STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245189	A. BUILDING _____ B. WING _____	**09/17/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SOUTHVIEW ACRES HEALTHCARE CENTER	**2000 OAKDALE AVENUE WEST SAINT PAUL, MN 55118**

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 0885 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	Based on interview and document review the facility failed to inform residents, families, and resident representatives the facility had COVID positive residents in the facility. The facility had 11 residents who were COVID positive. The failed practice had the potential to affect the 138 residents in the facility due to not acknowledging their right to be informed. Findings include: On 09/17/20 at 10:30 AM, the Administrator provided the following printed information: The facility uses a mass email system to send out blast emails with updates of COVID activity regularly. Other updates on actions the facility is taking, and mitigation efforts are included. On 09/17/20 at 11:00 AM, the Administrator verbalized the facility currently does not notify the residents, families, or resident representatives when a new COVID positive resident is admitted from the acute care setting to the COVID positive unit. Review of the facility email sent to residents, families, and resident representatives, dated 09/11/20, documented We received results of our latest point prevalence test, which showed all residents as negative. On 09/17/20 at 11:25 AM, the Infection Preventionist verbalized the COVID positive unit at the facility was opened to COVID positive admissions from the local hospitals and acute care settings about a month ago and has continued to be open, receiving new admissions as space is available. On 09/17/20 at 12:45 PM, the Administrator confirmed the facility had COVID positive residents and the information reported to the residents, families, and resident representatives was inaccurate. The Administrator verbalized the residents on the long-term floors had no COVID positive infections and did not consider the COVID positive unit residents in the communication to the residents, families and resident representatives. Review of the facility policy titled, COVID-19 Facility Guidelines-Resident testing and Guideline section, indicated Notification should include any resident with a positive result.

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