

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>025015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WRANGELL MEDICAL CENTER LTC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>P.O. BOX 1081 WRANGELL, AK 99929</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 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>. Based on observation, record review, interview and policy review, the facility failed to ensure 1) social distancing of residents 6 feet apart during communal dining and group activities; 2) hand hygiene for 1 resident out of 14 sample residents was performed before a meal; 3) hand bells used at the dining tables were cleaned in-between groups of residents; 4) staff performed hand hygiene after caring for a resident and before moving to a clean surface; and 5) the facility policy included notification of public health officials of respiratory clusters. These failed practices had the potential to affect all residents, based on a census of 14, to properly prevent the spread of infection and/or COVID-19. Findings: Communal Dining: During an observation on 4/28/20 at 8:12 am, 7 Residents (#1, 2, 4, 7, 8, 11, and 12) were seated in the dining room awaiting or eating their breakfast. Resident #2 and #11 were seated at a round table facing one another. At an oval table, Resident #8 was seated at the far end of the table, while Resident #1 and #4 were seated across from one another. Resident #7 and #12 were seated in recliners at opposite ends of the dining room. During an observation on 4/28/20 at 2:00 pm, the Infection Prevention Control (IPC) Licensed Nurse (LN) was asked to measure the tables where the Residents were dining. The distance between Resident #2 and #11 at the round table measured 5 feet apart. The distance between Resident #1 and #4 at the oval table measured 4 feet apart. Review on 4/28/20 at 5:00 pm of the facility's Temporary dining schedule, updated 4/26/20, revealed As we continue to provide a safe environment for our residents, please remember to maintain 'social distancing' of 6 feet between each resident. Our dining schedule is a guideline, keeping in mind that we will allow for as much flexibility (resident preference) as possible. Breakfast will be served for the first group (of Residents) from 0800 to 0900. The first group of residents eating in the day room are (Resident #1, 2, 7, 8, and 12). During an interview on 4/29/20 at 3:03 pm, the Director of Nursing (DON), when asked about the communal dining, stated the Residents had dined together because there was no opportunity to isolate since they lived in semi-private rooms. The DON further stated that the Residents dining schedule had been broken up into two groups, and that no more than 5 Residents had been scheduled to dine at the same time. Group Activities: During the entrance conference on 4/27/20 at 4:04 pm, the Administrator, the Chief Nursing Officer (CNO) and the Performance Improvement Manager were present. When asked if the facility was holding group activities, it was stated that the Activities Coordinator was holding activities with no more than 5 Residents at a time, while maintaining 6 foot separation between the Residents. During an interview on 4/28/20 at 11:03 am, the IPC LN stated the facility still held communal group bingo, with the Resident's seated at different tables and spread out to maintain separation. During an observation on 4/28/20 at 11:50 am, 7 Residents were seated in the dining room. Resident #8 and #14 were engaged in a coloring activity, using markers, while seated next to one another (within 6 feet of each other) at the oval table. Resident Hand Hygiene: During an observation on 4/28/20 at 11:54 am, a lunch tray was placed in front of Resident #8 immediately after the coloring activity. The Resident had not performed hand hygiene prior to his/her meal, nor had the staff offered to assist Resident #8 with his/her hand hygiene. During an interview on 4/28/20 at 12:35 pm, Certified Nursing Assistant (CNA) #1 stated that the Resident should have been offered hand hygiene before eating his/her meal. Dining Room Equipment Cleaning: During a continuous observation on 4/28/20, from 8:54 am to 9:27 am, CNA #'s 1, 4 and the Activities Coordinator were cleaning the dining tables after the Residents from the first group (Residents #1, 2, 4, 8, and 11) left the dining room tables. The Residents from the second group then entered the dining room. Two hand bells were located on the round table and were not wiped down in-between the Resident groups. Three hand bells were located on the oval table, and 2 hand bells had not been wiped down in-between the Resident groups. Staff Hand Hygiene: During an observation on 4/28/20 at 9:04 am, CNA #1 was feeding Resident #11 in the dining room. With an ungloved hand, CNA #1 wiped Resident #11's face below the nose with a napkin, placed the napkin on the dining table, and continued to feed the Resident. CNA #1 then walked to the refrigerator and picked up a container, without first performing hand hygiene. During an observation on 4/28/20 at 9:31 am, CNA #2 was providing morning cares for Resident #9. With gloved hands, CNA #2 cleansed the Resident's perineal area, and washed around the Resident's catheter (a tube draining urine). CNA #2 then assisted the Resident to his/her side and washed the Resident's buttocks. With the same gloves used to clean the Resident, CNA #2 opened the Resident's closet door to obtain more supplies. Review of the facility's policy Hand Hygiene, revised 2/1/20, revealed .the use of Hand Sanitizer is recommended for routinely decontaminating hands .After contact with a patient's intact skin .Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces . Respiratory Cluster Report in Policy: During a joint interview on 4/29/20 at 3:03 pm, when asked the process for communication with public health officials, the ICP LN stated he would notify the State Epidemiology if there had been a cluster of infections in the facility. When asked for the policy regarding the reporting of respiratory clusters, the DON provided the Reportable Diseases, version #5, policy. Review of the facility's policy Reportable Diseases, version #5, revealed Purpose (-) To establish guidelines for the reporting of infectious disease within the Laboratory .It is the responsibility of health care providers to report diseases or suspected diseases to the Alaska Section of Epidemiology via phone or fax within 24 hours. When asked the process for reporting, the DON stated that it was the laboratory's responsibility to report test results to the State Health Department. When asked to provide the facility's policy for when to notify public health officials if there had been a respiratory cluster in the facility, the IPC LN was unable to provide a facility policy, but referred to the Center for Disease Control (CDC) guidelines. .</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.