

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/01/2022
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275029 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 01/20/2022 |
| NAME OF PROVIDER OR SUPPLIER AVANTARA OF BILLINGS | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2115 CENTRAL AVE BILLINGS, MT 59102 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| E 000 | Initial Comments | E 000 | | | |
| F 000 | <p>A COVID-19 Emergency Preparedness abbreviated survey was conducted on 1/20/22 by the Montana Department of Public Health and Human Services. The facility was found to be in compliance with 42 CFR §483.73; E-0024 (b)(6).</p> <p>INITIAL COMMENTS</p> <p>A Complaint survey was completed by the Department of Health and Human Services, Office of Inspector General, Certification Bureau, in coordination with a FIC/EP survey on 1/20/22. Facility Reported Incidents were investigated during the survey.</p> <p>A COVID-19 Emergency Preparedness abbreviated survey was completed on 01/20/22 by the Montana Department of Public Health and Human Services. Refer to page 1 of 1, Fed - E - Initial Comments, for findings.</p> <p>The facility census on entrance was 77.</p> <p>DEFICIENCIES NOT CITED:</p> <p>Refer to FORM CMS-2567; Event ID: CEFU11 for findings.</p> <p>Deficient practices were NOT cited for the complaint with Intake number: MT00051723.</p> <p>Deficient practices were NOT cited for the Facility Reported Incidents with Intake numbers: MT00051710 and MT00051714.</p> <p>Deficient practices were not cited for the EP survey.</p> | F 000 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/11/2022

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 000 | Continued From page 1 DEFICIENCIES CITED: Refer to FORM CMS-2567; Event ID: 909D11 for findings. Deficient practices were cited for the FIC survey. Glossary CNA Certified Nursing Assistant COVID-19 Coronavirus Disease 2019 SARS/COV-2 Severe Acute Respiratory Syndrome Coronavirus 2 | F 000 | | | |
| F 880 SS=F | Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following | F 880 | | 2/18/22 | |

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| F 880 | <p>Continued From page 2 accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> | F 880 | | | |

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| F 880 | Continued From page 3 §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure staff members B, F, and G performed proper hand hygiene and utilized the required personal protective equipment (PPE) before entering COVID-19 quarantined rooms, for 3 (#s 2, 3, and 6) of 3 sampled residents; failed to ensure staff member C performed proper hand hygiene during a medication pass for 1 (#1) of 1 sampled resident; and failed to ensure staff members E and I performed proper hand hygiene during wound care for 1 (#4) of 2 sampled residents. These deficient practices had the potential to increase the risk of infection for all residents residing in the facility. Findings include: 1. During an observation on 1/18/22 at 1:12 p.m., staff member B was assisting with distributing lunch trays to residents' rooms. During an observation on 1/18/22 at 1:15 p.m., resident #2's and #3's room had a drawered, plastic container holding PPE sitting outside the room. The room had signage on the door for Enhanced Droplet Precautions, and proper donning and doffing methods for PPE. Staff member B entered resident #2's and #3's room to deliver a lunch tray. Staff member B did not sanitize her hands, don a gown, or gloves before she entered the room. Staff member B then exited the room, without sanitizing her hands, changing her N95 respirator, or cleaning her face shield. | F 880 | DIRECTED PLAN OF CORRECTION This Directed Plan of Correction is required by the Centers for Medicare and Medicaid, and the Montana State Office of Inspector General, Certification Bureau, related to the identification of deficient practice for F880 - Infection Control, cited at the Severity and Scope of F. Corrections are to be completed by the date noted in Criteria Five - the Date of Completion/Compliance 2/18/2022. At a minimum, the facility will carry out and complete the following plan: 1. Criteria One: Corrections a. The nursing administrative team will conduct observations of direct care staff during their daily routine, in an attempt to determine how pervasive the deficient practices are in the facility related to staff entering designated rooms for quarantined residents and proper PPE use, during medication pass, and during the treatment of wounds. The findings of the observations will be used during the IDT review documented in 1(b). b. The facility administrative nursing team, led by the DON, and with the assistance of the Infection Preventionist, will review and discuss the deficient practices | | |

