

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 275020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER BELLA TERRA OF BILLINGS		STREET ADDRESS, CITY, STATE, ZIP 1807 24TH ST W BILLINGS, MT 59102	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure direct care staff were performing appropriate hand hygiene when indicated for 2 (#s 1 and 3) of 6 sampled residents; and failed to assist 9 (#s 1, 7, 8, 9, 11, 16, 18, 20, and 25) of 25 sampled and supplemental residents with personal hand hygiene prior to eating a meal. Findings include: 1. During an observation on 6/10/20 at 8:30 a.m., staff member D was assisting resident #1 with getting ready for the day. When assisting resident #1 to go into the bathroom, staff member D put on gloves, assisted resident #1 into a Sit-to-Stand lift, opened the bathroom door, and positioned resident #1 in front of the toilet. Staff member D removed resident #1's dirty brief and removed her gloves. Staff member D did not sanitize or wash her hands after removing her gloves. Staff member D then used the controller on the Sit-to-Stand to lower resident #1 onto the toilet. During an observation on 6/10/20 at 8:35 a.m., staff member D put on gloves and removed resident #1's dirty bed linen from the bed. Staff member D removed her gloves, grabbed resident #1's clean pants to wear for the day, and went into the bathroom to help resident #1 get dressed. Staff member D did not sanitize or wash her hands after removing her gloves after removing her gloves. Staff member D put a clean brief, and the pants she brought into the bathroom, on resident #1. During an observation on 6/10/20 at 8:43 a.m., staff member D put on gloves, used the controller on the Sit-to-Stand to assist resident #1 to a standing position from the toilet, wiped resident #1's buttocks, removed her gloves, and pulled up resident #1's clean brief and pants. Staff member D did not sanitize or wash her hands after removing her soiled gloves. During an interview on 6/10/20 at 9:04 a.m., staff member D stated staff were trained to sanitize their hands after removing gloves and between glove changing gloves. Staff member D said the facility did not provide personal bottles of hand sanitizer to staff. Staff member D said she would have to wash her hands at the sink or use the hand sanitizer on the wall in the hallway. Staff member D said the resident would be left unattended in the Sit to Stand lift if either of these options were utilized. 2. During an observation at on 6/10/20 at 10:08 a.m., staff member H assisted resident #3 after using the restroom. Staff member H put on gloves, wiped the buttocks of resident #3, pulled up the pad, the brief, and the pants for resident #3. Staff member H then removed her gloves and pulled resident #3's wheelchair into the bathroom. Staff member H did not change her gloves when going from a dirty to clean task and did not sanitize or wash her hands after removing her soiled gloves. During an interview on 6/10/20 at 10:33 a.m., staff member H stated she received education on hand hygiene that included: sanitizing after any resident care, unless visibly soiled then she would wash her hands with soap and water; perform hand hygiene after removing gloves; and change gloves when moving from a dirty to a clean task. During an interview on 6/10/20 at 11:09 a.m., staff member B stated her staff were trained, and it is her expectation that her staff are changing their gloves between dirty and clean tasks and performing hand hygiene after removing gloves. 3. During an observation on 6/10/20 at 11:33 a.m., staff members E, F, and G were distributing lunch to residents in their rooms. Staff member E delivered lunch to residents #8 and #11. Staff member E did not offer or assist either resident with hand hygiene before they started eating their meals. Staff member F delivered lunch to resident #1, #16, #18, and #20. Staff member F did not offer or assist any of the residents with hand hygiene before they started eating their meals. Staff member G delivered lunch to resident #7, #9, and #25. Staff member G did not offer or assist any of the residents with hand hygiene before they started eating their meals. During an interview on 6/10/20 at 12:09 p.m., staff member B stated staff should be performing hand hygiene for the residents before meals; they (the staff) should be highly encouraging the residents to perform hand hygiene.</p> <p>Review of the facility's Hand Hygiene observational competency check lists showed: - Staff member D completed an observational competency hand hygiene on 4/30/2020, and -Staff member H completed an observational competency hand hygiene on 1/27/2020. Review of the facility's policy, titled, Hand Hygiene showed the following: - Policy: This facility considers hand hygiene the primary means to prevent the spread of infections. - Procedures: 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 3. Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc.) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies . 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% [MEDICATION NAME] or [MEDICATION NAME] for all the following situations: a. Before and after direct contact with residents; and . c. Before donning and after removing gloves; and . g. Before moving from a contaminated body site to a clean body site during resident care; and . j. After contact with objects (e.g. medical equipment) in the immediate vicinity of the resident. Review of the facility's policy, titled, Infection Prevention Program showed the following: II. SCOPE OF THE INFECTION PREVENTION AND CONTROL PROGRAM The comprehensive infection prevent and control program addresses detection, prevention and control of infections among residents and personnel. It is designed to provide a safe, sanitary and comfortable environment and the help prevent the development and transmission of communicable diseases and infections. THE MAJOR ACTIVITIES OF THE PROGRAM ARE: A. .Policies, procedures and aseptic practices are followed by personnel in performing procedures, in cleaning/disinfection of equipment .</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.