STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275044	A. BUILDING _____ B. WING _____	05/28/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BIG SKY CARE CENTER	2475 WINNE AVE HELENA, MT 59601

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to establish an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility failed to implement droplet and contact precautions, including the use of eye protection, when caring for residents who developed symptoms of COVID-19 for 2 of 4 residents reviewed. This failure had the potential to infect all residents and employees with a pathogen that could be transmitted in the healthcare setting. Findings include: According to the CDC's (Centers for Disease Control and Prevention), Preparing for COVID-19 in Nursing Homes, dated 5/19/20: - Ask residents to report if they feel feverish or have symptoms consistent with COVID-19. - Actively monitor all residents upon admission and at least daily for fever (T>100.0 F) (Temperature greater or equal to 100.0 degrees Fahrenheit) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement Transmission-Based Precautions as described below. - Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures > (greater than) 99.0 F might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19. If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community, follow the Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. This guidance should be implemented immediately once COVID-19 is suspected. - Residents with suspected COVID-19 should be prioritized for testing. - Residents with known or suspected COVID-19 do not need to be placed into an airborne infection isolation room (AIIR) but should ideally be placed in a private room with their own bathroom. - Residents with known or suspected COVID-19 should be cared for using all recommended PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. A. Arrival at the facility on 5/28/20 at 9:00 AM revealed a locked facility with signage on the front door indicating the facility was closed to visitors. A staff member screened the surveyors for signs and symptoms of COVID-19 before allowing entry into the facility. During the facility tour on 5/28/20 at approximately 10:00 AM, all staff were wearing surgical masks and were seen cleaning their hands with alcohol based hand rub before entering and after exiting resident rooms. With the exception of one resident, who was asked to wear a mask in the hallway, all residents were isolated to their rooms. Further observation showed no evidence of transmission based precautions identified on doorways leading into resident rooms. Review of the facility's Skilled Nursing Care Facility Respiratory Illness (ILI) collection form for May 2020 (Line Listing), revealed there were no employees that had shown signs or symptoms of COVID-19 since the facility started tracking symptoms in March 2020. B. Review of Resident (R) 4's clinical record on 5/28/20, revealed R4 was [AGE] years old and did not share a room with another resident. [DIAGNOSES REDACTED]. Review of the Line Listing on 5/28/20 revealed R4 had a temperature of 99.5 F on 5/22 and 99.2 F and 100.7 F on 5/26. However, review of R4's clinical record revealed the resident had a runny nose and was not feeling well starting 5/4/20. Review of R4's Medication Administration Record [REDACTED]. Eyes remain red and slightly swollen, prescribed [MEDICATION NAME] ointment (antibiotic). Resident was having trouble swallowing his breakfast today and when asked what was wrong he replied I don't feel good. - 5/5 at 2:29 PM: Mild intermittent cough, runny nose and watery eyes noted. Runny nose seems to worsen with eating .Eyes continue to be red and slightly swollen and reportedly sore. .Multiple soft stools again today .Resident did not report feeling ill today. - 5/6 at 1:26 PM: Mild cough continues. Resident does not quite seem like himself today. His nose is running more while eating which is worrisome for silent aspiration. More short gasps which resident does do at baseline but this seems to be more today. No SOB (shortness of breath). Vitals