

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2020
NAME OF PROVIDER OF SUPPLIER ROCHESTER HEALTH SERVICES WEST		STREET ADDRESS, CITY, STATE, ZIP 2215 HIGHWAY 52 NORTH ROCHESTER, MN 55901	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review the facility failed to implement infection control surveillance activities including identification of infectious trends, investigation of infections, and completed prevention measures and failed to follow policies and procedures for visitor screening in order to prevent and/or mitigate the risk of Covid-19 infection outbreak. This had the potential to effect all 29 residents and staff. In addition, based on interview and document review the facility failed to ensure staff were knowledgeable and able to articulate protocols for appropriate donning and doffing personal protective equipment (PPE). Findings include: On 3/30/2020, surveyors arrived at the facility at 9:00 a.m. the facility had signs posted on the door that advised no visitors were allowed at this time related to the COVID-19 pandemic. Maintenance staff opened the door for the surveyors at which time surveyors introduced themselves and asked for director of nursing (DON) and administrator. Maintenance staff, informed surveyors where DON was located. Surveyors proceeded to DON's office. During an interview on 3/30/2020, at 9:10 a.m. DON stated surveyors should have been completed a COVID-19 symptom screener by facility staff prior to entering the building. DON indicated the screening information was at the nursing station desk and was to be completed for any visitors that met the criteria to enter the facility. During an interview on 3/30/2020, at 9:15 a.m. DON indicated she had started employment with the facility within the last 2 months and has not had any formal infection control training; stated the facility's nurse consultant instructed her how to fill out the infection control logs. The infection control surveillance logs and activities were requested and reviewed with the DON. The infection control logs were blank with an attached report that included a listing of residents and the antibiotic that was prescribed for a associated infection. DON verified the forms were blank and stated she had planned to get them up to date. The DON stated in February there were two confirmed cases of influenza A and all residents were started on [MEDICATION NAME] after the 2nd case was confirmed. DON confirmed the IC records lacked evidence of a completed investigation and lacked evidence prevention and containment strategies or interventions were developed and implemented after the first case. Resident screening records were also reviewed with the DON. The records indicated two residents had elevated temperatures although the residents were not identified and the DON indicated the log should have identified the two residents who had elevated temperature. R1's documentation lacked immediate implementation of transmission precautions for influenza A. The facility lacked evidence of prevention measures to prevent and/or reduce risk of transmission. R1's physician visit note dated 2/3/2020, indicated on 1/28/2020 R1 had rapid heart rate and a temperature of 99.9 degrees, she was sent to the emergency room for further evaluation. The note indicated R1 was admitted to the hospital; labs testing identified R1 had a urinary tract infection and influenza A. R1 was discharged back to the facility on [DATE], with antibiotics and [MEDICATION NAME] (MEDICAL CONDITION) medication. R1's record did not mention R1 was on isolation or transmission based precautions until one day later on 1/31/2020, R1's progress notes dated indicated R1 was on isolation and droplet precautions. R2's documentation lacked immediate implementation of transmission precautions for influenza A. The facility lacked evidence of prevention measures and/or reduce the risk of transmission. R2's progress note dated 2/12/2020, at 11:02 a.m. indicated R2 complained of chest pains when lying flat in bed at night, oxygen saturations wer 84% on room air and 93% with 2 liters of oxygen on. A subsequent progress note at 4:59 p.m. indicated the nurse practitioner had been called again and because there was concerns with R2's chest pain and R2's reports she had been coughing up blood R2 was transferred to the emergency room and admitted to the hospital. R2's hospital lab test dated 2/13/2020, at 6:51 a.m. was posted for influenza A. R2's physician visit note dated 2/19/2020, indicated R2 had been admitted to the hospital on [DATE] and returned to the facility on [DATE], in stable condition. R2's progress notes dated 2/14/2020 through 2/16/2020, did not address transmission based precautions were implemented until 2/17/2020, three days after readmission from the hospital. A review of the facility's 200-hallway resident temperature log for the night shift dated 3/24-3/25/2020, R3 had a recorded temperature of 99.0 and R4 had a recorded temperature of 99.1. R3 and R4's temperatures were not recorded on the facility's infection control surveillance log and no further determination of prevention and/or monitoring strategies were identified. The facility's Infection Prevention and Control Program dated 2017, identified the intent of the policy which included, Establishes facility-wide systems for prevention, identification, investigation and control of infections of residents, staff, and visitors. It must include an ongoing system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility and procedures for reporting possible incidents of communicable diseases or infections. The program also indicated that Surveillance, including process and outcome surveillance ill include monitoring, data analysis, documentation and communicable disease reporting. Surveillance activities will be conducted to identify practice, infection trends and early identification of new infections and potential outbreak situations. Facility Policy Pandemic Preparedness and Response Policy dated 3/23/2020, e) The Pandemic Committee will be responsible for following activities: -Making recommendations regarding infection control measures such as isolation, precautions, PPE inventory, use and security, visitation policy, staff and resident screening protocol and activities and dining room protocol. 2) Plan for surveillance and detection: c. The center's Infection Preventionist will continue to implement the center's Infection Control tracking system to track illness trends within the center and community. i. Resident Monitoring: All residents will be monitored routinely for fever or respiratory symptoms. The Infection Preventionist, in collaboration with Pandemic Outbreak Planning Committee, the CDC, CMS, and state DPH, will determine the minimum frequency of monitoring. Additional monitoring instructions may be provided by Support Center, as appropriate.</p> <p>Donning and Doffing of personal protective equipment (PPE) On 3/30/20, at 10:44 a.m. licensed practical nurse (LPN)-A was asked how to don and doff PPE for a resident on droplet precautions. LPN-A stated the following order for donning the PPE, goggles, mask, gown and gloves. For doffing PPE LPN-A stated she would remove the gloves, gown, mask and then the goggles. On 3/30/20, at 10:45 a.m. nursing assistant (NA)-A was asked how to don and doff PPE for a resident on droplet precautions. NA-A stated the following order for donning the PPE, gown, glove, and mask prior to entering the room. For doffing PPE NA-A stated she would remove the gown, mask, and then the gloves. NA-A stated in the past couple of months she had been trained on donning and doffing PPE and was checked off on it. On 3/30/20, at 10:56 a.m. nursing assistant (NA)-B stated she was unaware of what to do if a resident was on droplet precautions. On 3/30/20, at 11:40 a.m. the director of nursing (DON) stated she would expect staff to follow the guidelines for how to properly don and doff PPE. The Infection Prevention Strategies & Guidance for Covid-19 included sequence for putting on personal protective equipment (PPE). 1. Gown 2. Mask or respirator 3. Goggles or Face Shield 4. Gloves 5. Wash hands or use an alcohol based hand sanitizer immediately after removing all PPE. How to safely remove personal protective equipment (PPE): 1. Gloves 2. Goggles or Face Shield 3. Gown 4. Mask or Respirator 5. Wash hands or use an alcohol based hand sanitizer immediately after removing all PPE.</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.