STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245203	A. BUILDING _____ B. WING _____	04/04/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE VILLA AT BRYN MAWR	275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405

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 -** Immediate jeopardy **Residents Affected -** Some	**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 assess smoking and develop interventions to mitigate risks of spreading infection/disease, including Covid-19. The facility failed to adequately supervise the smoking patio resulting in an immediate jeopardy situation with the potential to spread COVID-19 for 7 out of 56 smokers at the facility (R6, R11, R16, R19, R20, R21, and R29). The immediate jeopardy began on [DATE]/20, when R6, R11, R16, R19, R20, R21 and R29 were observed to engage in smoking practices that included shared cigarettes and cigarettes taken from an ash tray and smoked. This put these residents at risk to spread and become infected with infections such as Covid-19. The administrator and regional director were notified of the immediate jeopardy at 3:45 p.m. on 4/3/20. The immediate jeopardy was removed on 4/4/20, but noncompliance remained at the lower scope and severity level of: E (more than a very limited number of residents are affected, and/or the situation has occurred in more than a limited number of locations but the locations are not dispersed throughout the facility), which indicated no actual harm with potential for more than minimal harm that is not immediate jeopardy. The facility also failed to ensure the smoke patio was sanitary and residents abided by the social distance recommendations (maintain at least six feet of distance between people) in common areas to prevent the spread of Covid-19 for 22 out of 106 residents (R5, R6, R7, R9, R10, R11, R12, R13, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26, R28 and R29) reviewed at high risk of severe illness for Covid-19. In addition the facility failed to adhere to adequate precautions, based on the current federal and state government guidelines related to Covid-19 for 1 of 1 residents (R4) who had been exposed to COVID-19. Findings include: R5's most recent quarterly Minimum Data Set (MDS), dated [DATE], revealed R5 had moderate cognitive impairment and a [DIAGNOSES REDACTED]. R5 smoked cigarette butts from ash trays and was identified as a potentially unsafe smoker. R5's smoking care plan, last revised 3/8/18, revealed, The resident is a smoker. Hx (history) of begging for cigarettes from her peers, including buying cigarettes from other residents. Hx of refusing to follow facility safe smoking policy. Interventions included, The resident can smoke UNSUPERVISED. No interventions were in place to address R5 who begged and bought cigarettes from others. The care plan did not identify R5 was at risk for smoking butts from ash trays. R6's most recent quarterly MDS, dated [DATE], revealed R6 was cognitively intact. R6 had [DIAGNOSES REDACTED]. R6's smoking risk evaluation, dated 2/20/19, revealed R6 smoked cigarettes hourly, begged or stole smoking material from others and was careless with smoking materials. R6's smoking care plan, last updated 2/3/20, noted, The resident is a smoker. The care plan directed staff, Resident is allowed to smoke 8:00-8:30 AM Monday, Tuesday, Wednesday, Thursday and Friday. She is to follow station smoke times on Saturday and Sunday. R7's most recent quarterly MDS, dated [DATE], revealed R7 was cognitively intact and required extensive assistance of one staff for locomotion on and off the unit. R7 was over [AGE] years old. [DIAGNOSES REDACTED]. R7's annual MDS assessment, dated [DATE], identified R7 as a current tobacco user. R9's most recent quarterly MDS, dated [DATE], revealed R9 had moderate cognitive impairment and independent with locomotion on and off the unit. [DIAGNOSES REDACTED]. R9's admission MDS, dated [DATE], revealed R9 as a current tobacco user. R10's most recent quarterly MDS, dated [DATE], revealed R10 had no assessment of cognitive status and was independent with locomotion on and off the unit. [DIAGNOSES REDACTED]. R10's admission MDS, dated [DATE], identified R10 as a current tobacco user. R10's smoking risk evaluation, dated 12/10/19, revealed R10 smoked cigarettes less than hourly and had no risks identified. The smoking care plan, last revised 1/8/20, identified R10 as a smoker and did not address any risks. R11's most recent quarterly MDS, dated [DATE], revealed R11 was not assessed for cognitive status and was independent with locomotion on and off the unit. R11's smoking risk evaluation, dated 12/19/19, revealed R11 did not smoke. R11's admission MDS, dated [DATE], identified R11 was not a current tobacco user. R11's care plan, last revised 3/24/20, did not identify R11 smoked. R12's most recent admission assessment, dated 2/3/20, revealed