| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245381 | A. BUILDING _____ B. WING _____ | 08/25/2020 |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| **NEW HARMONY CARE AND REHAB CENTER** | **135 GERANIUM AVENUE EAST SAINT PAUL, MN 55117** |

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<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Few | **Provide and implement an infection prevention and control program.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on observation, interviews, and review of facility policies, the facility failed to take alternative measures, with clinical and caregiving staff to prevent potential exposure to COVID-19 for three of five sampled (Residents (R) 2, R 6, and R7, who were new admissions to the facility. Specifically, the facility failed to provide clinical and caregiving staff other options, as identified by the Centers of Disease Control (CDC), such as cloth gowns or laboratory jackets, as a preventative measure when there was limited access to non-permeable gowns. Findings include: Review of R2's Resident Face Sheet, located in the electronic medical record (EMR) revealed R2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of R6's Resident Face Sheet, located in the EMR revealed R6 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of a paper document posted on R6's room door noted, .Surgical mask and eye protection/face shields and gloves required for staff when in room. The handwritten dates for this precaution was documented as 08/17/20 through 08/30/20. The document indicated R6 was still considered quarantined since the resident was a new admission. Review of R7's Resident Face Sheet, located in the EMR revealed R7 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of a paper document posted on the door of R7's room noted, .Surgical mask and eye protection/face shields and gloves required for staff when in room. The handwritten dates for the precaution was documented as 08/19/20 through 09/01/20 and indicated R7 was still considered on quarantine since the resident was a new admission. During the entrance conference on 08/25/20 at 8:30 AM, the Administrator, stated that the facility was accepting new admissions and the newly admitted residents were placed in a single room. Staff were required to wear a face mask, face shield and/or goggles. The Administrator stated that staff were not using a gown to provide care to the residents who were on quarantine after admission. The Administrator confirmed the facility did not have any COVID-19 positive residents in the facility and stated the facility tested on a weekly basis. Observation on 08/25/20 at 1:10 PM, of R2's room revealed the following paper document posted that documented, .Surgical mask and eye protection/face shields and gloves required for staff when in room. The handwritten dates documented on the sign indicated precaution was required from 08/20/20 through 09/02/20 and indicated R2 was still considered on quarantine since the resident was a new admission. During the observation, an interview was conducted with Resident Care Assistant (RCA) 2. RCA 2 stated when entering the room of R2, a gown is donned prior to caregiving. In addition, RCA2 stated that he was required to wear a face mask and a face shield and gloves. When asked where the gowns were stored since they were not observed outside of R2's room, RCA2 walked to the soiled linen room and identified a yellow gown that was hanging on the inside of the room. RCA2 stated that typically that is the type of gown worn in resident rooms. During an interview on 08/25/20 at 1:20 PM, Registered Nurse (RN) 4 stated that a gown was not used to enter R2's room. RN4 stated that R2 was negative for COVID, and gloves, face mask, goggles or a face shield were worn to enter the room. The Director of Nursing (DON) was present during the interview, and confirmed there were three residents admitted to the facility within the past 14 days. The DON stated that the facility policy would be reviewed to determine if a gown was required to be worn when entering the room of a new admission who was under quarantine. The DON stated the sign directing staff to wear a face mask, goggles or a face shield was in place prior to her being hired in May 2020.<br>During an interview on 08/25/20 at 1:25 PM, RN9 stated that only a face mask, shield or goggles, and gloves were worn in rooms of new admissions. RN9 confirmed a gown was not worn in the room of the new admissions who were under quarantine.<br>During an interview on 08/26/20 at 1:29 PM, the Administrator stated that the corporate office supplied the gowns and they did not have adequate supply for the staff working with residents who were on 14-day quarantine. The administrator stated the facility did not implement other options or recommendations from the CDC. In a subsequent interview on 08/25/20 at 2:28 PM, the Administrator stated that the corporate office instructed the facility not to use cloth gowns. During this interview, the Administrator placed a conference call to the Director of Clinical Quality (DCC). The DCC stated they were in a crisis capacity for gowns and stated that gowns and other Personal Protective equipment (PPE)s were back ordered for two months. During this interview, the Administrator presented a paper document titled, PPE Use Quick Reference Guide, dated 06/22/20, noting that under a section heading titled, Situation it stated, .New admit (admission) or hospital return from ER (emergency room ), appointment with extensive exposure. [MEDICAL TREATMENT] residents. Residents who were COVID+ but have met the symptom or time based (sic) strategy for removal from contact and droplet precautions will revert to transitional based precautions for 2 weeks. After this interview, an email was provided by the Administrator dated 08/07/20 that verified a back order of 3000 washable gowns were scheduled to be delivered approximately on 09/20/20. Review of a paper document titled, COVID Outbreak Management with a revision date of 07/28/20, noted, .Nursing homes should admit any individual they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was present. If possible, dedicate a unit/wing exclusively for any residents coming from or returning from a hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms. There was no information included that provided direction to staff when gowns were not available. Per review of the Centers of Disease Control (CDC) guidance, Strategies for Optimizing the Supply of Isolation Gowns, dated 05/27/20, . In situation of severely limited or no available isolation gowns, the following pieces of clothing can be considered as a last resort for care of COVID-19 patients as single use. However, none of these options can be considered PPE, since their capability to protect HCP (health care personnel) is unknown. Preferable features include long sleeves and closures (snaps, buttons) that can be fastened and secured.Disposable laboratory coats.Reusable (washable) patient gowns.Reusable (washable) laboratory coats.Disposable aprons. Combinations of clothing: Combinations of pieces of clothing can be considered for activities that may involve body fluids and when there are no gowns available.Long sleeve aprons in combination with long sleeve patient gowns or laboratory coats.Open back gowns with long sleeve patient gowns or laboratory coats.Sleeve covers in combination with aprons and long sleeve patient gowns or laboratory coats. Reusable patient gowns and lab coats can be safely laundered according to routine procedures (sic). Laundry operations and personnel may need to be augmented to facilitate additional washing loads and cycles.Systems are established to routinely inspect, maintain (e.g., mend a small hole in a gown, replace missing fastening ties) and replace reusable gowns when needed (e.g., when they are thin or ripped). Per review of the CDC guidance dated 06/25/20, Preparing for COVID-19 in Nursing Homes revealed, .Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. |

| 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.