STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245261	A. BUILDING _____ B. WING _____	**04/30/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WOOD DALE HOME OPERATING LLC	**600 SUNRISE BOULEVARD REDWOOD FALLS, MN 56283**

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 -** Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review the facility failed to appropriately put on appropriate personal protective equipment (PPE) and remove source control masks when entering and exiting an isolation room in accordance with Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control (CDC) guidelines for COVID-19. This had the potential to effect all 23 residents in the facility at the time of COVID-19 Infection Control Focus Survey. Findings include: Interview on 4/30/20 at 8:30 a.m. during the entrance conference with the director of nursing (DON) identified R1 had recently returned to the facility after a brief visit to the emergency room from a fall on 4/24/20, and was placed on a 14 day isolation for increased risk of potential exposure to COVID-19. R1 had no symptoms. Observation on 4/30/20 at 10:00 a.m., of nurses aide (NA)-A and trained medication aide (TMA)-A identified when exiting R1's room, NA-A and TMA removed their gowns, gloves and eye protection prior (PPE) to exiting room. NA-A and TMA-A failed to remove their surgical control as they continued to exit R1's room. Interview on 4/30/20 at 10:00 a.m., with housekeeper (H)-A identified she wore a cloth source control mask while performing her housekeeping duties. She wore the same facemask her entire shift, which included cleaning of the isolation room. She had been instructed on donning and doffing personal protective equipment (PPE) but had not been instructed to change to a surgical PPE mask when cleaning the isolation room. R1's nursing progress notes identified R1 had been sent to the emergency roiagnom on [DATE], for evaluation after a fall. Once R1 returned to the facility they were placed on a 14 day isolation quarantine for droplet precautions. Interview on 4/30/20 at 11:15 a.m., with licensed practical nurse (LPN)-A identified she had not been removing her mask when exiting R1's isolation room. Masks were to be removed prior to exiting the room only after any cares. If that occurred, a new source control mask should be donned after exiting R1's room. LPN-A wore her the source control mask for her entire shift, regardless of having been in R1's room. Masks were to be re-used for five shifts unless soiled. Interview on 4/30/20 at 12:00 p.m., with NA-A and TMA-A identified they wore the same masks throughout the day, including when they entered and exited R1's room. The same mask was to be worn for 5 to 7 shifts unless they became soiled. Interview on 4/30/20 at 12:48 p.m., with the RN-B, the facilities infection preventionist, identified she had trained the licensed nurses and NAs on use of PPE when entering and exiting an isolation room. Training had been based on a shortage of masks. Staff were to wear the same surgical mask for 5 days unless visibly soiled. It was to be stored in a breathable container between shifts. Donning and doffing of PPE for use in an isolation room included use of gown, goggles and gloves. Staff were to use the same mask and not change it during entering or exiting the room. Masks had previously been in short supply due to COVID-19 and the facilty had been conserving use of PPE. Interview on 4/30/20 at 1:15 p.m., with the director of nursing (DON) identified R1 had a brief emergency room visit after a fall. She had no symptoms of COVID-19 but had been placed on isolation for 14 days as a precaution. Nursing staff were to wear a medical mask whenever they were in patient areas. They were to conserve and use the same mask for 5 days unless visibly soiled or damaged. She was unaware housekeeping staff were wearing cloth masks and not surgical masks when entering an isolation room. Staff had been instructed on donning and doffing PPE including use of gowns, goggles, and gloves. She was unaware all staff were to change to remove their mask when exiting a room of a resident on isolation. The facility had just received a large shipment of PPE and was now able to have direct care staff use surgical masks instead of cloth source control masks. Interview on 4/30/20 at 1:59 p.m., with the administrator identified her expectation was staff would follow CDC guidelines for the use of surgical masks and follow use of PPE when entering and exiting the room of a resident on isolation precautions. Review of the undated, How To Put On (DON) PPE Gear policy and procedure identified staff were to perform hand hygiene, put on isolation gown, face mask, goggles, perform hand hygiene, and put on gloves before entering an isolation room. Review of the undated, How To Take Off (DOFF) PPE Gear policy and procedure identified staff were to remove gloves, gowns, goggles, and masks, then perform hand hygiene. Staff were to put their face mask back on once hand hygiene was performed. There was no mention staff were to discard PPE used for a resident who was placed on isolation precautions unless providing care for multiple residents on isolation precautions identified in CDC guidance. Review of 3/20/20 staff memo, identified the facility implemented extended-use of the face masks. This allowed for the use of a facemask with repeated close encounters with multiple residents. Staff were to only remove and throw away and replace their mask if it became soiled, damaged or hard to breath through. There was no mention staff were to remove PPE used for a resident who was placed on isolation precautions unless providing care for multiple residents on isolation precautions, identified in CDC guidance.

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.