STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355095	A. BUILDING _____ B. WING _____	C 04/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - OAKES	213 N 9TH ST OAKES, ND 58474

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F 000	INITIAL COMMENTS The Standard Medicare/Medicaid recertification survey was started on 04/12/21 and concluded on 04/14/21.	F 000		
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and staff interview, the facility failed to ensure acceptable parameters of nutritional status for 1 of 3 sampled residents with weight loss (Resident #12). Failure to adequately monitor and evaluate weights, assess the effectiveness of existing interventions, and re-evaluate the need for updated or additional interventions resulted in	F 692	CDM and LRD shall monitor this resident and all resident for 1. Significant weight loss 2. Implement Interventions 3. Evaluate acceptance of interventions and modify as needed. 4. Notify health care provider of significant weight loss.	5/13/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/07/2021

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F 692	Continued From page 1 continued, significant weight loss for Resident #12. Findings include: Review of the facility policy titled "Weight and Height" occurred on 04/14/21. This policy, dated 11/03/20, stated, ". . . PURPOSE . . . To ensure that the resident maintains acceptable parameters of nutritional status regarding weight . . . The location [facility] will immediately inform the resident, consult with the resident's physician, and, if known, notify the resident's legal representative when there is a significant change in the resident's weight, as defined by the RAI [Resident Assessment Instrument] Manual. . . ." Review of the facility policy titled "Nutrition Documentation" occurred on 04/14/21. This policy, dated 07/08/20, stated, ". . . PURPOSE . . . To assess resident needs to plan appropriate nutrition care for each resident . . . Nutrition risk note: The dietitian will document monthly on all residents determined to be at nutritional risk in the PN [progress note] - Nutritional Status. The documentation will include a summary of progress or lack of progress toward the care plan goals and if nutritional interventions have been effective. If the nutritional interventions have not been effective, describe the new goals and interventions to be added to the care plan. . . ." Review of Resident #12's medical record occurred on all days of survey. Diagnoses included Parkinson's disease, dementia with behaviors, unspecified nutritional deficiency, and abnormal weight loss. The Minimum Data Set (MDS) assessments identified the following:	F 692	5. Document all of the above. 6. Nursing will continue to monitor weight loss and continue gradual dose reduction as appropriate. House psychiatrist will continue with follow monthly for antipsychotic reductions. Primary physician will be notified of further weight loss for medical intervention. 7. All at risk for weight loss residents will be monitored and discussed weekly in IDT risk management meeting. Documentation will be provided in Point Click Care for discussion and interventions. CDM and LRD will be serviced by 05/13/2021 regarding policies and implementation. CDM/LRD will conduct quality monitoring of all high risk residents weekly for one month, monthly x3 months, then quarterly there after. CDM will alert IDT during clinical meeting daily of all new weight loss (3%) in facility on all residents. Audits results will be submitted to the QAPI committee for monthly review and further recommendation as indicated. These defeciencies will be corrected by 05/13/2021.	

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F 692	Continued From page 2 *01/24/21: A Brief Interview for Mental Status (BIMS) score of 2 (a score of 7 or less identifies severe cognitive impairment) and significant weight loss *10/24/20: A BIMS score of 3 and significant weight loss *07/24/20: A BIMS score of 4 and significant weight loss *04/24/20: A BIMS score of 3 and significant weight loss Resident #12's weights included the following: *04/14/20: 181 lbs (pounds) *05/05/20: 177 lbs *06/02/20: 171.5 lbs *07/02/20: 168 lbs *08/04/20: 158 lbs *09/01/20: 158 lbs *10/01/20: 155.5 lbs *11/13/20: 147.5 lbs *12/02/20: 147 lbs *01/06/21: 147 lbs *02/03/21: 144.5 lbs *03/03/21: 141.5 lbs *04/07/21: 138.5 lbs *04/14/21: 140 lbs Resident #12's current care plan stated, ". . . Focus . . . The resident has dementia or impaired thought processes R/T [related to] dementia, psychosis, hallucination E/B [evidenced by] hallucinations/delusions/ paranoia/ irrational thoughts at time [sic], rambling thoughts, disorganized thinking, not easily redirected to present at times. lethargic at times. increased confusion/forgetful at times. BIMS= 2, severely impaired cognition indicators, on 1/21/21. . . .	F 692		

