STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245554	A. BUILDING _____ B. WING _____	05/14/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
RENVILLA HEALTH CENTER	205 SOUTHEAST ELM AVENUE RENVILLE, MN 56284

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to put on personal protective equipment (PPE) for resident (R1) on isolation prior to entering the room, ensure residents who were readmitted were isolated on precautions for 10 days (R2) following a negative COVID test or 14 days (R3) without testing, and appropriately screen residents for signs and symptoms in accordance with Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) guidelines for COVID-19. This had the potential to affect all 46 residents in the facilty. Findings include: PPE AND ISOLATION R1's face sheet identified he was admitted to the facility on [DATE], with a [DIAGNOSES REDACTED]. R1's care plan identified a risk for bowel incontinence related to impaired mobility, cognition, loose stools, and [DIAGNOSES REDACTED]. R1's care plan interventions included use of incontinent products, monitoring bowel movement consistency, offer assistance to toilet, and provide medications for treatment for [REDACTED]. The careplan failed to address R1's need for contact isolation precautions for [MEDICAL CONDITION]. R1's bowel summary for the past two weeks identified documentation of loose stools for R1 on 4/17/20, 4/22/20 through 4/25/20, 4/28/20, 5/7/20, and again on 5/10/20. Observation on 5/14/20 at 8:37 a.m., of R1 room identified he had an isolation cart outside of his room containing PPE with written instructions visible on top of the cart identifying R1's contact precautions. The sign indicated all staff must clean their hands before entering the room, put on gloves and a gown, clean their hands when leaving the room, and remove and discard gloves/gown. Interview on 5/14/20, at 10:08 a.m. with housekeeper (HK)-A stated she did not need full PPE when entering R1's room for cleaning. HK-A stated housekeepers were required to use gloves, mask, and eye protection and did not need to use a gown. Interview on 5/14/2020, at 10:12 a.m. with environmental service manager (EM)-A identified housekeeping staff should be utilizing full PPE when entering R1's room for cleaning, and would expect staff to follow the identified contact precautions and put on the PPE when in R1's room. Interview on 5/14/20 at 11:48 a.m., with RN-A identified R1 had been on contact transmission based precautions for [MEDICAL CONDITION]. Observation and interview on 5/14/20 at 12:00 p.m., with activity aide (AA)-A while entering R1's room identified she only had on a face mask and eye protection to deliver the noon meal. AA-A set the meal tray down on the bedside table and exited the room. AA-A stated she was not required to put on all the PPE to deliver a meal to R1's room, even though it was clearly identified on the signage prior to entering R1's room. Interview on 5/14/20 at 8:38 a.m., with registered nurse (RN)-A identified R1 was the only resident on isolation precautions. RN-A indicated R2 was was recently hospitalized but was not on precautions, because she had tested negative for COVID-19 while in the hospital and therefore, had not needed to be isolated upon their return. Interview on 5/14/20, at 9:09 a.m. with nursing assistant (NA)-B identified there were no residents on isolation or in precautions except for R1 for [MEDICAL CONDITION]. NA-B identified R3 had a stay at the hospital but was unaware of any other residents having been in the hospital. R2's progress note on 5/11/20, identified the facility received a call from the [MEDICAL TREATMENT] unit updating them R2 was being evaluated in the emergency department for shortness of breath and rapid respirations, and would most likely be tested for COVID-19. On 5/12/20, identified R2 had returned from the hospital following an overnight stay for shortness of breath, and was tested for COVID-19 with negative results. The progress note lacked information including implementation of quarantine isolation following R2's hospital return for 10 days following a negative test. R3's progress note on 4/18/20, identified R3 was sent to emergency room for evaluation following a fall with pain. A follow up call from the hospital identified that R3 was admitted overnight for pain control. A progress note on 4/19/20, identified R3 had returned to the facility with no mention of placing R3 on isolation quarantine including for 14 days following R3's hospital stay having no testing performed while hospitalized . Interview on 5/14/20 at 12:43 p.m., with the infection preventionist (IP) identified not everyone needed PPE for R1, and indicated when R1 was admitted with [MEDICAL CONDITION] contact precautions. IP identified that PPE was required for the staff providing direct care per the facility policy. IP further identified that the policy indicated PPE was for contact or potential contact with [MEDICAL CONDITION] so staff must wear the PPE during those times, and because R1 had not had not had loose stools recently other staff would not have to be using PPE at this time. IP identified R1 was diagnosed with [REDACTED]. IP identified residents readmitted from the hospital were to be placed on quarantine for fourteen days, and verified the facility had not implemented precautions with the use of full PPE for residents who were new admissions or hospital returns unless they were symptomatic. IP indicated she had been unaware of any requirement for precautions while quarantined. During a subsequent interview at 1:55 p.m. IP agreed that there could be potential for confusion for staff if the facility did not follow the direction on their contact precaution instruction form. Interview on 5/14/20 at 2:46 p.m., with the director of nursing (DON) identified the contact precautions sign indicated all staff needed to put on PPE before entering the room and remove PPE before exiting. DON verified not all staff were utilizing PPE when in R1's room. Hospital returns required a fourteen day quarantine to their room, but did not require implementation of full PPE use during quarantine. The DON agreed facility IC policies and procedures were to follow CDC guidance. Review of the 4/2/20, St. Francis Health Services of Morris COVID-19 Segregation and Isolation Measures policy identified isolation as used for a resident with potential or contagious illness or disease restricted to their immediate living area. Precautions and isolation measures were to be used for residents requiring isolation restrictions requirements with potential exposure. Staff should use the recommended PPE for COVID-19 during isolation in a non-segregated areas like their room. Residents with no known symptoms upon admission and or no COVID-19 testing completed would be placed in isolation for fourteen days. There was no mention in the policy residents who were readmitted with a negative test would need further isolation for 14 days. Those who had no test would require 14 days per CDC guidance. Review of the 9/11/17, St. Francis Health Services of Morris [MEDICAL CONDITION] policy, identified it directed staff to implement contact precautions for residents with suspected or known infections of [MEDICAL CONDITION] as it could be transmitted by indirect contact with the environment or direct contact with the resident. All staff should wear PPE for residents with [MEDICAL CONDITION], and during all interactions in which they may come into contact with body fluids or potentially contaminated items within the room. Review of the 9/13/17, St. Francis Health Services of Morris Environmental Cleaning and Disinfection Program policy identified enhanced disinfection and cleaning was required when residents had communicable infectious diseases including [MEDICAL CONDITION]. Residents with communicable diseases or infection required the use of transmission-based and isolation precautions per Minnesota Department of Health (MDH) and CDC guidelines, and directed staff to use proper PPE when cleaning a room. RESIDENT SCREENING Review of the Resident Screening log dated 5/14/20, identified staff were to document the residents vital signs (VS) twice daily, and instructed staff to report any temperatures over 100.0 degrees Ferenheiht (F) or a pulse oximeter reading less than 90 percent (%) to the charge nurse immediately. The log lacked documentation of staff actively screening residents for all COVID-19 symptoms. Interview on 5/14/20 at 8:38 a.m., with registered nurse (RN)-A identified NA's were responsible for monitoring the resident VS taken every day shift, and a partial set of vital signs (temperatures and respirations) in the evening. RN-A stated the charge nurse reviewed the resident screening logs to ensure they were

