

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/18/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>275132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/01/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WHITEFISH CARE AND REHABILITATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1305 E 7TH ST</b> <b>WHITEFISH, MT 59937</b>
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F 000	<p>INITIAL COMMENTS</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the Montana Department of Public Health and Human Services from 8/31/20 to 9/1/20. The facility was NOT in compliance with 42 CFR §483.80 Infection Control and had not implemented the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for and prevent the spread of COVID-19.</p> <p>The facility census on entrance was 57.</p> <p>A Complaint survey was also completed on 8/31/20 - 9/1/20.</p> <p>DEFICIENCIES CITED:</p> <p>Deficient practices were cited for the complaint(s) with Intake number(s): MT00049076.</p> <p>Refer to FORM CMS-2567; Event ID: GGEX11 for the results of the Abbreviated Emergency Preparedness survey, also completed on 9/1/20.</p> <p>IMMEDIATE JEOPARDY:</p> <p>On 9/1/20 at 5:35 p.m. an Immediate Jeopardy situation was announced to the Administrator and Director of Nursing, which was related to F880 - Infection Control. The Immediate Jeopardy was cited at the Severity and Scope of an L, and upon removal of the immediacy of the deficient practice, will be lowered to an I. The facility did not remove the immediacy prior to the end of the survey on 9/1/20.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>09/14/2020</b>
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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 000	<p>Continued From page 1</p> <p>The Immediate Jeopardy concerns identified onsite included:</p> <ol style="list-style-type: none"> <li>(1) Rooming presumptive COVID-19 positive residents with COVID-19 negative residents.</li> <li>(2) Housekeeping staff not following PPE precautions and cleaning COVID-19 isolation and non-isolation facility rooms during shifts.</li> <li>(3) Staff incorrectly donning and doffing PPE and entering COVID-19 positive resident rooms without proper PPE.</li> <li>(4) Staff were either not using N95 masks when necessary, or using them properly when worn for COVID-19 positive residents.</li> <li>(5) Lack of signage or correct signage for infection control precautions for identified residents.</li> <li>(6) Incorrect safety precautions used by a resident and outside window visitor.</li> <li>(7) Improperly masked COVID-19 positive resident, who had memory deficits, and was within six feet of a COVID-19 negative resident. Staff did not attempt to assist with maintaining social distancing for the residents.</li> </ol> <p>The residents identified for this deficient practice included 43 at the level of harm, and 7 residents at risk for the spread of infection, totaling 50 residents.</p> <p><b>FACILITY PLAN TO REMOVE IMMEDIACY</b></p> <p>As of 9/4/2020 at 11:00 a.m., the State Survey Agency has not received an approved plan to remove the immediacy at the facility.</p> <p>Glossary</p>	F 000			

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F 000	Continued From page 2 CMS Centers for Medicare and Medicaid Services CNA Certified Nursing Assistant COVID Coronavirus Disease 2019 DON Director of Nursing N95 NIOSH 95 respirator PPE Personal Protective Equipment RN Registered Nurse	F 000			
F 880 SS=L	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 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	F 880		9/22/20	

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F 880	<p>Continued From page 3</p> <p>possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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, interview, and record</p>	F 880	DIRECTED PLAN OF CORRECTION		

