

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 275124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER PIONEER CARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 200 N OREGON ST DILLON, MT 59725	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and interview, the facility failed to perform appropriate visitor screening questions and assessment for COVID-19 illness upon entry into the facility. This deficiency had the potential to effect all residents in the facility. Findings include: During an observation on 05/26/20 at 1:20 p.m., the main entrance was inspected. The main door leading into the facility had signage which told anyone coming to the front door to stop, and that the facility was not allowing any visitors inside the building. During an observation and interview on 05/26/20 at 1:20 p.m., the surveyors opened the unlocked main entrance door and were met by staff member H. The surveyors informed the staff member who they were and why they were there. The surveyors were asked to have a seat in the office immediately inside the door to the left, where staff member G brought a thermometer to take the temperatures of both surveyors. Staff member G also wrote down the surveyor's names from their business cards. Staff member B then led the surveyors through the building to the CNA classroom in the 300/400 wing of the building. At no time were the surveyors asked to wash or sanitized their hands, or asked any screening questions regarding out of state travel, or symptoms of covid before being led through the building to the classroom. During an interview on 5/26/20 at 1:42 p.m., staff member B and staff member C concurrently stated, the surveyors should have been screened, but staff probably got flustered because of who the surveyors were. Staff member B stated the facility has the screening tool and all employees are screened before every shift. In an interview on 5/27/20 at 1:28 p.m., staff member A stated that staff has been trained on the screening process. Review of the facility policy titled Covid-19 Management, Section II Visitor Access, shows, All visitors will complete a screening questionnaire to rule out: 1. Respiratory symptoms- cough, sore throat, shortness of breath, fever. 2. Foreign travel to countries considered as Level 3 alert by CDC (Iran, Italy, China) in the last 14 days. 3. Contact with a suspected or actual Covid-19 infected person. 4. From an area known to have actual covid-19 cases. Any yes answer will preclude the individual from entering the facility. Approved visitors will have their temperatures taken prior to entry to the facility. Temperature >100 F will warrant no entry to the facility. Approved visitors will complete hand hygiene using the alcohol-based hand rub at the facility's entrance prior to entering the resident care areas and will be offered the handwashing station in addition.</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.