

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Nelson County Health System Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 108 E Nyhus Ave McVile, ND 58254	

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>39211</p> <p>Based on observation, record review, review of facility policy, and staff interview, the facility failed to follow standards of infection control and prevention for 1 of 2 sampled residents (Resident #9) observed with an indwelling catheter. Failure to practice infection control standards related to enhanced barrier precautions (EBP), urinary catheters, and hand hygiene has the potential to spread infection throughout the facility.</p> <p>Findings include:</p> <p>Review of the facility policy titled Enhanced Barrier Precautions occurred on 04/01/25. This policy, dated April 2024, stated, . Enhanced Barrier Precautions refers to the use of gown and gloves for certain residents during specific high-contact resident care activities that have been found to increase risk for transmission of multidrug-resistant organisms. Signage will be posted on the door or wall of the resident room indicating the type of precautions, required personal protective equipment (PPE), and the high-contact resident care activities that require the use of gown and gloves. High-contact resident care activities . Transferring . Providing hygiene . Device care or use: . urinary catheter .</p> <p>Review of the facility policy titled HANDWASHING SPECIFICS occurred on 04/01/25. This policy, dated January 2015, stated, . Handwashing decreases contamination of the hands and prevents the spread of pathogens . WHEN SHOULD YOUR HANDS BE WASHED? . Before and after handling in-use patient/resident care devices. after handling urinals, bedpans and similar contaminated items.</p> <p>Review of the facility policy titled Catheter Bag Draining occurred on 04/01/25. This policy, dated October 2016, stated, . Leg bag: . Dispose of urine in the toilet. Rinse out the collection container using the bedpan washer [wand sprayer].</p> <p>Review of Resident #9's medical record occurred on all days of survey. The record identified an indwelling urinary catheter. Review of the care plan identified, . Urology notes that catheter will be long term. On enhanced barrier precautions (EBP) . TRANSFER: requires total assistance by 2 staff with the use of total mechanical lift for transfers.</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 - Few</p>	<p>Observation on 03/30/25 at 1:43 p.m. showed Resident #9's room with signage for EBP and a supply cart located at the entrance of the room. The certified nurse aide (CNA) (#2) entered the room, applied gloves, failed to apply a gown, and emptied the urine contents from the leg bag into a collection container. The CNA then discarded the urine into the toilet, held the contaminated container under the sink faucet of a shared bathroom, obtained water, rinsed, and emptied the contents of the container into the toilet. The CNA removed her gloves, failed to complete hand hygiene, obtained the full body mechanical lift from the hallway, applied gloves, and paged for transfer assistance. The staff nurse (#3) stood at the doorway and instructed the CNA (#2) to apply a gown before the resident transfer, and both staff transferred Resident #9 into the bed. The CNA (#2) completed a brief change, cleansed an incontinent bowel movement, failed to remove her gloves, and applied skin barrier cream to the perineal area. The CNA applied a clean brief, removed her gloves and without performing hand hygiene, applied the nasal cannula/oxygen, and placed the call light for Resident #9.</p> <p>During an interview on 04/01/25 at 10:17 a.m., an administrative staff member (#1) reported she expected staff to change gloves after incontinence cares, perform hand hygiene after removing gloves, use the spray wand to rinse contaminated containers, and wear a gown for residents in EBP when providing high-contact care tasks.</p>