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F 880	Continued From page 4 review, the facility and staff failed to:  - Ensure COVID-19 negative residents were not roomed with COVID-19 positive residents for 4 (#20, #43, #44, #45) - Failed to ensure housekeeping staff were dedicated to their appropriate assignments within the facility, to not include COVID-19 isolation rooms, and the non isolation unit areas, in one day's shift, putting all residents at risk if the staff member entered their room and failed to use proper precautions. - The facility failed to ensure the housekeeping staff were following proper PPE precautions for infection control for 1 (#22) - Failed to ensure staff were correctly donning and doffing PPE, and applying PPE prior to entering a COVID-19 positive resident's room, for residents 5 (#6, #22, #48, #49, #50) - Failed to ensure staff were using proper PPE, with adequate training, to include N95 masks, when COVID-19 infected residents were present in the facility - Failed to ensure the correct infection control precaution signage was present throughout the facility, based on the residents isolation needs for residents 10 (#15, #19, #22, #24, #27, #28, #34, #36, #39, #48) - Failed to ensure residents and visitors were adhering to proper visitation precautions to prevent the spread of infection for 1 (#6) - Failed to ensure a COVID-19 positive resident was not within six feet of a COVID-19 negative resident for 2 (#21 and #47) - The facility failed to protect residents from infection, and in total, residents #1 through #43 had positive or presumptively positive (Tested/Pending with symptoms) COVID-19 test results as of 8/31/20. Residents #1, #3, #9, and	F 880	1. Criteria One - Corrective Actions:  a. The Temporary Manager, designated by CMS, will be onsite each week for instruction , education, and mentoring related to the infection control program and prevention, to include monitoring and supervision of staff, staffing adequately to ensure the provision of care and services, and quality assurance and performance activities to identify quality deficient practices for infection control. The Temporary Manager will provide oversight each day, through telephone, email, or communication means, related to the supervision and management of the facility, and the prevention of infections in the facility, when not onsite.  b. Corporate management staff (who provide oversight for facility administration) to be onsite 2 -8 hr days each week for 4 weeks, to work with the Temporary Manager, designated by CMS, for the identification and correction of quality deficient practices related to infection control and oversight of the facility for administration and nursing services.  c. Ensure COVID-19 negative residents are not roomed with COVID-19 positive residents for 4 (#20, #43, #44, #45).  d. Ensure housekeeping staff are dedicated to their appropriate assignments within the facility, to not include COVID-19 isolation rooms, and		

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F 880	<p>Continued From page 5</p> <p>#10 were deceased, and residents #14, #31, and #38 were hospitalized as of 8/31/20. These deficient practices directly contributed to the spread of the COVID-19 infection within the facility, due to unsafe infection control practices utilized by staff, for the 50 sampled and supplemental residents.</p> <p>Immediate Jeopardy Announcement</p> <p>On 9/1/20 at 5:35 p.m. an Immediate Jeopardy was announced to the Administrator and Director of Nursing.</p> <p>The Immediate Jeopardy situation was related to F880 - Infection Control, for all residents within the facility.</p> <p>The onsite survey investigation discovered infection control concerns related to resident safety and the spread of COVID-19, as shown above in the facility failures.</p> <p>The Immediate Jeopardy was cited at the Severity and Scope of an L, and upon removal of the immediacy of the deficient practice, would be lowered to an I. The facility did not remove the immediacy prior to the end of the survey on 9/1/20. As of 9/4/20 an acceptable plan to remove the immediacy has not been received by the State Survey Agency.</p> <p>Findings include:</p> <p>1. Rooming COVID-19 Positive Residents with COVID-19 Negative Residents</p> <p>During an interview with staff member I on 8/31/20 at 3:59 p.m., staff member I stated they had combined COVID-19 positive and COVID-19 negative residents in the same room. Staff</p>	F 880	<p>the non isolation unit areas, in one day's shift, putting all residents at risk if the staff member entered their room and failed to use proper precautions.</p> <p>e. Ensure the housekeeping staff are following proper PPE precautions for infection control for 1 (#22).</p> <p>f. Ensure staff are correctly donning and doffing PPE, and applying PPE prior to entering a COVID-19 positive resident's room, for residents 5 (#6, #22, #48, #49, #50).</p> <p>g. Ensure staff are using proper PPE, with adequate training, to include N95 masks if used, when COVID-19 infected residents are present in the facility.</p> <p>h. Ensure the correct infection control precaution signage is present throughout the facility, based on a residents isolation needs for residents 10 (#15, #19, #22, #24, #27, #28, #34, #36, #39, #48).</p> <p>i. Ensure residents and visitors are adhering to proper visitation precautions to prevent the spread of infection for 1 (#6).</p> <p>j. Ensure a COVID-19 positive resident is not within six feet of a COVID-19 negative resident for 2 (#21 and #47).</p> <p>k. The facility will ensure resident responsible parties are kept up to date related to the status of COVID-19 in the facility, to include ensuring the responsible</p>		

