STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245585	A. BUILDING _____ B. WING _____	**04/07/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
TRAVERSE CARE CENTER	**303 SEVENTH STREET SOUTH WHEATON, MN 56296**

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	**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 follow current federal and state government guidelines on Coronavirus Disease 2019 (COVID 19) to initiate transmission based precautions for one of one residents (R1) identified with respiratory illnesses. In addition, the facility failed to socially distance residents in common areas of the facility for 4 of 4 residents (R1, R4, R6, R7). This had the potential to affect all 39 residents residing in the facility. Findings include: During observations on 4/6/2020, at 10:43 a.m. six female were residents were observed seated approximately 2-6 feet apart in the TV room across from the nurses station. R1 was seated in her wheelchair approximately about 3 to 4 feet from R6, who was seated in a recliner next to R7 and R4 who were both seated in their wheelchairs. R1 appeared flushed in the face, and was having difficulty breathing during inspiration with audible noises being heard. R1's her head hung down with her chin touching her chest, with copious amounts of thick yellow/green slimy substance observed on the clothing protector covering her chest area. - at 11:04 a.m. R1 continued to be seated out in the TV room by the nurses station, with five other female residents watching TV. R1's face remained flushed in appearance with her chin to her chest, and the clothing protector with copious amounts of thick yellow/green slimy substance. R1 had labored breathing during inspiration with audible noises being heard, and copious amounts of clear/yellow/green drainage running from her nose, down her chin onto the clothing protector. - at 11:12 a.m. a staff member took R7 out of the TV area and wheeled her down the hallway. R1 chin continued to rest of her chest, clothing protector across her chest with copious amounts of thick yellow/green slimy substance on it. R1 continued to appear flushed in the face, was having a hard time breathing during inspiration with audible noises being heard and had copious amounts of clear/yellow/green drainage running from her nose, down her chin onto the clothing protector. - at 11:15 a.m. nursing assistant (NA)-A approached R1 while she was seated in the the TV area across from the nurses station with 4 other female residents approximately 2 to 6 feet apart from each other. R1 continued to have copious amounts of white/yellow/green drainage running from her nose, down her chin onto the clothing protector. NA-A gloved her hands, grabbed the soiled clothing protector from R1's chest and wiped R1's nose and mouth area. NA-A left the soiled clothing protector on R1, removed her gloves, threw them away, and proceeded to wheel R1 back to her room while telling R1 your all stuffed up. Once NA-A got R1 back to her room, NA-A gloved her hands, got a Kleenex and wiped R1's nose again and removed her soiled clothing protector from her chest. - at 11:20 a.m. NA-A and NA-B utilized a mechanical standing lift to transfer R1 to the bathroom, onto the toilet. NA-A stated R1's nose had been running like crazy while she wiped her nose with a tissue. NA-A stated R1 had upper respiratory symptoms for a week or two, and indicated it was more extreme now. NA-A stated R1 had not been in any isolation and she was not being kept her in her room. - at 11:30 a.m. R1 was seated in her wheelchair in the TV area across from the nurses station between R6 and R4, approximately 2 to 3 feet apart. R1 had an occasional cough, and face appeared flushed with copious amounts of clear drainage running from her nose down to her chin area. TMA-A briefly approached R1, wiped her nose and mouth with the wash cloth that was on her chest area and walked away. -at 11:40 a.m. R1 continued to sit in the TV area across from the nurses station, she was seated between R6 and R4, approximately 2 to 3 feet apart. R1's face was flushed, with clear drainage running from her nose down to her chin area. On 4/6/2020 at at 1:10 p.m. the medical doctor (MD) indicated he had not seen R1 recently and was not aware of her illness, although the facility did mention a resident at the facility had a runny nose today on video visit. He indicated he would expect the facility to notify the nurse practitioner (NP) and isolate residents with illness, and not have them in common areas under these circumstances. The MD indicated he felt R1 should be checked for COVID 19. On 4/6/2020, at 1:45 p.m. TMA-A confirmed the above findings and indicated R1 had a runny nose, congestion, coughing and a temperature of 99.3. TMA-A indicated they had been giving R1 [MEDICATION NAME] (medication used to reduce chest congestions caused by colds, infections, or allergies [REDACTED]. TMA-A indicated she thought R1 also had a sore throat because she had not been eating very well lately. TMA-A stated R1 was not isolated while she was sick, and indicated she felt R1 should have been with symptoms of congestion, fever and coughing. On 4/6/2020, at 2:16 p.m. licensed practical nurse (LPN)-A confirmed the above findings and indicated staff were to have residents socially distanced 6 feet apart. LPN-A indicated R1 had some clear nasal discharge last week but it had gotten worse, and was not sure if R1 had a temperature. LPN-A indicated she would expect staff to isolate R1 because you don't know what type of illness R1 had and felt it would be safer for other residents to keep her in her room due to her symptoms. On 4/6/2020, at 2:40 p.m. NA-A confirmed the above finding and indicated residents were supposed to be socially distanced 6 feet apart with COVID 19 symptoms and she was not sure who brought R1 out to the TV area with other residents. NA-A indicated R1 had been sick since last week, and indicated her symptoms had become worse with coughing, nasal drainage, fast respirations and being more tired. NA-A indicated they have not been isolating R1, but should have been with the symptoms R1 had. On 4/6/20 at 3:15 p.m. the director of nursing (DON) confirmed the above findings and verified the facility had not isolated any of their residents when they had been ill in the recent past. The DON indicated if resident were sickly, they should be kept in their rooms and use proper protective equipment. The DON indicated she felt more should have been done to prevent the spread and indicated it was hard to keep the residents in their rooms. The DON indicated she would expect staff to socially distance residents from other residents if they are sick and to be in their rooms and to isolate them. A review of the facility forms titled Monthly Infection Report revealed the following: - March 2020, identified 13 residents had respiratory illnesses. - April 2020, identified 3 residents with respiratory infections including R1. The Monthly Infections Reports failed to include any further steps taken related to possible COVID. The facility provided COVID-19 Response Manual dated March 2020, included the following procedures and instructions: - remind residents to practice social distancing - follow enhanced daily respiratory surveillance and quickly respond to any ill residents - if symptoms are similar to coronavirus and a resident was considered under investigation, keep door closed as much as possible and a masks should be put on the resident. - post signs on the door or wall outside the resident's room that clearly described the type of precautions needed and the required PPE (personal protective equipment) - PPE to be available outside the resident's room - infection control policies require staff to use standard and droplet precautions.

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