . . Before and after assisting a resident with personal care . . . Before and after assisting a resident with toileting . . . after removing gloves . . . Contact Precautions:	F 441	and as such, the North Dakota Veterans Home requests this statement be deleted from the 2567 and a clean copy provided. The preparation of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or of the correctness of the conclusion set forth on the statement of deficiencies. This plan of correction is prepared and submitted solely because of the requirement under state and federal law Plan of Correction. Resident #10 was taken off contact precautions since laboratory test results were negative for Clostridium Difficile and stools were soft formed on last day of survey, 04/08/15. 1. Corrective action for identified residents is completed thru staff education and environmental changes, as outlined in #3, below. 2. Corrective action for identified residents is completed thru staff education and environmental changes, as outlined in #3, below.	

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F 441	Continued From page 2 Prior to leaving the residents room, PPE [personal protective equipment] will be removed and hand hygiene performed. . ." - Review of Resident #10's medical record occurred on 04/08/15. The care plan identified the problem of ". . . occasionally incontinent of bowel and bladder. . . . does have a history of recurrent C-diff [Clostridium difficile] and has difficulty controlling loose stools at times." The progress notes identified the resident with loose stools on April 02-04, 2015. Progress notes identified on 04/03/15 the initiation of contact precautions, the identification of the history of c-diff, and a request for a stool culture. The resident remained in contact precautions through all days of survey. Signage on the outside of Resident #10's door stated, "EVERYONE MUST: Clean hands when entering and leaving room."STAFF MUST: Glove when entering room. . . ." On 04/08/15 at 2:15 p.m., an unidentified laundry staff member entered Resident #10's room and placed washed clothing items into the resident's dresser drawers and a wardrobe cabinet. Outside of Resident #10's room sat a cart with PPE and signage for contact precautions. The staff member failed to don gloves and perform any hand washing/hygiene prior to and upon exiting the room. The staff member proceeded to enter and exit two other resident's rooms and failed to perform hand hygiene prior to and upon exiting those rooms as well. On 04/08/15 at 2:20 p.m. a supervisory staff member (#5) stated nursing staff implemented the contact precautions for a possible diagnosis of clostridium difficile.	F 441	3. In-depth Infection Control education is provided yearly, at a minimum, to all NDVH employees. Most recent was during the months of September & October 2014. Refresher education to staff on Hand Hygiene and Infection Control was initiated on 04/09/15 through a routine weekly communication format. Also on 04/09/15, hand sanitizer containers were physically attached to the cart used by laundry to deliver washed clothing items to the resident rooms. Education continued on 04/10/15 when all NDVH employees received an education handout produced by the World Health Organization, titled "Hand Hygiene: Why? How? And When?". At that time all employees were also instructed to complete a web based interactive education program produced by the CDC, titled "Hand Hygiene and other Standard Precautions to Prevent Health Care Associated Infections". That presentation focuses on unique aspects of infection control for each department as well as general	

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F 441	Continued From page 3 On 04/08/15 at 9:30 a.m., observation showed two unidentified maintenance workers dismantled the cover to the heater unit in Resident #10's room and performed repairs. One of the workers knelt down onto the floor during the maintenance. Both workers exited the room, one of them touched the door handle as he closed the resident's door, and both exited the room without performing hand washing/hygiene. The workers exited this resident unit (Honor Hill) touching the door handles and entered into the next resident unit (Peace Garden). On 04/08/15 at 1:40 p.m., a certified nursing assistant (CNA) (#8) transported Resident #10 in his wheelchair into his room. The CNA transferred the resident into his recliner and rolled up the excess oxygen tubing Observation showed the CNA did not wear gloves, offered water to the resident, and exited the room without hand washing/hygiene - Observation on 04/07/14 at 9.27 a.m., showed a licensed nurse (#3) assisted Resident #7 with changing his Foley catheter leg bag. As Resident #7 sat on the toilet the nurse connected the new leg bag to the suprapubic catheter tube The nurse placed the new leg bag on the bathroom floor and left the room to obtain additional supplies The nurse then secured the leg bag to Resident #9's lower leg - Observation on 04/08/14 at 4 42 p m., showed a CNA (#1) assisted Resident #4 onto and off the toilet. After the resident voided the CNA provided perineal care and removed her gloves. The CNA performed other cares which included applying a lift sling, operating a ceiling lift control, turning the	F 441	education on Handy Hygiene and Standard/Isolation Precautions. Additional education sessions have been completed/scheduled for each department. All education will be completed by 05/13/15. An additional 35 Hand Hygiene stations will be added throughout the facility to increase accessibility; with a completion date of 05/13/15. At the Resident Council meeting on 04/24/15, information will be provided to residents to increase their knowledge on hand hygiene and encourage them to ask staff "Did you wash your hands?" A video produced by the CDC, titled "Hand Hygiene Saves Lives", will be shown. 4. Quality monitoring will be completed with the use of an iscrub application and the ATP (adenosine triphosphate) cleaning verification system machine, which scans hands to determine contamination count. We will also complete audits to ensure staff	

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F 441	Continued From page 4 call light on, adjusting the resident's clothing, transferring the resident from the lift to wheelchair, and applying the resident's leg rests to the wheelchair. The CNA failed to perform hand hygiene after completion of perineal care and before completing other tasks Observation on 04/07/14 at 10:08 a.m., showed a CNA (#2) assisted Resident #4 onto the toilet using the ceiling lift. Resident #4 voided, the CNA provided perineal care, and removed her gloves. Using the ceiling lift, the CNA assisted Resident #4 onto the bed, unhooked the sling, adjusted the resident's pants and shirt, and reapplied the lift sling The CNA repositioned Resident #4's wheelchair, assisted the resident into the wheelchair, removed the sling, connected the chair alarm, transported the resident into the bathroom, adjusted the leg rests, brushed the resident's hair, applied oxygen per nasal cannula, put the resident's glasses on, and left the room. The CNA failed to perform hand hygiene after completion of perineal care, before completing other tasks and prior to exiting the room. - During observation of medication pass on the morning of 04/07/15, a nursing staff member (#7) provided medications for Resident #11 at the dining table. The nurse returned to the medication cart and failed to perform hand hygiene following and prior to dishing of medications for another resident. Further observation showed the staff member then entered another resident's room, assisted the resident to an upright position on the edge of bed, and administered medications. The nurse entered another resident's room, administered medications, exited the room, and walked over to another unit after opening the door and passing through. The nurse failed to perform	F 441	perform hand hygiene at appropriate times. The monitoring will be completed monthly for three months, then quarterly for a year. 5. Completion date: 05/13/15	

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F 441	Continued From page 5 hand hygiene after each medication administration and prior to touching other environmental surfaces. During an interview on 04/08/15 at 4:00 p.m., an administrative nurse (#4) stated she would expect staff not to place the catheter leg bag directly on the floor and perform hand hygiene after perineal care, once the resident is safe. During an interview on 04/08/15 at 4:30 p.m., an administrative staff member (#4) provided no information related to the lack of glove usage/hand hygiene of staff for a resident in contact precautions, and during medication pass.	F 441		