

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245250	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2020
NAME OF PROVIDER OF SUPPLIER TRINITY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 905 ELM STREET FARMINGTON, MN 55024	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and document review, the facility failed to enforce wearing masks and eye protection while in the facility. This had the potential to affect all 62 residents who resided at the facility. Findings include: On 8/17/20, at 9:05 a.m., Volunteer (V)-A was sitting at a desk screening persons for COVID as they entered the facility. V-A wore a surgical mask but no eye protection (goggles or face shield). V-A was less than 6 feet from persons being screened. Other staff with masks and eye protection were within the screening area and hallway. On 8/17/20, at approximately 10:00 a.m., Housekeeper (H)-A entered the facility without a mask or eye protection. V-A screened H-A by taking H-A's temperature and asking screening questions. H-A obtained a mask from a brown paper bag on a table approximately ten yards to the left of the screening table and walked down the hallway to the 300 unit area. When H-A was near rooms 307-310, H-A placed the mask on face. On 8/17/20, at approximately 10:15 a.m., unidentified staff (S)-A entered the facility without a mask or eye protection. V-A asked S-A screening questions and took S-A's temperature. S-A took clean goggles from the eyewear bin. S-A obtained a mask from a brown paper bag and walked down the common hallway to the staff lounge. S-A was placing the mask on their face while walking down the hallway. On 8/17/20, at approximately 10:15 a.m., unidentified S-B entered the facility without a mask or eye protection. S-B donned goggles, signed in, and V-A took S-B's temperature. S-B obtained a new mask that was available at the screening desk. S-B donned the mask before leaving the screening area. On 8/17/20, at approximately 11:00 a.m., unidentified S-C entered the facility without a mask or eye protection. V-A screened S-C by asking screening questions and taking S-C's temperature. S-C performed hand hygiene and obtained a new mask and new goggles from bucket next to screening table. S-C donned the mask and goggles before leaving the area. During an interview on 8/17/20, at approximately 11:05 a.m., V-A explained the process for screening staff was to ask screening questions, take their temperature, and have staff perform hand hygiene. The staff would get goggles and then get their mask. The expectation was the staff don their mask and goggles before leaving the area. During an interview on 8/17/20, at approximately 11:15 a.m., the Director of Activities and Volunteer Services (DAV) stated the process for screening staff was for staff to perform hand hygiene with hand sanitizer, fill-in paperwork (responding to screening questions), have temperature taken, don goggles and mask, and go to their assigned unit. During interview on 8/17/20, at 1:45 p.m., the director of nursing (DON) and administrator verified the process was for staff coming into the facility to get screened and then get their mask. There was no expectation for staff to wear masks when entering the facility. On 8/17/20, at 1:45 p.m. the DAV set up a large sign on 3-legged easel by the screening desk with the front facing the entryway so as visible by those entering the facility. The sign informed staff to don masks prior to completing the screening process. A facility document titled, Instructions for Working the Door, undated, indicated non-staff entering the building must bring in and wear their own mask. The process was then to have the person use hand-sanitizer, sign-in on the sign-in sheet, and take their temperature. The document was silent about staff. Other pertinent policies related to screening process were requested and not received.</p>		
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.