STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245512	A. BUILDING _____ B. WING _____	**04/02/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
FIRST CARE LIVING CENTER	**900 HILLIGOSS BOULEVARD SOUTHEAST FOSSTON, MN 56542**

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 appropriate infection control practices related to conducting health screenings for all who entered the building, visitor restrictions, and maintaining appropriate social distancing based on the current federal and state government guidelines related to Covid-19. These practices had the potential to affect all 39 residents who resided in the facility and staff. Findings include: On 3/31/20 at 10:30 a. m. housekeeper (HSKP)-A stated she entered through the front entrance and had been screened upon entry for temperature and health symptoms prior to the beginning of her shift. However, HSKP-A stated some employees entered the facility from the North entrance which was near the break room, walked through the North resident wing and across the lobby area in order to get the front entrance screening area. -At 10:51 nursing assistant (NA)-A verified some staff entered the facility through the North door and walked through the North resident wing in order to get to the front screening area and obtain a mask prior to starting their shift. -At 1:15 p.m. the director of nursing (DON) and SS-designee (SS-A) verified staff were entering the facility from the North wing and walking through that wing and the lobby area to reach the front door screening area. The DON stated once at the front entrance, the staff were screened for temperature and signs and symptoms of illness including the novel [MEDICAL CONDITION] (COVID-19 virus). SS-A stated the facility would lock the North door and require all staff to enter the front entrance in order to be screened prior to entering the units. -At 11:30 a.m. family member (FM)-A was observed standing in the West resident hallway near a resident room door. FM-A stated she was waiting for staff to finish working with her sister, so she could go in the room and get her for dinner. FM-A stated she came to the facility every day to assist her sister to eat because it took her an hour and a half to finish her meal due to her [DIAGNOSES REDACTED]. FM-A was wearing a cloth sewn mask over her mouth and nose and stated she had been screened at the front entrance before entering the facility. -At 12:05 p.m. the North dining room was observed to have ten residents seated around the room preparing to eat the noon meal. The residents were seated two residents per table and the tables were separated by at least six feet however, the tables were placed in a manner that prevented a clear entry and exit from the dining room without coming into close proximity of another resident. FM-A was seated at a table next to her sister, assisting her to eat. FM-A had a cloth face mask in place however, was not wearing gloves. FM-A got up from the table, walked across the dining room passing other residents, threw some garbage away, returned to her seat, and resumed feeding her sister. -At 12:35 p.m. the South dining room was observed to have 12 residents seated around the room eating the noon meal. The residents were seated two residents to a table. The tables were scattered through out the room. The placement of the tables made it difficult for residents to enter and exit in a safe manner to ensure social distancing was maintained. -At 12:45 p.m. Activity aide (AA)-A stated there were two spouses who came to the facility through the assisted living (ALF) doors and directly into the South wing of the nursing home to assist their spouses with meals. Resident (R1) stated R3's spouse came every day to help him eat supper. R1 stated she never observed the spouse to wear a face mask. AA-A stated the spouses did not seem sick and the spouse's knew not to come over to the nursing home if they were feeling ill. -At 1:15 p.m. the DON stated there were two spouse's who visited from the ALF and verified the spouse's were not being screened prior to entering the facility. The DON also verified due to extreme length of time required for R2 to eat, R2's sister visited the facility daily to assist her to eat. The DON stated R2 was at the end of life and needed the assistance from her sister as the staff did not have the time it took to feed R2. SS-A stated they would now prohibit the ALF tenants from visiting the facility and they would also require R2's family member to isolate only to the resident's room and limit all other contact with staff and other residents in the future. In addition, the DON verified the facility was continuing the use of the dining room for meals and stated she had identified a number of residents who were at risk for choking and felt the dining room for meals was necessary to provide these residents with the needed supervision. The DON stated there would not be enough staff to accomplish this if they did not utilize the dining room and all residents ate their meals in their rooms. On 3/31/2020, at 1:45 p.m. during a telephone interview with DON, Infection Preventionist and administrator, the Guidance from Centers for Medicare & Medicaid Services (CMS) dated 3/13/20, was reviewed highlighting the screening for all staff/visitors, restriction of visitors, cancellation of communal dining and group activities, and social distancing. The DON stated she had reviewed the guidance and could not provide explanation for not implementing the measures.

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.