STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355031	A. BUILDING _____ B. WING _____	**09/23/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MINOT HEALTH AND REHAB, LLC	**600 S MAIN ST MINOT, ND 58701**

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	**Provide and implement an infection prevention and control program.** Based on observation, review of facility policy, and staff interview, the facility failed to follow infection control standards for one of one days (09/23/20) of observation. Failure to store and label reusable face shields, properly store surgical masks, and provide isolation signage for residents on isolation, has the potential to spread infection to other residents, personnel, and visitors. Findings include: Review of the facility policy titled Pandemic Preparedness and Response Policy, occurred on 9/23/20. This policy, dated 03/23/20, stated, . Standard and Droplet Precautions: Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE. Review of the facility policy titled Strategies for Optimizing PPE During a COVID -19 Outbreak occurred on 09/23/20. This policy dated 03/23/20, stated, . Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container. . If a disposable face shield is reprocessed, it should be dedicated to one HCP (health care provider) and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on. Observation on the afternoon of 09/23/20 showed the faces shields stored on the handrail inside the closed doors of the COVID unit. The face shields lacked staff names or other forms of identification. During an interview the afternoon of 09/23/20, a staff nurse (#5) prepare to enter the COVID unit stated she had no further information regarding the storage of the face shields and was unsure if they were clean or dirty. During an interview the afternoon of 09/23/20, an administrative staff member (#2) agreed the face shields lacked staff names or other identification. The afternoon of 09/23/20 observation of the facility's second floor identified two residents (Resident #1 and #2) with isolation carts outside their rooms. A certified nurse assistant (CNA) (#3) stated Resident #1 was on isolation related to her roommate having a positive COVID test. Resident #2 stated she was on isolation for a hospital return. The facility failed to place isolation signs outside resident's rooms indicating the type of precautions needed and required PPE. During an interview the afternoon of 09/23/20, a dietary staff member (#4) stated she received 4 masks in a paper bag at the beginning of the month. At the end of her shift, she folds it and returns it to the same paper bag containing the remaining clean masks potentially contaminating the clean masks. Observation of the facility second floor the afternoon of 09/23/20 showed multiple white paper bags hung on a bulletin board located behind the nurses' station. On the outside of each paper bag was written a staff members name and the month of September. Each bag contained 3-4 surgical masks. During an interview the afternoon of 09/23/20, a CNA (#3) stated she receives 3-4 masks at the beginning of the month. The CNA (#3) stated she wears one mask for an entire week and places it in her locker at the end of each shift. The CNA (#3) confirmed she did not place the mask in a paper bag when stored in her locker. The facility failed to store, label, and use signage for isolation in attempt to prevent the spread of the COVID-19 virus.
F 0886 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	Based on record review and staff interview, the facility failed to document required COVID-19 test documentation for 5 of 5 sampled residents (#1, #2, #3, #4 and #5) and 2 of 3 sampled staff (#6 and #7). Failure to document COVID 19 testing and results may lead to lack of further interventions required. Findings include: Review of medical records occurred on 09/23/20, and showed Resident #1, #2, #3, #4 and #5 records failed to contain documentation of a COVID 19 test and test results. The facility failed to provide a policy/procedure for refusal of testing for staff and residents when requested. During an interview on 09/23/20 at 3:45 p.m., an administrative staff member (#1) confirmed medical and staff records lacked COVID testing information.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE