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	355106	A. BUILDING _____ B. WING _____	09/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER POINTE, A PROSPERA COMMUNITY	3500 21ST ST SE MANDAN, ND 58554

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F 000	INITIAL COMMENTS The standard Medicare/Medicaid survey started on 09/17/18 and concluded on 09/20/18.	F 000		
F 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.	F 550		10/25/18

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

Electronically Signed | 10/04/2018

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F 550	Continued From page 1 §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, and review of facility policy, the facility failed to provide care for 7 of 25 sampled residents (Resident #49, #57, #66, #92, #97, #100, #167) in a manner and environment that maintained, enhanced, and respected each resident's dignity. Failure to knock, announce themselves, and wait for permission prior to entering residents' rooms, speak English in front of the residents, and ensure resident's private body parts are covered and not exposed, does not preserve the residents' personal dignity or enhance their quality of life and placed them at risk of embarrassment and/or emotional harm. Findings include: Review of the facility policy titled, "Resident Dignity," occurred on 9/20/18. This policy, revised February 2017, stated, ". . . Ideas for maintaining a resident's dignity may include, but not be limited to . . . knocking on doors and requesting permission to enter . . . Communicating with the resident and/or family in their primary language . . . assisting residents to dress . . ." Resident interviews identified the following: * 09/17/18 at 1:59 p.m., Resident #57 stated, "Some [staff members] just knock and come in. I	F 550	It is the intent of this facility to remain in compliance with F 550, to ensure that residents have a dignified existence. It is a facility expectation that the residents are treated with respect and dignity and are cared for in a manner and an environment that promotes maintenance and enhancement of his or her quality of life. Education was provided to all nursing units immediately upon knowledge of issue. The policy entitled Resident Dignity was reviewed with Environmental Services department on 9/27/18 and again with all staff on 10/4/18. Specific attention was paid to the expectation of knocking, pausing and announcing themselves prior to entering a resident room to allow time for the resident or others the opportunity to respond before staff enter the area. The expectations of communicating with residents in the residents□ natural language as well as ensuring the residents are covered in a dignified manner was also outlined at this time. Resident #97□s care plan was reviewed and updated to reflect her requests in regards to toileting.	

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F 550	Continued From page 2 correct them and tell them they are supposed to wait for permission." * 09/17/18 at 3:17 p.m., Resident #92 indicated staff members "don't knock" prior to entering resident rooms. * 09/17/18 at 4:22 p.m., Resident #49 stated, "Some of them [staff members] I can't understand. They don't speak English, so you don't know if they are being disrespectful," and "They're knocking and entering at the same time." Observations showed the following: * 09/17/18 at 10:51 a.m., Resident #167 sat on his bed watching television, when an unidentified staff member knocked on the door as she entered his room, and offered him a snack. * 09/17/18 at 10:58 a.m., an unidentified certified nursing assistant (CNA) opened the door to Resident #100's room. He was lying on the bed, exposed from the chest down. * 09/17/18 at 5:00 p.m. an uncovered commode sat in the corner of Resident #97's room. She reported, "The doctor recommended it, but it's more comfortable to use the regular bathroom." * 09/18/18 at 8:07 a.m., a CNA (#14) provided stand-by assistance as Resident #66 walked from the lounge to her room. Resident #66 wore a shirt and loose brief (no pants), with her buttocks exposed as she walked towards her room.	F 550	Concerns related to resident rights and dignity has the potential to effect all residents. Beginning 10/5/18 the QI coordinator and/or her designee will complete QI monitoring of 10 direct care opportunities weekly X 4, then monthly X 2 to ensure that residents are cared for in a manner that maintains or enhances each resident□s dignity and respect, using the QI Worksheet titled Dignity. Monitoring will include residents #49, #57, #66, #92, #97, #100, #167. Results of the QI monitoring will be reviewed as part of the monthly facility QI meetings and then summarized at the Quarterly QI meeting with the Medical Director in attendance. The need for further monitoring will be determined based on these results.	
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;	F 677		10/25/18

