

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MAYO CLINIC HEALTH SYSTEM - LAKE CITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>500 WEST GRANT STREET LAKE CITY, MN 55041</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> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and document review the facility failed to implement CDC (Centers for Disease Control) and CMS (Centers for Medicaid and Medicare Services) guidance/recommendations to provide a private room for 2 of 2 residents (R1, R2) who's COVID-19 status was unknown to prevent and/or mitigate the risk of an outbreak of COVID-19. This had the potential to affect all 76 residents that resided in the facility, future admissions to the facility, and all the facility staff. Findings include: An entrance conference was conducted on 4/29/2020, at 9:00 a.m. with administrator and director of nursing (DON). DON stated the facility was accepting admissions, and there had been new admissions within the last two weeks. DON stated new admissions were supposed to go into a private room, quarantined for 14 days, and monitored for the onset of illness symptoms. DON and the administrator stated an unawareness of the CMS emergency waiver for protocols pertaining to resident room/roommate change to prepare or accommodate the recommended COVID transmission prevention strategies that involve separation of resident's who are not symptomatic, require observation, residents who are symptomatic, or have confirmed COVID-19. During an interview on 4/29/2020, at 10:50 a.m. with administrator and DON, DON confirmed the two residents that were admitted were designated the same room. DON stated he thought the first resident was admitted from home for therapy and the second resident was admitted from the hospital but did not recall which one. DON stated the residents were cohort together because they were both new admissions and they did not have another private room available. DON stated the physician or the medical director was not consulted prior to cohorting because it had not been the practice to consult with physicians for room assignments. DON indicated a comprehensive assessment to determine each residents health risk was completed. Administrator and DON indicated the facility had not addressed or discussed with residents/resident representatives the potential for necessary room and/or roommate changes for disease management and had not attempted to move residents per CMS/CDC guidance prior to admitting R2. CMS Blanket Waiver List dated 3/30/2020, included CMS is waiving the requirements in 42CFR 483.10(e) (5), (6), and (7) solely for the purposes of grouping or cohorting residents with respiratory illness symptoms and/or residents with confirmed [DIAGNOSES REDACTED]. This action waives a facilities requirement under 42 CFR 483.10, to provide for a resident to share a room with his or her roommate of choice in certain circumstances, to provide notice and rationale for changing a resident's room, and to provide for resident's room, and to provide for a resident's refusal a transfer to another room in the facility this aligns with CDC guidance to preferably place residents in locations designed to care for COVID-19 residents, to prevent the transmission of COVID-19 to other residents. CMS COVID-19 Long-Term Care Facility Guidance dated 4/2/2020, included Long term care facilities should separate patients and residents who have COVID-19 from patients and residents who do not, or have an unknown status. The guidance also included, Nursing Homes should immediately ensure that they are complying with all CMS and CDC guidance related to infection control. Minnesota Department of Health Interim Guidance for Hospital Discharge to Home or Admission to Congregate Living Settings and Discontinuing Transmission-Based Precautions dated 4/8/2020, included Patients With no Clinical concern for COVID-19: At this time, patients with no clinical concern can be discharged from a hospital to a congregate living setting following normal procedures. However, patients should be quarantined and monitored for the development of symptoms. Recommendations are as follows: Residents should be admitted to a private room with private bathroom and monitored at least twice daily for 14 days to determine whether symptoms develop that could be consistent with COVID-19. Patients should stay quarantined in the room for 14 day period. The resident may be moved out of the private room if they remain asymptomatic after the 14 day period.</p> <p>During an observation and interview on 4/29/2020, at 9:20 a.m., It was observed R1 and R2 resided in the same room. Registered nurse (RN)-A stated the 2 residents in the same room were admitted 2 days apart and both will be on quarantine for the 14 days of the latter resident admitted. RN-A stated this area is ideally for new admissions but depends on availability.</p> <p>R2's face sheet indicated [DIAGNOSES REDACTED]. R2's care plan dated 4/28/20, indicated R2 had a focus problem area that indicated R2 was at risk for signs and symptoms of COVID-19. In addition, R2's care plan dated 4/28/20, R2 had a focus problem area that indicated R2 had an infection history and was on antibiotic therapy [MEDICATION NAME] mandelate related to a chronic urinary tract infection. According to the admission/readmission assessment dated [DATE], R2 was to be placed in isolation for 14 days per facility policy for covid-19 precautions. According to admission history and physical dated 4/23/20, R2 admitted to facility on 4/20/20 from his private home for long term care and worsening weakness. He was admitted for rehabilitation which included physical and occupational therapy. The record had not indicated if R2 was tested for Covid-19 infection. R1 face sheet indicated [DIAGNOSES REDACTED]. According to R1's care plan dated 4/24/20, he had a focus problem area that indicated R1 was at risk for signs and symptoms of COVID-19. In addition, R1's care plan dated 4/24/20, he had a focus problem for respiratory care: I have oxygen therapy related to nocturnal de-saturations (temporary drop in oxygen saturation during sleep), [MEDICAL CONDITIONS] and [MEDICAL CONDITION] hypertension (high blood pressure in the arteries of your lung). Associated interventions directed nurse to monitor for signs and symptoms of respiratory distress and report to MD a needed: respirations, pulse oximetry, increased heart rate [MEDICAL CONDITION], restlessness, diaphoresis, headaches, lethargy, confusion, atelectasis, hemoptysis, cough, pleuritic pain, accessory muscle usage, and skin color. Intervention directed nurse to administer oxygen settings: oxygen via nasal cannula at 2 liters during sleep. According to R1's progress note dated 4/20/20 at 1:02 p.m. resident was made aware that he would be receiving a roommate today per social service note. According to admission/readmission assessment dated [DATE], R1 was to be placed on 14 day droplet precautions. According to resident's admission history and physical dated 4/20/20, R1 was hospitalized from [DATE] through 4/17/20 for evaluation and management of worsening [MEDICAL CONDITION] and degeneration of nervous system due to alcohol. His hospitalization was complicated by [MEDICAL CONDITION] which was evaluated by chest x-ray which showed consolidation/atelectasis in left lower lung field. R1 did not have any systems suspicious for pneumonia. Covid-19 testing was completed and was negative.</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.