

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245521	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2020
NAME OF PROVIDER OF SUPPLIER CENTRAL TODD COUNTY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 406 EAST HIGHWAY 71, PO BOX 38 CLARISSA, MN 56440	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, the facility failed to actively screen staff and vendors for COVID-19 when entering the facility through the designated door. This had the potential to affect all 44 residents currently residing in the facility. In addition, the facility failed to ensure proper hand hygiene/glove use was conducted during personal cares along with disinfecting the standing lift after use for 1 of 2 residents (R1) who were observed during cares and utilized a standing lift. Findings include: Upon entering the facility on 4/13/20, at 10:40 a.m. the front doors were locked. Signage was on display that the facility was restricting visitors except for at end of life and to ring the doorbell. Another sign directed staff and vendors to enter the facility through the back door. During the entrance conference on 4/13/20, at 10:59 a.m. the director of nursing (DON) stated the facility had no confirmed positive COVID-19 resident or staff. Staff and residents were being actively screened for signs and symptoms of COVID-19 on a daily basis. During interview on 4/13/20, at 11:10 a.m. nursing assistant (NA)-A stated she entered the facility through the back door, put on a face mask, completed hand hygiene and then went to the nursing station to be screened by the nurse. The nurse takes their temperature and asks screening questions. They had received education that if they were symptomatic by having a sore throat, cough, fever, or shortness of breath, they were to stay home. During interview on 4/13/20, at 11:19 a.m. housekeeper (H)-B stated they entered the facility through the back door. They put on a clean mask then walked to the nursing station where they had their temperature taken and were asked COVID-19 screening questions. They were told not to come to work if they had a new cough, sore throat, shortness of breath or running a temperature. During interview on 4/13/20, at 11:30 a.m. NA-B stated she entered the facility through the back door. NA-B puts on a clean mask and then washed their hands. They go to the nursing station to have their temperature checked and are asked screening questions. During interview on 4/13/20, at 11:33 a.m. NA-E stated all staff were entering through the back door. They were to put on a mask then go to the nursing station to be screened for COVID-19 signs and symptoms prior to working with any residents. There were no residents or staff working with current signs or symptoms of COVID-19. During interview on 4/13/20, at 11:40 a.m. licensed practical nurse (LPN)-A stated she entered the facility through the back door, washes their hands and grabs a clean mask. LPN-A then goes to the nursing station to have their temperature checked and screened for health questions related to COVID-19 signs and symptoms. If she had any symptoms she would stay home. If anyone developed symptoms while at work it would immediately be reported to the DON and then would be sent home. When interviewed on 4/13/20, at 11:48 a.m. registered nurse (RN)-B stated the nurses were tasked with screening employees, vendors and any visitors that would be allowed in the facility. Staff and vendors were to put on a mask then come to the nursing station where the nurses would then screen them for COVID-19 signs and symptoms. Staff were not stationed at the back door. On 4/13/20, at 11:50 a.m. the back door area where staff and vendors enter was observed. There was hand sanitizer located on the wall. On the opposite side of the hallway there was a table set up with a basket of clean homemade mask. Signs were posted above the table that directed the following: DO NOT PROCEED WITHOUT A MASK! If you have a COUGH, FEVER, SORE THROAT, OR SHORTNESS OF BREATH- DO NOT COME IN. No staff were observed present to actively screen staff and vendors as they entered the facility through the back door. After entering the back door, placing their masks the employees and vendors then needed to walk through a hallway of resident rooms prior to getting to the nursing station. During interview on 4/13/20, at 11:51 a.m. trained medication assistant (TMA)-A stated she entered the facility through the back door. TMA-A washes their hands, grabs a clean mask and then walks to the nurses station. Then a nurse comes to take her temperature and ask COVID-19 screening questions. During interview on 4/13/20, at 12:12 p.m. maintenance worker (M)-A stated they enter the facility through the back door. They wash their hands, put on a clean mask and then walks to the nursing station to get screened by the nurse for COVID-19 signs and symptoms, including a temperature. During interview on 4/13/20, at 12:20 p.m. (H)-A stated they enter the facility through the back door, washes their hands, places a mask then goes to the nursing station. The nurse then takes their temperature and is asked COVID-19 screening questions. After they are cleared they punch in and wash their hands. During interview on 4/13/20, at 12:55 p.m. with the DON and RN-A. The DON stated individuals who enter the front door are visitors, which is very limited