

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245450	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2020
NAME OF PROVIDER OF SUPPLIER THREE LINKS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 815 FOREST AVENUE NORTHFIELD, MN 55057	
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 ensure 5 of 5 residents (R2, R3, R4, R5, R6) wore face masks when out of their rooms in accordance with the Center for Disease Control (CDC) and Centers for Medicare & Medicaid Services (CMS) guidelines for COVID-19. This had the potential to affect all 83 residents who resided at the facility. In accordance with the CDC, current recommendations from the MDH Long Term Care (LTC) Toolkit dated 8/14/20, indicated: to prevent unseen spread of COVID-19 when a resident leaves their room, they should wear an alternative mask if tolerated and should maintain social distancing of at least six feet from other residents at all times. Residents with respiratory symptoms should remain in their rooms except for medically necessary appointments. Immunocompromised individuals should wear a mask if they have a lingering cough, when they are around any other people. During interview on 8/19/20, at 8:30 a.m. infection preventionist (IP) and assistant director of nursing (ADON) indicated in the facility, there were residents on 14 day quarantine due to new admission status and/or had attended an outside appointment. Furthermore, one resident tested positive for COVID-19 on 8/4/20, after being admitted to the hospital. The facility had subsequently implemented COVID-19 testing on all residents and staff. They stated one direct care staff member tested positive for COVID-19 on 8/13/20. R2's admission Minimum Data Set ((MDS) dated [DATE], indicated R2 was understood and understands with clear comprehension. R2 required extensive assist with most activities of daily living (ADLs) and needed supervision with eating. During observation and interview on 8/19/20, at 10:05 a.m. R2 was observed to self-propel in her wheelchair outside of her room. R2 was observed to not have a mask on. R2 picked up the newspaper at a table in the commons area and began to read. R2 stated she did not have a mask of her own. R2 stated the nurses would probably offer residents a mask if it was required. R3's quarterly MDS dated [DATE], indicated R3 was understood and understands with clear comprehension. R3 required extensive assist with dressing, toileting and hygiene. R3 required supervision with transfers, walking in corridor and locomotion off unit. R3 was independent with bed mobility, eating, locomotion on unit and walking in room. R4's quarterly MDS dated [DATE], indicated R4 was understood and understands with clear comprehension. R4 required total assist with all ADLs except required extensive assistance with eating. During observation and interview on 8/19/20, at 10:10 a.m. R3 was observed to ambulate in the hallway with a walker and sat down in a chair in the commons area. R4 was already seated in her wheelchair in the same area. R3 and R4 were observed to not have masks on. R3 stated they did not have to wear masks but would if they had to. R4 was unable to comment. R5's significant change MDS dated [DATE], indicated R5 was usually understood and usually understands. R5 comprehends most conversation. R5 required extensive assist with ADLs except required total assist with eating. During observation on 8/19/20, at 11:45 a.m. R5 was observed to sit in her wheelchair at the crossroads commons area. R5 was observed to cough and did not cover her mouth. There was an unidentified resident on the other side of the table. During interview on 8/19/20, at 11:57 a.m. nursing assistant (NA)-A stated residents were not required to wear masks when out of their rooms unless they are on isolation, high risk or 14 day quarantine. During interview on 8/19/20, at 12:02 p.m. registered nurse unit coordinator (RN)-A stated residents in the hallway should be encouraged to wear a mask every day. RN-A was unsure who had already been offered a mask and had refused. RN-A was unsure if any assessments were done on the residents to determine contraindications to wearing a mask (i.e. trouble breathing, unconscious, incapacitated or otherwise unable to remove mask without assistance). R6's quarterly MDS dated [DATE], indicated R6 was understood and understands with clear comprehension. R6 required extensive assist with ADLs except was independent with locomotion on/off unit and eating. R6 required supervision with hygiene. During observation and interview on 8/19/20, at 12:32 p.m. R6 was observed to self-propel in his wheelchair in the hallway without a mask on. R6 stated sometimes he would wear a mask outside of his room. R6 stated no one had offered him one today. During interview on 8/19/20, at 12:40 p.m. unit coordinator RN-B stated R5 had a chronic cough. RN-B stated R5 might wear a mask if staff put one on her but had not tried. RN-B stated R3 would probably not want to wear a mask but had not asked him today. RN-B stated there is no way to know if residents had been offered a mask. During interview on 8/19/20, at 12:42 p.m. licensed practical nurse (LPN)-A stated R4 could wear a mask but was not sure if one had been offered. During interview on 8/19/20, at 12:47 p.m. trained medication aide (TMA)-A stated R2 and R6 would probably wear a mask if offered. TMA-A stated had not assisted residents with masks in the hallway today as masks were only required during quarantine. During interview on 8/19/20, at 12:54 p.m. IP stated the expectation was for staff to encourage residents to wear masks outside of their room. IP stated they had no shortage of masks for staff or residents. Facility memo, dated 8/7/20, directed staff to assist the residents in donning a surgical mask while outside of their room. Another memo dated 8/8/20 directed staff to offer cloth masks to residents.</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.