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 _____	04/05/2017

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

(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 04/03/17 and completed on 04/05/17, the sample included two (2) residents for complete review, eight (8) residents for focused review, and one (1) closed record for review. The sample included two (2) additional residents to verify specific concerns during the survey.	F 000		
F 441 SS=E	483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL, PREVENT SPREAD, LINENS (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: (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 (facility assessment implementation is Phase 2); (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	F 441		5/10/17

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

Electronically Signed | 04/25/2017

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 _____	04/05/2017

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

(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 441	Continued From page 1 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. (4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. (e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. (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	F 441		

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 _____	04/05/2017

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

(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 441	Continued From page 2 by: Based on observation, review of facility policy, and staff interview, the facility failed to ensure staff followed appropriate infection control practices for 4 of 10 sampled residents (Resident #1, #6, #8, and #9) observed during cares. The facility staff failed to follow infection control practices when handling the glucometer supply box (Resident #8), failed to clean the mechanical stand lift per facility policy (Resident #1, #6, and #9), and failed to use proper hand hygiene following perineal cares (Resident # 6). Failure to follow established infection control practices may result in the spread of infection within the facility. Findings include: The facility policy titled "Handling Contaminated Objects" occurred on 04/05/16. This policy, revised on 03/10/17, stated, ". . . 1. Handle soiled used patient/resident equipment in a manner that prevents skin and mucous membrane exposures contamination of clothing, and transfer of microorganisms to other patients and environments. 2. Remove from patient/resident's room/exam room free of contamination. 3. Contaminated equipment will be cleaned by personnel with an approved hospital grade disinfectant. Sani wipes may be used. . . . 6. Ensure that reusable equipment is not used for the care of another patient/resident until it has been cleaned. . . . 9. If a glucometer that has been used for one patient/resident must be re-used for another patient/resident, the device must be cleaned and disinfected. Saniwipe (Cavi wipe) is okay. 10. Trays and carts used to deliver meds [medications] or supplies to individual	F 441	Due to the nature of this tag, we feel that all NDHC residents have the potential to be affected by the deficient practice, therefore we will put corrective action in place to prevent deficient practice for the residents found to be affected and all other residents at NDHC with the potential to be affected. For residents #1, #6, and #9, the LTC unit nurse will observe 3 separate transfers on each resident listed ensuring that the mechanical lift, including the buttock sling straps is properly cleaned with hospital grade disinfectant (Sani wipe) and soiled gloves are removed and proper hand hygiene completed prior to touching other items or surfaces. The unit nurse will document observations per QA data form by May 1st, 2017. For resident #8, the treatment nurse will observe weekly glucose checks being performed to ensure that supply tray is not brought into resident□s room and that glucometer is properly cleaned after each use for 3 weeks. Observations will be documented per QA data form. Policies on hand hygiene and reusable resident care equipment have been reviewed and revised to clarify proper practice. CNA annual skills audits have been revised to include reusable equipment cleaning after use and soiled glove removal and hand hygiene performed prior to touching other items or	