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F 880	<p>Continued From page 6</p> <p>member I reviewed her resident listing and stated rooms 102 and 109 each had two residents, and the residents were a combination of COVID-19 positive and negative test results. Residents #44 and #45 were in room #102, and residents #43 and #20 were in room #109.</p> <p>2. Housekeeping Staff Assignments and Proper PPE Precautions</p> <p>During an observation and interview with staff member D on 8/31/20 at 2:15 p.m., staff member D stated she was cleaning more since COVID-19 had started in the facility, using an approved cleaner or bleach on lights, rails, tables, and everything that residents touch. Staff member D stated, "We normally have a housekeeper on COVID-19 (unit), but there was a call-in today so I'm doing the whole building." Staff member D was wearing an N95 mask and stated her mask was "definitely snug."</p> <p>During an observation on 8/31/20 at 2:31 p.m., staff member D applied her PPE (gown and gloves) outside resident #22's room. Staff member D rolled up the reusable gown sleeves to her elbows so that her skin was showing and then put gloves on and entered the resident's room. The resident's room had a droplet precaution sign on the door.</p> <p>During an interview on 8/31/20 at 2:51 p.m., staff member D stated she did not remember the last time she had any PPE training, hand hygiene training, or training related to COVID-19. Staff member D stated, "I think maybe I had training on hand hygiene 5-6 months ago, I don't know. I am so tired, I can't even think. We are all working off of no energy."</p>	F 880	<p>party is aware of the resident status for either negative, presumptive, or if tested positive for COVID-19.</p> <p>1. The facility management team will identify, on a daily basis, the need for isolation supplies based on the infections currently in the facility, and obtain supplies prior to the facility running out.</p> <p>Corrections for Criteria One (above) are to be completed and implemented by 9/22/2020.</p> <p>2. Criteria Two - Identifying Potentially Affected Residents:</p> <p>The facility will complete COVID-19 testing on all staff and residents to develop a baseline of who does/does not have infection, to the extent possible, for potential COVID-19 infections. Testing will also include all contract staff, staff on leave, or staff who are part-time, that are not currently working, prior to that staff person being allowed to work at the facility. All concerns identified related to COVID-19 infections will be addressed immediately for protection of others.</p> <p>Criteria Two tasks to be completed by 9/22/2020.</p> <p>3. Criteria Three - Systemic Changes:</p> <p>a. Facility management will meet on a daily basis with the Temporary Manager designated by CMS, to discuss and identify concerns related to the spread or</p>		

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F 880	<p>Continued From page 7</p> <p>3. Staff Donning and Doffing PPE</p> <p>During an observation on 8/31/20 at 2:13 p.m., staff member E exited resident room 310 and resident #6 was in the room. Staff member E doffed her reusable gown outside of the resident's room and placed it in an unlabeled clear plastic bag. Staff member E stated, "I had to come outside the room to put the gown in a bag because there wasn't anywhere to put it in the resident's room."</p> <p>During an observation on 8/31/20 at 2:15 p.m., staff member G stepped out of resident room 310 into the hallway wearing full PPE and then stepped back into the resident's room and doffed her gown and gloves into the Biohazard bag in the resident's room. Staff member G then walked out of the resident's room and left the resident's door open. Resident #6 was in the room. The resident's door had signage showing the resident was on droplet precautions.</p> <p>During an observation on 8/31/20 at 2:20 p.m., staff member E walked into resident #6's room without a gown or gloves on. The staff member walked out of the resident's room and did not perform hand hygiene, and then grabbed a disposable gown and donned gloves and gown, and then entered resident's room. Resident #6 was in the room. The resident's door had signage showing the resident was on droplet precautions.</p> <p>During an observation on 8/31/20 at 2:25 p.m., resident #49 was outside his room number 304 with a protective face covering. Staff member E walked past and did not instruct the resident to go back into his room.</p>	F 880	<p>prevention of COVID-19, until the facility has controlled the spread effectively. This determination is to be made by the Temporary Manager assigned by CMS.</p> <p>b. The facility management staff and temporary manager will develop, implement, and maintain a system where COVID-19 negative residents are not roomed with COVID-19 positive residents.</p> <p>c. The facility management will identify housekeeping staff who will individually be assigned to specific areas of the facility for a shift to ensure COVID-19 is not spread to others.</p> <p>d. The facility management will educate all staff on the proper use of PPE as related to COVID-19 and infections, and ensure staff are following PPE use requirements throughout the facility on a daily basis. Education will be provided by the DON/Infection Control Preventionist, and as needed, the educators will receive assistance from the CMS assigned Temporary Manager.</p> <p>e. The facility management will ensure designated staff, assigned to the direct care of COVID-19 positive patients, are not assigned to other resident care COVID-19 negative residents.</p> <p>f. The facility nursing management team will assess and identify any resident infections, and based on the assessment, will implement and maintain correct infection control precaution signage</p>		

