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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 275072 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/18/2020 |
| NAME OF PROVIDER OF SUPPLIER ROSEBUD HEALTH CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 383 N 17TH AVE FORSYTH, MT 59327 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to use PPE (personal protective equipment) appropriately and follow appropriate hand hygiene practices to mitigate transmission of infection during resident care to include: not sanitizing between glove changes for 1 (#4); not removing soiled gloves prior to providing a clean procedure for 1 (#3); not assisting a resident with hand hygiene prior to a meal for 1 (#1); and used a pillow for positioning a resident after placing it on the floor for 1 (#4) of 7 sampled residents. Findings include: 1. During an observation on 5/18/2020 at 3:18 p.m., staff member E assisted resident #4 with incontinent care. Staff member E washed his hands and applied gloves. Staff member E removed a pillow from under resident #4's left arm and set it on the floor next to the night stand. Staff member E provided incontinent care to resident #4 and removed his soiled gloves. Staff member E donned clean gloves and did not sanitize prior to donning the clean gloves. Staff member E picked up resident #4's pillow off of the floor and placed it under resident #4's left arm. During an interview on 5/18/2020 at 3:33 p.m., staff member E stated he was not aware he should use sanitizer after removing soiled gloves before donning new gloves. Staff member E stated when he came in to resident #4's room earlier most of the pillows that were being used for resident #4 he found sitting on the floor. During an interview on 5/18/2020 at 3:35 p.m., resident #7 stated many times she had observed staff lay pillows and other linens on the floor when caring for the resident, and she did not think that was right to do because the floor was not clean.</p> <p>2. During an observation on 5/18/2020 at 3:50 p.m., staff member F was assisting staff member D with incontinent care for resident #3. Staff member F used a wipe to clean the buttock of resident #3, removed her glove on her left hand, and threw the glove and the dirty wipe in the trash can. Staff member F did not remove the soiled glove on her right hand. Staff member F then applied cream to resident #3's buttock with her soiled gloved right hand. Staff member F removed the soiled glove from her right hand and threw the glove away in the trash can. During an observation on 5/18/2020 at 4:20 p.m., staff member F washed her hands, donned gloves, and provided incontinent care for resident #1. Staff member F removed her gloves did not sanitize her hands nor don clean gloves, and applied a clean brief to the resident with her bare hands. Staff member F assisted resident #1 with a pivot transfer into her wheelchair, brushed the resident's hair, and transported resident #1 to the dining room. Staff member F did not offer or encourage the resident to perform hand hygiene prior to taking her to the dining room. Staff member F did not ensure resident #1 was offered or assisted with performing hand hygiene once she was seated at her table in the dining room. During an interview on 5/18/2020 at 4:58 p.m., staff member F stated during her orientation the facility instructed her to sanitize or wash her hands after removing her gloves. During an interview on 5/18/2020 at 5:51 p.m., staff member B stated staff member E and F were newer CNAs and they did have training during their orientation and recently with all staff related to the COVID-19 hand hygiene/PPE trainings. Staff member B stated the facility expectation was for staff to perform hand hygiene to include using sanitizer between glove changes. Staff member B stated the facility was currently working on a plan for educating and assisting residents with hand hygiene before meals. Staff member B stated staff were not to place linens on the floor and if linen fell on the floor they were instructed to replace the items with clean items. Review of staff training records showed staff member E completed the facility training titled PPE/Coronavirus education on 3/19/2020, was observed and checked off for hand washing technique on 2/20/2020, and completed training for personal protective equipment on 12/25/19. Review of staff training records showed staff member F was observed and checked off for hand washing technique on 2/20/2020, completed hand hygiene basic training on 7/7/19. The facility did not have documentation that showed staff member F had completed the PPE/Coronavirus education that was provided to staff on 3/19/2020. During an interview on 5/18/2020 at 6:34 p.m., staff member H stated the infection control surveillance included monitoring staff for hand hygiene and PPE use. Staff member H stated the facility referenced material from the CDC (centers for disease control) and staff were being updated daily on the infection control practices. Record review of the facility policy and procedure titled Infection Prevention and Control Manual Adherence to Standard & Transmission based Precautions, with and effective date of 5/2020, showed Hand Hygiene. HCP (health care professionals) should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves.</p> | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.