

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>275133</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BLACKFEET CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>728 S GOVERNMENT SQ BROWNING, MT 59417</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 0886  <b>Level of harm - Potential for minimal harm</b>  <b>Residents Affected - Many</b>	<p>Based on interview and record review, the facility failed to conduct testing of staff based on the county level positivity rate according to the recommended frequency. The facility resides in a county with a positivity rate of 48.4%, which necessitates bi-weekly testing for staff. This had the potential to negatively affect all residents in the facility. Findings include: During an interview on 10/14/2020 at 12:10 p.m., staff member D stated all staff come into the facility every Saturday to get tested for Covid-19 between 6:00 and 7:00 a.m. During an interview on 10/14/2020 at 12:25 p.m., staff member C stated staff have been tested for Covid-19 weekly since June of 2020. During an interview on 10/14/2020 at 12:35 p.m., staff member A stated all employees have been tested for Covid-19 weekly. She stated she did not have any staff who have refused testing. During an interview on 10/14/2020 at 1:00 p.m., staff member B stated the county's positivity rate was greater than 10%, which meant staff were required to come into the facility weekly for a Covid-19 test. Staff member B stated she was following the State's guidelines, and if the State were to change their guidelines, the facility would change their policy. Review of the county's positivity rate per CMS' Positivity Rates for 9/24/20-10/7/2020 showed a positivity rate of 48.4%. Review of CMS' newest guidelines for testing in Long Term Care facilities, dated 8/26/2020, showed facility's residing in counties with a positivity rate greater than 10% are required to test staff members twice weekly.</p> <p>Based on record review completed on 10/14/20, the facility name was included on a listing provided by the Montana Communicable Infectious Disease Epidemiology Department, and identified as currently experiencing and managing a COVID-19 outbreak.</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.