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F 677	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and resident interview, the facility failed to assist with activities of daily living (ADLs) for 2 of 12 sampled residents (Resident #11 and #18) dependent on staff for cares. Failure to provide assistance to residents who cannot perform the task independently may result in decreased quality of life. Findings include: Review of facility policy titled "Resident-Assisted Dining" occurred on 09/20/18. This policy, dated September 2012, stated, ". . . assisting as needed, following care plan approaches. . . ." - Review of Resident #11's medical record occurred on all days of survey. Diagnoses include Alzheimer's Disease, dementia, hearing loss and muscle weakness. The current care plan stated, ". . . Resident unable to complete all ADLs herself due to diagnoses of dementia and generalized weakness. . . Eating: set up assistance. Assist PRN [as needed] per resident request. . . ." The resident's current annual Minimum Data Set (MDS), dated 06/19/18, identified assistance with feeding. Observation occurred on all days of survey during meals. At times, Resident #11 had no assistance with meals. Observation on 09/17/18 at lunch showed a certified nurse assistant (CNA) (#4) tried to assist Resident #11 with eating. Resident #11 refused the food while the CNA (#4) kept trying to place the food in her mouth, and Resident #11 then started to gag.	F 677	It is the intent of this facility to remain in compliance with F-677 and ensure that residents who are unable to carry out activities of daily living receive the necessary services to maintain good nutrition, grooming, personal hygiene and oral hygiene as evidenced by: Education was provided immediately to all nursing staff. Equipment was found and returned to resident #18's room for use per her preference. The Resident-Assisted Dining and Activities of Daily Living policies were reviewed. Education and QI monitoring will focus on residents requiring total assistance with hoyer lift to toilet and residents with dentures requiring feeding assistance. Education, including policy review, will be done at all staff meetings held on 10/4/18. The education will focus on policy review, toileting procedures and equipment, and feeding assistance and denture usage. Care plans were reviewed to identify all resident who meet the criteria. Concerns related to Activities of Daily living has the potential to effect all residents. Beginning 10/5/18 the QI coordinator and/or her designee will complete QI monitoring for all residents utilizing Hoyer assistance to the bathroom. Monitoring on all residents will be completed weekly X4, then monthly X 2. Monitoring will include resident #18. All resident care plans will be reviewed to identify those resident utilizing assistance	

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F 677	Continued From page 4 Observation on 09/18/18 during breakfast showed Resident #11 sitting approximately 2 feet away from her table staring at the floor with her dentures lying on the floor. After 8 minutes, the surveyor informed an unidentified nurse. The nurse then picked up the dentures, cleaned them and gave them back to the resident. Observation of breakfast on 09/20/18, showed a CNA(#4) assisted Resident #11 with eating. She refused and the CNA kept feeding her until she began to gag. Review of the facility policy titled "Activities of Daily Living" occurred on 09/20/18. This policy, revised June 2014, stated, ". . . To provide residents with appropriate treatment and services to maintain or improve abilities in activities of daily living for the well-being of mind, body, and soul . . . Based on the resident's comprehensive assessment, the center will ensure the resident's ability in activities of daily living (ADL) does not decline except when unavoidable for reasons of disease progression, deterioration of physical condition associated with disability or refusal of care/treatment by the resident or legal representative. Evidence of any of these reasons will be reflected in the medical record . . ." - Review of Resident #18's medical record occurred on all days of survey. The resident's current MDS, dated 06/22/18, identified extensive assistance from two plus personnel for transfers and toileting. The current care plan stated, " . . . Resident uses bed pan or toilet for all toileting needs. Resident may transfer to the toilet with hoyer and assist of 2 per resident	F 677	with feeding. Resident #11□s care plan was updated to identify assistance needed with feeding. Beginning on 10/5/18 the QI coordinator and/or her designee will complete QI monitoring for residents who require assistance with feeding and utilize dentures. Monitoring on all residents will be completed at random meals weekly X 4, then monthly X 2. Monitoring will include resident #11. Results of the QI monitoring will be reviewed as part of the monthly facility QI meetings and then summarized at the Quarterly QI meeting with the Medical Director in attendance. The need for further monitoring will be determined based on these results.	