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| F 880 | <p>Continued From page 4</p> <p>Review of resident #2's and #3's nursing progress notes, both dated 1/17/22, showed the residents were on quarantine due to exposure from a staff member that tested positive for COVID-19.</p> <p>During an observation on 1/18/22 at 1:17 p.m., staff member B retrieved another lunch tray from the warming cart. Staff member B entered resident #1's room and did not sanitize her hands. Resident #1 was not on any type of precautions for a potential infection.</p> <p>During an interview on 1/18/22 at 1:19 p.m., staff member B stated when she entered a resident's room, she would knock and then wash her hands. Staff member B stated when she entered resident #2's and #3's room, she should have 'gowned up' and sanitized. Staff member B stated she then should have sanitized her hands after leaving the room. During the interview, staff member B did not mention that gloves were also to be donned before entrance into the precautioned room.</p> <p>During an interview on 1/18/22 at 1:27 p.m., resident #1 stated that staff do not always sanitize their hands upon entrance to her room or during cares, but they do wear gloves. Resident #1 stated some staff do and some staff do not perform hand hygiene.</p> <p>During an interview on 1/18/22 at 2:30 p.m., staff member A stated staff should don the proper PPE before they entered an isolation room.</p> <p>2. During an observation on 1/18/22 at 1:35 p.m., staff member C prepared medications to deliver to resident #1. Staff member C entered resident #1's room without performing hand sanitization.</p> | F 880 | <p>identified on the Form CMS-2567, and include concerns identified from findings of 1(a) for staff failing to use proper infection control procedures when entering designated rooms for quarantined residents, during medication pass, and during the treatment of wounds. The intent of the review and discussion will be to determine contributing factors to the deficient practices, what will be needed to correct the deficient practices, and the development of a plan which will be carried out to correct the deficiencies fully. Documentation of the IDT actions/findings/plan will be reviewed during the revisit survey.</p> <p>c. A nursing assessment will be completed for resident #s 1, 2, 3, 4, and 6, to determine if the residents experienced any negative outcome/illness related to the identified deficient practices for the individual resident and infection control. The assessment will be documented in the individual resident's EHR, and verified as completed and accurate by the DON/IP</p> <p>2. Criteria Two: Identification of Others</p> <p>The nursing administrative team, led by the DON, will reference the areas of deficient practice, and attempt to identify any resident negatively affected by the failed practices of staff using improper infection control procedures when entering designated rooms for quarantined residents, during medication pass, and during the treatment of wounds. The team will document the process used</p> | | |

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| F 880 | <p>Continued From page 5</p> <p>During an interview on 1/18/22 at 1:41 p.m., staff member C stated the correct hand hygiene process is to sanitize before entering and after exiting a resident's room.</p> <p>3. During an observation on 1/19/22 at 11:35 a.m., resident #6's room had a drawered, plastic container holding PPE sitting outside the room. Resident #6's room had an Enhanced Droplet Precautions sign attached to the door, along with proper donning and doffing methods for PPE. Staff member F was outside of resident #6's room and was wearing an N95 mask and face shield. Staff member F had donned a gown and then donned disposable gloves. Staff member F did not perform hand sanitization prior to donning the gloves. Staff member F entered resident #6's room briefly and retrieved a water cup.</p> <p>During an observation on 1/19/22 at 11:38 a.m., staff member F donned a gown and gloves to re-enter resident #6's room. Staff member F did not perform hand sanitization prior to donning the clean gloves.</p> <p>During an interview on 1/19/22 at 11:41 a.m., staff member F stated she did not sanitize, but should have, before putting gloves on her hands. Staff member F stated she had been educated on proper PPE donning and doffing and they (staff) talk about it all the time.</p> <p>Review of resident #6's nursing progress notes, dated 1/19/22, showed the resident was still on isolation related to exposure to a COVID-19 positive individual.</p> <p>4. During an observation on 1/19/22 at 11:50</p> | F 880 | <p>for identifying residents and actions taken for corrections, as needed.</p> <p>3. Criteria Three: Systems</p> <p>a. The nursing administrative team will conduct observations of direct care staff during their daily routine, in an attempt to determine how pervasive the deficient practices are in the facility (system breakdown) related to staff entering designated rooms for quarantined residents and proper PPE use, during medication pass, and during the treatment of wounds. The findings of the observations will be used during the IDT review documented in 1(b).</p> <p>b. The facility administrative nursing team, led by the DON, and with the assistance of the Infection Preventionist, will review and discuss the deficient practices identified on the Form CMS-2567, and include concerns identified from findings of 1(a) for staff failing to use proper infection control procedures when entering designated rooms for quarantined residents, during medication pass, and during the treatment of wounds. The intent of the review and discussion will be to determine contributing factors to the deficient practices, what will be needed to correct the deficient practices, and the development of a plan which will be carried out to correct the deficiencies fully. Documentation of the IDT actions/findings/plan will be reviewed during the revisit survey.</p> | | |

