

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>275053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CEDAR WOOD VILLA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1 S OAKS RED LODGE, MT 59068</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observations, interviews, and record review, the facility staff failed to adhere to infection control practices by not following facility policies and procedures; and not wearing face masks appropriately. These failures had the potential to affect all residents in the facility. Findings include: 1. During an observation on 8/11/20 at 9:45 a.m., the surveyors entered the facility. Staff member B entered the foyer and was observed with her face mask on, over her mouth, and under her nose. Staff member B did not have her nose covered. Staff member B conducted a health screening for the surveyors. During the screening, staff member B was not wearing gloves. 2. During an observation and interview on 08/11/20 at 11:03 a.m., staff member H stated she was the Dietary Supervisor. She was observed wearing a cloth mask. Staff member H stated all staff were to wear a mask at all times while in the facility. She stated she was able to wear a cloth mask and supplied her own for work. 3. During an observation on 08/11/20 at 1:07 p.m., staff member K was observed standing at the nurse's station. He was observed wearing a cloth mask. During an interview on 08/11/20 at 12:45 p.m., staff member A stated, All staff are to wear masks in all areas of the building. She stated only direct care staff were to wear surgical masks. Staff member A stated, Staff should wear gloves when they are screening visitors, and they should be worn over a person's mouth and nose. She stated staff member B mentioned to her that she forgot to wear gloves when conducting the health screening for the surveyors. Record review of facility policy, COVID Containment and PPE Preservations Strategies, revised on 04/02/20 showed, In order to protect staff and residents, all staff will wear a surgical mask while on duty. Staff assigned to screen those entering the facility, must wear a surgical mask and gloves to conduct temperature checks and review screening forms. Record review of facility policy, Employee Health-Infection Control, revised on 07/30/20, showed, All screeners should wear a mask, gloves.		
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.