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F 880	Continued From page 8  During an observation on 8/31/20 at 2:31 p.m., staff member D applied her PPE (gown and gloves) outside resident #22's room. Staff member D rolled up the reusable gown sleeves to her elbows so that her skin was showing and then put gloves on and entered the resident's room. The resident's room had a droplet precaution sign on the door.  During an observation on 8/31/20 at 2:36 p.m., staff member E doffed PPE inside resident #48's room number 309, and then left the room and did not perform hand hygiene. Staff E touched her face-shield and mask, grabbed a new isolation gown, put it over her head, and then sanitized her hands. Staff E then entered resident #6's room number 310.  During an interview on 8/31/20 at 2:38 p.m., staff member E stated, "I have had handwashing training, training on putting on and taking off PPE and how to use a face shield. There was a lady here last week doing the training."  During an interview on 8/31/20 at 3:00 p.m., staff member B stated anyone showing any symptoms of COVID-19 were on droplet precautions, but the whole facility was on isolation precautions. Staff member B stated the expectation for staff was to wear all PPE face shield or eye protection, a mask, a gown and gloves, and for them to doff their PPE inside the resident's room and change PPE between residents. Staff member B stated, "It's been taking around ten days for the results of the COVID-19 tests to come back to the facility."  During an interview with staff member B on 8/31/20 at 3:05 p.m., staff member B stated the	F 880	throughout the facility. Residents on isolation will have a care plan created to show the individual's isolation needs for the identified residents.  g. Facility management will review, and identify or implement, visitor limitations/requirements for COVID-19. Staff will ensure the policies/procedures are followed regarding visitation. This will include for residents who visit through a window or visitors onsite at the facility.  h. The facility management nursing staff will identify residents at risk who do not understand the risk they may pose for the prevention of the spread of infection, or understand safety precautions for isolation precautions, such as for COVID-19, and identify and implement interventions for these residents to ensure safety of others. Resident monitoring for these residents identified will be increased, until determined unnecessary by the nursing management team.  i. Administrative staff will monitor and identify concerns, to include all shifts and on all days of the week, and to include during resident care, related to staff using/not using proper PPE precautions for the prevention of infections. Any identification of non-compliance or improper use of PPE will be addressed immediately on that shift by the management team. Documentation of the monitoring will be reviewed by the end of the shift by the DON/Infection Control preventionist/or Nursing Manager, and		

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F 880	<p>Continued From page 9</p> <p>facility had provided PPE training to the staff and recently held training during the week of August 24th.</p> <p>During an observation on 8/31/20 at 3:44 p.m., staff member J walked into resident room 112 wearing a surgical mask and a face shield but no gloves or a gown. The signage on the door showed "keep door closed," and there was a Biohazard bag inside the room. Staff member J left the resident's room 112 and did not perform hand hygiene. Staff member J then entered into resident #50's room 119 and did not don a gown or gloves. Staff member J removed a food tray from the resident's room and left the resident's room. No hand hygiene was performed upon staff member J leaving the resident's room. There was no door signage on room #110 showing if the resident was on isolation precautions.</p> <p>During an interview on 8/31/20 at 3:45 p.m., staff member J stated "I don't know who is on precautions honestly. I never wear PPE when I go into a resident's room because I'm not in there for very long."</p> <p>During an interview with staff member F on 8/31/20 at 3:45 p.m., staff member F stated she had worked at the facility since the end of April 2020. Staff member F stated there was COVID-19 in all areas of the facility except for the 300 hall. Staff member F stated she had received PPE training and had completed skills checkoffs for donning and doffing PPE when she started in April.</p> <p>During an interview on 8/31/20 at 4:02 p.m., staff member I stated most of the residents on the 100 and 400 wings have COVID-19 and tested</p>	F 880	<p>any concerns will be addressed that day/shift.</p> <p>j. The Temporary Manager and management staff will work with the facility staff member responsible for maintaining isolation supplies, to ensure an adequate stock is identified, maintained, and restocked, during the COVID-19 spread, and after.</p> <p>Criteria Three tasks to be completed 9/22/2020.</p> <p>4. Criteria Four - Monitoring:</p> <p>a. The QAPI Committee, and the Temporary Manager, designated by CMS, will meet each week to discuss the concerns or progress made related to COVID-19, and the prevention of the spread of the infection. The facility medical director will be included in QAPI meeting discussions, either by phone, email, or communication means, each week, for possible input and assistance. The weekly meetings will continue for 4 weeks, and if determined not necessary by the Temporary Manager, may decrease to bi-weekly for two months, then monthly for 9 months. The QAPI committee will assist with the identification of trends or patterns, to include with the implementation and monitoring of prevention of infections.</p> <p>b. The Infection Preventionist or DON will present monitoring results and documentation of staff correctly/incorrectly</p>		

