STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275112	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Montana Care Center	24 13th St Havre, MT 59501

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 - Few	Provide and implement an infection prevention and control program. 41951 Based on observation, interview, and record review, staff member G failed to adhere to proper infection control practices related to performing hand hygiene prior to donning gloves and after doffing gloves for 3 (#s 13, 37, and 179) of 5 sampled residents observed for medication administration. Findings include: During an observation on 7/31/24 at 7:28 a.m., staff member G sanitized her hands and donned gloves to administer eye drops to resident #37. Staff member G administered the eye drops to resident #37, then doffed her gloves. Staff member G did not perform hand sanitization after she doffed her gloves or before she donned a new pair of gloves to perform blood glucose monitoring for resident #37. During an observation on 7/31/24 at 7:32 a.m., staff member G administered resident #179's morning medication. Staff member G prepared blood glucose monitoring supplies for resident #179, then donned gloves. Staff member G did not perform hand sanitization prior to donning the gloves. During an observation on 7/31/24 at 7:44 a.m., staff member G gathered supplies to perform blood glucose monitoring for resident #13. Staff member G donned gloves but failed to perform hand sanitization prior to donning the gloves. During an interview on 7/31/24 at 8:07 a.m., staff member G stated hands should be sanitized before and after each glove change. She stated hands should also be sanitized before and after each resident contact or administration of medications. Staff member G stated she had missed hand sanitization a few times during her medication pass. During an interview on 7/31/24 at 8:55 a.m., staff member C stated hand sanitization should be performed prior to donning gloves and after doffing gloves. She stated hand sanitization should be performed before and after each resident contact. Review of the facility's document titled, Hand Hygiene, last revised 4/24, showed: - . If hands are not visibly soiled, an alcohol-based hand sanitizer may be used for routinely decontaminating hands in the following clinical situations: - Before having direct contact with patients. and - After removing gloves.

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