R12 was cognitively intact and required supervision for locomotion on and off the unit. R12's care plan dated 1/29/20 did not identify that R12 smoke. R13's most recent quarterly MDS, dated [DATE], revealed R13 was cognitively intact and independent with locomotion on and off unit. R13's [DIAGNOSES REDACTED]. R13's admission MDS, dated [DATE], revealed R13 was a current tobacco user. R15's most recent significant change MDS, dated [DATE], revealed R15 had moderate cognitive impairment and was independent with locomotion on and off unit. R15's [DIAGNOSES REDACTED]. R15 was identified as a current tobacco user and over [AGE] years old. R15's smoking risk evaluation, dated 8/21/19, revealed R15 smoked cigarettes hourly. No risks were identified. R15's smoking care plan, last revised 9/2/16, revealed, (R15) is a safe smoker with smoking apron and The resident can smoke unsupervised. He gets 6 cigarettes per day, 3 on day shift and 3 on pm (evening) shift. The care plan did not address R15 who begged and stole smoking materials from others. R16's most recent quarterly MDS, dated [DATE], revealed R16 was not assessed for cognitive status and required supervision for locomotion on and off unit. [DIAGNOSES REDACTED]. R16's 12/23/19, admission MDS revealed R16 had moderate cognitive impairment and was a current tobacco user. R16's smoking risk evaluation, dated 12/16/19, revealed R16 smoked cigarettes less than hourly and had no risks identified. R16's smoking care plan, last revised 12/18/19, revealed R16 was a smoker and allowed to smoke unsupervised. No smoking risks were addressed. R17's most recent quarterly MDS, dated [DATE], revealed R17 had moderate cognitive impairment and delusions. R17 was independent with locomotion on and off the unit. R17's [DIAGNOSES REDACTED]. R17 was over [AGE] years old. R17's smoking assessment dated [DATE], identified R17 did not smoke. R18's most recent quarterly MDS, dated [DATE], revealed R18 was not assessed for cognitive status and was independent with locomotion on and off the unit. R18 had [DIAGNOSES REDACTED]. R18's care plan with revision date of 3/25/20 and smoking assessment dated [DATE], identified R18 was an independent and safe smoker. R19's most recent admission MDS, dated [DATE], revealed R19 was cognitively intact and was independent with locomotion on and off the unit. R19's [DIAGNOSES REDACTED]. R19 was identified as a current tobacco user. R19's smoking risk evaluation, dated 3/11/20, identified R19 was an unsafe smoker, smoked cigarettes hourly, inappropriately provided smoking materials to others, begged or stole smoking materials from others and had extrapyramidal symptoms (EPS). R19's smoking care plan, last revised [DATE], revealed R19 was a smoker. R19's risks were not identified on the care plan. R20's quarterly MDS, dated [DATE], revealed R20 had no problems with long or short term memory or recall ability. R20 was independent with decision making. R20 was independent with locomotion on and off unit. R20 had [DIAGNOSES REDACTED]. R20's admission MDS, dated [DATE], identified R20 was a current tobacco user. R20's smoking risk evaluation, dated 1[DATE], revealed R20 smoked cigarettes hourly and was a safe smoker with no risks. R20's smoking care plan, last revised 10/3/17, identified R20 was a safe smoker and was able to smoke unsupervised. R21's most recent quarterly MDS, dated [DATE], revealed R21 had moderate cognitive impairment and was independent with locomotion on and off the unit. R21 had [DIAGNOSES REDACTED]. R21's smoking risk evaluation, dated 1/28/20, revealed R21 smoked cigarettes less than hourly and had no known risks. R21's care plan, last revised 2/19/20, did not identify smoking. R22's most recent quarterly MDS, dated [DATE], revealed R22 was cognitively intact and independent with locomotion on and off the unit. R22 was diagnosed with [REDACTED]. R22's admission MDS, dated [DATE], identified R22 was not a tobacco user. R23's most recent quarterly MDS, dated [DATE], revealed R23 had moderate impairment for daily decision making and experienced delusions and rejected care 4-6 days per week. R23 was independent with locomotion on and off unit. R23's had [DIAGNOSES

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245203	A. BUILDING _____ B. WING _____	**04/04/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE VILLA AT BRYN MAWR	**275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405**

