

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Madison Valley Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 211 N Main St Ennis, MT 59729	

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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41951</p> <p>Based on observation, interview, and record review, staff member C failed to adhere to standard precautions, related to the use of personal protective equipment and hand hygiene, while providing personal care for 1 (#1) of 9 sampled residents residing in the facility. Findings include:</p> <p>During an observation on 9/9/24 at 10:26 a.m., staff member C donned gloves and entered resident #1's room. Staff member C did not sanitize her hands before donning the clean gloves.</p> <p>During an observation on 9/9/24 at 10:28 a.m., staff member C and staff member D assisted resident #1 with repositioning. Staff member C removed resident #1's soiled incontinence brief and cleaned loose stool from the resident's peri area, then disposed of the brief in the garbage can. Staff member C did not remove the dirty gloves. Staff member C proceeded to assist staff member D with placing the Hoyer lift sling under resident #1, removed the resident's clothing she was wearing, and put on clean clothing. Staff member C, still wearing the dirty gloves, placed a clean incontinence brief back into resident #1's clothing cabinet, then used the Hoyer lift to move her to the wheelchair. Staff member C gathered the garbage, removed the dirty gloves, then washed her hands with soap and water.</p> <p>During an interview on 9/9/24 at 10:42 a.m., staff member C stated she should have changed her dirty gloves after she was finished with cleaning resident #1. She stated she did not think about placing the clean incontinence brief into resident #1's clothing cabinet, while still wearing dirty gloves. Staff member C stated she should sanitize her hands before donning and after doffing gloves.</p> <p>During an interview on 9/9/24 at 12:28 p.m., staff member E stated it was an expectation of staff to change gloves when moving from a dirty task to a clean one. She stated the employees hands should be sanitized before donning gloves and after doffing gloves.</p> <p>Review of the facility's policy titled, Standard Precautions, last revised April 2020, showed:</p> <ul style="list-style-type: none"> - .1. Hand hygiene - .b. Hand hygiene is performed with ABHR or soap and water: - (1) before and after contact with the resident; - (2) before performing an aseptic task; <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 - Few</p>	<ul style="list-style-type: none"> - (3) after contact with items in the resident's room; and - (4) after removing PPE. - 2. Gloves - .Glove are changed as necessary, during the care of a resident to prevent cross-contamination from one body site to another (when moving from a dirty site to a clean one).

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<p>F 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.</p> <p>41951</p> <p>Based on observation, interview, and record review, the facility failed to have a system in place to ensure temporary agency staff were trained on the facility's infection prevention and control program standards, policies, and procedures. This deficient practice had the potential to affect residents who worked with or were affected by the untrained staff. Findings include:</p> <p>During an interview on 9/9/24 at 10:19 a.m., staff member C stated she had been employed at the facility as a traveling CNA for approximately six months. She stated infection control training was not included in her on-board training at the facility.</p> <p>During an observation on 9/9/24 at 10:28 a.m., staff member C failed to perform proper infection control practices related to hand hygiene (See F880).</p> <p>During an interview on 9/9/24 at 12:10 p.m., staff member E stated she educated staff on infection prevention and control practices annually and during orientation of new employees.</p> <p>During an interview on 9/9/24 at 1:10 p.m., staff member D stated she was hired as a traveling employee in the middle of August 2024. She stated she was not trained on infection control when she started working at the facility.</p> <p>During an interview on 9/10/24 at 9:38 a.m., staff member J stated she had been employed at the facility, as a traveling employee, for approximately three months. She stated infection prevention and control was not part of her orientation.</p> <p>A request was made on 9/10/24 at 12:30 p.m. for documentation of infection prevention and control training for staff members C, D, and J.</p> <p>During an interview on 9/10/24 at 2:28 p.m., staff member A stated there was no documentation of infection control training for staff members C, D, and J.</p>