STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245012	A. BUILDING _____ B. WING _____	04/21/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GUARDIAN ANGELS CARE CENTER	400 EVANS AVENUE ELK RIVER, MN 55330

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	**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 implement a comprehensive infection control program to include routine, documented analysis of collected data to reduce the risk of infection spread within the facility. In addition, the facility failed to ensure staff were being actively screened on a daily basis to reduce the risk of COVID-19 transmission to residents and other staff members. These findings had potential to affect all residents residing in the facility at the time of the COVID-19 Focused Infection Control Survey. Findings include: INFECTION CONTROL PROGRAM: On 4/21/20, the facility' Infection Control Program surveillance and corresponding analysis were requested. The following was provided: An electronic MN DOH (Department of Health) ABX (antibiotic) tracking sheet, dated 3/1/20 to 4/21/20, identified a line listing format used to record infections within the facility. The data collected included various items tracked including, but not limited to, resident names, room numbers, infection types, symptoms, onset dates, antibiotic usage and if transmission-based precautions were needed/used. MARCH 2020: The listing (outlined above) identified a total of 30 resident infections between all four listed units (100 unit, 300 unit, 400 unit, and 500 unit). The 100 unit had an identified two urinary tract infections [MEDICAL CONDITION] with a single infection listed as, Other. The 300 unit had an identified three respiratory infections, two UTI, one skin infection and one eye infection. The two identified UTI both had symptoms listed of dysuria (difficult urination) with onset dates listed of 3/4/20, and 3/16/20, respectively. A culture was obtained on the infection which began on 3/4/20 which identified [DIAGNOSES REDACTED] pneumoniae (a bacteria). The other UTI had a culture obtained, however, resulted with, No growth. The 400 unit had an identified five UTI, four skin infections, one respiratory infection and four recorded as, Other. Further, the 500 unit had an identified three respiratory infections, one skin infection and four infections listed as, Other. No further information was provided. APRIL 2020: The listing (outlined above) identified a total of 18 resident infections had been recorded so far throughout the facility between all the units. The 100 unit had four UTI and two respiratory-related infections identified. The 300 unit had one respiratory infection and one UTI identified. The 400 unit had three UTI, two skin infections and one recorded as, Other. Further, the 500 unit had two UTI, and two infections recorded as, Other. No further information was provided. There was no provided evidence demonstrating the facility had conducted a comprehensive analysis of the collected outcome surveillance data to determine if any of the infections identified were potentially related or corresponded with staff illness for the same month period. Further, there was no evidence the facility had investigated the infections identified as developing in-house for potential causes and/or subsequent actions to reduce the risk of recurrence. On 4/21/20, at 12:44 p.m. registered nurse (RN)-D was interviewed and verified they were in charge of the facility' infection control program. RN-D stated she spent two to three days a week on the infection control program and explained the program process which included reviewing progress notes, physician orders [REDACTED]. If so, the resident is recorded on the provided electronic line listing which RN-D stated she reviews everyday for trends and patterns. However, RN-D expressed there had been no documented, comprehensive analysis completed of the provided data to demonstrate this process was being completed and to ensure infections were not spreading or correlating with staff illnesses. RN-D stated she had been busy doing other things and added she would complete the analysis of the data as soon as possible. A provided Infection Control - Care Center policy, dated 4/12/16, identified a section labeled, H. Reporting, which directed several steps to be completed including, ICC will submit monthly compilation report to DON (director of nursing), along with any identified trends, and, Employee health infections/trends are tracked. Any transmission to residents will be noted in reports. LACK OF SCREENING: A Centers for Medicare and Medicaid (CMS) COVID-19 Long-Term Care Facility Guidance, dated 4/2/20, identified procedures to be implemented to reduce the risk of COVID-19 transmission in a long-term care setting. This included, . every individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. On 4/21/20, at approximately 10:00 a.m. the survey team entered the facility through the main entrance. A table was set up inside the door which had nursing assistant (NA)-A seated. NA-A directed the surveyors to complete a questionaire and then proceeded to take the temperatures of each surveyor before being allowed into the building. When interviewed on 4/21/20, at 10:59 a.m. NA-A stated she was responsible to screen everyone who entered the facility. NA-A explained the staff members complete a questionaire, which screens them for symptoms of [MEDICAL CONDITION] and any known exposures to persons with [MEDICAL CONDITION], on a weekly basis and have their temperature checked everyday. NA-A voiced the administrator was tracking the completed weekly questionnaires using an Excel spreadsheet; and NA-A verified she did not ask every person the individual screening questions on the questionaire aloud each time they work. When interviewed on 4/21/20, at 11:19 a.m. NA-G explained the process when staff enter the building for their shift. The staff were using just the main entrance and they were completing a questionaire, including questions about if they have been exposed to anyone with COVID-19 or developed symptoms of [MEDICAL CONDITION]; however, they were only doing it on a weekly basis and not everytime they report for a shift. NA-G stated they used to complete the questionaire daily; however, stopped doing so. NA-G voiced they were unsure who or how the completed forms were being tracked and stated she just completed her's every Monday as she just decided to pick that day and do it. During interview on 4/21/20, at 11:50 a.m. therapeutic recreation (TR)-A stated when they come to work, they use the main entrance only and have their temperature taken. TR-A explained a questionaire is completed on a weekly basis which screens for symptoms, other than temperature, of COVID and if they have been exposed to [MEDICAL CONDITION]. When interviewed on 4/21/20, at 11:44 a.m. nursing assistant (NA)-F stated the staff fill out a form when they come to work once a week. NA-F stated they do not complete the questionaire, nor does the person at the table when they arrive, each time they come to work and sometimes could have several days off work between shifts and completing the form. On 4/21/20, at 1:12 p.m. registered nurse (RN)-D and RN-C were interviewed. RN-D explained she was in charge of the infection control program and RN-C voiced she had been the director of nursing (DON) until recently. They verified the questionaire used to screen for symptoms and exposure to COVID-19 was not completed each time the staff worked, but rather every five to seven days. The questionaire had been completed on a daily basis, however, they stopped doing so as their corporate offices had directed it could be done less frequently. Further, they added the questionnaires were being tracked electronically and the person manning the desk to check temperatures was responsible to check if it was needed again when the person reported. A provided Coronavirus/COVID-19 Preparedness/Employee Illness policy, dated 4/21/20, identified the facility was seeking to ensure the safety of residents and staff during the COVID-19 pandemic. COVID-19 was identified as being spread by person-to-person contact and the incubation period was considered to be 2-14 days after exposure. A procedure was listed to help reduce the risk of virus transmission which included, Employees are being screened on arrival to work using screening questionnaire regarding travel, recently being near anyone with COVID-19 or other respiratory illness or if they themselves have

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.

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	(continued... from page 1) respiratory illness . Staff will not be allowed to work who do not pass the screening.