STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275130	A. BUILDING _____ B. WING _____	05/05/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BIG HORN SENIOR LIVING	200 N MITCHELL AVE HARDIN, MT 59034

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 properly implement infection control precautions per the CDC guidelines of canceling communal dining, group activities, use the recommended 14 day quarantine for readmissions to the facility, and document the absence of symptoms in staff screenings, to prevent the spread of COVID-19. This practice has the potential to affect all residents residing in the facility. Findings include: 1. During an observation on 5/5/20 at 8:15 a.m., breakfast was being served in the dining room and 23 residents were in the dining room. There were multiple tables with multiple residents sitting at the same table. There appeared to be about two to three feet between residents who were sitting at the same table. Staff members E and F were passing out plates of breakfast to the resident's and did not sanitize their hands between every new plate of food handed out. However, staff members E and F did sanitize their hands between every two and three passes of food. During an observation on 5/5/20 at 9:10 a.m., an exercise activity was occurring in the large room between the wings of the facility. For the residents who were sitting near the main doors participating in the activity, there appeared to be about three feet between residents. There was a white board outside the room that read Activities for 5-5 which included 9:00 - Exercise, 2:00 - Bingo, 3:30 - Resident Council, and 6:30 - Around the World. During an observation on 5/5/20 at 12:05 p.m., lunch was being served in the dining room and 26 residents were in the dining room. There were eight square dining tables and one large U shaped configuration table. There were four tables with one resident sitting at the table; two tables with three residents sitting at the table; two tables with four residents sitting at the table; and eight residents sitting at the U shaped table, and there appeared to be about two to three feet between residents who were sitting at the same table. There was no hand sanitizer gel, wipes, or cloths on the tables for residents to clean their hands. During an interview on 5/5/20 at 9:15 a.m., staff member B stated the resident population at the facility is considered a family, and it was not a feasible plan to not have communal dining, group activities, social distancing, and the facility is trying to keep the residents on a regular schedule. Staff member B stated in order to cancel activities and dining they would need to increase their staff and could not do a 1:1 resident to staff ratio. During an interview on 5/5/20 at 2:10 p.m., staff member A stated the facility was still holding communal dining and group activities as there was not a serious enough threat of COVID-19, and the facility is valuing the residents quality of life. Staff member A stated the facility's resident population would make implementing the guidelines difficult. Staff member A stated the facility had come up with a five phased plan in March and thought the guidelines for COVID-19 were just recommendations to consider. During an interview on 5/5/20 at 9:54 a.m., staff member B stated the facility had begun phase three when the first case of COVID-19 was found in the county on 4/6/20. Review of the phase 3 document did not show a date the phase was implemented. Review of the facility plan, phases 1-5, showed communal dining and activities would not be implemented until phase four when there was an active case of COVID-19 in the facility whether it was staff or residents. 2. During an observation on 5/5/20 at 8:50 a.m., resident #1's room had a sign on the door that read Contact Precautions Use PPE. There was a white mesh [MEDICATION NAME] hanging over the door that had gowns, gloves, and N95 masks. There was a bedside table with a sign in the hall next to resident #1's room that read Before you enter! Gloves, gown, goggles, N-95 mask. During an interview on 5/5/20 at 9:15 a.m., staff member E stated resident #1 had precautions because he had just gotten back from the hospital, and he would be in precautions for 48 hours as a precautionary measure. Staff member E stated that staff take their temperature twice during their shift; once upon initial arrival, and again sometime during their shift; and record them on a piece of paper. Staff member E said staff are not asked about any recent cough, fever, or chills. Staff member E said that staff used to carry around personal hand sanitizer, but since there was a shortage (of sanitizer) they no longer have personal hand sanitizer. There were large wall mounted sanitizers throughout the building; one on each hall; dining room; and soiled utility room. During an interview on 5/5/20 at 1:35 p.m., staff member B stated readmitted residents were put on isolation precautions when being admitted for forty-eight hours to the facility. Review of resident #1's nursing progress notes, showed the following: -Resident #1 was sent out of the facility on 4/20/20 by ambulance to the local hospital and then subsequently transferred out of town. -Resident #1 was readmitted to the facility on [DATE]. -No documentation was noted in the nursing progress notes for the isolation precautions being used for the resident. Review of resident #1's rehab document, dated 4/30/20, showed, Patient was tested for COVID-19 at (hospital emergency room) with returned negative. A request was made on 5/5/20 for resident #1's COVID-19 test results. No test results were supplied by the facility by the end of the survey. 3. During an observation on 5/5/20 at 9:30 a.m., there was a cart for vital signs in the back hall, which was the main entrance for staff. There was a piece of white paper taped to the vital signs cart that had Phase 3 printed on it. On a metal cart next to the vital signs cart, there was an employee temperature log, a pencil, hand sanitizing wipes, and an ear thermometer. Some employee name's had one temperature written down while other employee names had two temperatures written. Current dates on the temperature log were 5/3, 5/4, and 5/5. In the same back hallway, there was a cork board with many Ziploc bags attached with push pins. Each Ziploc bag had a staff member's name written on it. There was a white piece of paper on the cork board with recycle your masks . replace your mask if it is visibly soiled, damaged or if you have used it 3 times. Down a hallway that was between the employee temperature recording table, and the double doors that was the main entrance to the main facility, there was a cork board that had COVID 19 NEWS information. There were eight informational packets tacked to the bulletin board. During an interview on 5/5/20 at 9:55 a.m., staff member F stated the facility was in stage 3 of their prevention plan (for prevention of COVID-19), and staff are to check their temperatures twice a shift. Review of the facility's plan, phase 1-5, showed no protocol for monitoring and documenting signs or symptoms of infection for staff. 4. During an observation on 5/5/20 at 12:40 p.m., staff member G did not change gloves between removing resident #4's soiled brief and applying a clean brief. During an interview on 5/5/20 at 12:10 p.m., staff member C stated most residents perform hand hygiene themselves; however, if the residents do not perform their own hand hygiene, the CNAs should be offering hand hygiene before and after use of the bathroom and before and after meals. Staff member C stated cloth masks are offered to the residents to wear and some do wear them. The cloth masks are limited to one per resident, and they are laundered in house. Staff member C stated monitoring of residents for symptoms of COVID include checking temperatures twice a shift, any onset of cough, shortness of breath, and loss of taste and smell. Staff member C stated they do not social distance residents in the facility; however, if a resident were to show symptoms of COVID, they would isolate that resident. Staff member C stated staff member B told all staff that residents will be isolated for 48 hours after readmission to the facility. Staff member C stated if a resident showed signs and symptoms of COVID, and the resident has a roommate, the roommate would be monitored through temperature checks, vital signs, and assessment of lung sounds. Preventive measures taken for infection prevention did not fully address and protect residents from those residents or staff who were potentially asymptomatic. Review of the facility's policy titled, Environmental Services/Housekeeping/Laundry and Infection Control, revised 5/14/15, reads general asepsis should be practiced by all healthcare personnel for their own protection as well as our patients/residents and others with whom they come in contact and hands shall be washed routinely as follows:

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) -after handling anything contaminated.