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F 880	<p>Continued From page 10</p> <p>positive and they are not in the COVID-19 wing because they had milder symptoms. Staff member I stated, "This information is what I am going off of, I heard it last Thursday."</p> <p>During an interview with staff member J on 8/31/20 at 4:10 p.m., staff member J stated, "I gown up sometimes, but I have a lot to do, and most of the time I don't gown, the DON made us for awhile, changing gowns on and off." Staff member J stated he had been working at the facility for the past three to four weeks and he had read PPE trainings.</p> <p>During an interview with staff member H on 8/31/20 at 4:11 p.m., staff member H stated, "They gave us PPE, donning/doffing and hand washing training last week."</p> <p>During an interview on 8/31/20 at 4:13 p.m., staff member H stated she was trained last week on donning and doffing PPE. Staff member H stated, "I always wear a gown, gloves, face shield or mask. Then I always take it off after I am done in each resident's room."</p> <p>During an interview with staff member B on 8/31/20 at 4:19 p.m., staff member B stated he had been doing surveillance in the facility with infection control and when they first started surveying staff, "No one was complying." Staff member B stated he had not been documenting the infection control auditing of the staff. Staff member B stated, "How do I get staff to comply with infection control? My staff is very young and the battle is hard, it's retention vs. compliance." Staff member B stated last week they had infection control training for the staff.</p>	F 880	<p>using PPE to the QAPI committee each week, and brief facility management staff on the monitoring results during the facility management meeting each day.</p> <p>c. The Temporary Manager, designated by CMS, will determine, along with facility managemet (corporate and facility level) when the facility has adequately implemented corrections, for compliance. Upon this determination, the facility will document in the QAPI minutes, that the facility has achieved compliance related to this deficient practice.</p> <p>5. Criteria Five - X5 Date: 9/22/2020</p>		

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F 880	<p>Continued From page 11</p> <p>During an observation on 8/31/20 at 4:31 p.m., staff member H was observed going into room 406 without a gown or gloves.</p> <p>During an observation on 8/31/20 at 4:45 p.m., staff member J donned PPE with a face shield, a surgical mask, a gown and gloves. Staff member J entered room 401 and then exited the room without doffing his gown or gloves. Staff member J went over to the food cart that was in the hallway and touched two food trays that had not been delivered to residents yet. Staff member J then went back into room number 401, doffed his gown and gloves and left the resident's room.</p> <p>A review of the facility's COVID Cluster Line List, dated 8/31/20, showed residents #1 thru #43 had positive or presumptively positive (Tested/Pending with symptoms) COVID-19 test results as of 8/31/20. Residents #1, #3, #9, and #10 were deceased, and residents #14, #31, and #38 were hospitalized as of 8/31/20. For COVID-19 testing, the first staff member tested positive on 8/12/2020. The first resident began displaying signs of symptom of the COVID-19 infection on 8/16/2020.</p> <p>4. Isolation Mask Use</p> <p>During an interview on 8/31/20 at 2:05 p.m., staff member B stated the staff not working on the COVID-19 wing are to wear the surgical mask, and a face shield or eye protection. Only the staff working on the COVID-19 wing are to wear the N95.</p> <p>During an interview with staff member B on 8/31/20 at 3:05 p.m., staff member B stated he started working at the facility in May 2020. Staff</p>	F 880			

