

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER Village Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2651 South Ave W Missoula, MT 59804	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45448</p> <p>Based on observation, interview, and record review, the facility staff failed to wear appropriate PPE while caring for residents for 2 (#s 3 and 16); and failed to educate and monitor staff on cleaning practices for residents positive for c-diff, for 2 (#s 14 and 17) of 17 sampled residents. The deficient practices increased the risk to others for contracting infections due to the deficient practices. Findings include:</p> <p>1. During an observation on 4/1/25 at 12:14 p.m., 12 resident rooms were identified for special droplet/contact precautions, eight resident rooms were identified for enhanced barrier precautions, and three resident rooms were identified for contact precautions. Inspection of two PPE supply containers were found to have no N-95 masks available for use in the 300 hallway. The PPE supply containers held only yellow procedural masks. Staff member D was observed entering a resident room, identified with a special droplet/contact precaution sign, wearing a yellow procedural mask, no eye protection, and a yellow gown with a pair of gloves. Inspection of two PPE supply containers located in the 100 hallway were found to have no N-95 masks available for use.</p> <p>During an observation and interview on 4/1/25 at 1:09 p.m., staff member O was observed exiting a resident's room, and the room was identified to have special droplet/contact precautions. Staff member O was wearing a yellow surgical mask and was not wearing eye protection. Staff member O stated, We are supposed to have face shields on, and we usually swap masks when exiting resident's rooms. We don't have any face shields on either of these carts.</p> <p>During an observation and interview on 4/2/25 at 9:52 a.m., staff member G was observed leaving the secured unit, walking down the 100 hallway, without a mask. Staff member G said she was not aware she needed to be wearing a mask throughout the facility.</p> <p>During an observation on 4/2/25 at 9:59 a.m., resident #3's room had a sign on the door showing special droplet/contact precautions . Keep Door Closed . The room door was observed open.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During and observation and interview on 4/2/25 at 9:24 a.m., resident #16's room door had a Contact Precautions sign posted. The sign directed staff to wear gloves and gown before room entry, to discard them before room exit, and to clean hands before entering and when leaving the room. Resident #16 said she did not currently have an infection but was prone to infections, and the infection nurse left the sign on the door to help prevent infections. While speaking with resident #16, staff member P entered the room with no PPE. Staff member P said resident #16 did not have any active infections, so PPE was not required, unless she was providing care for resident #16. Staff member P donned gloves, and then moved resident #16's catheter bag to a position resident #16 had requested. Resident #16 said most staff do not don PPE because she does not have an active infection.</p> <p>Review of a facility policy, COVID Comprehensive Infection Prevention and Control Program, review dated 10/11/23, showed:</p> <p>.4. Personal Protective Equipment</p> <p>a. HCP who enter the room of a Resident with suspected or confirmed COVID-19 should adhere to standard precautions and a NIOSH-approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection .</p> <p>2. During an interview on 4/2/25 at 10:03 a.m., NF2 said he had come to visit resident #14 on 3/5/25. NF2 said he and his wife and four-month-old son had been in to visit on 3/6/25, 3/7/25, and 3/8/25. When visiting on 3/8/25, a facility staff member informed the family they should have been wearing a gown and gloves when visiting, and they should not take their son into the room. Resident #14's roommate, resident #17, had tested positive for C-Diff. NF2 said that upon returning home to Oregon, his son had tested positive for C-Diff. NF2 said staff were in and out of resident #14's room, prior to them being notified of the infection control precautions in place, for resident #14. A sign with infection control precautions was not observed to be on the resident's door until a staff member pointed it out on 3/8/25.</p> <p>During an interview on 4/2/25 at 1:19 p.m., staff member F said resident rooms were cleaned daily. Staff member F was not familiar with the C. diff bacteria and was not able to explain the cleaning process used for a resident with C. diff. Staff member F was not able to identify the cleaning solution for cleaning or the wait time required for the cleaning solution to kill the bacteria.</p> <p>During an interview on 4/3/25 at 10:06 a.m., staff member N said resident rooms with patients diagnosed with C. diff should be cleaned with a Clorox brand hydrogen peroxide cleaner and it should be left in place for 2 to 3 minutes. Staff member N said cheat sheets have been left in the nurse's stations with the different dry times for staff to reference. Staff member N said he did not know if the facility had a written process for cleaning rooms of residents with C. diff. Staff member N said housekeeping staff should be educated on the different cleaners and what should be used for cleaning. When orienting, housekeeping staff spend a week with another housekeeper for training and were then expected to clean on their own.</p> <p>Review of resident #17's electronic medical record showed he was diagnosed with C-diff on 2/14/25 and was treated with a 10-day course of vancomycin. Resident #17 started showing signs and symptoms of C-diff on 3/7/25 and was started on vancomycin, with a tapered dosing, on 3/8/25. He was placed on contact precautions on 3/9/25 when it was confirmed he had a C-diff recurrence.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of a facility policy, Management of C. Difficile Infection, with a review date of 10/14/24, showed:</p> <p>. Clostridioides difficile, . is a bacterium that causes diarrhea and colitis . It is shed in feces and is spread by direct contact with contaminated objects or the hands of persons who have touched a contaminated object.</p> <p>.8. Environmental infection control:</p> <p>a. Housekeeping staff shall adhere to standard and contact precautions.</p> <p>b. Perform daily cleaning of the resident's room and high touch surfaces using a C. difficile sporicidal agent (EPA List K agent)</p> <p>During an interview on 4/2/25 at 11:17 a.m., staff member C said she had trained staff on proper use of PPE for the different precautions used in the facility. Staff member C said she would expect staff members to follow the instructions on the signs posted on resident doors for proper PPE use. The PPE supply containers were stocked by the night staff and the facility had enough supplies to keep the containers stocked for staff use. Staff member C said staff should be wearing a gown and gloves before entering a room with contact precautions. Staff member C said resident #16 had a contact precaution sign posted on her door to help prevent her having infections. When she does not have an active infection, she should be on enhanced barrier precautions. Staff member C said staff should be wearing a gown, gloves, eye protection, and N-95 masks when entering a room of a patient that was COVID-19 positive. Staff member C said residents with C-diff were placed on contact precautions. She was not aware if a policy or procedure was written for the cleaning of a resident room with C-diff. Staff member C had not trained housekeeping on the cleaning of a resident room with C-diff.</p>