

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 24E507	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2020
NAME OF PROVIDER OF SUPPLIER SOUTHSIDE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2644 ALDRICH AVENUE SOUTH MINNEAPOLIS, MN 55408	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and document review, the facility failed to actively screen visitors and staff in accordance with Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) guidance for Covid-19. In addition, the facility failed to ensure staff had access to personal protective equipment (PPE) and failed to provide education and guidance to staff for Covid-19. This had the potential to effect all 13 residents who resided in the facility. Upon arrival to the facility on [DATE], at 8:45 a.m. surveyors entered the facility through the unlocked, main door and were met by social services (SS)-C; temperatures were taken but not recorded; no Covid-19 screening questions were asked. Surveyors were informed the administrator and director of nursing (DON) were not on site. During an interview on 5/13/20, at 8:55 a.m. registered nurse (RN)-A stated none of the 13 residents had Covid-19 nor were any under investigation for Covid-19. When asked to see facility policies and procedures related to Covid-19, RN-A did not provide them and stated the program director (PD-A) could be reached by phone. During a telephone interview on 5/13/20, at 9:03 a.m. PD-A stated everything we're doing, we have posted on the walls in reply to questions about policies and procedure related to Covid-19. During an interview on 5/13/20, at 9:05 a.m. RN-A stated a nurse screens residents twice a day and documents findings in the resident's paper medical record. RN-A stated screening consisted of a temperature check in the morning and screening questions twice a day. RN-A did not know the temperature threshold that would require action by a nurse. RN-A stated the nurse on duty usually screens other employees and for the most part, we do that, but some still check their own temp. Review of facility's employee screening tool indicated staff must record their temperature results and their responses to screening questions. The tool lacked a column for the screener to sign off indicating an employee was actively screened and was okay to work. During an interview and observation on 5/13/20, at 9:11 a.m. SS-C stated the facility was not taking new admissions until things improved with the pandemic. SS-C stated the last new admission was on 5/1/20, and this resident was not quarantined for 14 days as recommended. SS-C was unaware of this recommendation and stated the new resident shared a room with other women. During an interview on 5/13/20, at 9:30 a.m. RN-A stated there was an adequate supply of surgical masks, gloves, hand sanitizer and disinfectant wipes, but no goggles or face shields for resident care encounters. RN-A further stated the facility did not have gowns to utilize for PPE in the event a resident developed symptoms of Covid-19. During an interview on 5/13/20, at 10:15 a.m. with SS-C and RN-A, SS-C stated they did not have the ability to isolate a resident who developed Covid-19 symptoms, as there are no private or empty rooms; not sure how we would do that. RN-A stated if a resident developed symptoms of Covid-19, she would isolate the resident until they figured it out. RN-A stated there were no procedures in writing to provide guidance to the staff in this situation so she would call 911 and transfer the resident to a hospital. Further, RN-A stated she has not had education on transmission based precautions that would be necessary for caring for a resident with symptoms of Covid-19. During an interview on 5/13/20, at 10:20 a.m. PD-A stated the morning nurse is supposed to look through the employee screening log to ensure compliance, however there was no written guidance for that requirement. PD-A stated the temperature threshold for residents and employees was 100.4 degrees Fahrenheit and was not aware of the recommended temperature of 100.0 degrees F. During continual observation on 5/13/20, from 10:20 a.m. to 11:00 a.m. no staff were monitoring the unlocked, front door which may have allowed an individual to enter the facility without being screened at the entrance. Residents came and went through this door to smoke; observed residents on front porch of facility smoking at 8:45 a.m. and at 10:40 a.m. During an interview on 5/13/20, at 10:35 a.m. PD-A admitted the facility did not have written policies and procedures to provide guidance for staff regarding Covid-19, specifically guidance on transmission based precautions, appropriate use of PPE, resident and employee screening procedures. PD-A stated if a resident developed a fever and cough, the doctor would be called, but admitted there was no written policy or procedure to direct staff to do this. PD-A was unaware of the recommendation for eye protection during all resident care encounters and admitted the facility did not have goggles, face shields, nor did the facility have isolation gowns available for staff if a resident developed symptoms of Covid-19. During an interview on 5/13/20, at 11:15 a.m. PD-A stated he drove residents to the store and to the bank, two or three residents at a time. Residents went into the store to shop, but stayed in the car at the bank. Residents wore cloth masks, however riding in