STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245018	A. BUILDING _____ B. WING _____	**04/23/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CREST VIEW LUTHERAN HOME	**4444 RESERVOIR BOULEVARD NORTHEAST COLUMBIA HEIGHTS, MN 55421**

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** - Some	**Provide and implement an infection prevention and control program.** Based on observation, interview and document review, the facility failed to assure social distancing and appropriate mask use was implemented and monitored during a group activity for 9 of 20 residents (R1, R2, R3, R4, R5, R6, R7, R8, R9) on the Memory Care Unit, in accordance with Centers for Disease Control (CDC) and Centers for Medicare and Medicaid (CMS) guidelines for COVID-19 reviewed during the COVID-19 focus survey. Findings include: During observation on 4/23/20, at 8.58 a.m. the life enrichment staff (LES) was observed to move furniture in the dining room. Three residents in wheelchairs were moved and two other residents were brought to sit in regular chairs and the residents were positioned around in a circle within 6 feet of each other. -At 9:00 a.m. the LES started a Trivia game during which all residents were observed wearing masks but R2, R5 and R7 were observed pulling their masks below their chins and positioning over their mouth, leaving nose uncovered. No staff intervention occurred with prompts to residents to keep their nose and mouth covered. -At 9:10 a.m. LES moved to coordinate a dance/music activity in the common area outside the dining room as the life enrichment director took over the activity in the dining room. -At 9:12 a.m. R9 was observed to go across the residents who were seated in the circle, wearing a mask positioned over her mouth, leaving nose uncovered and sat next to the life enrichment director. During the observation no staff in the area intervened or cued R9 to apply the mask properly. -At 9:13 a.m. R3 and R6 were observed propelling their wheelchairs out of the dining room and when they got to the entrance they stopped and sat right next to each other for two minutes as they watched LES and listened to music. During the observation, nursing assistant (NA)-A, NA-B, RCBH Grant Quality Assistant and LES were in the area however none of the staff intervened to ensure residents were maintaining a social distancing, and both residents had their masks positioned below their chins. -At 9:15 a.m. the RCBH Grant Quality Assistant was observed to wheel R6 to the other side of the hallway as LES brought R3 into the dining activity group, but then the life enrichment director immediately wheeled R3 out of the dining room as she stated we can only have 5 residents. -At 9:23 a.m. the life enrichment director stood up and came to the middle of the group and asked resident's questions, however never asked R2, R5, R7 and R9 to put their masks over their noses. -At 9:27 a.m. R9 was observed to stand and approach R2 as she showed her a bottle of hand sanitizer. During the observation, which lasted 40 seconds, both residents where observed with masks over their mouths but below their noses as they interacted. The life enrichment director did not cue the residents to apply their masks properly. -At 9:28 a.m. the life enrichment director approached R2 and without gloves touched the top outside part of her mask and adjusted it to cover the nose then continued with the activity without washing her hands. During this same time R1, R5 and R7 were also observed with their masks over their mouth and under their nose but no staff in the area intervened. -At 9:31 a.m. again the life enrichment director approached R2 and adjusted the mask but never washed her hands after. At this same time R9 was observed seated next to the director of life enrichment with her mask over her mouth with nose uncovered. -At 9:39 a.m. NA-A and NA-B in the dining room never intervened or cued residents to apply their masks properly during the activity. -At 9:41 a.m. R6 was observed to wheel over to the table where R8 was sitting and parked his wheelchair there. During the observation NA-A stood between the residents who were less than six feet apart and not maintaining social distancing as R8 coughed. During the observation R8 did not have a mask on but R6 had a mask under his chin. NA-A never cued R6 to apply his mask appropriately. -At 9:42 a.m. the RCBH Grant Quality Assistant came and wheeled R6 to a different table at the corner. -At 9:45 a.m. R8 coughed as NA-A approached him with a clothing protector. -At 9:46 a.m. R8 coughed. At this same time R6 was observed to wheel himself out of the dining room and when he approached R4 he started to cough and was not covering his mouth. Both residents had masks but R6's was under his chin and R4 was holding it in her right hand. -At 9:54 a.m. to 10:01 a.m. the life enrichment director completed the activity of doing exercises. During the exercises R5, R1, and R7 were wearing masks below the noses, over the mouth, and staff never intervened. -At 10:00 a.m. the RCBH Grant Quality Assistant came to the dining went past R5 but never cued her to wear the mask properly. During the entire observations residents were observed leaving and returning through out the activity. Following completion of the activity some residents remained in the dining room. On 4/23/20, at 10:05 a.m. the life enrichment director stated we are trying to do a group of 5 and under and 6 feet, and with activities with no touch. When asked if communal activities were being done in the unit for residents she stated, we do reading out loud and anything we can do to get them out of the room. The director also explained tht when residents were out of their room(s) and in activities they were supposed to be 6 feet apart and were to wear masks. She acknowledged several residents in the activity in the dining room did not have the masks on, did not maintain social distancing, and did not have the masks applied properly We try to make sure they are in a safe space and they have masks on with 6 feet apart. The director acknowledged making sure the residents kept their masks on during activities or had them on properly was one of the challenges in Memory Care. The director further stated it was difficult during the activity to keep up with all the activities going on and thought the other staff were supposed to supervise the residents to make sure the social distancing was maintained, as some residents wandered in and out. We are trying to reach a happy medium and keep them engaged. When interviewed regarding hand sanitization, the director acknowledged she was supposed to wash her hands after touching R2's mask during the activity. On 4/23/20, at 10:16 a.m. LES stated the residents were to be 6 feet apart and staff were to make sure the residents had masks on and properly applied when out of rooms. When asked what staff were supposed to do if a resident was out of the room in the hallway and did not have the mask on properly, the LES stated she would help residents to put it on properly and would then use hand sanitizer after. She stated she was not aware of the CDC recommendations for communal activities at this time of COVID-19. On 4/23/20, at 11:38 a.m. during an interview and meeting with the facility administrator, the director of nursing (DON) and the administrator interim, surveyor discussed concerns observed during activities. The DON stated she had been informed by the life enrichment director of the concerns. The administrator stated keeping residents engaged in Memory Care Unit activities was a challenge and that making sure residents applied the masks and wore them appropriately, when out of their rooms, was also challenging.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE