

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245635	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2020
NAME OF PROVIDER OF SUPPLIER ST JOHNS ON FOUNTAIN LAKE		STREET ADDRESS, CITY, STATE, ZIP 1771 EAGLE VIEW CIRCLE ALBERT LEA, MN 56007	
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 follow transmission based precautions for residents admitted from the hospital. The facility's failure to ensure implementation of proper precautions to prevent or mitigate the risk of COVID-19 outbreak had the potential to effect all 55 residents and staff in the facility. Findings include: When interviewed on 5/7/20, at 10:43 a.m. licensed practical nurse (LPN)-A confirmed residents on the transitional care unit (TCU) who admitted to the facility that did not have a negative COVID-19 test were quarantined to their room for 14 days. LPN-A confirmed there were no residents on the TCU unit at that time quarantined to their room or exhibiting respiratory symptoms. When interviewed on 5/7/20, at 11:00 a.m. TCU registered nurse manager (RN)-A confirmed there were no residents currently on the TCU unit who were quarantined to their room or on transmission-based precautions. RN-A stated residents who were admitted from a Mayo health facility were all tested for COVID-19 prior to admission to the nursing home. New admissions who were not tested were quarantined to their room for 14 days, and if exhibiting symptoms of COVID-19, were put on droplet precautions. RN-A stated for the most part the residents on the TCU unit stayed in their rooms. RN-A further stated if a resident did come out of their room they were to wear a mask. R2's Record of Admission included an admission date of [DATE]. Further review of R2's medical record revealed R2 was hospitalized on [DATE] for diverticulitis and post [MEDICAL CONDITION] and returned to the facility on [DATE]. R2 resided in room [ROOM NUMBER] on the TCU unit. R4's Record of Admission included an admission date of [DATE] from an acute care facility. R4 resided in room [ROOM NUMBER] on the TCU unit. R5's Record of Admission included an admission date of [DATE] from an acute care facility. R5 resided in room [ROOM NUMBER] on the TCU unit. On 5/7/20, at 1:50 p.m. R5 was observed walking in the hallway on the TCU unit with therapy staff.</p> <p>During interview on 5/7/20, at 12:07 p.m. the director of nursing (DON) verified new admissions and hospital returns were not quarantined for 14 days if they had received a negative COVID-19 test. DON stated Mayo Clinic Health System (MCHS) of (NAME) and (NAME) Lea conducted COVID-19 tests to all clients prior to discharge, and the test results were obtained prior to admission to facility. The DON included if residents are symptomatic they would be quarantined, but if they had a negative COVID-19 test and no symptoms, they were not quarantined. The DON was unaware of the 14 day quarantine per Minnesota Department of Health guidance for hospital discharges to congregate living. An algorithm utilized by facility titled Managing Resident Admissions from Hospital dated 4/13/20, included: COVID/Suspected COVID-19? No, Okay to admit, quarantine for 14 days, resident and staff should wear face masks, monitor for symptoms 2 x daily, private room with bath if available. Symptoms during/after 14 day quarantine? No, move to non-quarantine room if desired. Minnesota Department of Health Interim Guidance for Hospital Discharge to Home or Admission to Congregate Living Settings and Discontinuing Transmission-Based Precautions dated 5/2/2020, included Patients With no Clinical concern for COVID-19: At this time, patients with no clinical concern can be discharged from a hospital to a congregate living setting following normal procedures. However, patients should be quarantined and observed for the development of symptoms. Recommendations are as follows: The resident should be placed in a single-person room with private bathroom or in a separate admission/re-admission observation area, for monitoring of signs and symptoms of COVID-19. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after admission.</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.