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F 677	Continued From page 5 preference/request. Staff to remain in room when resident is on the toilet. . . ." During an interview on 09/17/18 at 9:09 a.m., Resident (#18) stated he/she uses a special toilet sling which has been missing for the last 3 days. Resident #18 stated the staff will look for the sling, but he/she will end up having an accident due to a weak bladder. Observation on 09/17/18 at 9:16 a.m. showed a CNA (#1) answered Resident #18's call light, then proceeded to look for the toilet sling. The CNA (#1) stated she was unable to find the toilet sling and Resident #18 would have to use bedpan. Observation on 09/17/18 at 3:49 p.m. showed a CNA (#2) answered Resident #18's call light, then proceeded to look for the toilet sling. The CNA (#2) stated she was unable to find toilet sling and Resident #18 would have to use bedpan. The facility failed to provide the necessary equipment regarding Resident #18 toileting preference.	F 677		
F 679 SS=D	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the	F 679		10/25/18

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F 679	Continued From page 6 physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on observation, record review, facility policy review, and staff interview, the facility failed to provide an ongoing program of meaningful activities designed to meet the interests and physical, mental, and psychosocial well-being for 1 of 1 sampled resident (Resident #66) dependent on staff for activities. Failure to provide the appropriate activities limited Resident #66's ability to reach her highest practicable level of physical, mental, and psychosocial well-being. Findings include: Review of the facility policy titled, "Activity Program," occurred on 9/20/18. This policy, revised September 2017, stated, ". . . The program of activities focuses on the cognitive, physical, spiritual, community, social and creative needs of each individual resident. Creating, supporting, developing and restoring the resident's appropriate lifestyle through structured and spontaneous activity programming enables the resident to participate in opportunities that help achieve the highest practicable level of functioning. . . ." Review of Resident #66's medical record occurred on all days of the survey. The quarterly Minimum Data Set (MDS) dated 08/07/18, identified severely impaired cognitive skills and limited assistance from one person on/off the unit.	F 679	It is the intent of this facility to remain in compliance with F-679 and provide ongoing program and support to residents in their choice of activities as evidenced by: The care plan for Resident #66 was reviewed and updated to reflect interest in activity programming. The Activity Program policy was reviewed. Education and QI monitoring will focus on providing an adequate activity program to all residents specifically those who score cognitively severely impaired on their Brief Interview Mental Status (BIMS) assessment. Education, including policy review, will be done at all staff meetings held on 10/4/18 with special education provided for all activity staff persons. The education will focus on policy review and activity needs of residents with a cognitive impairment noted as severe. Sensory Kit has been implemented which consists of tactile, cognitive and olfactory tools to be utilized for cognitively impaired residents including but not limited to resident #66. Not ensuring activities are performed that engage residents with a cognitive impairment have the ability to affect all residents scoring 7 or below on their Brief Interview Mental Status(BIMS)	