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| F 880 | <p>Continued From page 6</p> <p>a.m., staff member G had prepared medication for resident #3, locked the medication cart, and sanitized her hands. Resident #3 had a sign on the door for Enhanced Droplet Precautions. Staff member G entered resident #3's room without donning a gown and gloves, to provide resident #3 with her medication. Staff member G exited the room to retrieve a straw from the medication cart and returned to resident #3's room. When staff member G re-entered the room, no hand sanitization was performed, and a gown and gloves were not donned. Staff member G exited resident #3's room two times and did not change her N95 mask or clean her face shield.</p> <p>During an interview on 1/19/22 at 11:56 a.m., staff member G stated she only dealt with resident #3 and she was not on precautions. Staff member G stated resident #2 was the resident on precautions. Staff member G acknowledged that the residents shared a room and would both be on precautions. Staff member G stated, "I didn't even think about it, yes, I should have a gown and glove on when entering the room."</p> <p>5. During an observation on 1/19/22 at 1:55 p.m., staff member E was cleaning resident #4's bedside table, in preparation for a wound dressing change. Staff member E placed a clean barrier on the bedside table and laid out all the supplies needed for the dressing change. Staff member E donned clean gloves after setting up the table. Staff member E did not sanitize or wash her hands prior to donning the clean gloves.</p> <p>During an observation on 1/19/22 at 2:05 p.m., staff member I was assisting staff member E with the wound dressing change by holding resident #4 in a right sided, lying position. Staff member E</p> | F 880 | <p>c. The facility will determine which staff/disciplines will be educated on the identified deficient practices for staff failing to use proper infection control procedures, to include: when entering designated rooms for quarantined residents, during medication pass, and during the treatment of wounds. Education will include facility P/P and regulatory expectations as related to infection control. Documentation of staff participation, education content/and dates held will be reviewed for compliance.</p> <p>d. To show return demonstration of the education provided to staff, the nursing administrative team, led by the DON and Infection Preventionist, will make direct observations of medication pass, wound care, and staff entering quarantined rooms to ensure staff are upholding and following correct infection control procedures designated by the facility/CDC/CMS. At a minimum, the direct observations should occur at the following levels, and if concerns are identified during the observations, they will be addressed timely for ongoing education/mentoring, and results taken to the QAPI team for review/discussion:</p> <ul style="list-style-type: none"> - Wound Care - Observe 3 wound care sessions each week, with 2 different nurses, for 4 weeks. - Entering Quarantined Rooms/PPE Use - Observe 10 instances a week, on different shifts and different days of the week, for 4 weeks. - Medication Pass - Observe 3 medication | | |