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 -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 1) REDACTED]. R23's care plan dated 3/8/18, identified R23 was a safe smoker with no identified issues. R24's most recent annual MDS, dated [DATE], revealed R24's cognitive and behavior status was not assessed. R24 required supervision for locomotion on and off unit. R24 had [DIAGNOSES REDACTED]. The MDS identified R24 did not use tobacco. R25's most recent annual MDS, dated [DATE], revealed R25's cognitive status was not assessed. R25 was independent with locomotion on and off unit. R25 had [DIAGNOSES REDACTED]. R25 was identified as a tobacco user. R25's quarterly MDS, dated [DATE], revealed R25 was cognitively intact. The MDS identified R25 used tobacco. R26's most recent admission MDS, dated [DATE], revealed R26's cognitive status was not assessed. R26 required supervision for locomotion on and off unit. R26 had [DIAGNOSES REDACTED]. The MDS identified R26 used tobacco. R28's most recent quarterly MDS, dated [DATE], revealed R28's cognitive status was not assessed. R28 was over [AGE] years old. R28 was independent with locomotion on and off unit. R28's had [DIAGNOSES REDACTED]. The MDS did not identify if R28 used tobacco. R29's most recent quarterly MDS, dated [DATE], revealed R29 was severely cognitively impaired and experienced delusions. R29 rejected care and wandered one to three days per week. R29 was independent with locomotion with on and off unit. R29's [DIAGNOSES REDACTED]. R29's smoking risk observation, dated 2/7/2019, revealed R29 was a potentially unsafe smoker. R29 smoked cigarettes less than hourly, begged or stole smoking materials from others and smoked cigarette butts from ash trays. R29's smoking care plan, last updated 8/21/18, revealed, The resident is a smoker. Hx of begs/steals cigarettes, smoking cigarettes butts from ashtrays. R29's care plan directed staff, Re-education completed on smoking patterns and policies. Provide redirection and education on site if unsafe practices s (sic) witnessed. Supervision will be provided during smoking hours. On [DATE]/20, from 11:11 a.m. to 11:35 a.m. the following was observed in communal areas inside and outside on the patio. R13 was observed to converse next to R12 on the patio. R12 and R13 pointed out wet and dry spit on the patio ground and a dark mark on the wall near the door where they reported a resident frequently urinated. There were pieces of bread and wrappers on the ground and used tissue on the table. The patio was the size of the side of the building and fenced in. There were metal tables with open metal ash trays on top of them and a closed standing receptacle for cigarettes. There were multiple metal chairs at each table within one to three feet of each other. R12 and R13 noted residents helped clean the patio and it was regularly dirty. At 11:14 a.m. R6 and R16 walked closely together from the dining room to the patio and both sat down near R10. The residents sat at the same table at the side of the patio, within four feet of each other. R6 and R16 smoked cigarettes. There were no staff on the smoke patio. At 11:16 a.m. R11 briefly conversed with R17, sat a few feet away from group and then sat down near R6, R10 and R16. R6 and R11 shared a cigarette, each smoked the same cigarette. (R11's most current care plan did not identify R11 smoked) At 11:19 a.m., R18 joined R6, R10, R16, and R11. At 11:21 a.m., R6 and R18 went inside. R16 moved next to R19 and handed him a used cigarette to smoke. At 11:25 a.m. R19 walked inside, and pushed R15's wheelchair. At 11:35 a.m. R20 handed R21 the cigarette she had smoked. R21 smoked the cigarette butt from R20. R21 had her shoes on the pools of spit near the building. On [DATE]/20, the patio was observed from 12:35 p.m. to 12:47 p.m. At 12:39 p.m., R9, R13 and R22 were observed to converse with each other and sat right next to each other on the patio. R9, R13 and R22 reported they were aware of the social distance guidelines (to stay six feet distance from other people) but it was habit to sit next to each other. At 12:37 p.m., R17 was observed to push R7 in his wheelchair. R17 and R7 declined to talk to surveyor. At 12:38 p.m., R23 was observed next to R15 who shared his lighter for R23 to light his cigarette. R23 and R15 reported they were aware of the social distance guidelines but they were hard to follow at the facility. At 12:39 p.m., R25 and R24 were observed to converse next to each other on the patio while R25 smoked. Both stated they were aware of the social distance guidelines, but thought that it applied only to people who were not residents and that it was safe to sit next to other residents. The infection control registered nurse (RN)-A came out to patio for one minute to encourage residents to maintain social distance. RN-A reported there was not a system to monitor the patio, staff would come outside periodically to redirect residents and explain risks and benefits to maintain social distance to prevent spreading Covid-19. RN-A was not aware of any concerns with residents who shared cigarettes. On [DATE]/20, at 12:52 p.m. the trained medication aide (TMA)-A reported she was not aware of any procedure to monitor the smoke patio. She reported she thought that was the job of the nurses and nursing assistants. On [DATE]/20, at 