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F 679	Continued From page 7 The current care plan stated, ". . . Offer 1 to 1 visits at least 2 x [times] a week, Topics of interest may include: . . . car rides, children, entertainment . . . music, watching TV . . . bingo, newspaper, magazines, discussion, reminisce . . . worship service . . ." Observation on 09/17/18 at 9:30 a.m., showed Resident #66 lying in bed, asleep, with her TV on. Observations failed to show Resident #66 actively engaged in an activity during the survey. During an interview on 09/19/18 at 1:03 p.m., a managerial activity staff member (#17) reported the activity staff invite and encourage residents to attend activities of choice and offer 1:1 visits. The managerial activity staff member (#17) indicated staff set up 1:1 visits if residents don't enjoy group activities and 1:1 visits range from 10-20 minutes depending upon the topic/activity. Resident #66's activity log, dated August-September 2018 (50 days), identified activity staff members conversed with her one-to-three times per week (approximately 10-60 minutes per week). The staff members documented Resident #66 watched television on 39 occasions. They documented taking her for a walk outdoors on one occasion. They also documented Resident #66 refused to attend the following group activities: arts/crafts on three occasions, bean bag toss/board games on two occasions, BINGO on nine occasions, manicures on three occasions, a movie on one occasion, and music/socials on five occasions. The facility failed to provide appropriate activities for Resident #66 that enhanced her quality of life.	F 679	assessment. Beginning 10/5/18 the QI coordinator and/or her designee will complete QI monitoring for 10 random residents whom are deemed severely cognitively impaired will be completed weekly X4, then monthly X 2 to ensure residents with cognitive impairments are receiving adequate activity programming. Monitoring will include resident #66. Results of the QI monitoring will be reviewed as part of the monthly facility QI meetings and then summarized at the Quarterly QI meeting with the Medical Director in attendance. The need for further monitoring will be determined based on these results.	

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F 698 SS=D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, staff interview, and review of professional reference, the facility failed to assess residents following dialysis 2 of 3 sampled residents (Resident #110 and #99) on dialysis. Failure to assess/monitor a resident after dialysis may result in staff failing to identify a change in the resident's status. Findings include: The Centers for Medicare and Medicaid Services (CMS) outlined standards of practice regarding dialysis which stated, ". . . The nursing home staff must provide immediate monitoring and documentation of the status of the resident's access site(s) upon return from the dialysis treatment to observe for bleeding or other complications. . . ." Review of the policy titled "DIALYSIS SERVICES" occurred on 9/20/18. The policy, revised January 2018, stated, ". . . Clinical Monitoring - Dialysis UDA is available . . ." - Observation showed Resident #110 had a right arm fistula.	F 698	It is the intent of this facility to remain in compliance with F-698 and ensure that residents who require dialysis received such services, consistent with professional standards of practice, the comprehensive care plan, and the residents goals and preferences as evidenced by: Education was completed immediately with nursing staff on all units caring for dialysis residents. This included Residents #99 and #110. Orders for all dialysis residents were reviewed to ensure accuracy for completion of the Dialysis User Defined Assessment. The Dialysis Services Policy was reviewed. Education and QI monitoring will focus on adherence to the policy and accurate, timely completion of the Clinical Monitoring-Dialysis User Defined Assessment (UDA). Education, including policy review, will be done at all staff meetings held on 10/4/18 with all licensed nurses. The education will focus on policy review and accurate, timely completion of Clinical	10/25/18

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F 698	Continued From page 9 Record review for Resident #110 occurred all days of survey. A physician's order stated, ". . . Complete Dialysis UDA AFTER resident returns for [sic] dialysis . . . KDU [kidney dialysis unit] at [a local hospital] on Monday, Wednesday and Fridays. . ." The current care plan stated, ". . . DIALYSIS . . . Obtain vital signs and weight as ordered by Providers. . . ." The "Dialysis UDA" forms, dated September 2018, showed staff failed to consistently complete all portions of Resident #110's post dialysis assessments/vitals in a timely manner. Discrepancies included weights obtained up to three days prior to the dialysis appointment, vitals obtained prior to Resident #110 returning from dialysis, and vitals obtained up to three hours after he returned from dialysis. During an interview on 09/20/18 at 10:15 a.m., an administrative nurse (#5), stated she expected a nurse to assess a resident using the "Dialysis UDA" immediately upon the resident's return from dialysis. - Record review for Resident #99 occurred all days of survey. The current physician's orders identified, ". . . Check thrill and bruit [feeling and/or listening to the heart beat] to left arm fistula every shift . . . Complete Dialysis UDA on Monday-Wednesday and Friday AFTER resident returns from Dialysis . . . Dialysis on Monday-Wednesday-Friday . . ." The current care plan identified, ". . . Resident has dialysis on Monday-Wednesday-Friday at [local hospital kidney dialysis unit] . . . Monitor/document/report to health care provider	F 698	Monitoring-Dialysis User Defined Assessment (UDA). Not ensuring proper assessment is completed following dialysis has the potential to affect all residents receiving dialysis. Beginning 10/5/18 the QI coordinator and/or her designee will complete QI monitoring for all residents receiving dialysis. Monitoring will be completed weekly X4, and then monthly X 2 to ensure these residents are being monitored following dialysis. Monitoring will include residents #110 and #99. Results of the QI monitoring will be reviewed as part of the monthly facility QI meetings and then summarized at the Quarterly QI meeting with the Medical Director in attendance. The need for further monitoring will be determined based on these results.	