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F 692	Continued From page 3 Resident needs supervision/assistance with decision making at times. has POA [power of attorney] in place. . . . Provide resident with necessary cues- stop and return if agitated. . . . Cue, reorient and supervise as needed. . . . Focus . . . Resident leans to right side r/t [related to] Parkinson, 12/12/2019 moved into assist dining room, at risk for weight loss r/t Diagnosis Psychosis, Parkinson's, Malnutrition, Dementia and major depressive disorder, history of Covid. Significant weight loss, decreased oral intake of food and supplements. Refuses additional nutritional intervention. Weight loss expected. Difficulty chewing r/t Dentures broken as of 11/11/2020. Resident clamping mouth shut tolerating only soft foods at this time. . . . Goals . . . Resident will express that her dining services needs are being met, and she feels supported in dining decisions . . . Interventions . . . Regular diet with Ground Meat. Supplements per MD [medical doctor] . . . The resident has oral/dental health problems dentures broken 11/20. Family does not wish to repair. Order for ground meat obtained. Resident will only eat soft foods. Poor nutrition . . ." Current physician's orders included: House supplement twice per day for weight loss, initiated 04/29/20. The physician's orders lacked further interventions for weight loss. Primary Care Provider notes, dated 6/29/20, 08/19/20, 11/11/20 (added ground meat), 12/23/20, and 03/04/21 failed to include evaluation of weight loss and/or implementation of additional interventions. Progress notes/orders from Resident #12's psychiatrist identified the following:	F 692		

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F 692	Continued From page 4 *03/17/21: "Staff report that [Resident #12] is failing. She continues to have weight loss and she's had that for many months." *02/23/21: "GDR [gradual dose reduction] for seroquel [an antipsychotic]: resident lethargic, tired, sleepy, weight loss . . ." *01/18/21: "Medical diagnosis impacting psychiatric diagnosis . . . Parkinson's disease, weight loss, covid-19+ (11/20) . . ." *12/16/20: "Staff report that [Resident #12] 'had covid-19.' We decreased her Seroquel and she is eating better. She's more alert. She's doing good." Dietary progress notes identified the following: *04/27/20: ". . . MDS: -5.0% change over 30 day(s) [Comparison Weight 3/19/2020, 188.0 Lbs, -5.1% , -9.5 Lbs] . . . MDS: -10.0% change over 180 day(s) [Comparison Weight 10/29/2019, 202.0 Lbs, -11.6% , -23.5 Lbs] . . . Write a brief summary of how the resident responded to plans/interventions and any changes made: Intake <50%. Significant weight loss. Dining with supervision to limited assist. . . . Distinct food preferences. States staff provide her with substitutes. . . . House Supplement 8 oz [ounces] accepted 100%. Supplement ordere [sic] 1.31.20, has lost 10# [pounds] since this time. Consult Dr [doctor] to increase supplement to bid [twice per day] . . ." *06/22/20: ". . . WEIGHT WARNING: Value: 170.5 [pounds] . . . MDS: -10.0% change over 180 day(s) [13.7% , 27.0] . . . Action: Intake 25-100%. Significant weight loss. Dining with supervision to limited assist. . . . Distinct food preferences. States staff provide her with substitutes. . . . Gained to high of 204# 6 months ago. . . . House Supplement 8 oz bid accepted	F 692		

