

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245210	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2020
NAME OF PROVIDER OF SUPPLIER LAKE MINNETONKA SHORES		STREET ADDRESS, CITY, STATE, ZIP 4527 SHORELINE DRIVE SPRING PARK, MN 55384	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>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 ensure a comprehensive Infection Prevention and Control Program (IPCP) was maintained to include an ongoing analysis of collected data to help identify and reduce the risk of infection spread and outbreak. This had potential to affect all residents, staff and visitors residing in the facility at the time of the COVID-19 Focused Survey. Further, the facility failed to ensure direct care staff removed potentially infectious personal protective equipment (PPE) in a manner to reduce the risk of cross-contamination to others. This had potential to affect 4 of 4 residents identified to reside on the same unit. Findings include: IPCP: On 5/12/20, the facility' infection prevention and control program (IPCP) was requested and reviewed. The following information and data was provided: MARCH 2020: A provided Infection Control Log, dated March 2020, indicated with was for the 2nd (unit), and listed two separate residents who had developed respiratory symptoms including a cough and/or shortness of breath. Both residents were listed as developing the symptoms on the same date and were treated with antibiotics. There were no other unit specific log(s) provided for March 2020. An untitled data collection tool, dated 3/2/20 to 3/28/20, identified residents whom had admitted with infections present, or developed them while residing in the facility. The listing collected and tracked various information which included resident unit, resident name, admitted , infection type, symptoms, onset date, testing date(s), if applicable, and antibiotic information. This data identified the following information for each unit: - The TC unit had a total of three residents with new infections included [REDACTED]. - The 2 West unit had one resident develop an upper respiratory tract infection. - The 2 South unit had one resident develop pneumonia. - The 3 West unit had two different residents develop pneumonia, and one resident develop [MEDICAL CONDITION]. A series of Infection Report Form(s) were provided which identified specific resident' names along with any demonstrated symptoms. These provided reports identified only two residents; and recorded both as having lower respiratory tract infection symptoms which were treated with antibiotics. There were no other provided Infection Report Form(s) for March 2020 despite additional residents being present on the completed data collection tool which demonstrated infections. A separate Antibiotics - 1N - PLM report, dated 3/1/20 to 3/31/20, identified numerous resident names along with their respective antibiotic therapies implemented. A separate Presbyterian Homes - MTKA - 2ND report, printed 4/1/20, identified several resident' names with their respective culture reports; and a series of color coded maps were included, one of each floor of the nursing home, demonstrating where respective infections had been identified (i.e. specific rooms). A separate Resident Illness Log, dated 3/1/20, identified a total of 44 different residents had developed symptoms of gastrointestinal illness with symptoms including vomiting, diarrhea and fever. These illnesses were recorded with an initial onset date of 3/1/20, and extended through a last recorded onset date of 3/20/20. All the residents, except one listed as being on hospice services, were recorded as having recovered. An untitled listing of staff illnesses, printed 4/7/20, was provided. This identified a total of 52 staff members had called in sick including numerous staff with, GI/Nausea. The earliest call in for these symptoms was listed as 3/2/20. There was no provided, documented analysis of the collected data to demonstrate the facility had screened the infections for trends or patterns; nor any evidence the infections had been investigated to determine any potential origins or if a need for staff education, or further system-wide actions, were needed despite having multiple residents and staff members develop GI symptoms. APRIL 2020: An untitled data collection tool, dated 4/2/20 to 4/29/20, identified residents whom had admitted with infections present, or developed them while residing in the facility. The listing collected and tracked various information which included resident unit, resident name, admitted , infection type, symptoms, onset date, testing date(s), if applicable, and antibiotic information. This data identified the following information for each unit: The 3 West unit had one resident with a urinary tract infection [MEDICAL CONDITION]. The 3 South unit had one resident with a skin inflammation. There were no other acquired infections listed for the month of April 2020. A corresponding Infection Control Log, dated April 2020, was provided which was labeled as being for the 2nd Floor. This identified a single resident, whom as also present on the data collection tool, as developing pneumonia and starting on antibiotic therapy. A series of Infection Report Form(s) were provided which identified specific resident names along with any demonstrated symptoms. These provided reports identified two residents, both of whom were not listed on the provided data collection tool, with infection dates of 4/10/20 and 4/18/20, respectively. These reports identified the residents had developed pneumonia and a UTI. There were no other provided Infection