1:00 p.m. (LPN)-A reported, I don't know. I can get back to you when asked about the procedure to monitor and supervise the smoke patio. LPN-A requested assistance from the infection control registered nurse (RN)-A. RN-A reported there was no official procedure to monitor the smoke patio. Staff were supposed to look out the window and check the smoke patio as they walked by the window to the smoke patio. On [DATE]/20, at 1:05 p.m. the licensed practical nurse (LPN)-B reported she was not aware of any residents who shared cigarettes. There was no formal system to monitor the smoke patio. Staff would look out the window to the patio as they walked by. On [DATE]/20, at 1:30 p.m. R29 was observed to lean over R5, who sat at a table with an open ash tray on it. R29 was observed to smoke a butt of a cigarette as he stood up. R29 confirmed he took the cigarette butt out of the ash tray and declined to comment further. R10 reported R29 regularly smoked butts from ash trays. R5 approached R28 and leaned over him. R5 reported she was aware of the social distance guidelines, but had no lighter so needed to use R28's lighter. On [DATE]/20, at 1:51 p.m. the administrator reported she had worked at the facility since November and was not aware of any assessment of the smoke patio and potential concerns since then or prior. On 4/3/10, at 2:34 p.m. the administrator reported smoking assessments were done by nurses at the quarterly MDS assessments by an observation of the residents as they smoked. The administrator reported open ash trays were in use on tables because of resident preferences. The administrator reported the smoke patio was not supervised. Residents were educated on guidelines for prevention and control of infections included [REDACTED]. The administrator was informed of the observations of residents taking cigarette butts from each other and open receptacles. The administrator responded the residents were aware of the risks and benefits of that behavior and were independent smokers. The Smoking Covid-19 Education, undated, was reviewed, With COVID-19 being the main focus of the world, the safety of our residents is our main focus here at Villa at Bryn Mawr. Below are detailed reminders and mandates for all smokers within our building to ensure we are abiding by social distancing rules. No smoking materials are allowed to be shared between residents or staff. Residents must stay on back smoking patio and staff must smoke in designated parking lot area. All residents and staff must maintain a 6 foot distance at all times while outside smoking. Proper distancing will be marked for reminders. No outside visitors are allowed in back of building by smoking areas. If bringing smoking supplies it MUST be brought to back door and ring doorbell for staff. Disposal of all cigarettes are to be placed in the provided disposal bins on back patio prior to returning into building. We are a HEALTHY building and want to keep it that way. FAILURE TO FOLLOW THESE GUIDELINES CAN RESULT IN LOSS OF SMOKING PRIVILEGES (sic). The document had a space for a printed name, signature and date. The education did not include information on facility staff responsibilities to support residents in ensuring guidelines were followed. Further information on smoke area assessment and plan related to infection control and Covid-19 was requested but not provided. A handout from the Centers for Disease Control and Prevention (CDC), last revised 4/3/20, entitled, What You Can Do if You are at Higher Risk of Severe Illness from Covid-19, revealed, Based on what we know now, those at high-risk for severe illness from COVID-19 are: People aged [AGE] years and older, People who live in a nursing home or long-term care facility, People of all ages with underlying medical conditions, particularly if not well controlled, including: People with [MEDICAL CONDITION] or moderate to severe asthma, People who have serious heart conditions, People who are immunocompromised: Many conditions can cause a person to be immunocompromised, [MEDICAL CONDITION] treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly [MEDICAL CONDITION] AIDS, and prolonged use of corticosteroids and other immune weakening medications, People with severe obesity (body mass index(BMI) of 40 or higher) People with diabetes, People with [MEDICAL CONDITION] undergoing [MEDICAL TREATMENT], People with liver disease. The immediate jeopardy that began on [DATE]/20, was removed and the deficient practice corrected on 4/4/20, when the facility re-educated R6, R11, R16, R19, R20, R21 and R29 about the smoking policy, their care plans were updated and new smoking assessments were completed. The open ash trays were removed and smoking receptacles were locked to prevent residents who took cigarette butts and smoked them. Staff monitored the smoking patio during scheduled smoking times, visual marks were