a car prevented residents and PD-A from social distancing. During an interview on 5/13/20, at 11:20 a.m. DON arrived at the facility and confirmed there were no policies or procedures to guide staff in the care of residents related to Covid-19 prevention and management. DON admitted there had been no staff education related to Covid-19 on the utilization of proper PPE and transmission based precautions. During an interview on 5/13/20, at 11:30 a.m. PD-A was informed surveyors were not fully screened upon arrival to facility, nor were names entered onto screening log. PD-A promptly entered this information. The facility document titled Southside Care Center coronavirus disease 2019 (COVID-19), effective date 3/20/2020, indicated: A. Plan for containment of [MEDICAL CONDITION] to limit spreading: the big three risk factors to be aware of: 1). Any travel in the last 30 days or exposure to someone with travel within 30 days 2). Fevers (101.5) or higher 3). Cough / SOB (shortness of breath) 4). If you answer yes to 1 and 2 or 3, please contact a medical professional for further triage. B. Post-Acute and Long Term Care (PALTC) recommendations: The CDC and WHO (World Health Organization) recommend that health care workers who care for persons suspected of having Covid-19 infection use standard precautions, contact precautions, airborne precautions, and eye protection. This means wearing gown, gloves, facemask, and goggles or a faceshield if patients are actively coughing. Designated staff should be responsible for caring for those suspected or known to have Covid-19. These should be trained personnel on infection prevention and control recommendations for Covid-19 with knowledge about the proper use of personal protective equipment. Facilities should review and follow contact isolation procedures and make sure staff follow them consistently and correctly. C. Since most PALTC facilities will not have airborne isolation rooms, if an individual meets the CDC case definition of a suspected infection, facility staff should provide the patient a single room with a closed door and consult with the local health department. Ensure staff follow standard, contact, and airborne precautions, including eye protection. D. Transferring residents with suspected Covid-19: CMS recommend that facilities without an airborne isolation room should not be required to transfer a patient to the hospital unless the patient needs a higher level of care than the nursing home can provide or the facility is not capable of adhering to infection control practices. E. Recommendation for outbreaks: Frequently review CDC recommendations for surveillance and updates. The facility document titled Twin Cities Physicians, dated 3/2/20, indicated: until Covid-19 precautions are discontinued, if patient complains of new symptoms of fever, new shortness of breath and/or new cough, please assess the patient and notify doctor for a fever greater than 100.3 degrees F. The facility document titled Southside Care Center COVID-19 daily employee screening tool, undated, indicated: all staff must record employee name, date, temperature 100.4 degrees F or greater, cough, sore throat, shortness of breath, nausea/vomiting or diarrhea and travel question. The facility document titled Bridges MN, Covid Work Station Check-in, dated 4/6/2020, indicated: - Each house/building will have a check-in area for all employees. The purpose of this station is to provide a location for staff to check and document their temperature at the time they begin their shift. - The employee is to log in on the sheet</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>provided, take their temperature using the provided thermometer and appropriate probe cover and document that temperature on the sheet. - If the temperature of an employee is over 100.6, they are to contact their supervisor and the Covid Hotline. - If the temperature is below 100.6, the employee may report to work. The facility document titled Southside Care Center Infection Prevention and Control Program, dated 7/19, indicated: The primary purpose is to establish and maintain an infection prevention and control program (IPCP) designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The IPCP is a facility-wide effort involving all disciplines and is part of the quality assurance and performance improvement program (QAPI). - The infection control program is comprehensive in that it addresses detection, prevention and control of infection among residents and personnel. - All personnel will be trained on infection control upon hire and periodically thereafter, including when and how to find pertinent procedures and equipment related to infection control. - The facility's infection control policies and procedures will be reviewed and revised or updated as needed. - Policies and procedures are utilized as the standards of the infection prevention and control program. - Important facets of infection prevention include: a. identifying possible infections or potential complications of existing infections; b. instituting measures to avoid complications or dissemination; c. educating staff and ensuring they adhere to proper techniques and procedures; d. enhancing screening for possible significant pathogens; e. implementing appropriate isolation precautions when necessary; and f. following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC).</p>		