STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355102	A. BUILDING _____ B. WING _____	11/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAPOLEON CARE CENTER	311 E 4TH ST NAPOLEON, ND 58561

(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 standard Medicare/Medicaid recertification survey started on 11/13/18 and concluded 11/15/18.	F 000		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy/procedure, review of manufacturer's directions, and staff interview, the facility failed to store food under sanitary conditions and ensure the correct concentration of sanitizer in 1 of 1 kitchen (main). Failure to ensure staff prepared sanitizer solutions according to manufacturer's directions resulted in a concentration above the recommended level and had the potential to be	F 812	NCC will follow recommended guidelines for food Procurement, Store/Prepare/Serve-Sanitary. 1. a) Napoleon Care Center will prepare Quat Kleen Sanitizer solution according to manufacturer's directions. Our policy shall state to mix 1/2 ounce of Quat sanitizer to 6 quarts of water to get the desired concentration level. Our concentration	12/20/18

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

Electronically Signed | 11/28/2018

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.

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F 812	Continued From page 1 toxic; and failure to store food away from contact with condensation/ice build-up has the potential to result in contamination of food. Findings include: Review of the facility's undated policy titled "QUAT KLEEN" stated, ". .. Directions: Rinse with water to get all food off and then put in QUAT KLEEN solution (2 ounces QUAT KLEEN per 1 gallon of water). Keep in solution for at least 60 seconds making sure to immerse completely. Remove and let air dry. Prepare a fresh solution daily or more frequently as soil is apparent. Need to use these directions for solution to work effectively." - Observation on 11/13/18 at 11:39 a.m. showed the following: * Condensation/ice build-up on the ceiling in the walk-in cooler and on top of a box of bread and the covers of ready-to-eat cream pies. Two areas of ice build-up on the floor. * Empty sanitizer bucket in the sink in the dishwashing room. When asked about the sanitizers, a staff member stated they mix "Quat" [quaternary ammonium] sanitizer in the buckets and the concentration "should be between 950 -1500." One staff member stated "we use one medicine cup to 2 - 3 quarts." Another staff member stated, "we really don't measure the water, but we measure the sanitizer." - Observation of the kitchen on 11/15/18 at 9:15 a.m. showed the following: * Continued condensation/ice build-up on the ceiling in the walk-in cooler and on the covers of ready-to-eat cream pies.	F 812	level will be from 150-400 PPM when tested. These quantities and instructions are now located on the daily monitoring form. If quantities are out of range, dietary aid will report to Dietary Manager for further education and evaluation. b) Walk-In Freezer will be free of ice build-up and condensation. Walk-In Freezer was repaired by maintenance department on November 20th. Drip tray was adjusted and ice build-up was removed from freezer. 2. a) All resident's tables and food preparation areas will be sanitized with recommended concentration levels of solution. b) All residents food will be free of ice build-up/condensation while stored in the freezer. 3. a)Our sanitizer solution pails will be tested according to Kitchen/Table Pail policy and recorded on daily Dishwasher Temps & Sanitizer Pails monitoring sheet. Review and training of policy will take place in Monthly dietary meeting scheduled for December 4th,2018. b) Monitoring of Walk-In Freezer for condensation/Ice build-up will take place every two weeks per dietary department cleaning schedule. If there is any ice or condensation build up during monitoring, it will be reported to maintenance for fixes. Review and training of this procedure will take place in the Monthly dietary meeting scheduled for December 4th, 2018.	

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F 812	Continued From page 2 * Review of the "DISHWASHER TEMPS & PAILS SANITIZER" log from September 1 - November 15, 2018 showed the concentration of sanitizer in the "table" and "kitchen" pails between 900-1000 parts per million (ppm). A dietary staff member (#8) stated staff use the sanitizer on tables and countertops. The staff member stated staff have been mixing 2 ounces of sanitizer to 2 gallons of water. Review of the manufacturer's instructions on the bottle for "Food Contact Quat Sanitizer D" stated ". . . Directions For Use . . . To Sanitize Food Contact Surfaces: Use Food Contact Quat Sanitizer to sanitize hard nonporous surfaces of . . . food utensils, dishes, sink tops, countertops . . . apply a . . . solution . . . [0.25 - 0.68 oz. [ounce] of Food Contract Quat Sanitizer per gallon of water] [150-400 ppm active quat] . . ." During an interview on the morning of 11/15/18, the dietary staff member (#8) confirmed staff should follow the manufacturer's directions when preparing the sanitizer solution.	F 812	4. a) NCC will monitor daily concentration levels to be sure they are being recorded properly and policies are being followed. If there are any discrepancies with daily concentration level, dietary will report to Dietary Manager and re-education and evaluation will take place. This monitoring will be completed monthly X3 starting in December 2018, then quarterly by the dietary manager. The QA data will be reviewed by the QA committee. b) NCC will monitor cleaning and monitoring schedule of walk-in freezer to determine that freezer is free of ice buildup and condensation. If any buildup of ice or condensation is present, dietary will report to maintenance immediately for fixes and further evaluation. Findings of this monitoring will be reported at QA monthly meeting to QA committee for 3 months starting December 2018, and than quarterly.	
F 880 SS=D	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	F 880		12/20/18