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F 698	Continued From page 10 PRN [as needed] for s/s [signs/symptoms] of the following: Bleeding, hemorrhage, bacteremia, septic shock, Monitor/document/report to health care provider PRN for s/s of renal insufficiency: changes in level of consciousness, changes in skin turgor oral mucosa, changes in heart and lung sounds . . . Monitor/document/report to health care provider PRN any s/s of infection to access site: redness, swelling, warmth or drainage . . . Observe hydration status, Obtain vital signs and weight as ordered and per policy. Report significant changes to Nurse immediately. . . . No blood pressure or lab draws on left arm. . . . Fistula: Nursing to check thrill and bruit to left arm fistula . . ." The "Dialysis UDA" forms, dated September 2018, showed staff failed to consistently complete all portions of Resident #99's post dialysis assessments/vitals in a timely manner. Discrepancies included pain levels obtained up to six days prior to her dialysis appointment and vitals obtained up to six hours 30 minutes prior to her appointment or two hours 45 minutes after her appointment.	F 698		
F 808 SS=D	Therapeutic Diet Prescribed by Physician CFR(s): 483.60(e)(1)(2) §483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be prescribed by the attending physician. §483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law. This REQUIREMENT is not met as evidenced	F 808		10/25/18

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER POINTE, A PROSPERA COMMUNITY	3500 21ST ST SE MANDAN, ND 58554

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F 808	Continued From page 11 by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to ensure a resident received foods served in the appropriate consistency for 1 of 2 sampled residents (Resident #62) with physician's orders for a mechanical soft chopped diet. Failure to serve Resident #62 chopped consistency foods may result in continuing aspiration and/or the developmant of aspiration pneumonia. Findings include: Review of the facility policy titled "Texture-Altered Diets" occurred on 09/20/18. This policy, revised December 2017, stated, ". . . Any diet can be modified to accommodate . . . choking and swallowing problems: . . . Choking and swallowing: Follow the location's diet manual in conjunction with speech language pathologist evaluations and physician-ordered diets. . . ." - Review of Resident #62's medical record occurred on all days of survey. A swallowing assessment, dated 07/11/18, identified Resident #62 was hospitalized July 1-10, 2018 with a small bowel obstruction, history of aspiration, and placement of a feeding tube. The significant change Minimum Data Set (MDS), dated 07/17/18, identified moderate cognitive deficits, set-up assistance required during meals, and receives a mechanically altered/therapeutic diet. Resident #62's current physician's orders and swallowing guide both stated, ". . . NDD3 [National Dysphagia Diet Level 3] diet (Chopped, mechanical soft [near normal textured food that is moist and in bite-sized pieces]) with gravy,	F 808	It is the intent of this facility to remain in compliance with F-808 and to accommodate therapeutic diets ordered by the physician. Education provided immediately to all staff caring for Resident #62 in regards to therapeutic diet. Education provided prior to next meal for Dietary staff. Resident #62 was monitored for signs and symptoms of aspiration. The policy entitled Diet Orders was reviewed with all staff on 10/4/18. The policy will be reviewed with the current dietary staff on 10/10/18. Special attention will be placed on: 1. Importance of following Dietary Orders- Adhering to therapeutic diet listed on tray card. Improper adherence to dietary orders has the potential to affect all residents. A list of residents currently on mechanically altered therapeutic diets has been reviewed. Beginning on 10/5/18 the QI coordinator and/or her designee will complete QI monitoring using the QI Worksheet titled Therapeutic Diets on 5 random residents on mechanically altered diets weekly X 4 and then monthly X 2 to ensure that proper diet orders are followed. Monitoring will include resident #62. Results of the QI monitoring will be	