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 _____	04/05/2017

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

(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 441	Continued From page 3 patient/residents should remain outside of patient/resident rooms. . . ." - Observation on 04/04/17 at 3:03 p.m. showed a certified nursing assistant (CNA) (#1) transferred Resident #1 from her wheelchair to the bathroom with a mechanical stand lift. The CNA (#1) applied one stand lift sling around the resident's torso and the other stand lift sling under her buttocks. As the resident was lowered to the toilet, the CNA (#1) pushed the buttock sling located under the resident's buttock upwards towards the resident's back. When the resident finished toileting, the CNA (#1) raised the resident up to a standing position while the buttock sling slid down under the resident's bare unwiped buttock. The CNA (#1) then unclipped the buttock sling off one side and moved it away from the resident's buttocks, performed perineal cares, pulled the resident's pants up, re-clipped the buttock belt, transferred the resident to her wheelchair, and returned the mechanical stand lift back into the hallway. The CNA (#1) failed to clean the buttock sling and the mechanical stand lift. Observation on 04/04/17 at 4:57 p.m. showed a CNA (#1) transferred Resident #1 from her recliner to the bathroom utilizing a mechanical stand lift. The CNA (#1) applied one stand lift sling around the resident's torso and the other stand lift sling under her buttocks. As the resident was lowered to the toilet, the CNA (#1) moved the lift sling located under the resident's buttock up towards the resident's back. When the resident finished toileting, the CNA (#1) raised the resident up to a standing position while the buttock sling slid down under the resident's bare	F 441	surfaces. All LTC nursing, CNA and rehab staff will be educated on proper shared equipment cleaning after each use and hand hygiene at staff meetings April 24, 25, 26 and 27, 2017. An infection control practices audit will be done with RNs and LPNs by May 10, 2017, to ensure knowledge of NDHC□s infection control practices. Ongoing monitoring of infection control practices have been put into place with weekly infection control practice audits done by QA nurse, to ensure corrective actions are effective and sustained. Initially, QA audits will be conducted weekly until compliance is determined, at a minimum of 3 months. All audit results will be reported to QAPI committee monthly, for a minimum of 6 months, to ensure compliance is sustained.	

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 _____	04/05/2017

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

(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 441	Continued From page 4	F 441		

unwiped buttock. The CNA (#1) held the buttock sling away from the resident's buttocks, performed perineal cares, pulled the resident's pants up, transferred the resident to her wheelchair, removed and placed the buttock sling into the pouch on the mechanical stand lift. The CNA (#1) exited the resident's room and entered Resident #9's room with the same mechanical lift to transfer Resident #9. The CNA (#1) failed to clean the buttock sling and the mechanical stand lift.

- Observation on the morning of 04/05/17 showed a CNA (#2) transferred Resident #9 from his recliner to his wheelchair utilizing a mechanical stand lift and returned the stand lift in the hallway outside the resident's room. The CNA (#2) failed to clean the mechanical stand lift.

- Observation on 04/04/17 at 3:30 p.m. showed a CNA (#4) transferred Resident #6 from her wheelchair to the bathroom using a mechanical stand lift. The CNA (#4) applied the lift harness around the resident's waist, calf strap around the resident's calves, and the buttock sling under her buttocks. As the CNA (#4) lowered the lift to sit Resident #6 on the toilet, the CNA (#4) moved the buttock sling up towards the resident's back. When the resident finished toileting, the CNA (#4) donned gloves and used the stand lift to assist the resident to stand. As the resident stood, the buttock sling slid down under the resident's bare unwiped buttocks. The CNA (#4) moved the buttock sling to perform peri cares and replace her clothes. Using the same gloves, the CNA (#4) moved the lift to the bathroom door, removed her gloves, sanitized her hands and placed her hands back on the lift handles contaminating her

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 _____	04/05/2017

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

(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 441	Continued From page 5	F 441		

hands. The CNA (#4) transferred Resident #6 back to her wheelchair, handed her a glass of water, and opened the blinds. The CNA (#4) washed her hands and moved the lift to a storage area in the hallway. The CNA (#4) failed to clean the buttock sling, the mechanical stand lift, and failed to remove her gloves and perform hand hygiene prior to completing other tasks.

During an interview on 04/05/17 at 3:25 p.m., an administrative nurse (#3) stated she expected staff to clean the mechanical stand lift with Cavi wipes between each resident use.

- Observation on 04/04/17 at 5:00 p.m. showed a nurse (#5) performed a glucose check for Resident #8. The nurse (#5) took the supply tray into the resident's room placed it on the over bed table and then on the resident's bed. The nurse (#5) removed the supply tray from the resident's room and placed it in the nurse's station. The nurse (#5) failed to sanitize the tray and to follow facility policy of not taking the supply trays into the resident rooms.

During an interview on 04/05/17 at 4:50 p.m., an administrative nurse (#3) stated staff are expected to leave treatment trays outside the resident's room, but if the staff take them into the room, they need to sanitize them.