

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245534	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2020
NAME OF PROVIDER OF SUPPLIER CAPITOL VIEW TRANSITIONAL CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 640 JACKSON STREET SAINT PAUL, MN 55101	
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 interview, and document review, the facility failed to actively screen staff at the point of entry to the facility, in accordance with Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) guidelines for COVID-19. Findings include: When interviewed on 6/18/20, at 11:30 a.m. nursing assistant (NA)-A stated she started the shift at 7:00 a.m. and no one watched her complete the Covid-19 self-screening. Sometimes there is someone watching me and sometimes no one. NA-A further stated no one had come to look at her since starting her shift to verify that she was well. NA-A confirmed she was also not screened at the main entrance to the hospital. When interviewed on 6/18/20, at 11:36 a.m. registered nurse (RN)-A stated arrived to the unit about 6:30 a.m. and self-screened for Covid-19 without anyone watching. When interviewed on 6/18/20, at 12:17 p.m. regarding staff COVID screening, registered nurse (RN)-C stated, We just get screened up on the unit, not downstairs at the hospital entrance. We come in for the shift, we walk up and we take our temperature, we report it on the paper and answer the questions on the paper. If we are not running a fever it is ok for us to punch in, if we are having any symptoms then we need to notify a supervisor, we are completing our own screening, they (designated staff) are not sitting there waiting for us to sign in. When interviewed on 6/18/20, at 12:55 p.m. regarding staff COVID screening, RN-B stated, We follow all of that on the spreadsheet for our screening. We check our temperature, symptoms, in and out. We complete the screenings on our own, especially before and after business hours, then the administrator and DON will review the screenings when they come in. When interviewed on 6/18/20, at 1:03 p.m. the administrator stated someone from administration was usually in the facility to verify the screening process. The administrator further stated if the staff member was not observed when they arrived, administration would find them during the shift and ask how they were feeling. The evening supervisor was supposed to check-in the night shift and verify the screening was done and then initial the log. When interviewed on 6/18/20, at 1:43 p.m. the administrator confirmed the verification of staff temperature and screening had not been completed for the p.m. shift on 6/14/20, and that the evening supervisor failed to initial the log. The administrator further confirmed several other missing initials and temperatures and that staff would be disciplined for not recording their temperature. The administrator confirmed initialing the staff initials on verification of temp and screening, by NA-A's screening for today (6/18/20). The administrator further stated, I am not sure I saw (NA-A) today. I heard her say hello, but did not look at her. When interviewed on 6/18/20, at 1:15 p.m. director of nursing (DON) stated staff did not receive formal education on the screening process. DON further stated staff received an email with instructions for screening and administration watched everyone the first week or so. DON further stated they did not have a competency or sign off sheet.</p> <p>The facility email with subject Employee Screening at CVTCC following CDC guidelines dated, 3/17/20, instructed staff to take temperature at the start of shift. Verify that they are feeling well. Take temperature at the end of shift. Report any changes/spikes in temperature to the supervisor. Report travel activity. The facility email with subject Changes in screening at CVTCC dated, 4/9/20, indicated change in screening location and that each employee must go through screening process before punching in or going to office space. The email indicated, Administration, Nursing Administration and the occasional Nurse Supervisor will be monitoring the screening. The Minnesota Department of Health (MDH) document, COVID-19 Toolkit updated 06/05/20, directed, Actively screen all staff for fever and symptoms of illness before starting each shift. In addition to facility staff, conduct health screening for other essential health care personnel including therapy personnel, hospice, home care, [MEDICAL TREATMENT], ombudsman, state surveyors, chaplain at end of life, mortician, etc. (Active screening means that a trained person should physically monitor temperature of staff entering the building and ask questions regarding other COVID-related symptoms. The Centers for Disease Control and Prevention (CDC) document, Preparing for COVID-19 in Nursing Homes updated 6/19/20, directed, Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature* and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace.</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.