STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245464	A. BUILDING _____ B. WING _____	04/10/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
OSTRANDER CARE AND REHAB	305 MINNESOTA STREET OSTRANDER, MN 55961

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 interview and document review the facility failed to implement infection control surveillance activities including identification of infectious trends, investigation of infections, and completed prevention and containment measures in order to prevent and/or mitigate the spread of Covid-19 infection outbreak. In addition, based on observation, interview and document review the facility failed to ensure a resident was quarantined for 14 days following a hospital return for 2 of 2 residents (R1, R2) reviewed for a COVID-19 survey. The facilities failures had the potential to effect all 16 residents residing in the facilty and all staff. Findings include: During an interview on 4/6/2020, at 1:20 p.m. DON said she was responsible for the facility's infection control (IC) program. The infection control surveillance logs and activities were reviewed with the DON. The April infection control log identified one resident who had just been diagnosed with [REDACTED]. The March IC log identified one resident with a respiratory infection with symptom onset date of 3/5 and was started on antibiotics the same day. The 2nd resident had symptoms of respiratory infection on 3/6 and started an antibiotic the same day. DON verified the IC records lacked evidence of an investigation, analysis, and prevention/containment interventions. DON stated the facility was not tracking illness symptoms in real time and the log was only updated if and when an antibiotic was prescribed. According to the March infection control log R3 was [DIAGNOSES REDACTED]. The log identified R2 resided in the same hallway as R1, had upper respiratory infection with onset of symptoms on 3/6, was prescribed antibiotic on 3/6, was on standard isolation, and the infection was resolved on 3/11/2020. The log also indicated R2 had a respiratory infection with symptom onset date of 3/14/2020, was prescribed antibiotics and the illness resolved on 3/24/2020. R2's record did not identify or address infection control activities and/or implementation of prevention and/or containment interventions. R2's progress note dated 3/4/2020, indicated R2 had played Yahtzee in the afternoon and on 3/5/2020, at 3:59 p.m. the progress note indicated R2 attended a resident council meeting, played bingo, and went to a birthday party. R2's progress note dated 3/6/2020, at 10:12 p.m. included: Resident noted to be more confused than usual and had a temperature of 100.4, pulse 82, blood pressure 92/65, crackles were noted on lower lung lobes. Oxygen saturation lower than resident's baseline. Resident coughing but unproductive. The note indicated the physician was notified. According to a progress note on 3/7/2020 at 12:08 a.m., indicated the physician ordered [MEDICATION NAME] (antibiotic) 1 gram injection for lower respiratory infection for 2 days. R2's progress note dated 3/7/2020, at 3:04 p.m. included R2 enjoyed live music and a guest speaker this afternoon. R2's change of condition progress note dated 3/7/2020, at 7:35 p.m. included, During cares resident stated I feel like[***]inside me. The note indicated R2 had a fever, temperature of 100.7, pulse 65, respirations 18, Sp02 90% on room air. R2 complained of pain when coughing and lower abdominal pain. The note indicated the physician gave the order to send R2 to the emergency room for further evaluation. A subsequent note at 11:37 p.m. indicated R2 had returned to the facility with a [DIAGNOSES REDACTED]. R2's emergency room visit notes indicated a chest X-ray had been completed; Resolution previously seen patchy opacities in bilateral lower lungs. No new focal consolidation. Linear atelectasis or scarring in the lung basis. The note indicated to continue the antibiotic already prescribed. R2's physician visit dated 3/9/2020, included [DIAGNOSES REDACTED]. The visit note indicated R2 had a history of [REDACTED]. The note included, We had done a chest x-ray at the facility which showed a lower lobe infiltrate. The plan indicated R2 would finish up his course of antibiotic and [MEDICAL CONDITION] respiratory status was relatively close to baseline; continue with nebs. R2's progress note dated 3/11/2020, indicated R2 continued to have respiratory illness symptoms even though the infection control log indicated R2's illness had resolved on 3/11/2020. The note included, R2 had an occasional cough, lung sounds were diminished with audible wheezes; scheduled neb treatment administered. R2's care plan dated 3/11/2020, included R2 was at