

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245316	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2020
NAME OF PROVIDER OF SUPPLIER NEW RICHLAND CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 312 NORTHEAST 1ST STREET NEW RICHLAND, MN 56072	
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.</p> <p>Based on observation, interview, and document review, the facility failed to implement a comprehensive infection control program with current Centers for Medicaid and Medicare Services (CMS) and Centers for Disease Control (CDC) guidelines for COVID-19 to ensure employee screening was completed prior to entering the facility, and by another staff member for potential COVID-19 symptoms prior to entering the facility and having contact with the residents. Additionally, the facility failed to ensure employee masks were stored in between use according to the Centers for Medicaid and Medicare Services (CMS) and Centers for Disease Control (CDC) guidelines. This practice had the potential to affect all 38 resident's currently residing in the facility and staff. Findings include: On 4/9/20, at 9:25 a.m. surveyor toured the facility with the administrator. While observing the employee entrance to the facility, there was noted to be a small cabinet immediately inside the employee entrance. On top of the cabinet included disinfecting wipes, a temporal thermometer, and a form titled, Prevent COVID-19 Start/End of Shift Daily Employee Screening Log. The form included a space indicating: Staff Completing the Screening Initials. When interviewed at that time the administrator confirmed all staff entered through that entrance and were responsible for taking their own temperature and completing the screening form independently. The administrator further confirmed another staff member was not verifying the employee's temperature or laying eyes on the employee for assessment prior to starting their shift. When interviewed on 4/9/20, at 9:50 a.m. the co-director of nursing (DON)-A confirmed all staff were conducting their own screening for COVID-19 including taking their own temperature and documenting. DON-A stated originally a nurse was conducting the screening but it took too much time away from the residents so they changed the practice. On 4/9/20, at 10:12 a.m. licensed practical nurse (LPN)-A was observed in the 200 wing nurses station wearing a surgical mask. When interviewed at that time, LPN-A confirmed staff were to wear masks at all times except when on break. LPN-A stated many times she would take breaks in her vehicle as it's the only time they can take their mask off. When asked where masks were stored when on break, LPN-A indicated having a locker she could place it in; when taking a break in her vehicle would wear mask to the vehicle then take off in the vehicle and set down until returning to the facility. When interviewed on 4/9/20, at 10:30 a.m. nursing assistant (NA)-A confirmed completing her own COVID-19 screening upon entrance to the facility including taking temperature and documenting results, without another staff present to assess and verify. When interviewed on 4/9/20, at 10:44 a.m. dietary aide (DA)-A confirmed completing her own COVID-19 screening upon entrance to the facility including taking temperature and documenting results, without another staff present to assess and verify. When interviewed on 4/9/20, at 10:53 a.m. laundry assistant (LA)-A confirmed completing her own COVID-19 screening upon entrance to the facility including taking temperature and documenting results, without another staff present to assess and verify. When interviewed on 4/9/20, at 11:13 a.m. activity assistant (AA)-A confirmed completing her own COVID-19 screening upon entrance to the facility including taking temperature and documenting results, without another staff present to assess and verify. Upon subsequent interview at 12:03 p.m., AA-A (who was observed wearing a surgical mask) confirmed she wore the mask at all times except when going on break. AA-A stated after removing her mask would hang it on a hook in her office prior to going into the break room. When interviewed on 4/9/20, at 12:27 p.m. DON-A confirmed when removing her mask would hang it on a hook in her office. DON-A further confirmed this would be the expectation for other staff as well; to hang their mask when not in use. DON-A indicated she was not aware staff should be storing masks in a paper bag or breathable container when not in use and further stated she hadn't really thought about it.</p> <p>During interview on 4/9/20, at 12:22 p.m. certified dietary manager (CDM) stated masks were to be applied when reporting to work and removed at end of shift. CDM indicated it was acceptable to pull the mask down under your chin for lunch breaks, and then pull it back up after eating. During interview on 4/9/20, at 12:30 p.m. registered nurse (RN)-A indicated staff remove their masks and place on their lap during lunch breaks. RN-A verified that was not a clean process, and confirmed staff were not following CDC guidance for personal protective equipment (PPE) re-use. A facility policy titled Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) dated 4/5/20, identified: Screening Employees: 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 State guidance. A facility policy titled Infection Prevention and Control Manual Interim Policy for Optimizing the Supply of Facemask's COVID-19 Pandemic dated 4/5/20, included: Employee should leave the resident care area when the facemask needs to be removed. Remove mask carefully, folding so the outer surface is held inward and against itself reducing contact with the outer surface during storage. Store between uses in a clean, sealable paper bag or breathable container.</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.