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F 692	Continued From page 5 100%. . . ." *07/01/20: ". . . Nutritional Status . . . Resident is at nutritional risk r/t [related to] weight loss, meal intake less than 75%, low MNA [mini-nutritional assessment] score 6 [a score of less than 12 indicates malnutrition risk]. . . . 10% weight loss past 180 days, 7.5% weight loss past 90 days. . . . Discussed resident at clinical meeting 7/1/2020 for nutritional risk. No changes made at meeting. . . ." *07/20/20: ". . . WEIGHT WARNING: Value: 163.0 [pounds] . . . MDS: -5.0% change over 30 day(s) [5.2% , 9.0] MDS: -10.0% change over 180 day(s) [14.4% , 27.5] . . . Resident eats 50% at most meals, takes 50-100% of nutritional supplement receives r/t poor meal intake and weight loss. Discussed weight loss and change in resident in clinical meeting 7/20/2020 resident is sleepy and has some fatigue. Discussed weight loss and residents status with LRD [licensed registered dietician] 7/20/20. Resident eats all meals in the assist dining room. Response: Visited with resident r/t weight loss no changes at this time is satisfied with everything, continue with supplements. . . ." *07/28/20: ". . . Nutritional Status - Dietitian Assessment Nutrition-related diagnoses, conditions and comorbidities: At risk for malnutrition (MNA® <= 11). Inadequate nutrient intake: calorie. Nutrition assessment: MNA® score trending: Declining . . . Nutrition diagnosis and interventions: Regular diet. Significant weight loss. Weight 161# and down 30# past 6 months, down 10# past month. Diagnoses: Parkinson's, Dementia, psychosis, depression. Distinct food preferences. Resident eats 25-100% of meals, takes 2-4 oz of nutritional supplement receives r/t poor meal intake and weight loss. Resident eats	F 692		

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F 692	Continued From page 6	F 692		

all meals in the assist dining room with supervision to extensive assist. Makes needs and preferences known. CDM [certified dietary manager] Visited with resident on 7.20.20 r/t weight loss no changes at this time is satisfied with everything, continue with supplements. Weight loss expected secondary to diagnoses, decreased intake of meals and supplements and refusal of nutritional interventions. . . ."
*08/28/20 ". . . Nutritional Status Note Text: Resident is at nutritional risk r/t weight loss, meal intake less than 75%, low MNA score 6. Current weight 159.5 . . . 15% weight loss past 180 days. Admission weight was 178. Meal intake is 50% at most meals receives house supplement 2 times per day. Discussed resident at nutritional risk meeting 8/26/2020 with no changes made. . . ."
*09/18/20: ". . . Nutritional risk meeting held 9/16/2020, resident is at risk r/t weight loss, Meal intake less than 75% and MNA score of 6. Dines in assist room. No changes made at meeting. . . ."
*10/16/20: ". . . WEIGHT WARNING: Value: 153.5 [pounds] . . . MDS: -10.0% change over 180 day(s) [14.7% , 26.5]
-10.0% change [14.7% , 26.5] Action: Nutrition diagnosis and interventions: Regular diet. Significant weight loss. Weight 153.5# , down 3# past month. . . . Distinct food preferences. Resident eats 25-100% of meals, takes 4-8 oz of nutritional supplement receives r/t poor meal intake and weight loss. Resident eats all meals in the assist dining room with supervision to extensive assist. Makes needs and preferences known. CDM Visited with resident on 7.20.20 r/t weight loss no changes at this time is satisfied with everything, continue with supplements. Weight loss expected secondary to diagnoses,

