

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 025027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER WILDFLOWER COURT		STREET ADDRESS, CITY, STATE, ZIP 2000 SALMON CREEK LANE JUNEAU, AK 99801	
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 record review, interview and observation , the facility failed to ensure 1) resident temperatures were taken once per shift (twice a day) for 9 (#s 1; 2; 3; 4; 5; 6; 7; 8; and 9) out of 10 residents sampled for COVID screening; 2) staff performed glove change and hand hygiene after caring for 1 resident (#11) and before moving to a clean surface; 3) hand hygiene for 4 residents (5; 12; 13; and 14) was offered before a meal was served in the resident's bedroom. These failed practices had the potential to affect all residents, based on a census of 56, to prevent the spread of infection and/or COVID-19. Findings: Resident screening: Record review on 7/6-7/20 of Resident #s 1; 2; 3; 4; 5; 6; 7; 8; and 9's vital signs, dated 6/23/20- 7/5/20, revealed the Residents had not had temperature checks documented twice per day (once per shift). During an interview on 7/7/20 at 4:12 pm, Licensed Nurse (LN) #1 stated that the Residents' temperatures were taken once per day during the night shift. During a joint interview on 7/8/20 at 9:12 am with the Director of Nursing (DON) and the Infection Prevention (IP) Nurse, it was stated that the Residents' temperatures should have been taken each shift in the morning and evening. Glove change from dirty to clean task: An observation on 7/7/20 at 1:51 pm revealed Certified Nursing Assistant (CNA) #2 had provided cares for Resident #11. With gloved hands, CNA #2 cleansed the Resident's perineal area, then Physical Therapist (PT) #1 assisted the Resident to his/her side. CNA #2 then cleansed the Resident's buttocks after the Resident had a bowel movement. With the same gloves on, CNA #2 then rinsed the wash basin in the Resident's bathroom sink, then opened the cabinet in the bathroom with the dirty gloves on to put away the supplies. CNA #2 then removed his/her gloves and performed hand hygiene. During an interview on 7/7/20 at 3:15 pm, when asked about glove changes after touching a Resident and before touching the environment, CNA #4 stated that gloves needed to be changed when moving from a dirty to a clean task. During an interview on 7/7/20 at 4:12 pm, LN #1 stated that glove changes would have been done when moving from a dirty to clean task. LN #1 further stated that the environment was considered clean. Review on 7/8/20 at 10:20 am of the facility's policy Handwashing/Hand Hygiene, revised 8/2019, revealed Use an alcohol-based hand rub .or soap .and water for the following situations: .Before and after direct contact with residents; .After contact with a resident's intact skin; .After contact with blood or bodily fluids . Review on 7/8/20 at 12:00 pm of Hand Hygiene in Outpatient and Home-based Care and Long-term Care Facilities (-) A Guide to the Application of the WHO Multimodal Hand Hygiene Improvement Strategy and the My Five Moments for Hand Hygiene Approach, dated 2012, accessed at https://apps.who.int/iris/bitstream/handle//372_eng.pdf;jsessionid=80D A4F11E70B2C9233B 0FE?sequence=1, revealed hand hygiene was to be performed When: as soon as the procedure involving exposure risk to body fluids has ended (and after glove removal). This indication is determined by the occurrence of contact (even if minimal and not clearly visible) with blood and body fluids and the next contact with any surface, including the patient, the patient surroundings, or the health-care area. Why: to protect the HCW (Health Care Worker) from colonization or infection with the patient's germs and to protect the health-care environment from germ contamination and potential subsequent spread. Resident hand hygiene before meals: During an observation on 7/7/20 at 8:35 am, CNA # 1 brought the morning meal tray into Resident # 13's room. CNA # 1 had set up meal. The CNA then left the Resident's room without offering hand hygiene to the Resident. During an observation on 7/7/20 at 8:40 am, CNA #1 brought the morning meal tray into Resident #5's room. The CNA set up the meal for the Resident then left the room without offering the Resident hand hygiene. During an observation on 7/7/20 at 8:45 am, CNA # 1 brought the morning meal try to Resident #14's room. The CNA had placed the meal on his/her bedside table, then left the room without offering the Resident hand hygiene. During an observation on 7/7/20 at 8:48 am, CNA # 3 brought the morning meal tray to Resident #12's room. The CNA set up the meal for the Resident then left the room without offering the Resident hand hygiene. During an interview on 7/7/20 at 8:49 am, CNA #3 stated the process for Resident hand hygiene before meals was to offer the Resident a warm washcloth or hand sanitizer before the meal. When asked about not offering Resident #12 hand hygiene, CNA #3 stated he/she had forgotten. During a joint interview on 7/8/20 at 9:12 am with the DON and the IP Nurse, it was stated that the Residents should have been offered a warm washcloth or hand sanitizer prior to meal being served in the Resident's room. .</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.