placed in the hall and on the smoking patio to alert residents to social distance. All residents who smoked were re-assessed for safe smoking and care plans were updated. All staff were educated in regards to the smoking times. All residents were educated about the smoking policy and social distancing practices. Daily audits were initiated and completed by the director of nursing and unit managers and will integrate review through the quality assurance and performance improvement (QAPI) process and monitor for trends, patterns and recommendations for continuation. R1's progress note dated 3/26/20, at 8:34 p.m. indicated the physical therapist found R1 had difficulty breathing. Nursing staff were notified. Vital signs included temperature of 102 degrees Fahrenheit, [MED]gen saturation 84%, pulse rate 134 and blood sugar high. R1 appeared responsive but had labored breathing and 911 was called. R1's progress note dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245203	A. BUILDING _____ B. WING _____	**04/04/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE VILLA AT BRYN MAWR	**275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405**

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 -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 2) 3/27/20, at 10:18 a.m. indicated R1's wife shared with staff that R1 passed away at hospital on [DATE], due to multiple complications from [MEDICAL CONDITION]. Wife stated hospital tested R1 for COVID-19 due to the suddenness of R1's symptoms. Timeline of facility response to COVID-19 and activities done in the building provided by nursing home administrator indicated on 3/29/20, it was noted R1 tested positive for COVID-19 on Friday 3/27/20. R4's (R1's roommate) progress notes were reviewed and included: -On 3/27/20, at 12:16 p.m. indicated late entry note that R4 was placed on droplet precautions related to roommate being diagnosed with [REDACTED]. -On 3/29/20, at 10:31 p.m. nose swab obtained and sent to lab. -On 3/30/20, at 1:39 a.m. temperature 99.4. No symptoms of COVID-19, no cough or complaints of sore throat. Awaiting swab results. -On 3/30/20, at 11:36 a.m. R4 continued to have low grade fever. -On 3/31/20, at 3:55 p.m. lab result for COVID-19 undetected. Contact precautions materials removed from room. -On 4/2/20, at 12:09 p.m. administrator updated writer R4 can come off droplet precautions. R4 had no known exposure to COVID-19. Isolation kit from outside room removed. R4's Care Plan dated 4/2/20, indicated R4 had exposure to COVID-19. COVID-19 test came back negative on 3/31/20, and droplet precautions were removed. [LOC] Department of Health (MDH) advised to re-instate droplet precautions x 14 days then retest for COVID-19 again. Interventions include: -droplet precautions x 14 days -encourage social distance at least 6 feet. Encourage to stay in room while on droplet precautions. Give mask if he insists on going out -monitor for signs/symptoms of COVID-19 -monitor/document/report to medical doctor as needed for dehydration, dry skin and mucous membranes, poor skin turgor, weight loss, anorexia, malaise, [MEDICAL CONDITION], increased heart rate, fever, abnormal electrolyte levels -monitor for cough, abnormal vitals, shortness of breath, sore throat -resident to eat in room -vital signs every shift On 4/2/20, at 9:19 a.m. the administrator confirmed during a telephone interview that R4 had been placed on droplet precaution isolation on 3/27/20, was tested for COVID-19 on 3/29/20, and removed from isolation precautions on 3/31/20, when R4's test result came back negative. Administrator stated that is how they would handle any infectious disease, such as the flu, once the test was negative, precautions would be removed. Administrator did not feel R4 should have be kept in isolation for 14 days following contact with a positive COVID-19 resident. Administrator also stated they only used droplet precautions with COVID-19 suspected cases and indicted they would not have enough personnel protective equipment to do otherwise. According to the Center for Medicare & Medicaid Services (CMS) the COVID-19 virus is thought to spread mainly from person-to-person through respiratory droplets produced when an infected person coughs, sneezes or talks. Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms. It may be possible that a person can get COVID-19 by touching a surface or object that has [MEDICAL CONDITION] on it and then touching their own mouth, nose or possibly their eyes. [MEDICAL CONDITION] that causes COVID-19 is spreading very easily and sustainable between people. The facility provided polices and decision making items which included, About Coronavirus Disease 2019 (COVID-19) from the MDH memo dated 3/19/20, which indicated symptoms usually appear about 5 days after a person is exposed to COVID-19, but can appear anywhere between 2-14 days after exposure.