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F 692	Continued From page 7	F 692		

decreased intake of meals and supplements and refusal of nutritional interventions. . . ."
*11/03/20: ". . . Regular diet. Significant weight loss. Weight 153.5# , down 3# past month. . . . Distinct food preferences. Resident eats 0-100% of meals, takes 4-8 oz of nutritional supplement receives r/t poor meal intake and weight loss. Resident eats all meals in the assist dining room with supervision to extensive assist. Makes needs and preferences known. Weight loss expected secondary to diagnoses, decreased intake of meals and supplements and refusal of nutritional interventions. . . ."
*11/11/20: ". . . Nutritional Status . . . CNA [certified nursing assistant] notified dietary resident's dentures are broke and needs ground meat r/t difficulty chewing. MD [medical doctor] referral for Ground meats. . . ."
*11/14/20: ". . . WEIGHT WARNING: Value: 147.5 [pounds] MDS: -5.0% change over 30 day(s) [5.4% , 8.5] MDS: -10.0% change over 180 day(s) [16.9% , 29.9] . . . Regular diet. Significant weight loss. Weight down 5# past 3 weeks . . . Diagnoses: Covid-19, Parkinson's, Dementia, psychosis, depression . . . Recent broken dentures and offering ground meats, soft foods. Distinct food preferences. Resident eats 0-100% of meals, takes 4-8 oz of nutritional supplement receives r/t poor meal intake and weight loss. Resident eats with supervision to extensive assist.
Makes needs and preferences known. Weight loss expected secondary to diagnoses, decreased intake of meals and supplements and refusal of nutritional interventions. . . ."
*12/28/20: ". . . WEIGHT WARNING: Value: 146.5 [pounds] . . . MDS: -10.0% change over 180 day(s) [12.8% , 21.5]

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F 692	Continued From page 8 -10.0% change [12.8% , 21.5] . . . Regular diet. Significant weight loss. Weight stable past month. . . . Distinct food preferences. Resident eats 0-100% of meals, takes 4-8 oz of nutritional supplement receives r/t poor meal intake and weight loss. . . ." *01/19/21: ". . . Nutritional Status Note Text: Resident is at nutritional risk r/t weight loss and low MNA score of 5. Refer to Weight change progress note 12-28-2020 from Dietitian. Current weight is 148, 30 days ago weight 150, 90 days ago weight 156, 180 days ago weight 164. Due to decreased appetite and weight loss resident receives house supplement BID. Receives ground meat r/t difficulty chewing, resident does request breakfast foods for some meals, pancakes, oatmeal, eggs. Staff encourage resident to eat and drink at meals and snacks. . . ." *1/22/21: ". . . WEIGHT WARNING: Value: 145.5 [pounds] MDS: -10.0% change over 180 day(s) [10.7% , 17.5] . . . Regular diet. Significant weight loss. Weight stable past 2 months. . . . Distinct food preferences. Resident eats 0-100% of meals, takes 4-8 oz of nutritional supplement receives r/t poor meal intake and weight loss . . ." *02/01/21: ". . . Regular diet. Significant weight loss. Weight 145# and down 15# past 6 months. Weight stable past month. . . . Diagnoses: Hx [history of] Covid-19, Parkinson's, Dementia, psychosis, depression. Distinct food preferences. Resident eats 0-100% of meals, takes 4-8oz of nutritional supplement bid. At nutrition and hydration risk r/t poor meal intake, distinct food preferences, and weight loss . . ." *03/08/21: ". . . WEIGHT WARNING: Value: 141.5 [pounds] -10.0% change over 180 day(s) [10.7% , 17.0] . . . Due to decreased appetite,	F 692		

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intake 25-100%, and weight loss resident receives house supplement BID which she accepts >75%. Receives ground meat r/t difficulty chewing, resident does request breakfast foods for some meals, pancakes, oatmeal, eggs. Requires extensive to total assist with meals. . . ." *04/12/21: ". . . WEIGHT WARNING: Value: 138.5 [pounds] MDS: -10.0% change over 180 day(s) [11.2% , 17.5] . . . Regular diet. Significant weight loss. Weight 138.5# and down 6# past month, down 18# past 6 months. . . . Distinct food preferences. Resident eats 0-100% of meals, averaging refusal of 1/3 of meals, 1/3 meals 25-50%, 1/3 meals >75%. 8 oz nutritional supplement bid, past week, 36% of time accepted 100%, 1 refusal, 64% of time accepts 50%. . . . Consult Dr regarding significant weight loss and change in health status. At nutrition and hydration risk r/t poor meal intake, distinct food preferences, and weight loss . . ."

