STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355106	A. BUILDING _____ B. WING _____	12/18/2020

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

(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 Centers for Medicare and Medicaid Services (CMS) conducted a COVID-19 Focused Infection Control Survey on 12/18/20. CMS conducted a Focus Concern Survey (FCS) focusing on the following areas: Weight Loss, Visitation, and Infection Control. The FCS area infection control is associated with the State survey event PGMV11. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6). The facility was found not in compliance with 42 CFR §483.80 Infection Control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Census= 94 COVID-19 Positive = 10	F 000		
F 880 SS=F	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,	F 880		

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

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F 880	Continued From page 1 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 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.	F 880		

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F 880	Continued From page 2 §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, interview, and record review, the facility failed to establish an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility failed to: -Ensure all residents whose status is "Unknown COVID-19 status" (new/re admissions, appointments, and outside visitation) and were on Special Droplet/Contact Precautions had closed doors; -Ensure staff were performing hand hygiene immediately after touching dirty areas, and were performing the correct sequence for hand hygiene when using soap and water; and -Ensure staff were disinfecting reusable face shields upon exiting rooms in which status of COVID-19 is unknown. These failures have the potential to expose all residents, staff, and visiting essential personnel to COVID-19 (a viral infection that could lead to severe harm or death) or other	F 880		

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F 880	Continued From page 3 healthcare-associated infections. Findings include: A. The facility failed to ensure residents' doors were closed in accordance with Special Droplet/Contact Precaution, for Transmission Based Precautions protocol. The rooms of Resident (R) 15 and Resident (R) 23 were identified with a "Special Droplet/Contact Precaution" sign. During a facility tour on 12/17/2020, an observation revealed R 15's room had a blue plastic isolation gown hung up on a coat hook at the door (possibly for reuse) inside the resident's room with the door open. The door exterior had an isolation sign for the Contact/Droplet Precautions and Donning/Doffing sign, barely visible as the door was open and the signage faced a wall. Approximately two minutes later, the door was closed. In an interview on 12/17/2020 at approximately 1:06 PM, Certified Nurse Aide (CNA 5) was asked why R 15's door was open while the resident ate, but now is closed, what's the policy? CNA 5 stated, "Oh she's ok. She just is on precautions because she went to stay with family for the holiday ...she's going again and will be back on these precautions again when she returns." During the same facility tour on 12/17/2020 at approximately 1:12 PM, an observation was made of the outside open door (isolation signs facing wall) of R 23's room. When the surveyor asked Nurse Manager (NM) 21 why the door was	F 880		

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F 880	Continued From page 4 open, NM 21 stated, "Oh she is high fall risk, we need line of sight. She even fell yesterday and broke her nose." Surveyor asked, "How did she break her nose if she is line of sight and the purpose for the door being open was line of sight?" He stated, "You have to take that up with the manager." Review of "<the corporate enterprise> Infection Prevention and Control Program for Assisted Living: Housing with Services: Rehab/Skilled Nursing" Reviewed/Revised on 12/1/2020 revealed: Page 2 of 5 "Policy The infection prevention and control program will attempt to meet federal and state regulations for infection control where applicable. 4. Appropriate employees will integrate state-specific regulation from the location's state health department or regulatory agency into their infection control procedures." Review of North Dakota State Department of Health Long Term Care (LTC) Recommendations for Coronavirus, accessed 12/18/20, last updated 12/10/20 at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html revealed: "New Admission and Readmission Recommendations: COVID-19 Status is Unknown: o A new admission that is not suspected of having COVID-19 or a confirmed case should be placed in a private room, with droplet precautions including an N95 mask if possible the resident should wear a mask or cloth face covering for	F 880		

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F 880	Continued From page 5 source control, for 14 days. If the individual remains asymptomatic, then he/she can be moved to another room with a roommate. o Assess the resident twice a day for symptoms and fever for 14 days. o Keep the door to the resident room closed. o Attempts should be made to have these residents cohorted with dedicated staff. o If a resident becomes symptomatic, then he/she should be tested for COVID-19. Increase monitoring of residents for worsening of symptoms. o If transfer to an acute hospital needs to be made due to worsening condition, without testing or before test results are known, call ahead to make arrangements and notify the facility and transfer crew that the resident may have COVID-19. o If the resident has not already been tested for COVID-19 due to being a close contact, consider testing the resident for COVID-19, ideally 7-10 days from a known exposure to a confirmed case and again on day 14." Review of Centers for Disease Control and Prevention, Preparing for COVID-19 in Nursing Homes, accessed on 12/16/2020, last updated on 11/20/2020 at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, revealed: "Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. o All recommended COVID-19 PPE (personal protective equipment)should be worn during care	F 880		