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| F 880 | <p>Continued From page 7</p> <p>asked staff member I to change her dirty gloves to clean gloves to help with the supplies. Staff member I doffed the dirty gloves and donned clean gloves. Staff member I did not sanitize her hands in between doffing the dirty gloves and donning the clean gloves.</p> <p>During an interview on 1/19/22 at 2:09 p.m., staff member I stated she just forgot to sanitize after removing her gloves and putting on clean ones. Staff member I stated she does not do 'this part' of nursing often.</p> <p>During an interview on 1/19/22 at 2:42 p.m., staff member E stated sanitizing before you put gloves on and sanitizing after taking gloves off is the correct process.</p> <p>During an interview on 1/20/22 at 9:28 a.m., staff member A stated the facility did not have any shortages of PPE. Staff member A stated it was the responsibility of nurses, nurse management, and leadership to observe for proper PPE compliance.</p> <p>During an interview on 1/20/22 at 9:30 a.m., staff member D stated it was everyone's responsibility to observe proper PPE usage.</p> <p>Review of facility education to staff, with the topic of Donning/Doffing/Handwashing & Hand Sanitizer, completed 1/18/22 and 1/19/22, showed Enhanced Droplet Precautions was included in the subjects. Prior education on droplet precautions and PPE guidelines were completed on 12/13/21 and at a CNA meeting on December 27th, 29th, and 30th of 2021.</p> <p>Review of the facility's policy titled, Hand Hygiene,</p> | F 880 | <p>sessions each week, and including 4 different residents residents, and with at least 2 different nurses, for 4 weeks.</p> <p>e. The DON/Nursing Administrative team will develop an internal departmental monitoring system which will be in place and continue after the date of completion 02/18/2022. The system will include at a minimum, direct care observations of the three areas identified of deficient practice; medication pass, wound care, and staff entering quarantined rooms, to verify if corrections are being upheld and followed. The goal would be to sustain compliance to the next recertification survey, and beyond. Documentation of the plan will be reviewed prior to the determination of compliance.</p> <p>Criteria Four: Monitoring</p> <p>a. The DON/Nursing Administrative team will develop an internal departmental monitoring system which will be in place and continue after the date of completion 02/18/2022. The system will include at a minimum, direct care observations of the three areas identified of deficient practice; medication pass, wound care, and staff entering quarantined rooms, to verify if corrections are being upheld and followed. The goal would be to sustain compliance to the next recertification survey, and beyond. Documentation of the plan will be reviewed prior to the determination of compliance.</p> | | |

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| F 880 | <p>Continued From page 8 dated October 2019, showed:</p> <ul style="list-style-type: none"> - ..."6. In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. If hands are not visibly soiled, use an alcohol-based hand rub containing 60-95% ethanol or isopropanol for all the following situations: - a. Before and after direct contact with residents, - b. When entering and leaving a Resident care area/room, and - c. Before donning and after removing gloves. ..." <p>Review of the facility's policy titled, Resident with suspected/confirmed COVID-19/SARS COV-2, last revised 9/16/21, showed:</p> <ul style="list-style-type: none"> - ..."2. b. N95 or greater respirator should be used for these residents, ... - ...New N95 should be used for each resident care encounter, ... - ...c. Gowns and gloves will be changed with each resident encounter, ... - ...Gowns, gloves, respirator (if available and staff person has been fit tested) and eye protection (e.g., face shields or goggles), must be worn in pending/COVID areas, ... and - ...All PPE should be donned prior to entering the room. ..." | F 880 | <ul style="list-style-type: none"> b. The QAPI committee will review and discuss the Form CMS-2567 and actions taken by the facility to ensure all quality deficient practices for this deficiency are addressed timely and thoroughly. The QAPI committee will meet weekly for one month, then monthly for 6 months (or PRN), to discuss and review data related to the deficient practices, observations, and monitoring system for infection control, to ensure compliance is maintained, and if problems occur, they are addressed timely. c. The QAPI committee will review all corrections completed for F880, on or prior to the date of completion 2/18/2022, to determine if compliance has been achieved for F880 - Infection Control. This determination will be documented in a manner in which the State Survey Agency may obtain evidence of this decision, and the evidence/documentation will be provided to the surveyor during the revisit survey. <p>Criteria Five: Date of Completion/Compliance - 2/18/2022</p> | | |