at this time. All staff and vendors enter through the back door. Everyone that comes in the back door is expected to perform hand hygiene, put on a clean mask, then report to the nursing station where they are screened by the nurse. The screening consists of taking their temperatures and asked questions regarding signs and symptoms of COVID-19. The facility did not have someone stationed at the back doorway to screen staff as they entered. RN-A stated the facility didn't have the staff available to sit at door to screen individuals as they have different start times. The DON added they thought placing the mask after entering the facility would help versus staff just walking to the nursing station. The facility Coronavirus/COVID-19 policy revised on 4/14/20, identified all staff were screened prior to the start of the shift for fever, new/worsening cough, shortness of breath, and sore throat. If any criteria are met staff member was sent home and instructed to update their primary care provider.</p> <p>R1's quarterly Minimum Data Set ((MDS) dated [DATE], identified R1 required extensive assistance with toileting and transfers. R1 was frequently incontinent of urine. During observation on 4/13/20, at 11:25 a.m. RN-B and NA-E entered R1's room with a standing lift. RN-B and NA-E placed the harness on R1 and secured the leg straps. They transferred R1 to the bathroom. NA-E with bare hands lowered R1's pants and brief. RN-B then lowered the lift so R1 could use the bathroom. NA-E removed R1's brief, soiled with urine, with her bare hands. When NA-A went to place the soiled brief into the garbage can, the brief landed on the floor. NA-E picked the soiled brief off the floor with her bare hands and placed it into the garbage. NA-E did not perform hand hygiene. NA-E went to the closet and retrieved a clean brief. NA-E put on gloves without performing hand hygiene first. NA-E completed perineal cares with gloved hands then put the clean brief on R1. RN-B raised the standing lift and with gloved hands NA-E pulled up R1's clean brief and pants. NA-E removed their gloves and placed them in the garbage. NA-E did not perform hand hygiene. R1 was then lowered back to their recliner via the standing lift. RN-B and NA-E removed the harness and straps from the standing lift. RN-B went to the bathroom and washed their hands. NA-E moved the bedside table closer to R1 and then started to leave the room with the standing lift. R1 asked NA-E to plug in their cell phone. NA-E stopped and picked up R1's cell phone cord off the floor and then grabbed R1's cell phone off the table and plugged it in. NA-E then grabbed the lift and left the room without performing hand hygiene or disinfecting the standing lift. NA-E placed the lift in the hallway alcove and did not disinfect the lift. NA-E then went to the nursing desk and removed the cloth mask they were wearing and placed it in a paper bag. NA-E then washed her hands at the nursing station sink without their mask on. During interview on 4/13/20, at 11:33 a.m. NA-E stated R1 and other residents used the standing lift and they did not have their own harness'. NA-E did not perform hand hygiene while in R1's room before or after touching potentially contaminated items. NA-A did not use gloves while removing a urine soiled brief and should have. NA-E stated they forgot to disinfect the standing lift after use and they were supposed to prevent contamination to other residents. NA-A should have washed their hands prior to removing the mask to go on break. The mask was supposed to be on</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>while on the floor. NA-E stated she had been educated on hand hygiene, glove use and disinfecting the lifts between resident use. NA-A stated she got nervous and made a mistake. R1's progress notes were reviewed from 3/15/20, until 4/13/20, R1's daily COVID-19 screens identified R1 was free of COVID-19 signs and symptoms. During interview on 4/13/20, at 11:48 a.m. RN-B stated there were no residents in the facility with COVID 19 signs and symptoms and the nurses screen all residents daily. NA-E needed more education on hand hygiene, glove use and disinfecting lifts. It was important to use good infection control techniques to keep staff and residents healthy and avoid cross contamination. When interviewed on 4/13/20, at 11:58 a.m. the DON stated staff were fully expected to toilet someone using proper hand hygiene and glove use. They are expected to perform hand hygiene and disinfecting equipment between residents. Further, she would provide immediate education and ensure the room and lift were disinfected. The DON provided an undated, untitled document that identified nine residents currently used the standing lift. The facility policy Handwashing/Hand Hygiene reviewed 11/19, directed staff to perform hand hygiene between tasks on the same resident, after removing gloves, after touching potentially contaminated items, after assisting a resident to use the bathroom. All staff are education upon hire and annually on proper hand hygiene. The undated facility Policy for Glove Use identified gloves should be used before touching any body fluids. Contaminated gloves must be removed before touching the resident or clean areas of the residents clothing. Hands should be wash as soon as possible after removed the gloves.</p>		