STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355076	A. BUILDING _____ B. WING _____	03/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOOD DEACONESS HEALTH CNT	4 N PARK ST NORTHWOOD, ND 58267

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F 000	INITIAL COMMENTS The Standard Medicare/Medicaid recertification survey started on 03/08/21 and concluded on 03/10/21.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, review of manufacturer's instructions, and staff interview, the facility failed to follow professional standards of practice when priming an insulin pen (injection device) for 1 of 2 observations of insulin administration (Resident #28). Failure to properly prime the insulin pen prior to administration may result in the resident receiving an inaccurate dose of insulin. Findings include: Review of manufacturer's directions on the package insert for the Humalog KwikPen, on the afternoon of 03/10/21, stated, ". . . Step 5: Pull off the Outer Needle Shield. Do not throw it away. Pull off the Inner Needle Shield and throw it away. Priming your Pen. Prime before each injection. Priming your Pen means removing the air from the Needle and Cartridge that may collect during normal use and ensures that the Pen is working correctly. If you do not prime before each injection, you may get too much or too little insulin. Step 6. To prime your Pen, turn the Dose Knob to select 2 units. Step 7. Hold	F 658	To assure that resident #28 and other potential residents receive the proper amount of insulin, the facility has developed a policy regarding insulin pen administration. Nursing staff have been provided a copy of this new policy to read and review for education, acknowledgement of this education by the nursing staff will be complied on a signature page by 3-26-2021. Starting on 3-24-2021, resident #28 and all other residents who receive insulin by an insulin pen, will be monitored on the day shift and on the evening shift for 3 consecutive dates, to ensure that the resident□s insulin is being properly prepared and administered. We will then continue to monitor resident #28 and two other random residents weekly for one month to ensure insulin continues to be properly prepared and administered. QA will be monitored by a Nursing Professional and reported to the QAPI committee. A Nursing Professional will then continue to	3/27/21

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

Electronically Signed | 03/26/2021

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F 658	Continued From page 1 your Pen with the needle pointing up. Tap the Cartridge Holder gently to collect air bubbles at the top. Step 8: Continue holding your Pen with Needle pointing up. Push the Dose Knob in until it stops, and "0" is seen in the Dose Window. Hold the Dose Knob in and count to 5 slowly. You should see insulin at the tip of the Needle. If you do not see insulin, repeat priming steps 6 to 8, no more than 4 times. If you still do not see insulin, change the Needle and repeat priming steps 6 to 8. . . ." Observation on 03/10/21 at 8:51 a.m. showed a licensed nurse (#2) primed Resident #28's insulin pen prior to administration. The nurse dialed one unit, held the device horizontally, and without removing the covers to visualize the insulin, pressed the dose knob. The nurse failed to dial the correct number of units for priming the pen and failed to remove the cap to visualize the insulin after priming. During an interview on the morning of 03/10/21, an administrative nurse (#1) stated the facility did not have a policy regarding insulin pen administration.	F 658	monitor, on a weekly basis, for properly preparing and administering insulin on one random resident for one month and then once quarterly on one random resident thereafter until compliance is determined for a minimum of 6 months. The QA data will be reported to the QAPI committee monthly.	
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	F 880		4/6/21

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F 880	Continued From page 2 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 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	F 880		

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F 880	Continued From page 3 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. 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 professional references, and staff interview, the facility failed to follow infection control standards for 1 of 1 sampled resident (Resident #183) placed on isolation precautions due to their unknown COVID-19 status. Failure of the facility to place newly admitted/re-admitted residents on droplet precautions and ensure staff wear an N95 mask, gown and gloves, along with protective eyewear when entering their room may result in residents and staff being exposed to COVID-19 (a viral infection) or other healthcare-associated infections. Findings include: Review of the Centers for Disease Control and Prevention (CDC) guidance for PPE [personal	F 880	POC for F880 1. Immediate correction on Signage and PPE requirements were updated during survey for 1 of 1 resident sampled. New admits that meet the criteria for 14 days quarantining will be placed on contact plus airborne (N95 but no negative air pressure room) precautions. Staff will don gown, gloves, N95, and face shield prior to entrance to resident room. This PPE will not be used for more than the one resident that is on precautions. 2. No other residents are in precautions currently. New Admission Guidelines will be followed for all new admission from outside facilities and private residence during initial 14 days. Due to deficient	

