

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245451	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2020
NAME OF PROVIDER OF SUPPLIER FAIRWAY VIEW NEIGHBORHOODS		STREET ADDRESS, CITY, STATE, ZIP 201 MARK DRIVE ORTONVILLE, MN 56278	
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 interview and document review the facility failed to cancel all group activities per Centers for Medicare and Medicaid Services (CMS), Coronavirus Disease 2019 (COVID-19) guidance for 17 residents (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, and R17) identified by the facility as routinely in attendance of group activities in the facility. This deficient practice had the potential to affect all 50 residents who resided in the facility and staff. Findings include: The CMS, Center for Clinical Standards and Quality/Quality, Safety & Oversight Group, QSO memo 20-14 Guidance for Infection Control and Prevention of COVID-19 for nursing homes, revised 3/13/20, provided guidance to cancel all group activities, both internal and external group activities.</p> <p>On 5/7/20, at 10:43 a.m. life enrichment assistant (LEA) indicated she had conducted small group activities of about 7 residents on the household. The LEA confirmed the facility continued to hold small groups of bingo, and happy hour activities in the dining room weekly, with one resident at each table. LEA stated she had scheduled a group happy hour activity gathering in the dining room for that afternoon. On 5/7/20, at 10:55 a.m. nursing assistant (NA)-A indicated the facility had small group gatherings for activities including bingo in the dining room. NA-A indicated the residents were socially distanced with one resident at each table. On 5/7/20, at 11:05 a.m. registered nurse (RN)-A confirmed the facility continued to hold group bingo activities in the dining room. On 5/7/20, at 11:45 a.m. director of nursing (DON) confirmed the facility conducted some small group activities in the neighborhood dining rooms, with 4-6 residents at a time in the groups. On 5/7/20, at 2:01 p.m. during a telephone interview with infection preventionist registered nurse (IPRN) she stated she had not been aware the facility had been holding communal activities. The IPRN stated the facility staff had received education in March of 2020, to stop all group activities. She indicated she had been under the impression all resident activities were held in resident rooms or on a 1:1 basis with resident and a staff member. The facility forms titled Life Enrichment Daily Attendance Sheets Fairway View Neighborhoods 201 Mark Dr. Ortonville MN, May 2020, identified 17 residents documented as attending group activities. The attendance sheets listed: R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, and R17 had attended activities in the facility in May. On 5/8/20, at 2:16 p.m. during a follow up telephone interview, the DON confirmed the facility continued to hold group activities of four (4)-six (6) residents in the neighborhood, in common areas about two (2) times a weekly. On 5/12/20, at 1:41 p.m. during a telephone interview, the Activity Director (AD)-A confirmed 17 of the 50 residents routinely attended the small group activities of three to five residents for bingo, happy hour, and special events when food was served. AD-A defined a group activity as when the residents would gather together in the same spot, several people at a table engaging in an activity. AD-A indicated she felt bingo with residents at individual tables was an independent activity. AD-A confirmed they had been providing small group activities in the neighborhood common areas for the past 6 to eight (8) weeks. The facility policy titled Infection Prevention Emerging Threats-Acute Respiratory Syndromes Coronavirus-Ortonville, revised 4/9/20, identified one of its purposes was to minimize the number of individuals who came into contact with COVID-19, but lacked direction for resident activities. The untitled facility provided document effective March 10, 2020, identified restrictions on group activities at Fairway View Senior Communities. The document indicated there were no group activities happening in the facility, and instructed staff to ensure residents in common areas of the neighborhoods were socially distanced at least 6 feet apart.</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.