| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355044 | A. BUILDING _____ B. WING _____ | C 01/11/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MOUNTRAIL BETHEL HOME** | **615 6TH ST SE STANLEY, ND 58784** |

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| F 000 | INITIAL COMMENTS<br><br>An unannounced onsite investigation survey regarding a facility reported incident was completed on January 11, 2024. During the investigation, the facility was found in compliance with regulatory requirements related to the incident. | F 000 | | |
| F 880 SS=D | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>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.<br><br>§483.80(a) Infection prevention and control program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§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;<br><br>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br>(i) A system of surveillance designed to identify | F 880 | | 2/14/24 |

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

Electronically Signed | 02/01/2024

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| F 880 | Continued From page 1<br>possible communicable diseases or infections before they can spread to other persons in the facility;<br>(ii) When and to whom possible incidents of communicable disease or infections should be reported;<br>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;<br>(iv)When and how isolation should be used for a resident; including but not limited to:<br>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and<br>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.<br>(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<br>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.<br><br>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.<br><br>§483.80(e) Linens.<br>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.<br><br>§483.80(f) Annual review.<br>The facility will conduct an annual review of its IPCP and update their program, as necessary.<br>This REQUIREMENT is not met as evidenced | F 880 | | |

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| F 880 | Continued From page 2<br>by:<br>Based on observation, record review, review of facility policies, and staff interview, the facility failed to follow standards of infection control for 2 of 3 sampled residents (Residents #1 and #2) observed during toileting cares. Failure to follow infection control standards has the potential for infections to residents.<br><br>Findings include:<br><br>Review of the facility policy titled "Hand Hygiene Policy" occurred on 01/11/24. This policy, dated December 2020, stated, ". . .2. Hand hygiene is indicated and will be performed. . . 6. Additional considerations: a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves. . ."<br><br>Review of facility policy titled "Perineal Care Policy" occurred on 01/11/24. This policy, dated December 2020, stated, ". . . 2. Gather supplies needed. . . v. Gloves, and other relevant personal protective equipment. . . 6. Perform hand hygiene and put on gloves. . . 8. . .a. Cleanse buttocks and anus, front to back; vagina to anus in females. . . using a separate washcloth or wipes. . . 15. Remove gloves and discard. Perform hand hygiene. . ."<br><br>Review of facility policy titled "Mechanical lift Policy" occurred on 01/11/24. This policy, revised December 2020, stated, ". . . Procedure: . . . 2. Standing lift. . .b. Wash hands before and after procedure. . . " | F 880 | 1. a. CNAs will receive education on proper infection control techniques during peri cares. Education will include watching the following video on perineal care: https://www.youtube.com/watch?v=8OTKidNwLlo.<br>Education will also include reviewing of the peri-care policy and obtaining sign-off from all CNAs when they have watched the video and reviewed the policy.<br><br>b. Informational signs will also be posted throughout the facility containing "infection control tips" including reminders to always wipe front-to-back when providing perineal cares.<br><br>2. All residents could be affected by this deficiency.<br><br>3. All staff will receive annual infection control training. All CNAs will receive specialized infection control training on hire and annually, and random infection control audits will be completed on all CNAs and Nurses.<br><br>4. The Infection Preventionist will complete auditing on CNAs during peri-cares on a weekly basis x 2 months, monthly x 2 months and then quarterly x 2 quarters to ensure compliance with infection control techniques during peri-cares. Any wrong practices noted during audits will be addressed at the time of the audit. | |

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| F 880 | Continued From page 3<br>Review of Resident #1's medical record occurred on 01/11/24. The care plan stated, ". . . I am at risk for UTI's [sic] [urinary tract infections] . . . I am dependent on staff. . . with peri cares after toileting and episodes of incontinence . . ."<br><br>During an observation on 01/11/24 at 1:10 p.m., two certified nurse aides (CNAs) (#2 and #3) assisted Resident #1 to the commode using a mechanical stand lift. The CNA (#2) performed incontinence cares by wiping from back (anus) to front. Without removing the soiled gloves, the CNA (#2) wiped the resident's groin area with a separate wipe. The CNA (#2) applied a clean brief, pulled up the resident's pants, transferred the resident back into the wheelchair, and removed the sling. The CNA (#2) failed to remove or change the gloves and perform hand hygiene before completing other tasks.<br><br>Review of Resident #2's medical record occurred on 01/11/2024. The care plan stated, ". . . I am at risk for UTI's [sic] r/t [related to] bladder incontinence . . . I am dependent on staff. . . with peri cares after toileting and episodes of incontinence . . ."<br><br>During an observation on 01/11/24 at 3:10 p.m., two CNAs (#2 and #4) assisted Resident #2 to the commode using a mechanical stand lift. The CNA (#2) performed incontinence cares (bowel) by wiping from back (anus) to front. The CNA (#2), without removing the soiled gloves or performing hand hygiene, wiped the resident's groin area with a separate wipe. The CNA (#2) then applied a clean brief, pulled up resident's pants, transferred the resident back into the | F 880 | 5. Corrective action will be completed by 2/14/2024 to ensure all CNAs have the opportunity to review the peri-care video and peri-care policy. | |

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| F 880 | Continued From page 4<br>wheelchair, and removed the sling. The CNA (#2) failed to remove or change the gloves and perform hand hygiene before completing other tasks.<br><br>During an interview on 01/11/24 at 3:10 p.m., an administrative staff nurse (#1) stated she expected staff to use proper infection control practices when providing perineal cares. | F 880 | | |