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F 880	Continued From page 4 protective equipment] use, found at: https://www.cdc.gov, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 02/23/21, stated, ". . . The PPE recommended when caring for a patient with suspected or confirmed COVID-19 includes the following . . . Put on an N95 [particulate-filtering facepiece] respirator . . . Put on eye protection . . . Put on clean, non-sterile gloves . . . Put on a clean isolation gown upon entry into the patient room . . . ." Review of Resident #183's medical record occurred on all days of survey. The progress note, dated 03/01/21, identified, "Resident arrives from [name of facility] s/p [status post] L [left] hip fracture . . ." Observation on 03/08/21 at 2:17 p.m. showed a "Special Precautions" sign and isolation supplies outside Resident #183's door. The Special Precautions sign indicated the following: ". . . put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. . . . Remove face protection before room exit. . . . N95 required for aerosol-generating procedures . . ." Observation on 03/08/21 showed the following: * At 2:17 p.m., an unidentified staff member wearing a surgical mask and goggles entered Resident #183's room, delivered fresh water, exited the room, completed hand hygiene, and continued down the hall with the water cart. * At 4:45 p.m., a certified nurse assistant (CNA) (#4) wearing a surgical mask and goggles entered Resident #183's room and handed the	F 880	practice on resident 1 of 1, that resident was BinaxNOW tested and was negative upon completion of 14 days of quarantine to ensure no staff exposure. Staff was also tested per routine state testing guidelines and has remained negative as well. CDC Guidelines were reviewed per Infection Preventionist and no further areas we identified to be out of compliance. 3. NDHC referral Policy and Admission Policy were both updated to include Infection Preventionist to assess and implement proper precautions as determined on a case-by-case basis. Root Cause analysis performed per Infection Preventionist and QAPI Manager revealed that we were following outdated guidelines by not requiring N95s. We were following CDC alternative PPE Guidelines. All new admission and precautions will be discussed every Monday during multi-disciplinary team meeting to ensure proper precautions are in place. a. All staff to be educated on new admission guidelines by 4/6/2021. b. All staff to watch CDC Personal Protective Equipment developed for Nursing Home Staff YouTube video http://youtu.be/YYTATw9yav4.b by 4/6/2021. 4. The current resident on precautions was monitored daily for the last 5 days while on precautions. On all new admissions requiring 14 days of quarantine according to new guidelines, Infection Preventionist and QAPI	

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F 880	Continued From page 5 resident a cordless phone to take a phone call, then the CNA exited the room and completed hand hygiene. * At 5:30 p.m., a CNA (#5) wearing a surgical mask and goggles, knocked on Resident #183's door, entered the room with a meal tray, placed the meal tray on the overbed table next to the resident, then exited the room. The facility staff failed to put on all required PPE prior to entering Resident #183's room. During an interview on 03/09/21 at 7:50 a.m., when asked questions regarding isolation precautions for Resident #183, two administrative staff members (#6) and (#7) reported the facility placed new admissions in contact and droplet precautions for 14 days and expected staff to wear full PPE when providing direct resident cares. If staff enter the room only to deliver items, they are not required to wear a gown and gloves or change mask or eye protection. When asked about the "Special Precautions" sign, both administrative staff members agreed the sign did not indicate contact/droplet precautions and only instructed staff wear N95 respirator for aerosol-generating procedures. The administrative staff members (#6) and (#7) agreed the "Special Precautions" isolation instructions were not consistent with the contact/droplet precaution guidelines.	F 880	Manager will monitor the proper implementation of new admission guidelines on a weekly basis for 12 weeks and then monthly for three months if performance solutions are achieved and sustained. In the event our facility does not have a new admission to monitor, we will review guidelines, signage, and staff demonstration of donning and doffing for Contact with Airborne Precautions PPE on a weekly/monthly basis. QA will be reviewed at monthly QAPI meetings. The Infection Preventionist and the QAPI Manager consulted with the ND QIO on 3/24/2021. We have been working with the ND QIO and Great Plains QIO on PPE and Infection Prevention measures and will continue this relationship. We currently are involved with the UND ECHO Nursing Home COVID Action Network and started an Infection Prevention Walk Around with the Infection Preventionist and QAPI Manger on 3/24/2021. 5. All the above were in place prior to Survey Team exit 3/10/2021. Weekly monitoring starting on 3/23/2021 will continue through 6/02/2021. Monthly monitoring will continue, at minimum, through September 2021. Completion date of 4/6/21.	