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F 880	<p>Continued From page 12</p> <p>member B stated the facility provided masks to the residents, and the facility staff were using surgical masks.</p> <p>During an observation and interview with staff member H on 8/31/20 at 3:59 p.m., staff member H was wearing a duck bill N95 mask that was gaping open at the nose and sliding down off the staff member's nose, and not being worn properly. Staff member H stated she was just back to work that day after being off work with COVID-19 for the past three weeks.</p> <p>5. Infection Control Precaution Signage</p> <p>During an observation on 8/31/20 at 2:25 p.m., resident #19 in room 318 was in her room with the door open. The signage on the door showed droplet precautions.</p> <p>During an observation on 8/31/20 at 2:25 p.m., resident #39 was in room 320, and the door was open. Door signage showed droplet precautions.</p> <p>During an observation on 8/31/20 at 2:26 p.m., resident #22 was in room 305 and the door was open. Door signage stated droplet precautions. Resident #48 was in room 309 and the door was open. Door signage showed droplet precautions.</p> <p>During an observation and interview on 8/31/20 at 2:46 p.m., staff member D stated there was COVID-19 in the hall, past the double doors, and past room 320. No infection control or other signage was present on the closed double doors.</p> <p>During an observation on 8/31/20 at 3:38 p.m., resident #15 was in room 412 and the door was open. Door signage showed droplet precautions.</p>	F 880			

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F 880	<p>Continued From page 13</p> <p>During an observation on 8/31/20 at 3:40 p.m.:</p> <ul style="list-style-type: none"> <li>- Resident room 101, 102, 103, 104, 105, 106, 112, 403, 402, 404, and 410 did not have any signage showing that the residents were on isolation precautions.</li> <li>- Resident room 412 had signage on the door which showed "Contact Precautions," and the door was left open.</li> <li>- Resident room 406 had signage on the door which showed "Contact Precautions," and the door was left open.</li> </ul> <p>During an observation on 8/31/20 at 4:07 p.m., staff member H stated residents in rooms 402A/B (residents #36 and #24), 403A/B (residents #34 and #27), 404A/B, 406A/B, 409A, 410A, and 112A all had COVID-19. Staff member I stated residents in rooms 101A/B, 102A, 103B, 104A, 105B, 106A, 109A, and 112B all had COVID-19.</p> <p>Review of the facility's COVID Cluster Line List dated 8/31/20, showed resident #15, in room number 412, had tested positive for COVID-19, and resident #28 in room number 406 was presumptive positive for COVID-19.</p> <p>6. Window Visitor Precautions</p> <p>During an observation on 8/31/20 at 2:31 p.m., resident #6 was seated in a wheelchair in her room, and was talking through an open, screened window with a male visitor on the outside of the building. Neither resident #6, nor the male visitor on the outside of the window, were wearing a protective face mask.</p> <p>During an observation on 8/31/20 at 2:33 p.m.,</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>staff member E donned a gown and gloves outside resident #6's room. Staff member E entered resident #6's room and closed the open window, as requested by resident #6, after the male visitor on the outside of the window had walked away. Staff did not provide safety interventions for the visit.</p> <p>7. COVID-19 Positive Resident Within Six Feet of COVID-10 Negative Resident</p> <p>During an observation on 8/31/20 at 3:40 p.m., residents #21 and #47 were outside of their rooms by the nurses' station on the 400 wing. They were both in wheelchairs sitting next to each other closer than 6 feet. Staff members H and I were at the nurse's station, within sight of residents and did not intervene.</p> <p>During an observation on 8/31/20 at 3:42 p.m., resident #21 was wearing her surgical mask below her chin.</p> <p>During an observation and interview on 8/31/20 at 3:46 p.m., staff member H stated that resident #21 had tested positive for COVID. She stated the resident does not stay in her room, so they allow her to be by the nurses' station. Staff member H stated resident #47 had tested negative for COVID. Residents #47 and #21 were sitting in wheelchairs, closer than 6 feet apart from each other by the nurses' station.</p> <p>During an interview on 8/31/20 at 4:02 p.m., staff member I stated most of the residents on the 100 and 400 wings have tested positive for COVID. Staff member I stated they are not in the COVID wing because they have milder symptoms. Staff member I stated, "This information is what I am</p>	F 880			

