

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2020
NAME OF PROVIDER OF SUPPLIER AVERA GRANITE FALLS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 250 JORDAN DRIVE GRANITE FALLS, MN 56241	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and document review, the facility failed to always actively screen staff at the point of entry to the facility in accordance with Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) guidelines for COVID-19. This had the potential to affect all 48 residents. Findings include: Observation on 10/12/20 at 11:00 a.m., of the main entrance identified signs detailed restricted entrance criteria, signs and symptoms of COVID-19 which would prohibit entrance, required use of face masks and hand hygiene were posted on the front entrance. The main door was locked and a sign directed use of a door bell to summon a staff person to the door for screening. Interview on 10/12/20 at 11:35 a.m., with the director of nursing (DON) identified employees utilized the employee entrance and active screening was to be performed at the time they entered the building. Observation on 10/12/20 at 1:45 p.m., of the employee entrance area identified a table with a screening log, thermometer, alcohol wipes, masks, Sani-wipes and signs detailing COVID-19 information was present. The employees were to utilize a radio to contact the on-duty nursing staff of their arrival and need for screening. Interview on 10/12/20 at 2:00 p.m., with nursing assistant (NA)-A identified she had received infection control training including the procedure for active screening upon entrance to the facility, and procedure to be followed if had positive signs or symptoms indicating possible infection. NA-A reported at least 1-2 times weekly she had to self-screen due to nursing staff not being available to perform active screening. NA-A had been told by multiple nursing staff that was acceptable to self-screen and document temperature and response to questions on the log sheet. The charge nurse would then review and sign off when she was able. If she were to have a temperature or a yes response to the screening questions she would need to go home and call her supervisor. Interview on 10/12/20 at 2:25 p.m., with licensed practical nurse (LPN)-A identified staff were only able to enter the facility via the employee entrance and were to be screened by another staff who actively took their temperature and documented the COVID-19 questionnaire. LPN-A identified upon entering the facility nursing staff were contacted via radio of the need for active screening, but at least 1-2 times a month, nursing staff were not available to respond. Rather than stand and wait, staff would self screen, clean the thermometer with disinfecting wipe, and record their results. Interview on 10/12/20 at 2:45 p.m., with registered nurse (RN)-A identified she had received training on active screening of employees and any other persons entering the building. She identified employees utilized the designated employee entrance and visitors or other persons used the main facility entrance door. RN-A reported when she was busy and there was no staff available to actively screen employees, she would have the employee self-screen by taking their temperature, answering the COVID screening questions and documenting results on the log sheet. When RN-A was unable to actively screening the employee, she would try and observe the process on the camera and determined that process was adequate to active screening. Interview on 10/12/20 at 3:15 p.m., with RN-B identified all employees were to be screened at the beginning of their shift, and a colored tag is applied to their name tag to identify they have been screened for the day. RN-B identified the process followed by facility staff was to self-screen by taking their temperature and answering the required questions, and recording their results on the log sheet located by the employee entrance. Follow-up interview on 10/12/20 at 3:45 p.m., with the DON identified the facility policy of all persons entering the facility including staff, visitors, essential care givers, or other authorized persons was to be actively screened with temperature checked and results of screening questions documented at the time of entrance. Nursing staff were trained in March 2020, on the active screening process and her expectation was for all persons entering the building to be actively screened and was not acceptable for staff to perform self-screening at any time. Review of the undated LTC Employee Screening policy identified if a screener was not available upon staff's entrance to the facility, staff were to use a walkie-talkie to call for the screener and wait until the screener arrived before proceeding through the building.</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.