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.

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	(continued... from page 1) complete, and within normal parameters. RN-A indicated active COVID-19 symptom screening was not performed for residents unless they were quarantined. On 5/14/2020, at 9:12 a.m. RN-B stated NAs obtained and recorder resident vital signs on a log twice daily, and would reported any signs of infection to the charge nurse. RN-B identified the charge nurse reviewed the vital signs and signed the log when completed. RN-B indicated nursing staff was not expected to actively screen residents for symptoms of COVID-19 unless a nursing assistants had reported signs of illness. RN-B agreed, if staff were not instructed to screen for all symptoms and only temperature and oxygen levels, they could likely miss key elements of infection. Interview on 5/14/20 at 12:43 p.m., with the infection preventionist (IP) identified resident symptom screening for COVID-19 was done by the charge nurse only when symptoms were reported. The IP stated NA's were trained to monitor vital signs, and observe/report signs and symptoms of COVID-19 to the charge nurse to assess the residnet and take additional actions if needed. The IP was unaware if all staff knew all signs and symptoms of COVID-19 to ensure those were identified at the time of their procuring VS data. On 5/14/2020, at 2:46 p.m. the DON stated nursing staff had not actively screened residents for symptoms of COVID-19 because they were continually observed by staff throughout the day. The DON stated all staff were instructed to report any signs of illness to the charge nurse, IP, or DON immediately. The DON identified NA's measured and documented residnet vital signs twice daily, and were instructed to report any temperature greater than 100 degrees F, oxygen saturation below 90 %, or any signs of infection to the charge nurse immediately. There was no procedure on what signs and symptoms to report readily available to staff, or documentation of those signs and symptoms to ensure they were being monitored. Review of the 5/8/20, Coronavirus Prevention, Screening, and Identification policy identified the purpose of the policy was to provide guidance for care center staff to prevent, screen, and identify potential COVID-19. COVID-19 symptoms appear 2-14 days after exposure and symptoms included cough, shortness of breath (SOB), difficulty breathing, fever, chills, muscle pain, sore throat, and new loss of taste or smell. The policy directed the facility to provide active screening of residents and staff including monitoring vital signs and respiratory symptoms ongoing.