

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 27A052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2020
NAME OF PROVIDER OF SUPPLIER MONTANA MENTAL HEALTH NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 800 CASINO CREEK DR LEWISTOWN, MT 59457	
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 and interview, the facility failed to perform appropriate visitor screening questions and assessment for COVID-19 illness upon entry into the facility. This deficiency had the potential to effect all residents in the facility. Findings include: During an observation on 05/12/20 at 9:36 a.m., the main entrance was inspected. The main door leading into the facility had signage which showed: 1. As you enter the facility, please use hand sanitizer and rub hands together until dry, 2. Once dry, place finger in the Pulse Oximeter and allow a staff member to take your temperature. During an observation on 05/12/20 at 9:38 a.m., the surveyors entered the facility and used the hand sanitizer that was provided at the front desk. No pulse oximeter was present. The surveyors introduced themselves to staff member B and staff member C, who were both at their desks. Staff member B stated she would inform staff member A of the surveyors arrival. No temperatures were taken. During an interview on 05/12/20 at 9:41 a.m., staff member A arrived at the front desk and greeted the surveyors. She led the surveyors through the facility to the B-wing, and showed them to the conference room. Staff member A stated the facility had no suspected or confirmed cases of COVID-19. She stated she would get started on the request list and would take the surveyors on a tour of the facility when they were ready to do so. During an interview on 05/12/20 at 10:17 a.m., staff member A entered the conference room and stated, We need to have you fill these out. She handed the surveyors a form titled, Coronavirus Screening Form. No temperatures or oxygen saturations were taken. During an interview on 05/12/20 at 10:32 a.m., staff member A entered the conference room and began the tour of the facility. She stated the back portion of the B-wing was leased space and not a part of the survey. Staff member A led the surveyors throughout the entire facility, minus the basement. During the tour, at 10:53 a.m., staff member A stated the facility was not allowing visitors. She stated staff were, Supposed to do screenings at the front desk. During an interview on 05/12/20 at 11:05 a.m., staff member E stated she and staff member D were responsible for the facility Infection Prevention and Control Program. While showing the surveyors to the requested areas of the facility, staff member E stopped at the nursing station to introduce the surveyors to staff member D. Staff member A approached the area with a box and handed it to staff member D. Staff member D pulled a thermometer and two pulse oximeters from the box and asked the surveyors to place a pulse oximeter on their finger and recorded the surveyors temperatures. During an interview on 05/12/20 at 1:10 p.m., staff member B stated, I started working here right before COVID-19 hit. She stated the facility was not allowing visitors, unless they were approved. Staff member B stated, I am supposed to give everyone a health questionnaire. She stated she forgot to ask the surveyors to fill out a health form and she forgot to notify the nurse to do the health screening. During an interview on 05/12/20 at 1:17 p.m., staff member C stated she and staff member B were equally responsible for having visitors screened prior to entry. She stated she was present at the front desk when the surveyors entered the facility. Staff member C stated, You should have been asked to sign in, fill out questionnaires, and been screened. Staff member C stated there were two forms for visitors. She stated staff member E removed the second form. Just a little while ago. During an interview on 05/12/20 at 1:30 p.m., staff member D stated, The office gals should have handed you a travel form, when asked what the protocol should have been upon entrance to the facility. Staff member D stated, Normally people are given an hour to do O2 and temps, but it should have been done right away. Staff member D stated it was the policy of the facility to screen all staff and visitors within one hour of entry into the facility.</p> <p>Review of the Centers for Medicare and Medicaid (CMS) Quality, Safety, and Oversight memo, Ref: QSO-20-14-NH, showed, For individuals allowed in the facility . provide instruction before visitors enter the facility . The facility staff failed to appropriately screen each surveyor with a screening questionnaire and for a temperature and pulse oximeter reading prior to their entrance to the facility and resident area areas/hallways.</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.