During an interview on 04/14/21 at 10:20 a.m., a managerial dietary staff member (#4) stated Resident #12 has distinct food preferences and a history of COVID (in November). The staff member stated Resident #12 does not want an enhanced diet.

Resident #12 experienced a 41 pound weight loss over the last year. The record failed to identify on-going collaboration with Resident #12's family and primary care provider related to the weight loss. The record failed to identify Resident #12's "distinct food preferences," as well as previous interventions attempted (and the outcome), evaluation of current interventions, and/or the implementation of additional dietary interventions since April 2020. This resulted in

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F 692	Continued From page 10 Resident #12 experiencing continued, significant weight loss.	F 692		
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 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	F 880		5/13/21

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F 880	Continued From page 11 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. §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 facility policy, and staff interview, the facility failed to follow infection control standards for 1 of 1 sampled resident (Resident #192) placed on	F 880	1. Corrective Action The facility will immediately implement an appropriate infection prevention and intervention plan consistent with the	

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	355095	A. BUILDING _____ B. WING _____	C 04/14/2021

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GOOD SAMARITAN SOCIETY - OAKES	213 N 9TH ST OAKES, ND 58474

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F 880	Continued From page 12 isolation precautions due to their unknown COVID-19 (a viral infection) status. Failure of the facility to place newly admitted/re-admitted residents on droplet precautions, place precaution signage on resident doors, ensure the doors to their rooms remain closed, ensure staff wear an N95 mask, gown, and gloves, along with protective eyewear when entering their room, and sanitize equipment, may result in residents and staff being exposed to COVID-19 or other healthcare associated infections. Findings include: Review of the facility policy titled "Droplet Isolation Precautions- Rehab/Skilled" occurred on 04/13/21. The policy, reviewed/revised 08/18/20, stated, ". . . Droplet Precautions will be used in addition to standard precautions for a resident/patient known or suspected to be infected with microorganisms transmitted by droplets . . . that can be generated by the resident/patient during coughing, sneezing, talking or the performance of certain procedures . . . Post clear signage on the door or wall outside of the resident room indicating the type of Precautions and required PPE (personal protective equipment) . . . When transport or movement is necessary, instruct the resident to wear a mask . . . If common use of equipment for multiple residents/patients is unavoidable, clean and disinfect such equipment before use on another resident/patient . . ." Review of the facility policy titled "Contact Isolation Precautions- Rehab/Skilled" occurred on 04/13/21. The policy, reviewed/revised 08/18/20, stated, ". . . Wear gloves whenever	F 880	requirements of ¿483.80 for the affected resident(s)/neighborhood(s) identified in the deficiency. The infection preventionist (IP), director of nursing (DON), in conjunction with applicable interdisciplinary team (IDT) members, shall identify and implement a consistent system for ensuring a system for: (1) Ensuring staff entering and exiting resident rooms on droplet precautions donned, doffed, and disposed of personal protective equipment (PPE), in accordance with CDC guidelines. (2) Ensuring staff sanitize potentially contaminated surfaces, in accordance with CDC guidelines. (3) Ensure staff supply needed equipment in isolation rooms so resident does not need to exit room for cares. (4) Ensure isolation residents wear a mask when outside their room. (5) Ensure appropriate signage for droplet precautions. The DON, staff development coordinator (SDC), IP or designee, in conjunction with applicable IDT members, will: (1) Educate staff on selecting, donning, doffing, and disposing of PPE when entering a room on droplet precaution isolation/quarantine procedures. To verify each of these staff understands the procedure, then each will perform a successful return demonstration of selecting, donning, doffing, and disposing of PPE for providing cares in a droplet	

