STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275132	A. BUILDING ______ B. WING ______	05/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITEFISH CARE AND REHABILITATION	1305 E 7TH ST WHITEFISH, MT 59937

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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on 5/13/2020. 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Total residents: 58 Glossary IV Intravenous	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control 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. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §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	F 880		6/12/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE
(X6) DATE: 05/27/2020

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.

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F 880	Continued From page 1 conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of	F 880		

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F 880	Continued From page 2 infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to prevent the spread of infection by allowing 1 resident (#2), who was on droplet transmission precautions, to leave his room without a mask; and by re-using a single-use dressing on a wound for 1 (#1) of 8 sampled residents. Findings include: A. During an interview on 5/12/2020 at 9:15 a.m., staff member H stated resident #2 was on droplet transmission precautions because he had recently admitted to the facility. Staff member H stated all new residents are on a 14-day isolation period as a precaution to prevent COVID-19. During an observation on 5/12/2020 at 9:40 a.m., resident #2 was sitting in his wheelchair just outside of his doorway. Resident #2 was not wearing a mask. There was a sign on resident #2's doorway that showed he was on droplet precautions, and that staff should wear a mask, gown, and gloves when entering the resident's room. During an observation on 5/12/2020 at 9:45 a.m., resident #2 was wheeling himself down the hallway towards the nurses' station. During an observation on 5/12/2020 at 9:48 a.m., resident #2 was seated in his wheelchair at the nurses' station. Resident #2 was not wearing a mask. Two other residents were within 3 feet of	F 880	1. How the corrective action will be accomplished for those residents that have been affected by the deficient practice: Residents 2 is no longer on precautions; therefore no one is currently at risk. Infection control to report daily on residents that are on precautions as of 5/26/20. Infection control nurse to communicate to other nursing management length of time on precaution. Nursing management to communicate to floor staff current residents on precaution. Resident 1 silvasorb replaced immediately with new smaller sheets of medication. All staff members were educated on sterile use of silvasorb dressing sheets by 5/13/20. Wound nurse educated prior nurse on wound dressing by 5/13/20. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice: During weekly wound rounds wound care team will assess stocked dressing supplies in the room to identify any mispackaged supplies. All 4 residents on precautions will be educated on staying isolated and if they do need to leave their room they need to wear a mask starting 5/26/20. 3. What measures will be put in place or what systematic changes you will make to	

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F 880	Continued From page 3 resident #2. There were two staff members at the nurses' station; neither staff member interacted with resident #2 or the other two residents at that time. During an interview on 5/12/2020 at 9:52 a.m., staff member H stated it did occur to her that resident #2 was on droplet precautions. Staff member H added that this was concerning and something she would mention to her supervisor. Staff member H then asked staff member G to take resident #2 back to his room. During an interview on 5/12/2020 at 10:35 a.m., staff member D stated if she saw a resident who was on droplet precautions in the hallway, she would put a mask on them. During an interview on 5/12/2020 at 11:20 a.m., staff member G stated resident #2 was non-compliant with wearing a mask. Staff member G added that she would not allow resident #2 to sit by the nurses' station around other residents and staff, which has been something "he likes to do." During an interview on 5/13/2020 at 9:36 a.m., staff member C stated if a resident who was on droplet precautions was outside of their room, they would have to wear a mask. If the resident were non-compliant with wearing a mask, she would expect staff to redirect the resident back to their room and educate on the reasons why they need to stay in their room and wear a mask when necessary. B. During an observation and interview on 5/12/2020 at 10:00 a.m., resident #1 asked to talk about a concern he had regarding his wound	F 880	ensure that the deficient practice will not re-occur: Upon admission or upon ordering precautions on the resident the resident and family will be educated on the type of precaution and procedure by the Infection control coordinator starting 5/26/20. The infection control nurse will monitor precaution status on each resident and give a count each day. Precaution names will be posted on clinical board for all management to see 5/26/20. All staff will be educated on precaution measures by SDC. Wound rounds will be done once weekly to monitor the sterility of supplies and application of dressings. Wound nurse will report daily in stand up. Staff members to be educated on wound dressings and competency performed. All new hires will receive wound dressing education and competency perfumed starting 5/26/20. 4. How the facility plans to monitor its performance to ensure corrective actions are sustained. This plan must be implemented, and corrective action evaluated for its effectiveness: wound log audits will be done weekly x 2 month, bi-weekly x 2 months and monthly x 2 months beginning 5/26/2020 by wound care team and turned in to the DON. Infection control nurse will audit one precaution room per week, and staff members to ensure compliance to ensure precaution policy done weekly x 2 month, bi-weekly x 2 months and monthly x 2 months beginning 5/26/2020. QAPI will review the status of the care plan for 6 months. 5. Date when corrective action will be	

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F 880	Continued From page 4 treatments. The resident was seated in a wheelchair with his left lower leg in a padded boot. There was an ace bandage around his foot. The resident pointed to a box on his bedside table which contained medical supplies for dressing a wound. There was gauze, cream, and an opened sheet of Silvasorb antimicrobial wound dressing. The resident was handling the sheet of Silvasorb with his hands. The opened Silvasorb package instructions were printed on the package. The instructions read, "Single use only." Resident #1 stated, "This is what they are using on my heel. It is opened and it can get me infected." Resident #1 was currently on an IV antibiotic because of a history of osteomyelitis in his left heel. The package was opened, it appeared to have two different pieces cut off it. The rest of the sheet was put back in the opened wrapper and placed back in the box next to the resident's bed. During an observation and interview on 5/12/2020 at 10:40 a.m., staff member E was brought to resident #1's room to see the opened wound treatment sheet. He took the opened Silvasorb package and wadded it up in his hand. When asked if it was supposed to be thrown away, staff member E stated, "Absolutely." During an interview on 5/12/2020 at 10:47 a.m., staff member D stated she would be doing some education after the situation of the opened Silvasorb sheet. She also stated, "They shouldn't be using the big sheets for that wound." Staff member D showed this surveyor a smaller silver-infused wound dressing sheet that should have been used on the resident's wound.	F 880	completed: Facility will be within substantial compliance by 6/12/2020. QAPI oversight will continue for 6 months or until all issues have been resolved.	

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F 880	Continued From page 5 During an observation and interview on 5/12/2020 at 11:45 a.m., resident #1 had his heel wound dressing changed. Staff member G performed the treatment. Staff member G showed the piece of the large pad which was cut off and placed on the resident's heel. The Silvasorb was now a different color, having absorbed a lot of fluid from the wound. Staff member G stated, "They should not be using the big one, cutting pieces off it [repeatedly]. That is an infection control issue." Staff member G placed the smaller wound sheet on the wound, and also put a new, larger ace bandage on the resident's leg, and wrapped it all the way to the resident's knee, due to the large amount of edema present.	F 880		