stable, no abnormal lung sounds noted. Did not eat much for breakfast, had trouble at lunch and after a few bites just stopped and stared, when asked what was wrong he said full. It appears questions are taking longer to process or finding the right words is difficult for resident today. - 5/7 at 9:39 AM: resident complains of headache. - 5/7, 5/8 and 5/9: similar findings of intermittent cough and not feeling well. - 5/10 at 1:45 PM: resident appears to be worse today and started on a trial puree diet but he would not eat it; notified the DON (Director of Nursing) to set up telehealth visit with medical professional. - 5/11 at 10:56 AM: virtual visit with the medical professional who provided a verbal order for [MEDICATION NAME] eye drops (antibiotic) and a swallow evaluation. - 5/13 at 12:05 PM: lung sounds diminished. Brought an incentive spirometer (device that helps a person take slow, deep breaths to expand and fill lungs with air) into residents room today and assisted him with some coughing and deep breathing, resident did well, will continue to assist with IS (incentive spirometer) throughout the day to encourage deep breathing. - 5/15 at 8:22 AM: Speech Language Pathologist (SLP) recommends resident remain on pureed diet with nectar thick liquids. - 5/18, 5/19 and 5/20: resident had no fever or respiratory symptoms and was more like himself. - 5/20 at 3:20 PM: mild cough noted, was chipper and conversant with staff. - 5/21 at 2:42 PM: Resident seems to be coughing and having a runny nose more again today. Possible silent aspiration signs again, continue to cue resident for safe swallowing. Lung sounds clear. - 5/23 at 9:41 AM: new orders for as needed (PRN) cough syrup and nebulizer treatment for [REDACTED]. Swallow study will be scheduled tomorrow. - 5/26 at 11:37 AM: Resident's temp (temperature) earlier this am was 100.6 (F) and then checked again at 7:00 AM and was 99.2 (F). Resident was given Tylenol PRN for increased temp and discomfort with some relief. Resident continues with occasional cough and congestion noted. He reports that he is comfortable when asked however and took his medications and supplements as prescribed today so far. - 5/26 at 12:49 PM: Tylenol administered for complaint of headache. - 5/27 at 2:34 AM: resident had temperature of 100.5 F, dry cough, ronchi (breath sounds heard through a stethoscope that may indicate secretions or obstructions) throughout both lungs and oxygen saturations of 75 percent (%) which increased to 92% with deep breathing and supplemental oxygen at 2 liters per minute. Will contact physician for chest x-ray. Resting at this time. - 5/27 at 3:30 PM: virtual visit with physician. Chest x-ray ordered. - 5/27 at 3:52 PM: physician ordered chest x-ray for suspected aspiration pneumonia and swallow study scheduled for 6/2/20. Review of R4's chest x-ray, dated 5/27/20, showed, No active disease. There was no evidence in the record that R4 had been placed on droplet/contact precautions, including using eye protection, when R4 developed a runny nose on 5/4/20, or a cough and runny stools on 5/5/20. C. Review of R2's clinical record on 5/28/20, revealed R2 was [AGE] years old and resided in a private room. [DIAGNOSES REDACTED]. Review of the Line Listing on 5/28/20 revealed R2 developed a temperature of 102.2 F on 5/3/20 and was diagnosed with [REDACTED]. Review of R2's Progress Notes, dated 5/1/20 through 5/13/20, revealed on: - 5/1 at 2:36 AM: resident afebrile (no fever present), weak and lethargic; urinalysis to be sent in the morning. - 5/4 at 4:19 AM: resident had temperature of 102.2 F at 11:30 PM, Tylenol administered and was 99.6 F at 3:00 AM. Resident also had nausea and gagging with medications. Resident's urinalysis indicated a UTI. Waiting for culture and new orders from doctor. - 5/5 at 4:23 AM: resident started [MEDICATION NAME] (antibiotic) for the UTI and is taking Tylenol as needed for fever. Last temperature at 00:30 AM was 100.3 F. Resident remains weak and lethargic. - 5/5 at 3:13 PM: discontinue the [MEDICATION

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.