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F 880	Continued From page 13 touching the resident's/patient's intact skin or surfaces and articles in close proximity to the resident/patient . . . Avoid touching potentially contaminated surfaces or items after gloves are removed and hands are washed . . ." Review of Resident #192's medical record occurred on all days of survey. The progress notes stated: * 04/01/21, . . ."resident admitted to facility via private vehicle . . ." * 04/06/21, . . ." very quiet, is in room quarantine at this time . . ." Observation on 04/12/21 showed the following: * At 12:50 p.m., Resident #192's door open with no signage identifying isolation precautions. * At 12:55 p.m., a certified nursing assistant (CNA) (#2) wearing a surgical mask and gloves, donned a used cloth gown from the back of Resident #192's door and entered Resident #192's room. * At 12:56 p.m., CNA (#2) wearing a surgical mask, gloves, and a disposable gown, entered Resident #192's room. After toileting Resident #192, the CNA (#2) removed her gown and gloves. The CNA failed to don gloves before she physically assisted the unmasked resident across the hall, onto a weight scale, and back to her room. The CNA failed to sanitize the scale after contact with Resident #192. Observation on 04/13/21 showed: * At 4:46 p.m., Resident #192's door open with no signage identifying isolation precautions. * A CNA (#2) donned a clean cloth gown, gloves, and N95 mask. The CNA applied the N95 mask over a surgical mask, placing the top elastic band	F 880	precaution room. (2) Educate staff on proper equipment sanitization. (3) Educate staff on providing designated equipment in isolation rooms. (4) Educate staff on the importance of isolation residents to use facemasks when in common areas such and hallways. (5) Provide appropriate signage for any resident on isolation precautions. 2. Identification of Others The IP and DON, in conjunction with the applicable the interdisciplinary team (IDT) members, will review current COVID-19 nursing facility guidelines from CDC and CMS. The IP, DON and applicable IDT members will evaluate the facility's compliance with the guidelines. The facility will develop action plans to address any newly identified non-compliance. 3. System Changes On or before 05/13/2021 the facility shall complete the following actions: (1) DON, IP and applicable IDT members will conduct root-cause analysis to identify and address the reasons for non-compliance related to: a. Failure to select, don, doff, and utilize the necessary PPE for droplet precautions isolation/quarantine room access, in accordance with CDC guidelines. b. Failure to sanitize equipment after contact with a resident on isolation	

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F 880	Continued From page 14 around her head. The bottom band hung loosely under her chin. During an interview on the afternoon of 04/13/21, an administrative nurse (#1) confirmed she expected staff to keep resident doors closed while on isolation precautions, don N95 masks correctly, remove contaminated gowns and don clean gowns, put a mask on residents while out of their rooms, and use purple top wipes [disinfecting wipes] to clean the scale. The nurse confirmed she failed to post isolation precaution signage on Resident #192's door.	F 880	precautions. c. Failure to provide needed equipment in isolation room so resident does not have to leave isolation room. d. Failure to assist isolation precaution residents to use masks when in common areas such as hallways. e. Failure to place signage for any resident on isolation precautions. Information about root cause analysis can be found at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceforRCA.pdf (2) The DON, SDC, IP or suitable designee will ensure the following: a. Educate all staff whose normal duties include entering resident rooms on the correct procedure for selecting, donning, using and doffing PPE when entering a droplet isolation/quarantine precaution room. This education will include the CDC's lesson on personal protective equipment developed for nursing home staff available at https://youtu.be/YYTATw9yav4. b. Educate all staff on the importance of sanitizing equipment in contact with isolation residents. c. Educate staff on keeping designated equipment in isolation room. d. Educate staff on the importance to assist isolation precaution residents to use masks when in common areas such as hallways. e. Educate staff on the importance of posting and following isolation precaution signage.	

