

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 275120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OF SUPPLIER PARKVIEW CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 600 S 27TH ST BILLINGS, MT 59101	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to modify communal dining and implement isolation precautions for safety for the residents that were exposed to COVID-19 to prevent communal spread for 4 (#s 1, 2, 3, 4) of 12 sampled residents. This practice had the potential to affect all residents residing on the Memory Care Unit. Findings include: 1. During an interview on 6/30/20 at 12:30 p.m., staff member K stated there was only communal dining in the memory care. During an observation and interview on 6/30/20 at 12:37 p.m., there were 12 residents in the memory care unit dining room who were not sitting six feet apart from one another for social distancing. Staff member J stated the four residents on isolation precautions were in the dining room, and the facility was considering the whole unit, as exposed to COVID-19. During an interview on 6/30/20 at 12:41 p.m., staff member A stated there was a staff member who had tested positive for COVID-19 who had been asymptomatic on 6/25/20. Staff member A stated the memory care unit was quarantined and the staff should be gowning down to enter individual rooms. Staff member A stated the facility had cohorted exposed residents together as best they could. During an interview on 6/30/20 at 12:41 p.m., staff member B stated residents that are on isolation precautions should be eating in their rooms. During an observation and interview on 6/30/20 at 1:00 p.m., there was a table of four residents sitting together who were not socially distancing. One resident at the table was eating out of a Styrofoam takeout box, and the other residents had regular plates and bowls. Staff member J stated the residents in isolation received disposable plates and regular plates were for the other residents. During an interview on 6/30/20 at 1:05 p.m., staff member K stated residents on isolation precautions should not be coming out of their rooms, and the staff caring for them, should wear a gown, gloves, and mask. During an interview on 6/30/20 at 1:09 p.m., staff member M stated there were no residents on isolation precautions in the memory care unit. During an observation on 6/30/20 at 1:22 pm., there were four isolation precaution bins in the hallway outside of residents rooms with signs that showed, isolation precautions, it did not specify what type of isolation equipment should be used for the care of the residents. None of the bins were completely stocked with supplies for isolation precautions. One out of four bins had gowns, one of four bins had gloves, and one out of four bins had trash bags. During an interview on 6/30/20 at 2:40 p.m., staff member A stated the memory care unit was isolated as a whole group. During an observation on 6/30/20 at 3:00 p.m., the doors leading into the memory care unit had no signage to show the whole unit was on isolation precautions. During an interview on 6/30/20 at 3:06 p.m., staff member J stated residents on isolation should not be taken out of their rooms. During an interview on 6/30/20 at 3:12 p.m., staff member B stated residents should have had an isolation sign. Staff member B stated residents should be eating in their rooms, making sure to wash their hands, and socially distancing as much as possible. Staff member B stated the memory care unit was difficult to keep all the residents apart. Staff member B stated the unit as a whole was considered exposed to COVID-19. Staff member B stated there should be signage indicating the memory care unit was in isolation precautions. During an observation on 6/30/20 at 3:16 p.m., staff member B hung signs for contact precautions on the two doors leading into the memory care unit. 2. During an interview on 6/30/20 at 12:37 p.m., staff member J stated resident #1 was in the dining room. Review of resident #1's progress note, dated 6/25/20, showed the resident and power of attorney received literature on Covid-19. The resident was residing on the memory care unit. Review of the facilities exposure list, dated 6/30/20, showed resident #1 as being exposed to COVID-19. Review of resident #1's care plan, dated 6/22/20, showed the following: -Resident is currently restricted from communal dining and group activities. Resident should be discouraged from gathering with other residents and encouraged to maintain 6 foot distance from others when not receiving care and treatments. -Suspected or confirmed COVID-19 residents or staff will be isolated to reduce potential exposure risk. The resident was residing on the memory care unit. 3. During an interview on 6/30/20 at 12:37 p.m., staff member J stated resident #2 was in the dining room. The resident was residing on the memory care unit. Review of resident #2's progress noted, dated 6/25/20, showed the resident and power of attorney received literature on Covid-19. Review of the facility's COVID-19 exposure list dated 6/30/20, showed resident #2 as being exposed to COVID-19. Review of resident #2's care plan, dated 5/5/20, showed the following: -Resident is currently restricted from communal dining and group activities. Resident should be discouraged from gathering with other residents and encouraged to maintain 6 foot distance from others when not receiving care and treatments. -Suspected or confirmed COVID-19 residents or staff will be isolated to reduce potential exposure risk. 4. During an interview on 6/30/20 at 12:37 p.m., staff member J stated resident #3 was in the dining room. The resident was residing on the memory care unit. Review of resident #3's progress noted, dated 6/25/20, showed the resident and power of attorney received literature on Covid-19. Review of the facility's exposure list dated 6/30/20, showed resident #3 as being exposed to COVID-19. Review of resident #3's care plan, dated 6/16/20, showed the following: -Resident is currently restricted from communal dining and group activities. Resident should be discouraged from gathering with other residents and encouraged to maintain 6 foot distance from others when not receiving care and treatments. -Suspected or confirmed COVID-19 residents or staff will be isolated to reduce potential exposure risk. 5. During an interview on 6/30/20 at 12:37 p.m., staff member J stated resident #4 was in the dining room. The resident was residing on the memory care unit. Review of resident #4's progress noted, dated 6/25/20, showed the resident and power of attorney received literature on Covid-19. Review of the facility's exposure list dated 6/30/20, showed resident #4 as being exposed to COVID-19. Review of resident #4's care plan, dated 5/5/20, showed the following: -Resident is currently restricted from communal dining and group activities. Resident should be discouraged from gathering with other residents and encouraged to maintain 6 foot distance from others when not receiving care and treatments. -Suspected or confirmed COVID-19 residents or staff will be isolated to reduce potential exposure risk. Review of the facility's Infection Prevention and Control Policies and Procedures Interim Policy for Suspected or Confirmed Coronavirus (COVID-19), dated March 2020, showed, Residents with respiratory symptoms of unknown origin, or with known or suspected COVID-19, will have immediate infection prevention and control measures put into place.</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.