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	(continued... from page 1) NAME] and start [MEDICATION NAME] (antibiotic) and Bactrim (antibiotic). - 5/6 at 1:15 AM: resident's temperature was 100.0 F and lower leg [MEDICAL CONDITION] that is red in color, warm to touch and painful, fax sent to physician and temp was 97.6 F when checked at 11:00 PM. - 5/6 at 11:25 AM: resident transferred to the emergency room per physician orders to rule out [MEDICAL CONDITION] of the left lower extremity. - 5/6 at 3:30PM: resident being admitted for [DIAGNOSES REDACTED]. Review of R2's Hospital Discharge Summary, dated 5/11/20, revealed R2 was diagnosed with [REDACTED]. Further review revealed R2 had been tested for COVID-19 on 5/7/20 that showed no evidence for infection with [DIAGNOSES REDACTED] (severe acute respiratory syndrome) Coronavirus 2 (COVID-19). There was no evidence in the record that R2 had been placed on droplet/contact precautions, including the use of eye protection, when R2 developed a temperature of 102.2 F on 5/4/20. D. During an interview on 5/28/20 at approximately 9:30 AM, the Administrator and the DON stated the facility did not automatically test for COVID-19 when residents developed a fever or respiratory symptoms but that the medical director and physicians chose to rule out other things first. We follow the symptoms and check for things like a urinary tract infection or order a respiratory panel. The Administrator and DON acknowledged a co-infection with COVID-19 was possible. The DON further stated the facility had participated in the State's initiative to test every resident and employee of the facility for COVID-19 and would provide the dates of the testing. During a subsequent interview at 12:35 PM, the DON revealed the facility wide COVID-19 testing was conducted on 5/7 and 5/8 and the results were returned to the facility on [DATE]. All residents and staff tested negative, including R4; however, the results had not yet been entered into the resident records. During an interview on 5/28/20 at approximately 11:30 AM, the Administrator and Director of Nursing (DON) stated when residents developed symptoms of COVID-19 they would isolate the resident immediately and start COVID-19 droplet/contact precautions, including the use of eye protection. During concurrent review of the Line Listing, the DON stated the facility had not followed the implementation of droplet/contact precautions, including the use of eye protection, for R2 and R4 when they developed a fever or respiratory symptoms because the symptoms could be explained by other diagnoses. R2 had a confirmed UTI and R4 was suspected of aspiration pneumonia. The Administrator and the DON stated the symptoms requiring the implementation of droplet/contact precautions with eye protection had to include respiratory symptoms. However, according to the CDC's, Symptoms of Coronavirus, accessed 5/28/20: People with COVID-19 have had a wide range of symptoms reported - ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to [MEDICAL CONDITION]. People with these symptoms may have COVID-19: Fever or chills Cough Shortness of breath or difficulty breathing Fatigue Muscle or body aches Headache New loss of taste or smell Sore throat Congestion or runny nose Nausea or vomiting Diarrhea During an interview on 5/28/20 at 4:00 PM, the DON stated she has learned that any resident that displays any of the symptoms for COVID-19, as listed on the CDC Symptoms of Coronavirus webpage, require immediate isolation and the implementation of droplet/contact with eye protection precautions until either the test based or the symptom based strategies are fulfilled for the discontinuing transmission based precautions which are found on the CDC's Discontinuation of Transmission Based Precautions webpage. The DON stated R2 and R4, though isolated in their own rooms with staff wearing masks and following standard precautions, the facility had not implemented droplet/contact and eye protection precautions beginning on the date of symptom onset as per their own facility policy. The DON stated she would immediately start R4 on droplet/contact with eye protection precautions and re-train the staff on symptoms of COVID-19 and the initiation of transmission based protocols when symptoms first begin. Review of the facility policy titled, COVID-19: Making Admission and Re-Admission Decisions, revealed: Current resident develops undiagnosed respiratory symptoms of temp above 100.0 (F), O2 (oxygen) SATS (saturation) below 90%, cough, SOB, plus general malaise. a. Seek testing for influenza, Strep, COVID-19, other. b. If possible, move to single room near the end of the hall or on a step-down unit for residents not in general population or in COVID-19 confirmed area. c. Track illness using line listing and report outbreak to local HD (health department) as required. d. Keep Room Log of those who enter room. Isolation: gloves, gown, masks with face shield or N95 with goggles, mandatory N95 for aerosol generating procedures.