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F 808	Continued From page 12 sauces, Honey Thick Liquids . . ." Observations showed staff served Resident #62 the following items: * 09/18/18 at 8:32 a.m.: uncut sausage, eggs, and a slice of toast * 09/18/18 at 12:14 p.m.: chicken (on the bone), uncut cabbage roll, and scalloped potatoes * 09/19/18 at 12:26 p.m.: uncut meatballs and mixed vegetables * 09/19/18 at 5:42 p.m.: sliced peaches, one half ham sandwich, and eggs. Observation showed Resident #62 sitting in the dining room waiting for his meal. An unidentified staff member offered him sliced peaches. Resident #62 ate the peaches at a fast rate, and began coughing. He then cut the remaining peach slices in half. No further coughing was noted. During an interview on 09/19/18 at 1:03 p.m., a speech language pathologist (#15) indicated Resident #62 can be impulsive at times, has had aspiration pneumonia, and was therefore placed on a chopped diet. She stated, "His foods should be cut up into bite-sized pieces."	F 808	reviewed as part of the monthly facility QAPI meetings and the results summarized at the Quarterly QAPI meetings with the Medical Director in attendance. The need for further monitoring will be determined based on these results.	
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.	F 880		10/25/18

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F 880	Continued From page 13 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; (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	F 880		

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F 880	Continued From page 14 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: CONTACT PRECAUTIONS 1. Based on observation, review of facility policy, record review, and staff interview, the facility failed to follow contact precautions for 1 of 1 resident (Resident #110) diagnosed with clostridium difficile. Failure to follow contact precautions has the potential to spread infection throughout the facility. Findings include: Review of the facility policy titled "CLOSTRIDIUM DIFFICILE (C-DIFF)" occurred on 09/20/18. This policy, revised 10/24/17, stated, ". . . Use contact precautions for residents with known or suspected C-diff . . . Use gowns when entering the residents' rooms and when providing care to the resident. . . Use gloves when entering the	F 880	It is the intent of this facility to remain in compliance with F-880 and provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as evidenced by: HANDWASHING: The Hand Hygiene policy and procedure was reviewed. Education and QI monitoring will focus on adherence to the policy and preventing the spread of infection by proper hand hygiene for both staff and residents. Education, including policy review, will be done at all staff meeting held on 10/4/18 and was also completed at an Environmental Services meeting on 9/27/18. This education included proper	

