

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 275079	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER WIBAUX COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 712 WIBAUX ST S WIBAUX, MT 59353	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to implement consistent screening of residents and staff, intended to prevent the transmission of communicable diseases, specifically COVID-19, through early detection and management of potentially infected residents, for 9 (#s 1, 2, 3, 4, 5, 6, 7, 8, and 9) of 9 sampled residents. The facility failed to actively screen staff for fever and the absence of illness. The deficient practices had the potential to affect all residents in the facility. Findings include: 1. During an interview on 6/9/20 at 8:25 a.m., staff member N stated residents were supposed to have their temperature and oxygen saturation checked twice a day. She also stated if a resident was found to have an elevated temperature or any respiratory symptoms, the CNA was to notify the charge nurse. During an interview on 6/9/20 at 12:30 p.m. staff member A stated the facility was behind on entering temperature and oxygen saturation results into the electronic medical record; but, all twice daily screenings were in a single binder. Staff member A stated sometimes two different sheets were used for the same shift, and this was the reason for some of the blanks on the resident screening sheets. Staff member A stated the facility only charts abnormal findings, and therefore, there was no documentation of the absence of symptoms for the residents. A review of the twice daily resident screening sheets, dated 3/14/20 through 6/4/20, showed the following missed temperatures: Resident #1 - 17 missed temperature results Resident #2 - 22 missed temperature results Resident #3 - 23 missed temperature results Resident #4 - 24 missed temperature results Resident #5 - 20 missed temperature results Resident #6 - 24 missed temperature results Resident #7 - 25 missed temperature results Resident #8 - 17 missed temperature results Resident #9 - 29 missed temperature results The total number of expected temperature results for each resident, between 3/14/20 and 6/4/20, was 166. A review of the facilities policy titled, Coronavirus Surveillance, last revised on 5/14/20, shows, Residents will be monitored for signs and symptoms of coronavirus illness at least 3 times a day: fever 2. During an observation and interview on 6/9/20 at 8:35 a.m., staff member B stated, When we remember, we (staff) write our temperatures on the clipboard. A clipboard with the form titled, Covid 19 Staff Monitoring, was found on top of the desk at the nurse's station. During an interview on 6/9/20 at 12:30 p.m., staff member A stated she tried to check the staff monitoring log in the afternoon; but, the charge nurses were ultimately responsible for ensuring all staff were screened at the beginning of their shift. A review of the Covid 19 Staff Monitoring log, dated 6/1/20 through 6/8/20, showed the staff who logged their temperature, presence or absence of a cough, and if they were feeling well. The log was compared with the staff schedule for June 2020. The following missed screenings were found: Staff member D worked 6/3/20 - 6/7/20; there was no screening for five of five days worked Staff member E worked 6/1/20 - 6/3/20, 6/6/20 - 6/8/20; there was no screening for four of six days worked Staff member F worked 6/1/20 - 6/5/20, 6/8/20; there was no screening for three of six days worked Staff member G worked 6/1/20 - 6/2/20, 6/4/20, 6/6/20 - 6/8/20; there was no screening for four of six days worked Staff member H worked 6/1/20, 6/5/20 - 6/8/20; there was no screening for five of five days worked Staff member I worked 6/1/20 - 6/2/20, 6/4/20, 6/8/20; there was no screening for two of four days worked Staff member J worked 6/1/20 - 6/2/20, 6/4/20 - 6/8/20; there was no screening for two out of seven days worked Staff member K worked 6/5/20; there was no screening for one of one day worked Staff member C worked 6/2/20 and 6/8/20; with no screening for one out of two days worked Staff member L worked 6/1/20 - 6/2/20, 6/5/20 - 6/7/20; with no screening for two out of five days worked Staff member M worked 6/1/20, 6/4/20 - 6/6/20; with no screening for one of four days worked The total number of opportunities for screening of the 11 staff members was 52. The total number of screenings missed was 30.</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.