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F 880	Continued From page 15	F 880	(3) The facility leadership will contact the [State] Quality Improvement Organization (QIO), [QIO name], to inquire about the assistance and services available from the QIO in improving infection prevention and control within the facility through quality assurance process improvement (QAPI) methods. 4. Monitoring Weekly for no less than 12 weeks, the DON, IP, SDC or a designee will conduct on-going monitoring to ensure, via observation, the approaches to correct deficient practice related to infection control and prevention are consistently implemented and effective. Such monitoring will include: (1) Observations of all staff types to ensure correct selection, donning, use and doffing of PPE when entering and exiting droplet precaution isolation/quarantine rooms. (2) Observations of staff in sanitizing equipment after use. (3) Observation of needed equipment being supplied in resident isolation rooms as needed so resident does not have to leave isolation room. (4) Observe common areas of the building to ensure residents are utilizing and staff are offering and encouraging masks/face cover. (5) Observations of isolation rooms to ensure posting of precaution signage. Observations will be made across all shifts and neighborhoods/units.	

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F 880	Continued From page 16	F 880	Observations of noncompliance with the above will result in ad hoc education for the involved staff. Such education will be documented on monitoring forms. After twelve weeks of monitoring, provided that such monitoring demonstrates expectations are consistently met, monitoring may be reduced to monthly. Monthly monitoring will continue for no less than three months. All monitoring will be reported to the quality assurance process improvement (QAPI) committee as part of QAPI activities. Monitoring will not be discontinued until the facility completes three consecutive rounds of monthly monitoring that demonstrate sustained compliance as approved by the QAPI committee and medical director. 5. Correction Date 05/13/2021	
F 883 SS=E	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been	F 883		5/18/21

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F 883	Continued From page 17 immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive	F 883		

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F 883	Continued From page 18 the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide pneumococcal and influenza vaccination education to residents and/or their legal representatives regarding the benefits and potential side effects of receiving the vaccinations and to obtain a signed consent for pneumococcal and influenza vaccinations for 5 of 5 sampled residents (Resident #1, #20, #33, #39, and #41) reviewed for immunization status. Failure to provide education to residents and/or their legal representatives and to obtain a signed consent prevents the residents/legal representatives from making informed decisions and may lead to an increased rate of infection. Findings include: Review of Resident #1, #20, #33, #39, and #41's medical record occurred on 04/13/21. The records lacked proof of pneumococcal and influenza vaccine education to the residents and/or their legal representatives and lacked proof of obtaining informed consent for both pneumococcal and influenza vaccinations. During an interview on 04/14/21 at 10:17 a.m., an administrative nurse (#1) when asked for documentation of vaccine education, refusals, and signed consents stated the facility only obtained a doctor's order to provide the vaccines, but no education or consent.	F 883	1. Upon admission vaccine education will be added to the admission packet for influenza and pneumococcal vaccines. Included will be consent forms for pneumococcal and influenza vaccinations as well as vaccine information sheets for providing education. 2. Point of contact will be mailed vaccination information sheets with a consent form to be returned to the facility. If consent form is not returned then a phone call and verbal confirmation with education will be given and documented in Point Click Care. Returned consent forms will be scanned into resident file. 3. Upon entering immunization information in Point Click Care, it will be documented that education was received by the family. 4. DON/Pharmacy Consultant/HIM will review all residents charts within 6 months to determine need for pneumococcal vaccinations. New admissions immunization record will be reviewed for pneumococcal immunization and offered and provided education as needed. Education will be provided on all pneumococcal vaccinations for education and consents. 5. Audits will be conducted on all new	

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F 883	Continued From page 19	F 883	residents for education and signed consent within 1 week of admission. All other residents will be audited at the QAPI Committee meetings monthly x3 months. Influenza vaccination will be audited yearly prior to administration of immunization. 6. These deficiencies will be corrected on 05/18/2021.	
F9999	FINAL OBSERVATIONS Based on record review, staff interview, and resident and family interview, the complaint issues investigated in conjunction with the standard Medicare/Medicaid survey were not substantiated.	F9999		