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F 880	Continued From page 3 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 contact with residents or their food, if direct	F 880		

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F 880	Continued From page 4 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: Based on observation, review of facility policy and staff interview, the facility failed to ensure staff followed appropriate infection control practices related to disinfecting equipment and hand hygiene for 3 of 7 sampled residents (Residents #6, #30, and #31) during personal cares. Failure to follow appropriate infection control practices has the potential for the transmission of communicable diseases and infections to residents and staff. Findings include: Review of the facility policy titled "Policy for General Cleaning and Maintenance of Equipment" occurred on 11/15/18. This undated policy, stated, "It is the policy of this facility that all resident care equipment will be cleaned and decontaminated after use and will be prepared for reuse by the same or another resident. . . . All	F 880	Napoleon Care Center (NCC) will maintain an infection control program to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. 1. Residents no. 6 & 30 will have mechanical lifts disinfected by staff after each use to prevent the spread of infection. Resident no. 31 will have staff follow proper hand hygiene guidelines prior, during, and after cares being provided to prevent the spread of infection. 2. All residents will have mechanical lifts disinfected by staff after each use. All residents will have staff follow proper hand hygiene guidelines prior, during and after cares being provided. These tasks will be completed by staff following our	

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F 880	Continued From page 5 equipment . . . will be cleaned and decontaminated immediately after use. . . ." - Observation on 11/13/18 at 3:40 p.m. showed two certified nursing assistants (CNAs) (#2 and #3) utilized a sit-to-stand mechanical lift to transfer Resident #30 from the recliner to the toilet, and back to the recliner. The CNAs failed to disinfect the sit-to-stand lift after resident use. Observation on 11/13/18 at 5:18 p.m. showed two CNAs (#2 and #3) utilized a sit-to-stand mechanical lift to transfer Resident #30 from the recliner to the toilet, and then to the wheelchair. The CNAs failed to disinfect the mechanical lift after resident use. Observation on 11/14/18 at 4:42 p.m. showed two CNAs (#4 and #5) utilized a sit-to-stand mechanical lift to transfer Resident #30 from the recliner to the toilet, and then to the wheelchair. The CNAs failed to disinfect the mechanical lift after resident use and before storage. - Observations on 11/14/18 at 8:59 a.m. and 11/14/18 at 10:49 a.m. showed two CNAs (#6 and #7) assisted Resident #6 to the bathroom using a sit-to-stand mechanical lift. The CNAs returned the lift to a storage area and failed to sanitize it after use. During interview on 11/15/18 at 11:00 a.m., an administrative nurse (#1) stated she expects staff to wipe off high touch areas on lift equipment after each use with red top disinfecting wipes. - Observation on 11/14/18 at 2:44 p.m. showed a	F 880	infection control policies of hand hygiene and general disinfecting of equipment to help prevent the spread of infection. 3.Education will be provided to nurses and CNA's at the December staff meeting (scheduled for December 5 and 6) on the policies of hand hygiene and general disinfecting of equipment. 4.NCC will monitor resident no. 6 & 30 and a random sample of residents who use mechanical lifts with transfers for proper disinfecting following use, and NCC will monitor resident no. 31 and a random sample of residents that staff are following NCC hand hygiene policy prior, during and following cares being provided monthly (starting in December) x 3, then quarterly by an office nurse or QA Coordinator. When QA observations are being completed, any concerns will be reported to the DON to address with staff by reviewing/re-educating on protocols as needed. QA data will be reviewed by the QA committee. DON reviews the QA data at monthly staff meetings and re-educates as needed.	

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F 880	Continued From page 6 CNA (#4) emptied Resident #31's urinary drainage bag into a graduate cylinder. A small amount of urine spilled on the floor. The CNA emptied the urine in the toilet in the bathroom, obtained a disinfectant wipe and wiped the floor by the resident's bed. The CNA discarded the wipe and her gloves in the garbage can in the bathroom. Without performing hand hygiene, the CNA donned another pair of gloves and provided perineal care to Resident #31. During interview on 11/15/18 at 11:30 a.m., an administrative nurse (#1) stated she expects staff to perform hand hygiene after cleaning the floor and prior to donning new gloves to provide perineal care.	F 880		