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F 880	Continued From page 15 residents' rooms and when giving care to the residents. . . . Perform hand hygiene after removing gloves. . . . the use of soap and water is more effective than alcohol-based hand rubs. . . . Perform cleaning of any shared medical equipment. . . . Appropriate sporicidal [able to kill spores] disinfectants for cleaning . . . VIRASPET . . . CHLORINE BLEACH . . ." Observations showed the following: * 09/17/18 at 10:23 a.m., a certified nursing assistant (CNA) (#10) entered Resident #110's room with gloves but no gown. The CNA assisted Resident #110 to sit up on the edge of the bed to eat. Resident #110 removed the cover to his tray and placed it in his bed. The CNA (#10) removed her gloves and washed her hands with soap and water. She then removed the tray cover from the resident's room and left the potentially contaminated tray cover in the dining room on a table. The CNA (#10) failed to perform hand hygiene at that time. * 09/17/18 at 2:25 p.m., a staff nurse (#11) removed her gloves after changing Resident #110's incontinence brief. The nurse (#11) continued to adjust Resident #110's incontinence brief, clothing, and linen after removing her gloves. * 09/18/18 at 10:03 a.m., a CNA (#12) entered Resident #110's room without a gown to obtain vital signs. The CNA (#12) wiped the shared vitals equipment stand with a 5% peroxide wipe after she used the equipment for Resident #110. The CNA (#12) failed to use the appropriate type of wipe to disinfect the equipment. * 09/19/18 at 2:22 p.m., a staff nurse (#13) entered Resident #110's room to perform cares. The nurse failed to wear gloves when handling	F 880	Hand Hygiene for both residents and staff, with special attention to hand hygiene related to glove usage and perineal care. Improperly performed hand hygiene has the potential to affect all residents. Beginning 10/5/18 the QI coordinator and/or her designee will complete QI monitoring of 10 personal care opportunities weekly X 4, then monthly X 2 to ensure that appropriate hand hygiene is performed using the QI worksheet titled Infection control / Hand Hygiene. Monitoring will include residents #18, #26, and #66. Results of the QI monitoring will be reviewed as part of the monthly facility QI meetings and then summarized at the Quarterly QI meeting with the Medical Director in attendance. The need for further monitoring will be determined based on these results. ISOLATION: Education and QI monitoring will focus on proper usage of PPE, cleaning of equipment, tray service with isolation rooms, and hand hygiene in isolation rooms. Education will be provided at all staff meeting scheduled for 10/4/18, and was provided at the Environmental Services meeting on 9/27/18. Education was provided immediately to all staff caring for Resident #110 on personal protective equipment expectations. Resident #110 was provided with personal Vital sign equipment that could remain in-room until resolved. The improper handling of residents in	

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F 880	Continued From page 16 items from the resident's bedside table, moving the bed side table, handling the resident's linens, and touching the handle to the bathroom door. Record review for Resident #110 occurred all days of survey and showed a diagnosis of ". . . ENTEROCOLITIS DUE TO CLOSTRIDIUM DIFFICILE, NOT SPECIFIED AS RECURRENT . . ." with a physician's order for ". . . GI [gastrointestinal] precautions . . ." The most recent Minimum Data Set showed Resident #110 frequently incontinent of bowel and bladder. During an interview on 09/18/18 at 10:30 a.m., an administrative nurse (#5) stated she expected staff to use bleach wipes when cleaning shared equipment used on a resident with C-diff. She confirmed staff failed to use the correct wipes to disinfect the equipment. During an interview on 09/20/18 at 10:15 a.m., two administrative nurses (#5 and #9) stated they expected staff to wear gown and gloves when entering a resident's room who has C-diff to perform cares and when coming in contact with high touch areas in the room. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY COMPLETED ON 11/16/2017. HAND HYGIENE 2. Based on observation and review of facility policy, the facility failed to follow infection control practices for 3 of 12 sampled residents (Resident #18, #26, and #66) observed during personal cares. Failure to follow infection control practices of hand hygiene/glove use during toileting/personal cares has the potential to	F 880	transmission based isolation has the ability to affect all residents. Beginning on 10/5/18 the QI coordinator and/or her designee will complete QI monitoring using the QI Worksheet titled Infection Control / Transmission Based Precautions. Monitoring will focus on all residents currently in transmission based precautions weekly X 4 and then monthly X 2 to ensure to ensure that proper infection control standards are followed. Monitoring will include resident #110. Results of the QI monitoring will be reviewed as part of the monthly facility QI meetings and the results summarized at the Quarterly QI meeting with the Medical Director in attendance. The need for further monitoring will be determined based on these results.	