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F 880	Continued From page 6 of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown." B. On 12/17/20 at 1:39 PM, an observation of Dietary Aide (DA) 7 mopping the floor in one of the resident communal dining areas was made. DA 7, not wearing gloves, continued to mop the floor when she grabbed the inside of the waste basket, picked the waste basket up, moved it approximately 12 inches to the left, and then began to mop where the waste basket was. After DA 7 mopped the area, DA 7 placed the mop in the bucket, and with mop and bucket, wheeled it to the adjacent kitchen area. DA 7 begin to unload the clean dishwasher without washing her hands; after DA 7 removed the clean drinking cups without performing hand hygiene, the surveyor approached DA 7. When the surveyor shared the observations in how DA 7 was observed touching the inside of the waste basket with her hand to move the trash can, and without hand hygiene proceeds to unload the clean dishwasher without washing hands, DA 7 replied she forgot to wash her hands. DA 7 then proceeded to the sink in the kitchen area and washed her hands; after washing her hands, DA 7 turns the faucet off using her clean hands and then reaches for the paper towels. When DA 7 was asked if this was how she was instructed to wash her hands, DA 7 stated, "It is because you are here...I normally use a paper towel." The sink which DA 7 used	F 880		

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F 880	Continued From page 7	F 880		

had a sign to the left of the sink that read, "Hand Washing Only." No signage is depicting the correct sequence for washing hands. When DA 7 was asked if signage displaying the sequence for washing hands would help her to remember, DA 7 stated, "Yes".

On 12/18/20 at 9:50 AM, in an interview with Registered Dietitian (RD) 3, RD 3 reports that the dietary director is on leave. The RD indicated she is familiar with DA 7's job duties. RD 3 states, "<Name>[DA 7] duties include cleaning, such as mopping, sweeping, and disinfecting the countertops, and running the dishwasher [load and unload the dishwasher]." When RD 3 was asked what PPE, if any, is required when mopping, RD 3 stated, "I don't know." When asked who does the education relating to PPE and hand hygiene, RD 3 replied the IP [Infection Preventionist] provides on the spot education on specific topics. When observations of DA 7 were shared, RD 3 was asked what her expectations are, RD 3 stated, "I would expect the dietary aide to wash her hands after touching the waste basket, and use a paper towel to turn the faucet off."

On 12/18/20 at 10:25 AM, in an interview with IP, when observations of DA 7 were shared, no comment from the IP. The IP was asked how often is education completed on hand hygiene, the IP states, "We have specific audit, online net learning, and we do COVID-19 updates." When asked how are the hand hygiene audits results, the IP states, "We changed the audits, so we are about the same, it goes up and down".

Review of DA 7's "DTN Education Record 2020"

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F 880	Continued From page 8 reveal DA 7 received training on "Bloodborne Pathogens, Infection Control, Hand Hygiene and Tuberculosis" on 10/17/20. Record review of [Corporate name] policy entitled, "Hand Hygiene and Handwashing", revised 04/14/20, revealed: Page two of three, subtitled "Handwashing Techniques 1. Wet hands with water. Avoid hot water. 2. Apply soap and dispenser. 3. Work up a generous lather by rubbing hands together vigorously for at least 20 seconds. 4. Cover all surfaces of hands, fingers and areas around/under fingernails. 5. Rinse hands with water and dry thoroughly. 6. Use paper towel to turn off water faucet, light switches and to open doors to handwashing area before discarding paper towel." Record review of [Corporate Name] policy titled, " Emerging Threats - Acute Respiratory Syndromes Coronavirus - Enterprise', Date Reviewed/Revised: 03/25/2020 revealed: Page 8 of 18, under subtitle, "Environmental Services and Care of Equipment" "3. Environmental Service personnel will wear proper PPE while cleaning environmental surfaces and reusable equipment." Professional reference: From the Centers for Disease Control and Prevention (CDC) reads, "CDC recommends using ABHR with 60-95% alcohol in healthcare settings. Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap	F 880		

