

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 355038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER ST GERARD'S COMMUNITY OF CARE		STREET ADDRESS, CITY, STATE, ZIP 613 1ST AVE SW HANKINSON, ND 58041	
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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interviews, and record reviews, the facility failed to develop a comprehensive resident-centered care plan consistent with measurable interventions for one (Resident 48) of the two residents looked at for care planning. Specifically, the facility failed to identify a medical focus that requires interventions to sustain life on the care plan. This failure places the resident at risk for not having their needs met. Findings include: Resident 48 was admitted on [DATE]. The resident's [DIAGNOSES REDACTED]. On 6/23/20 at 12:00 PM, Resident 48 was observed asleep in bed with [MEDICAL CONDITION] (Continuous Positive Airway Pressure) with O2 (Oxygen) tubing connected to the [MEDICAL CONDITION] tubing and the O2 concentrator set at 2L/M (Liters per Minute) of oxygen. Record review of Resident 48's Care Plan Goal reads, I will be able to participate in my cares while ambulating with extensive assist throughout facility next 3 months. Status is Active, Review date 8/31/2020, Start date 4/5/2018. Under subsection intervention reads, I will utilize oxygen as ordered attached to my [MEDICAL CONDITION] at bed rest as I allow. Status reads Active; Role(S) reads, Nursing, Nursing Assistant, Start Date reads 2/19/2019. In reviewing the comprehensive 39 pages of Resident 48's Care Plan, no goal/focus is listed for Resident 48's [DIAGNOSES REDACTED]. Record Review of the policy entitled Nursing Care Plans, Revised 11/17, subsection of the policy reads, A person-centered plan of care shall be developed within 14 days of admission by an interdisciplinary team. Number three reads, Areas to be discussed and addressed in the care plan are Dietary, Bowel and Bladder, Medical, Social, Emotional, and Activities. Number four reads, Problems in these areas are discussed along with approaches and goals. Record review of the policy entitled Oxygen Therapy revised on 2/1/2016. Under subsection Policy reads in pertinent part, Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the resident's goals and preferences. Subsection titled, Policy Explanation and Compliance Guidelines Number two reads, Personnel authorized to initiate oxygen therapy include physicians, RN's, LPNs, and respiratory therapists. Number five reads, The resident's care plan shall identify the interventions for oxygen therapy, based upon the resident's assessment and orders. On 6/23/2020 at 2:00 PM, in an interview with the Assistant Director of Nursing (ADON), when shared Resident 48's care plan states roles for assuring the [MEDICAL CONDITION] and oxygen are attached to the resident is to be done by nursing assistant, the ADON says it is her expectation that nursing supervised the placement of the [MEDICAL CONDITION] after the nursing assistant applies it to the resident. When asked does Resident 48 have oxygen attached to the [MEDICAL CONDITION]; the ADON replied, Yes. When shared, the facility policy states authorize personnel for oxygen initiation, or placement, excludes nursing assistants from applying oxygen. The ADON acknowledged. When the ADON/NHA (Nursing Home Administrator) was asked why [MEDICAL CONDITION] was not a focus on the care plan, the ADON states there is a care plan for activities and everything. When asked for a comprehensive care plan addressing measurable interventions for Resident 48's Sleep Apnea [DIAGNOSES REDACTED].</p>		
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 observations, interviews, and record reviews, the facility failed to ensure that staff was performing proper hand hygiene to prevent transmittable diseases. Specifically, the staff did not use the correct sequence for washing hands, and staff was touching resident's food trays in multiple residents' rooms without performing hand hygiene (HH). Findings include: 1. On 6/23/20 at 12:19 PM, observation of Certified Nurse Aide 1 (CNA1) revealed CNA1 approach a sink on the East hall, CNA1 using her left hand dispensed soap into the left hand (without rinsing hands first), with right-hand turned faucet on, and then began soaping hands first. After CNA1 dried her hands, when asked about the sequence of soaping before rinsing hands, CNA1 replied, I was a little distracted. Above the sink was signage that had the correct series for washing hands. On 6/23/20 at 12:50 PM, in an interview with the IPC-Nurse (infection control preventionist), when shared observation of the incorrect sequence, IPC-Nurse states she does monitors hand hygiene, and her goal is 95% compliance. Review of policy title Hand Hygiene effective 3/09/2020, subsection title, Policy Explanation and Compliance Guidelines: number five subsection Hand hygiene techniques when using soap and water: a. Wet hands with water. b. Apply enough soap to cover all hand surfaces. c. Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. d. Rinse hands with water. e. Dry thoroughly with a single-use towel. f. Use towel to turn off the faucet. On 6/23/20 at 1:10 PM, in an interview with the Nursing Home Administrator (NHA) shared observations of CNA1 washing hands, NHA replied what is wrong with using soap first. Explained to NHA what best practices for the prevention of transmittable diseases are to rinse hands before using soap, and illustrated that the facility policy and signage align with best practices. The NHA acknowledged. 2. On 6/23/20 at 12:30 PM, Dietary Aide 1 (DA1) was observed picking up lunch trays from residents' rooms, exiting the room, and discarding left food items from the plate and disposing of food items in a bucket on top of the cart (out in the hall) while wearing gloves. Then DA1 submerses the towel into a bucket of liquid and enters the resident room and proceeds to clean the bedside table, where the tray was, manipulating resident's personal items to clean the surface of the bedside table. Then DA1 exits the room, again without hand hygiene and wearing the same gloves, then returns the towel into the bucket, he then enters into another resident's room, no hand hygiene, and wearing the same gloves. DA1 repeats the sequence from the resident's room, as described earlier. Observed the DA1 continue to enter into another resident room, but was stopped by this surveyor. On 6/23/20 at 12:38 PM, in an interview with DA1, when shared observations, DA1 states, Yea, I probably should have changed them (gloves) later states he usually keeps gloves in his pocket. The IPC-Nurse approached and shared observations. When asked what her expectation of staff upon entry and exiting residents' rooms, the IPC-Nurse states, she would expect staff to wash hands, change gloves, and hand hygiene between changing gloves. When informed IPC-Nurse, there are no gloves on the food cart; the IPC-Nurse then points to the end of the hall (approximately 20 feet) where the box of gloves was. Record review of Hand Hygiene policy effective 3/9/2020, subtitle number six, Additional Considerations section b reads, The use of gloves does not replace hand washing. Under title page, Hand Hygiene reads in pertinent part, Hand hygiene continues to be the primary means of preventing the transmission of infection. The following is a list of some situations that require hand hygiene (even if gloves are used): Before and after eating or handling food (handwashing with soap and water); On 6/23/20 at 1:12 PM, in an interview with the NHA, when shared observations of DA1, the NHA verbally acknowledged.</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.