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F 880	Continued From page 17 spread infection to other residents, personnel, and visitors. Findings include: Review of the facility policy titled "Hand hygiene and Handwashing" occurred on 09/20/18. This policy, revised June 2014, stated, ". . . If hands are not visibly soiled or contaminated with blood or body fluids, use an alcohol-based hand rub for routinely cleaning hands . . . Before having direct contact with resident, patients and children . . . After having direct contact with another person's skin . . . After having contact with body fluids, wounds or broken skin . . . After touching equipment or furniture near the resident/patient . . . After removing gloves . . ." Observations showed the following: - 09/18/18 at 8:07 a.m., a certified nursing assistant (CNA) (#14) gloved, assisted Resident #66 into a standing position utilizing her front-wheeled walker, removed the resident's soiled brief, completed perineal cares, adjusted her clothing, put on her shoes, bagged the soiled linen, removed gloves, and washed her hands before exiting the room. The CNA (#14) failed to remove her gloves and wash her hands after toileting Resident #66 and prior to providing other cares. - 09/18/18 at 8:51 a.m., Resident #26 had a bowel movement (bm). A CNA (#10) gloved, raised Resident #26 into a standing position utilizing a mechanical lift, completed perineal cares, removed her gloves, and without performing hand hygiene donned a second pair of gloves. The CNA (#10) washed Resident #26's buttocks with a cloth, removed her gloves, and	F 880		

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F 880	Continued From page 18 without performing hand hygiene donned a third pair of gloves. The CNA (#10) then adjusted Resident #26's clothing, removed her gloves, and without performing hand hygiene transferred Resident #26 into her wheelchair, opened the window blinds, bagged the soiled laundry and garbage, and sanitized the stand lift/sling. The CNA (#10) washed her hands before exiting the room. - 09/18/18 at 1:30 p.m., two CNAs (#3 and an unidentified CNA) transferred Resident #18 from her wheelchair to the toilet utilizing a Hoyer lift. Observation showed the resident incontinent of urine. The unidentified CNA donned gloves, removed the wet brief, performed perineal care, placed a clean brief, and removed her gloves. The unidentified CNA failed to perform hand hygiene, applied new gloves, completed resident cares, and performed hand hygiene.	F 880		
F 908 SS=E	Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2) §483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the emergency suction machine remained in safe operating condition for 1 of 3 units (Collins Court) in which 40 residents reside. Failure to ensure the suction machine remained functional in the event of an emergency situation placed residents at risk for choking and aspiration. Findings include:	F 908	It is the intent of this facility to remain in compliance with F 908 which would keep equipment in safe operating condition for resident and staff use. On 10/4/18 training was provided to all direct care staff on the suction machine and its location. This training included its proper use, functionality, changing and attaching of equipment as well as storage of supplies. All three suction machines will be	10/25/18

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F 908	Continued From page 19 An observation on 09/20/18 at 9:05 a.m. showed a staff nurse (#7) attempted to assemble the emergency suction machine on Collins Court. After looking through the drawers of the cart several times, the nurse stated she was not sure she had all of the equipment necessary to operate the machine. She asked another staff nurse (#8) for assistance. Both agreed they did not have the tubing required to operate the machine and did not know where to locate the tubing. They called an administrative nurse (#6) to help locate the tubing. The administrative nurse (#6) stated staff used the suction machine earlier in the week and did not replace the tubing. The administrative nurse (#6) went into a supply room located on Collins Court and failed to locate the tubing. The administrative nurse (#6) contacted an unidentified supply employee, who brought required tubing to Collins Court. During an interview on 09/20/18 at 10:15, two administrative nurses (#5 and #9) stated the facility trained nursing staff on the emergency suction machine during orientation. An administrative nurse (#5) stated the suction machine is checked every third weekend by a staff nurse.	F 908	monitored weekly using the Suction equipment. The QI coordinator and/or designee will monitor random units weekly X3 then monthly X3 for completion. Results of the QI monitoring will be reviewed by the QI Coordinator as part of the monthly facility QI meetings and then summarized at the Quarterly QI meeting with the medical director in attendance. The need for further monitoring will be determined based upon these results.	