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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 275087 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/19/2020 |
| NAME OF PROVIDER OF SUPPLIER POWDER RIVER MANOR | | STREET ADDRESS, CITY, STATE, ZIP 104 N TRAUTMAN BROADUS, MT 59317 | |
| 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 - Some | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to perform appropriate hand hygiene after doffing a contaminated gown and protective foot coverings and before donning clean personal protective equipment on the COVID-19 isolation unit; failed to remove contaminated, protective foot coverings before leaving the COVID-19 isolation unit; failed to ensure staff wore a N95 respirator mask during COVID-19 resident care; and failed to post transmission based precaution signage on the door for 1 (#5) of 6 sampled residents. These deficient practices had the potential to negatively affect residents that did not have a positive COVID-19 status. Findings include: 1. Hand Hygiene During an observation on 10/14/20 at 9:37 a.m., on the COVID-19 unit, at the end of the 200 hall, staff member G doffed a contaminated gown and footwear booties, then left the unit without sanitizing her hands. Staff member G walked down the 200 hall, entered the end of the 100 hall, and into the office of staff member A, then asked for assistance on the COVID-19 unit. Staff member G walked back to the 200 hall with staff member A, donned clean gloves, gown, and footwear booties, without first sanitizing her hands. During an interview on 10/14/20 at 10:49 a.m., staff member G stated she realized that proper hand sanitation was not completed earlier, after taking off all the personal protective equipment and before leaving the COVID-19 unit. Staff member G stated a nurse was needed on the COVID-19 unit and she got in a hurry. A review of the facility's policy titled, Infection Prevention and Control Manual, General Policies, Application of Gown Technique, dated 2019, showed Perform hand hygiene both before and after the gown application. 2. Contaminated Footwear Booties During an observation and interview on 10/14/20 at 10:44 a.m., staff member G was wearing protective booties over her shoes, while in the chemical storage room. Staff member G, and staff member I, had been asked to explain the chemicals used during the disinfecting process in the facility. During the conversation, staff member G removed the protective booties and disposed of them in the garbage can in the chemical storage room. Staff member G stated the booties should have been removed before she exited the COVID-19 unit earlier. During an interview on 10/14/20 at 10:49 a.m., staff member G stated training had been completed on 9/30/20, on the Relias system (staff training system), for proper donning and doffing of personal protective equipment. During an interview on 10/15/20 at 2:44 p.m., staff member C stated no documentation could be provided that showed direct care staff had completed return demonstration of proper donning and doffing of personal protective equipment. 3. Proper Personal Protective Equipment During an observation and interview on 10/14/20 at 11:20 a.m., staff member A was on the COVID-19 isolation unit and was wearing a surgical mask instead of a N95 respirator mask. No face shield was observed on staff member A. Staff member A stated she did not wear a face shield, but instead wore goggles. During an interview on 10/14/20 at 11:46 a.m., staff member D stated N95 respirators were to be worn on the COVID-19 isolation unit. During an interview on 10/14/20 at 11:50 a.m., staff member A stated she did not have her N95 mask on while on the COVID-19 unit at 11:20 a.m. Staff member A stated she forgot to wear the N95 mask instead of the surgical mask, but it was available to her. 4. Transmission Based Precaution Signage During an observation on 10/14/20 at 10:08 a.m., resident #5's room door was closed. Resident #5's room did not have any transmission-based precaution or isolation signage attached to the resident's room door. During an interview on 10/14/20 at 11:46 a.m., staff member D stated she realized no sign for precautions was posted on resident #5's room. Staff member D stated resident #5 had been positive for COVID-19 since 10/9/20. Therefore, the posting was not available to alert staff and visitors on the necessary precautions for resident #5 for 8 days.</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.