STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245273	A. BUILDING _____ B. WING _____	**05/07/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
FRANKLIN REHABILITATION & HEALTHCARE CENTER	**900 3RD STREET SOUTH FRANKLIN, MN 55333**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, the facility failed to perform appropriate hand hygiene or proper use of source control masks in accordance with Centers for Disease Control (CDC) and Centers for Medicare and Medicaid (CMS) guidance for COVID-19. Findings include: Observation on 5/7/2020, at 9:06 a.m. nursing assistant (NA)-A was observed wearing and facemask and gloves while passing water in the East hallway. NA-A touched her face mask and without removing her gloves, or performing hand hygiene entered R1's room and exchanged an old water pitcher with a new one. NA-A exited the room, removed her gloves, took a cough [MEDICATION NAME] from her pocket, removed one side of her facemask and placed the [MEDICATION NAME] in her mouth, then replaced her face mask. Without performing hand hygiene, NA-A donned (act of putting on) a new pair of gloves and entered R2's room while coughing and touched her facemask with her gloved hand. Without removing her gloves or performing hand hygiene, NA-A exchanged R2's water pitchers, and immediately re-entered/exited R2's room holding a bag of trash, and a bag of soiled linen in her gloved right hand. NA-A handed the bags of trash and linen to another staff, and placed a new trash bag in R2's trash can. Then, without removing her gloves or performing hand hygiene, NA-A entered R3's room to exchange water pitchers, she exited the room and pushed the water cart towards the kitchen. Interview on 5/7/2020 at 9:06 a.m., with NA-A identified she had used cough [MEDICATION NAME] for allergy relief, and indicated she carried them in her pocket, and used them throughout the day. Staff were expected to wear a face mask covering their mouth and nose, and should perform hand hygiene whenever gloves were removed, after resident cares, after eating/drinking, and after using the bathroom. NA-A indicated she would wash her hands after handling soiled linen or trash. Observation on 5/7/2020 at 9:20 a.m., with housekeeper (H)-A identified she wore a mask that covered her mouth and chin with her nose exposed above the top of the mask. H-A was standing at the housekeeping cart and pulled the facemask above her nose. Without performing hand hygiene, she grabbed a mop and entered R3's room in the East hallway. Observation on 5/7/2020 at 10:15 a.m., of H-A identified she touched her face mask with her hands. Without performing hand hygiene, H-A grabbed a spray bottle from the housekeeping cart and wiped down a table in the dining room and put the bottle back onto the cart. H-A then pushed the housekeeping cart into the locked unit, and resumed housekeeping duties in the locked unit. Observation on 5/7/2020 at 11:35 a.m., of H-A identified her mask remained worn on her chin and mouth area with her nose exposed as she entered/exited resident rooms for cleaning on the locked unit. Interview on 5/7/2020 at 11:40 a.m., with H-A identified masks were supposed to cover the nose and mouth. Her mask always fell below her nose because it did not fit securely. Observation on 5/7/2020 at 11:35 a.m., with licensed practical nurse (LPN)-A identified during medication administration in the East hallway, LPN-A was wearing a mask covering her mouth with her nose exposed above the mask. LPN-A then entered R2's room and administered her medication to R2. LPN-A exited R2's room, removed her gloves, and without performing hand hygiene, donned a new pair of gloves, opened the medication cart drawer, then dispensed and administered Tylenol to R2 with her nose uncovered. Interview on 5/7/2020, at 11:40 a.m., with LPN-A identified she was supposed to wash her hands between medication administrations. LPN-A indicated she was not aware her face mask was not covering her nose because it always fell down, and she no longer noticed when it was not covering her nose and mouth. On 5/7/2020, at 11:54 a.m. the infection preventionist (IP), and assistant director of nursing (ADON) stated face masks were expected to be worn over staff's nose and mouth. The IP/DON stated staff were expected to perform hand hygiene after removing gloves, and after touching their face masks. On 5/7/2020, at 12:40 p.m. the administrator stated he expected staff to perform hand hygiene and utilize personal protective equipment (PPE) according to CDC and CMS guidance. During an interview on 5/7/2020, at 1:11 p.m. the director of nursing (DON) indicated staff were instructed several times on wearing PPE and masks properly, and expected masks to be worn covering the nose and mouth at all times. The DON indicated disciplinary actions may be needed to ensure staff wore PPE correctly. The DON stated staff were to perform hand hygiene before and after resident care, after removing gloves, and after contact with a potentially contaminated object. Review of the facility provided policy/procedure dated 10/29/19, and titled Handwashing/Hand Hygiene, identified gloves were not a replacement for hand hygiene. The policy identified hand hygiene was expected when hands were visibly soiled, before and after direct contact with residents, before preparing or handling medications, after contact with objects in the immediate vicinity of a resident, after removing gloves, before and after entering isolation precaution settings, and before and after eating/handling food.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE