

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245358	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
NAME OF PROVIDER OF SUPPLIER HILLTOP CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 410 LUELLA STREET WATKINS, MN 55389	
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	Provide and implement an infection prevention and control program. Based on observation, interview and document review, the facility failed to screen a food service delivery person (FSD)-A upon entry to the building and failed to ensure the FSD-A wore a source protection mask. This had the potential to affect all 45 residents who resident in the facility. Findings include: On 4/23/20, at 9:15 a.m. a food service delivery person (FSD)-A was observed as they exited the supply truck with a delivery cart stacked with boxes, and proceeded into the facility through the door leading directly into the kitchen door which was propped open. FSD-A was observed without a source protection mask in place, as they entered into a narrow entry way (approximately four feet in width), past a aluminum rack which was observed to have an uncovered chocolate cake and plate of buns. FSD-A was observed as they walked through the kitchen, past three unidentified dietary staff who were working on meal prep. During interview upon their return to the truck, FSD-A stated they had not been screened at this facility, nor had they been instructed on the use of mask when making deliveries. On 4/23/20, at 9:25 a.m. the director of nursing (DON) stated it was her expectation all individuals entering the facility, including delivery staff, would be screened and instructed to wear a mask while in the facility. DON stated the delivery people generally present to the front door where the screening is initiated. On 4/23/20, at 11:00 a.m. the certified dietary manager (CDM)-A stated she had screened FSD-A during their delivery today, and had entered the results of screening on the tracking form at the front of the facility. CDM-A stated the facility staff are to complete screening for FSD-A upon their arrival to the facility and, if symptom free, provide them with a mask. CDM-A stated when initial screening was implemented, a mask was not indicated, however, now a mask is required for all entering the facility. CDM-A stated FSD-A was routinely screened with deliveries. On 4/23/20, at 11:26, the DON reviewed the facility tracking sheets for 4/2/20, 4/9/20, and 4/16/20 (dates in which FSD-A had made deliveries) and identified FSD-A was not listed on the tracking form. DON stated she had spoken with CDM-A and screening had not been consistently completed. A facility policy, Coronavirus Disease 2019 (COVID-19): Preventing and Controlling the Transmission of COVID-19, Long Term Care, undated, identified the facility actively screened visitors based on the current CDC (Centers for Disease Control) recommendations. This screening included monitoring for symptoms of a respiratory infection, such as fever, cough, shortness of breath, or a sore throat.		
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.