

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245336</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE ESTATES AT DELANO LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>433 COUNTY ROAD 30 DELANO, MN 55328</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and document review, the facility failed to implement a comprehensive infection prevention and control program (IPCP) to include an ongoing analysis of collected data to ensure patterns and trends were identified and acted upon to reduce the risk of disease spread within the facility. This had potential to affect all 34 residents residing in the facility at the time of COVID-19 Infection Control Focus Survey. Findings include: During the entrance conference, on 4/13/20 at 10:19 a.m., the director of nursing (DON) stated the facility had a resident whom had tested positive for COVID-19 (human coronavirus) and was now asymptomatic, however, their roommate was now under quarantine for the mandatory 14-day waiting period. The facility' infection control program, including surveillance and analysis data, was requested. The following was provided: An untitled line listing, dated 3/1/20 to 3/22/20, identified the resident infections in the facility for the month of March 2020. The listing collected various information pertaining to infection(s) including the resident name, unit, room number, admitted, infection type, symptoms, date of onset, infection risk factors, applicable culture(s) and if the infection was treated with antibiotic therapy, including start and stops dates. A total of seven residents were identified with infections including three different residents with urinary tract infections [MEDICAL CONDITION], two residents with pneumonia and two residents with [MEDICAL CONDITION]/soft tissue infections. Two residents identified to reside on the North Unit were recorded with developing a UTI on 3/14/20 and 3/22/20, respectively. These residents were recorded as having a urinary analysis (UA) completed, however, the results for both residents were just recorded as, Unknown, and both residents were treated with antibiotics. A provided Resident Monthly Summary, dated March 2020, identified two columns which were used to record, Types of Infections, and, Incidences. This recorded one pneumonia infection, two UTI, and one fungal infection for the facility. The form provided spacing to record the infection rate of the facility, the previous month's infection rate, analysis and/or patterns of the infections and any quality improvement or actions taken; however, all of these spaces and/or sections were left blank and not completed. There as no evidence recorded or provided demonstrating why there had been more infections recorded on the line listing versus the monthly summary, nor was there any evidence provided demonstrating a comprehensive analysis of the infections had been completed to determine if any of the infections, including the UTI's on the same unit, were related and/or if any education or corrective actions on staff care were needed/taken as a result to reduce continued UTI's or infections of similar type. A current, untitled line listing, dated 3/18/20 to 4/11/20, identified the current infections in the facility for April 2020. A total of 19 residents were identified as having infections, or symptoms of infections, including one UTI, one [MEDICAL CONDITION] and 18 recorded as, Other. The listing identified those 18 residents had low-grade temperatures. On 4/13/20, at 12:16 p.m. the director of nursing (DON) and regional nurse consultant (RNC) were interviewed. The DON explained she was the person in-charge of the facility' infection control program and outlined the data collection included reviewing progress notes and nurses' report on a daily basis. Any infections were then recorded on the line listing and should have an analysis completed. DON and RNC acknowledged the lack of a comprehensive analysis for the provided data and stated she must have missed it. The DON stated all the current residents were being closely monitored for symptoms of COVID-19. A provided Surveillance for Infections policy, dated 9/2017, identified surveillance of infections was completed to identify both individual cases and trends of healthcare associated infections to guide interventions and prevent future infections. The policy directed steps to be taken on a daily, monthly and quarterly basis. A section labeled, Interpreting Surveillance Data, directed, Analyze the data to identify trends, and listed several steps to complete including comparing rates to help identify seasonal trends, observing for recent process changes impacts on infections and providing the data to the infection control committee at regular intervals.</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.