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F 880	<p>Continued From page 15 going off of, I heard it last Thursday."</p> <p>During an observation on 8/31/20 at 4:05 p.m., resident #21 was seated in a wheelchair located near the nurses' station in the 400 hall and was wearing a mask that had fallen down off the resident's face. Staff member I told resident #21 to pull her mask up on her face. Staff member I stated they had tried everything to keep resident #21 in her room, but the resident refused to stay in her room and continued to roam through the halls in her wheelchair, not properly wearing her mask. Staff member I stated resident #21 had tested positive for COVID-19.</p> <p>During an observation and interview on 8/31/20 at 4:13 p.m., resident #47 was wearing a protective face mask, and was seated in a wheelchair near the nurses' station on the 400 hall. Resident #47 stated she was at the facility for rehab on her leg, and had been tested twice for COVID-19, and was negative both times.</p> <p>A record review of Progress Notes for nursing for resident #3 showed on 8/23/20:</p> <p>"Residents POA called to speak with nursing about residents condition with the SOB (shortness of breath), LOW O2 (low oxygen), Covid-19 positive and contested lungs... Decision made to send resident to ER (emergency room) for eval and treatment...Resident left facility around 4:15 (p.m.) tonight via ambulange...O2 stats low at 80%... ."</p> <p>A record review of Progress Notes for nursing for resident #9 showed on 8/28/20:</p> <p>"CNA alerted this nurse that the PT (patient) was</p>	F 880			

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F 880	<p>Continued From page 16</p> <p>not breathing. This nurse assessed Pt (patient) immediately [sic]. Pt not breathing. Apical pulse was absent for 60 seconds. This nurse attempted to contact POA to notify, m POA did not answer. This nurse left a voicemail for POA to contact facility as soon as possible. This nurse contacted MD (medical doctor), verbal order to release body... ."</p> <p>A record review of Progress Notes for nursing for resident #10 showed on 8/23/20:</p> <p>"...Resident is COVID positive. Resident 02 stats continued to drop throughout the day and resident wouldn't allow me to keep the oxygen placed on her face. Later when assessing the resident 02 sats were t [sic] 78%...Resident had a spiked temp of 102.2. MD notified Family notified husband wanted resident sent to ER for eval and treatment... ."</p> <p>A record review of Progress Notes for nursing for resident #38 showed on 8/29/20:</p> <p>"Resident had a decrease in LOC (level of care) would open eyes when calling resident's name but would not keep eyes open. O2 SAT (oxygen saturations) at 86% with oxygen on via NC (nasal cannula). Temp of 100.6. MD notified of change in condition. Resident went to the hospital via ambulance...spoke with [responsible party] of change in condition and of resident going to hospital."</p> <p>Review of the facility's COVID-19 Management policy, showed:</p> <p>"I. Infection Control - Resident with known or suspected COVID-19</p>	F 880			

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F 880	<p>Continued From page 17</p> <p>will follow Standard, Contact and Droplet Precautions with an N-95 or higher-level respirator if available.</p> <p>- Visual alerts and signs will be posted at the entrance and throughout the facility to provide residents and healthcare staff about hand hygiene, respiratory hygiene and cough etiquette."</p> <p>"V. Immediate identification and Management of potentially affected residents</p> <p>- The facility will make every effort to designate a unit or a wing, with dedicated healthcare staff to house suspected and positive COVID-19 residents. When a resident is identified as having COVID-19 like symptoms, he/she will be moved to a single, isolation room, with the door closed.</p> <p>- If there is a sustained community transmission or case(s) of COVID-19 in the facility, the facility will restrict residents to their room unless there is a medical necessity to leave their room. In such cases, residents will wear face masks, practice hand hygiene, limit movement in the facility and maintain social distancing (6 feet away from others)."</p> <p>"VII. Education</p> <p>- The facility will provide education to staff on COVID-19, including but not limited to signs and symptoms, transmission, screening criteria, etc."</p> <p>Review of the Whitefish Care and Rehabilitation Emergency Operations Plan, dated June 2020, showed:</p> <p>- "Infectious Disease - Initial Actions - Limit exposure between infected and non-infected persons, consider isolation of ill persons."</p>	F 880			