

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2020
NAME OF PROVIDER OF SUPPLIER BENEDICTINE HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 935 KENWOOD AVENUE DULUTH, MN 55811	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and document review, the facility failed to stop communal dining which had the potential to affect all 85 residents who resided in the facility. In addition, the facility failed to ensure 1 of 1 residents (R2) who was tested for COVID-19 was wearing a mask while out of her room. Findings include: On 4/3/20, at 9:02 a.m. four residents were observed in the dining area on the Special Care Unit. The residents were seated two to a table with staff present. Two residents were seated at the table diagonally to each other, and two residents were seated across from each other at a second table. Licensed practical nurse (LPN)-A was interviewed and stated the residents were not six feet apart, and asked a staff member to move the residents to separate tables to meet the six foot distance. Nursing assistant (NA)-A was interviewed and stated she had received training on COVID-19. NA-A stated she was aware of the six foot social distancing, but she did not realize this included while residents were dining. At 10:01 a.m. on the third floor dining room, two male residents were observed seated at square table playing cribbage, not maintaining social distancing of 6 feet apart. On 4/3/20, at 11:59 a.m. assistant culinary director (ACD) stated residents started sitting one to a table on that day for lunch. ACD stated earlier that day he learned there were concerns in the other dining rooms residents were not seated 6 feet apart at the tables. ACD stated residents were seated two to a 48 inch round table, which did not meet social distance criteria of 6 feet, so adjustments were made and now one resident would be seated to a table. ACD stated 16 residents normally ate in the restaurant dining room, and now eight residents would be able to dine in, and the other eight residents agreed to eat in their rooms. On 4/3/20, at 2:42 p.m. the administrator was interviewed, and stated he was aware of the Centers for Medicare & Medicaid Services (CMS) memo QSO-20-14-NH dated 3/13/20, regarding CMS guidance to discontinue communal dining. The administrator stated his understanding was residents still had a choice on whether to eat in the dining room or in their own rooms. The administrator stated residents who did not want to eat in their rooms continued to eat in the dining room. The administrator stated they canceled communal dining that day. R2's progress note dated 3/24/20, at 5:00 p.m. indicated she was admitted to the facility on [DATE], for short term rehabilitation after a fall at home where she sustained a right [MEDICAL CONDITION] that required a surgical repair. R2's [DIAGNOSES REDACTED].</p> <p>R2's progress note dated 3/29/20, at 10:43 p.m. indicated R2 developed shortness of breath with decreased oxygen saturations (low oxygen readings) on 3/29/20, at 2:25 p.m. R2 was afebrile (no fever). R2's provider was notified, and orders were received for a chest x-ray and lab, and start [MEDICATION NAME] and [MEDICATION NAME] (an antibiotic to treat pneumonia). In addition, orders were received to perform COVID-19 testing, along with testing for influenza. R2 was placed in droplet precautions on 3/29/20. R2's lab results on 3/31/20, indicated Influenza A and B tests, and COVID-19 testing were all negative. On 4/3/20, at 10:07 a.m. R2's door was closed, no isolation signs were up. At 2:35 p.m. R2 was observed seated at a table in the therapy department diagonally from a staff approximately three feet apart. The staff member was interviewing her on her cognition and ability to problem solve if she were at home. Neither R2 or the staff member were wearing a mask. At 3:51 p.m. LPN-A was interviewed and stated droplet precaution isolation was started for R2 on 3/29/20, after she was tested for COVID-19, and R2 was removed from droplet precaution isolation after her test results were returned as negative on 3/31/20. At 4:30 p.m. physical therapy assistant (PTA)-A and occupational therapist (OT)-B were interviewed and both stated R2 had been in the therapy department on 4/2/20, and 4/3/20, and had not been wearing a mask. On 4/7/20, at 11:35 a.m. the director of nursing (DON) was interviewed and stated communal dining was stopped on 4/3/20, at the noon meal. The DON stated R2 should have remained in isolation even with a negative COVID-19 test following the Centers for Disease Control (CDC) guidelines. The DON was unsure of the exact number of days for isolation, but stated she would confer with the administrative team and their regional infection preventionist. The facility policy 2019 Novel Coronavirus dated 2/7/20, directed staff to implement infection control practices if any resident were to present with fever or symptoms. These practices included standard, contact, and droplet precautions, restricting the resident with respiratory symptoms to their room, if they needed to leave their room for a medical reason they would wear a facemask. In addition, the policy directed staff to cancel communal dining and all group activities, and to remind residents to practice social distancing.</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.