STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245357	A. BUILDING _____ B. WING _____	04/09/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
AVERA SUNRISE MANOR	240 WILLOW STREET TYLER, MN 56178

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 implement source control masking of staff or visitors, or policies specific to personal protective equipment (PPE) or isolation precautions required for potential or suspected COVID-19 resdients or staff in accordance with Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) guideline for COVID-19. This had the potential to affect all 30 residents. Findings include: Observation on 4/8/20 at 9:00 a.m., upon entrance to the facility, identified neither nursing nor non-nursing staff were utilizing source control source control masks as they performed duties on the nursing unit. Observation and interview on 4/8/20 at 9:30 a.m., with the director of nursing (DON)-B identified staff were not utilizing source control masks unless they were to assist a resident on isolation. The facility did have an ample supply of PPE available including masks, gowns and gloves. The DON-B identified one resident, (R1) who had been admitted on [DATE] following hospitalization and was placed on isolation in a private room for 14 days as a precautionary measure. The DON saw no reason for staff to utilizing appropriate PPE when entering R1's room even though R1 was placed on isolation. All residents were screened for temperature and oxygen saturation on a daily basis, with any deviation from their base line reported to the physician. No residents had signs and symptoms of COVID-19 in the facility. Interview on 4/8/20 at 10:45 a.m., with registered nurse (RN)-A identified there were source control masks and additional PPE available on the door of the utility room of each wing, but staff were not utilizing source control masks at the present time. Observation and interview on 4/8/20 at 10:45 a.m., of a family member (FM)-A who entered the unit from the connecting hospital hall. FM was not wearing a source control mask and identified herself as R2's FM. FM-A had entered through the clinic door, and had been screened for temperature and other symptoms of COVID-19. FM-A was there to visit R2 who was on hospice. FM-A identified neither she nor her children had received education or been requested by staff to wear a mask while in the facility since 1/6/20 R2's date of admission. FM-A visited daily and her children visited frequently. Observation and interview on 4/8/20 at 11:00 a.m., of nursing assistant (NA)-A responded to R1's call light and provided personal care to R1 without wearing a mask or gown as required for a resident on transmission based precautions NA-A identified she had not been educated on a need to utilize source control masks upon entering the facility, nor donning appropriate PPE when providing resident care for a resident on isolation for potential COVID-19. R1's current baseline care plan identified R1 was on isolation/quarantine for 14 days. Type identified was isolation, No PPE unless sx (symptomatic). There was no indication what type of isolation or direction for staff of what R1's isolation precautions were for potential COVID-19. R1's 4/8/20, hospital [DIAGNOSES REDACTED]. Observation on 4/8/20 at 11:20 a.m., with RN-A identified she entered R1's room and retrieved a urine sample from the bathroom. RN-A had not worn a mask or gown as part of TBP for potential COVID-19. RN-A identified R1 was placed on isolation for a period of 14 days as a precaution following hospitalization . Although R1 was on isolation, staff were not utilizing PPE when entering the room to provide cares as R1 was not currently symptomatic. On 4/8/20 at 11:45 a.m., unidentified several unidentified NA were passing lunch trays to residents in their rooms. NA's were wearing gloves, but not source control masks as they entered and exited each resident room. Interview on 4/8/20 at 12:04 p.m., DON-B identified the facility did not have an adequate supply of PPE as of the past week to provide 24/7 availability for all staff. The facility had received supples on 4/7/20 and the plan was to distribute on 4/10/20. Due to having the supplies available the DON identified the Infection Control Practitioner (IP) from the regional office had directed them today to go ahead and distribute source control masks to their staff on the afternoon of 4/8/20. There was no mention of distributing source control masks to visitors. Further interview on 4/10/20 at 2:44 p.m., DON-B identified the facility had received a box containing 50 source control masks on 4/1/20, and had masks to be used for PPE on each hall on the PPE supply rack. R1 had been placed in isolation following hospitalization for a 14 day period as a COVID-19 precaution. R1 had no signs/symptoms so it was not considered necessary for staff to utilize PPE of source control masks or gowns when entering R1's room to provide care. DON-B was unaware of the requirement of all staff to wear source control masks while in the facility, but thought the provision of isolation was a facility precaution. Review of the December 2018, Isolation for LTC (long term care): Standard Precautions and Additonal Transmission Based Precautions policy were to be implemented for known, suspected or incubating infections for the protection of residents, visitors and staff from potential exposure. Airborne precautions are indicated for infectious diseases that were transmitted by airborne droplets. Respiratory protection identified only necessary personnel were to enter the room, and masks, gowns and gloves were to be worn. A specific policy/procedure addressing the COVID-19 precautions was requested but not provided.

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