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and water. " Retrieved at the following website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html

C. During a tour of the facility on 12/17/20 at 12:45 PM, it was observed that R 17 was on "Contact/Droplet Precautions" indicated by a sign outside the resident's door. A three-drawer nightstand positioned outside of R 17's room under the sign (Room number and resident's name). Next to the nightstand is a black (plastic) portable shelve (four), greater than 64 inches in height, and to the right of the nightstand. The first two shelves have tape affixed and read, "Isolation Room PPE," the bottom two shelves have tape attached and reads, "All Day PPE." Multiple brown paper bags, with names on the outside, are on each shelf. Inside the brown paper bags are face shields and "surgical or procedure " masks. No N95 or equivalent are in the bags.

On 12/17/20 at 12:55 PM, in an interview was conducted with Licensed Practical Nurse (LPN) 9, who was wearing a mask and face shield. When asked concerning the "Contact/Droplet Precautions," what does it mean, and could you explain the brown bags with names on the first two shelves. LPN 9 states, "they [Residents with Contact/Droplet Precautions] are presumed positive contact with someone who has it or has been exposed to the virus [COVID-19], so we use isolation PPE [gown, goggles, and surgical mask] when going in there, and we remove and place it [shield and surgical mask] in the bag when leaving." When asked do you sanitize the shield after exiting the room, LPN 9 stated, "No." LPN 9 further says the gowns are in the room,

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F 880	Continued From page 10	F 880		

and she places the shield that she wears in the facility on the bottom shelf in the brown bag. When LPN 9 asked how often does she clean the shield, "it depends...usually I clean every shift"; LPN 9 further states, "I don't think we were told to sanitize the isolation shields when we come out of the isolation room."

On 12/17/20 at 1:30 PM, during an observation in [name of the neighborhood], Activity staff (ACT) 11 and ACT 13 were seen exiting from R 21's room; this Resident is on "Contact/Droplet Precautions." Both ACT 11 and ACT 13 removed the shields they (ACT 11 and ACT 13) had worn in R 21's room, and placed them in the brown paper bags on the top shelf, without sanitizing the shields. When asked do you clean or sanitize the shield, ACT 11 says, "No," and ACT 13 says, "We get another shield every so often."

On 12/18/20 at 10:25 AM, in an interview with the IP, when shared observations from ACT 11 and ACT 13, and the interview with LPN 9, the IP states, "If the shield is not visibly soiled, bleach base wipes only to clean; if visible dirty, the bleach wipes has four minute contact time, no supply of the cleaning agent that has a one minute contact time."

When shared with the IP, tiny molecules may be present on the face shield, and if the staff is not cleaning the shield after exiting the room, there is a possibility of transmission, exposing staff to COVID-19. When asked for a reference for not cleaning the face shield, the IP stated, "We will clean [disinfect] the face shields after exiting the room and before placing them in the paper bag."

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F 880	Continued From page 11 Record review of [Corporate Name] policy titled, "Emerging Threats - Acute Respiratory Syndromes Coronavirus - Enterprise", Date Reviewed/Revised: 03/25/2020 revealed: Page 7 of 18, under the subtitle, "Infection Prevention and Control Recommendations." "1. b. Eye protection that covers both the front and sides of the face. (i). Reusable eye protection will be cleaned and disinfected according to the manufacturer's recommendation." Professional Reference: The Centers for Disease Control and Prevention (CDC) reads, "In healthcare settings, eye protection is used by HCP [Health Care Professional] to protect their eyes from exposure to splashes, sprays, splatter, and respiratory secretions (e.g., for patients on Droplet Precautions and for all patient encounters when there is moderate to substantial community transmission of SARS-CoV-2). Disposable eye protection should be removed and discarded. Reusable eye protection should be cleaned and disinfected after each patient encounter." Retrieved at the following website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html On 12/18/20 at 2:12 PM, in an exit interview with the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON), the IP, and RD 3, the observations and findings were shared collectively with the facility. Discussed best practices in preventing infectious diseases (COVID-19) such as external barriers for unknown or suspected exposures to COVID-19; hand hygiene education and signage in areas	F 880		

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F 880	Continued From page 12 near where staff wash their hands; and disinfecting reusable face shields used in rooms that are on Contact/Droplet Precautions.	F 880		