Report Form(s) for April 2020 despite additional residents being present on the completed data collection tool which demonstrated infections. A LTC (Long-term care) Respiratory Surveillance Line List, dated 4/20/20, was provided. This listing collected data which included resident names, age, room/unit, symptom onset date(s), symptoms and diagnostic information. This listing identified two residents, one on second floor and one on third floor, had tested positive for COVID-19. Further, another series of color coded maps were provided which outlined each floor of the nursing home along with where respective infections had been identified (i.e. specific rooms). There was no provided, documented analysis or evidence provided demonstrating the facility had reconciled the multiple listings of developed infections and subsequently investigated and screened the developed infections for any trends and/or patterns. On 5/12/20, at 12:44 p.m. the director of nursing (DON) was interviewed and verified she oversaw the IPCP for the facility. The DON explained the program included the unit managers gathering data for the data collection tool and updating it as they were able along with a monthly printed antibiotic listing from the pharmacy. The DON pulls the listing(s) and reviews them for trends and patterns every couple of weeks, however, acknowledged there was no documentation to support this was being done in the IPCP. The DON stated she felt the facility was actively looking for trends as patterns as the data was collected as you just know if something is developing while on the floor. The DON expressed they would revise the program to include written analysis and investigation of developed infections and added it was important to do as so if I'm not here, someone else can see what's happening (with infections in the building). A provided Infection Surveillance - Overview policy, dated 2019, identified a purpose which read, . begins with routine and ongoing surveillance to identify possible communicable diseases or infections before they can spread to other persons in the facility or have the potential to cause, an outbreak. The policy continued, The facility closely monitors all residents who exhibit signs/symptoms of infection through ongoing surveillance and has a systematic method for collecting, consolidating, analyzing, and interpretation of data concerning the frequency and cause of a given disease or event, followed by dissemination of that information to those who can improve the outcomes. The policy listed several 'Essential Elements' of a surveillance system which included, Statistical analysis of data that can uncover an outbreak, and another section labeled, Data Analysis, directed the facility would use the collected information to identify opportunities for improved care. The steps to complete the analysis included determining the origin of infection(s), comparing current and past data, and determining the need to additional education and staff competency. The policy directed this would be . recorded at least quarterly and included in the report to the QAA committee.</p> <p>PPE USE: During the entrance conference on 5/12/20, at 9:35 a.m. the administrator and director of nursing (DON) identified</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>they had resident(s) in the building whom had already tested positive, or were pending testing, for COVID-19, which included R2. These residents were on applicable isolation precautions as a result. During observation on 5/12/20, at 9:57 a.m. R2's room was observed to have multiple signs present on the doorway which directed how to apply and remove any needed PPE while providing care for R2. At this time, registered nurse (RN)-A applied a gown, face mask, eye protection and gloves then entered R2's room. Upon exiting R2's room moments later, RN-A stepped out of R2's room and into the hallway while continuing to wear the same potentially contaminated PPE. RN-A then proceeded to remove the PPE in the hallway and placed it into an open trash receptacle on the floor of the hallway. RN-A was interviewed at this time and expressed R2 was on droplet precautions and she followed the signage which was posted on the doorway. RN-A stated she had received education on correct donning and doffing (application and removal) of PPE. When interviewed on 5/12/20, at 12:43 p.m. the DON stated soiled PPE should be removed while inside the resident's room to help minimize the risk of shedding [MEDICAL CONDITION] and exposing others through cross-contamination in the hallway. The DON verified RN-A had received training in PPE use and she should be removed it inside R2's room as doing so in the hallway can have spread of [MEDICAL CONDITION]. Further, DON expressed RN-A was working only with COVID-positive, or suspected positive, residents at this time which was a total of four residents. A provided Transmission-Based Precautions policy, dated 2019, identified droplet precautions were used to prevent respiratory droplets containing viruses or bacteria from spreading to others when the droplets are generated through coughing, sneezing, or talking. These precautions required the use of facemasks upon entry along with gloves, gown and goggles if spraying of respiratory secretions was anticipated. An attached section labeled, Contact Precautions, directed. The gown will be removed and appropriately discarded before leaving the resident's environment. Further, another section labeled, Droplet Precautions, directed to don a face mask upon entry to the resident's room, however, added to refer to CDC guidelines for any pandemic influenza.</p>		