

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245407	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2020
NAME OF PROVIDER OF SUPPLIER ST JOHN LUTHERAN HOME		STREET ADDRESS, CITY, STATE, ZIP 201 SOUTH COUNTY ROAD 5 SPRINGFIELD, MN 56087	
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 implement a comprehensive infection control program to include the Centers for Medicaid and Medicare Services (CMS) COVID-19 recommendations to quarantine new admissions to a private room for 14 days for 1 of 2 residents (R7) who were newly admitted, and to discontinue communal dining and/or maintain appropriate social distancing for 12 of 12 residents (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12) on the memory care unit. In addition, the facility failed to ensure all employee screening for potential COVID-19 symptoms was completed by another staff member prior to entering the facility and having contact with the residents. These practices had the potential to affect all 56 residents currently residing in the facility and staff. Findings include: When interviewed on 5/5/20, at 9:48 a.m. the director of nursing (DON) confirmed the facility had 2 new admissions; R13 who admitted from an assisted living, and R7 who admitted from an acute care facility. DON further indicated R7 had been tested for COVID-19 the day prior to admitting to the facility and tested negative. Review of R7's admission facesheet printed 5/5/20, indicated an admission date of [DATE], with hospitalization dates 4/27/20-4/30/20. On 5/5/20, at 10:17 a.m. surveyor observed room [ROOM NUMBER] which was a double room on the memory care unit, and could hear talking inside. Shortly afterwards, the speech language pathologist (SLP)-A was then observed exiting room [ROOM NUMBER] wearing a surgical mask and no other personal protective equipment (PPE). At 10:24 a.m. SLP-A was observed walking back towards room [ROOM NUMBER] where R7 resided. When interviewed at that time SLP-A confirmed she was working with R7 who was a new admit and further confirmed the resident was not on any transmission based precautions nor was she confined to her room. When interviewed on 5/5/20, at approximately 10:20 a.m. ward clerk (WC)-A confirmed R7 was a new admission with an admitted [DATE]. WC-A further confirmed R7 resided in room [ROOM NUMBER] with roommate R9. On 5/5/20, at 11:39 a.m. the lunch meal was observed in the memory care unit. The dining room tables on the unit were square. There were 4 tables that had 2 residents at each table sitting across from each other though were not distanced 6 feet or greater apart. The other residents were either at a table by themselves or were being assisted with a tray table by their wheelchair. The tables in the dining area on the memory care unit were in close proximity to each other and did not allow for adequate social distancing. R7 was among the residents observed in the dining room and was seated at a table with another resident. On 5/5/20, at 12:01 p.m. the DON observed the memory care dining room with the surveyor. DON confirmed residents seated together were not positioned 6 feet or greater apart during the meal. DON further confirmed R7 was a new admit and stated upon admission there wasn't a private room available otherwise the resident would have been placed in one. DON confirmed R7 had been coming out of her room and was not being quarantined. DON stated R7 had a COVID-19 test collected the day prior to admission that tested negative, and further stated the resident wasn't exhibiting any symptoms. DON confirmed since R7 had a roommate the roommate would also need to be quarantined to the room for 14 days from day of R7's admission. The undated policy titled, Policy for Suspected or Confirmed Coronavirus (Covid-19) included: Resident(s) will be reminded to practice social distance in dining rooms with frequent hand hygiene. When interviewed on 5/5/20, at 9:59 a.m. trained medication aide (TMA)-A stated when staff report to work they would enter through the employee entrance located in the lower level of the building. TMA-A stated staff took their own temperature and completed the employee COVID-19 screening sheet independently prior to starting their shift. TMA-A accompanied surveyor to the employee entrance where there was a table set up with a thermometer, hand sanitizer, alcohol wipes, employee screening sheet, and a box of surgical masks. There was also an instruction sheet which included: If you have a fever of 100.4 or greater, contact your supervisor. TMA-A confirmed after independently taking their temperature and filling out the screening form, staff could start their shift unless their temperature was elevated. When interviewed on 5/5/20, at 12:23 p.m. the activity director (AD) confirmed all staff that entered through the front entrance of the facility were screened by a staff member for COVID-19 symptoms including temperature. AD confirmed most staff, including nursing staff, entered through the employee entrance. AD stated staff that entered through the front door included: activities, administrative, and contracted therapy and hospice staff. DON was present during the interview and confirmed all other staff, including direct care staff, were completing self-screening and were not actively screened by another staff member. The undated policy titled, Policy for Suspected or Confirmed Coronavirus (Covid-19) included: Facility will actively verify absence of fever and respiratory symptoms when employees report to work-beginning of their shift. Document temperature, absence of shortness of breath, new or change in cough and sore throat and other criteria as identified by MN Department of Health.</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.