

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245422</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ELIM HOME - MILACA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>730 SECOND STREET SOUTHEAST, PO BOX 157 MILACA, MN 56353</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview and document review the facility failed to ensure all staff entering the facility were being actively screened (other facility staff performing the screening process) in an appropriate location (an area located before entering resident care areas) for the prevention and potential transmission of COVID-19. In addition, the facility failed to ensure all staff utilized commercial and/or handmade face masks appropriately (mask covering both mouth and nose) for the purpose of source control (reduce the likelihood of transmitting COVID-19). This had the potential to affect all 58 residents currently residing in the facility at the time of the COVID-19 focused survey. Findings include: SCREENING: On 4/21/20, at 10:35 a.m. the survey team entered the facility via the building's locked main entrance. Surveyors completed a COVID-19 symptom and screening questionnaire, reviewed by a facility employee after. A facility employee took temperatures, assured eye protection and masks were in place, and hand hygiene was performed before allowing surveyors entrance to the facility. During the entrance conference on 4/21/20, at 10:45 a.m. the director of nursing (DON) stated the facility did not have any presumptive or confirmed cases of COVID-19. During interview on 4/21/20, at 11:10 a.m. nursing assistant (NA)-C stated all employees enter through the back door employee entrance. Then they washed their hands put on their mask and face shield walked down the hallway to other nursing station. They then had to fill out a questionnaire identifying if they had symptoms or not and get their temperature checked then they went to work. On 4/21/20, at 11:16 a.m. the employee entrance was observed. There was no staff seated at the door to screen staff upon entering the facility. There were designated wash rooms for staff to complete hand hygiene along with a room to store individualized face shields and masks. The hallway to the nursing station passed the therapy room and one resident room. During interview on 4/21/20, at 11:20 a.m. the dietary manager (DM) stated all staff enter through the back employee entrance. They are to wash their hands then obtain their personal protective equipment (PPE). The staff walk down the hallway to the nurses station to be screened for COVID-19 symptoms before going to work. There was not a designated staff person at the back door screening staff as they come to work. During interview on 4/21/20, at 11:34 a.m. housekeeping (HSKP)-A stated she entered the facility through the designated employee entrance and would proceed to the nurses station to fill out a COVID-19 screening questionnaire. If she were to answer yes to any of the screening questions, she could not work. When interviewed on 4/21/20, at 11:50 a.m. NA-B stated she took her own temperature on 4/21/20, at the nurses station and filled out the COVID-19 screening form before beginning work. If she were to answer yes to any of the screening questions she would alert the night nurse and she could not work. During interview on 4/21/20, at 12:22 a.m. dietary aide (DA)-A stated she took her own temperature on 4/21/20, at the nurses station and filled out the COVID-19 screening form before beginning work. Further, DA-A stated another staff was not actively involved in screening for COVID-19 symptoms. On 4/21/20, at 1:35 a.m. the facility infection control preventionist (ICP) was interviewed and stated all staff entered through the back door and completed hand hygiene, grabbed their mask and face shield and went to the nursing station to be screened for COVID-19 symptoms. Active screening of facility staff included washing hands, getting PPE, having their temperature checked, filling out the COVID-19 screening questionnaire, and whoever is screening them should be watching for issues. ICP stated she checked her own temperature on 4/21/20, with no one present to confirm she did not have any COVID-19 symptoms. Furthermore, the facility was trusting staff to check their temperature, fill out the questionnaire accurately, and the screening process should be completed where there would be the least amount of contact with resident care areas. The facility policy COVID-19 Phase 2- All SNF and all CO sites, dated 4/13/20, identified healthcare workers will complete a symptom screening form, including having their temperature checked and documenting absence of shortness of breath, new or change in cough, and sore throat, upon entrance to the facility. Healthcare workers include: facility employees, hospice workers, physicians, nurse practitioners, physician assistant, PT/OT/ST therapists that provide care to residents. These forms will be reviewed by a facility designee prior to reporting to the resident care area. Employees with respiratory symptoms such as fever, cough, shortness of breath, sore throat will not be allowed to work. The policy did not identify whom (self or other employee) was expected to conduct the employee screening, the location of employee screening, or temperature parameters for staff to follow. MASKS: On 4/21/20, at 11:24 a.m. nursing assistant (NA)-A was observed with a face mask on covering only their mouth, not nose, while interacting in the dining room with 4 residents present. NA-A stated the mask was supposed to be covering her nose and mouth but the eye protection made it foggy and she could not see. On 4/21/20, at 11:34 a.m. housekeeper (HSG)-A was observed to have a surgical face mask on covering only their mouth, not nose, while cleaning a resident room. HSKG-A stated the mask was supposed to be covering her nose and mouth but with the mask and the face shield she had a harder time breathing. During observation on 4/21/20, at 11:46 HSKG-A continued to have her mask on covering mouth only, not nose. On 4/21/20, at 12:08 p.m. activity aid (A)-A was walking down the hallway in resident care areas with their face mask covering their mouth only, exposing their nose. A-A had a face shield on covering their face. A-A stated she was supposed to have the mask up over their nose, but with the face shield on it made it hard to breath. On 4/21/20, at 12:10 p.m. dietary aide (DA)-A was observed with a face mask on covering only their mouth, not nose, while delivering food to residents in the dining room (15 residents noted during observation). DA-A stated the mask was supposed to be covering their nose and mouth but with the eye protection it fogged up and she had a harder time seeing. On 4/21/20, at 12:22 p.m. DA-B was observed with a face mask on covering only their mouth, not nose, while walking past residents sitting in dining room. DA-B stated she was supposed to have the mask up over their nose. On 4/21/20, at 12:21 p.m. NA-C was seated next to a resident in the dining room supervising the resident eat. NA-C had their facemask off their nose, only covering their mouth. The face shield was covering their face. NA-A stated the mask frequently slid off their nose while talking. On 4/21/20, at 1:35 p.m. the facility ICP was interviewed and stated all staff are required to have the mask covering both the mouth and the nose at all times. ICP further stated they can remove this only when not in direct care areas and they should be alerting the appropriate staff if they are having issues with the mask. The facility policy COVID-19 Phase 2- All SNF and all CO sites, dated 4/13/20, identified: To provide source control, all employees will wear a mask at all times. Direct care staff including housekeepers will wear a surgical mask. Non-direct care staff can wear non-FDA regulated masks.</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.