risk for infection upper respiratory infection/influenza. The interventions included, educate on infection control practices, educate on techniques to prevent infections, such as handwashing, adequate rest, nutrition and avoidance of crowds, evaluate lung sounds, evaluate for cough. R2's progress note dated 3/13/2020, indicated R2 continued with an occasional cough and long sounds diminished bilaterally with audible wheezes. R2's progress note dated 3/14/2020, indicated R2 continued with a cough with audible wheezing and generalized weakness. According to the note the physician ordered a chest X-ray and prescribed [MEDICATION NAME] 1 gram injection once daily for three days, [MEDICATION NAME] 875 mg twice a day for 7 days to start after the 3 doses of [MEDICATION NAME] and [MEDICATION NAME] (steroid) 40 mg for 5 days. R2 record lacked evidence another chest x-ray was obtained. R2's progress note dated 3/15/2020, indicated R2 continued to have adventitious lung sounds and had an occasional cough with yellow phlegm. R2's physician visit note dated 3/20/2020, included visit [DIAGNOSES REDACTED]. According to the physical exam, R2's lungs were remarkable for crackles in both bases they clear almost completely, however with a deep cough. The note indicated R2 had been sick on and off with a respiratory illness that he was on antibiotics for and was feeling much better. R2 had been treated 2 or 3 times within the last several months, has recurrent [MEDICAL CONDITION] and pneumonia's. The physician indicated the plan was to finish the antibiotics and continue on respiratory treatment with nebulizers. During an interview on 4/10/2020 at 11:40 a.m. administrator stated the x-ray ordered on [DATE] was not completed because the X-ray company did not have enough staff to complete. The administrator stated an unawareness of how the physician determined R2 had pneumonia due to infectious organism. Administrator stated if the organism was infectious, R2 should have been on isolation with appropriate PPE used. R2's record lacked mention of documentation of respiratory symptoms per the care plan was after 3/15/2020. The next progress note in the record was noted 3/23/2020, and indicated the R2 didn't want to play bingo but hung out with a staff member while they called bingo numbers. R2's progress note dated 4/1/2020, included Resident continues with occasional cough (baseline); utilizing scheduled neb treatments. R1 was admitted to St. Mary's hospital on [DATE] following a fall and returned to the facility on [DATE]. R1 was to be placed on quarantine for 14 days following her hospital return. R1 was observed on 4/6/2020, at 1:59 p.m. to be walking in the hallway with a therapist. R1 was not wearing a mask and had been in the therapy room for a therapy session. R1 was observed to walk by staff and two other residents that were in the hallway prior to sitting in a chair to play bingo. On 4/6/2020, at 2:10 p.m. the director of nursing stated (DON) stated R1 could be in the hallway playing bingo if she was six feet away from other residents. On 4/6/2020, at 2:14 p.m. the administrator stated R1 should not be sitting in the hallway to play bingo and indicated she had been moved to the doorway to her room. The administrator stated R1 should be having therapy in her room and not in the therapy room, as she was quarantined to her room. On 4/6/2020, at 2:45 p.m. the certified occupational therapy assistant (COTA) stated there was some confusion between facilities she worked. The COTA stated some facilities she worked at allowed quarantined residents to have therapy in the therapy room as long as there were no other residents in there. The COTA stated R1 should have had a mask on when she was walking in the hallway. On 4/6/2020, at 2:49 p.m. the housing manager (HM) stated R1 should not have been playing bingo in the hallway. The HM stated R1 should have been sitting in the doorway to her room. The HM stated residents who are quarantined should have activities in their rooms. On 4/6/2020, at 2:53 p.m. the activity assistant (AA) stated R1 was sitting by the laundry room door at

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) first to play bingo. The AA stated then we moved her down to the door (of her room) because they (quarantined residents) are supposed to stay in their room and stay six feet apart. AA stated the administrator stated R1 should be moved down to her room, so we moved her. Facility Infection Control Program policy dated 2/2020, described the components of the infection control program however, did not identify the specific protocols for processes of implementation of components. The program policy included Infection control program components critical to the operations of the healthcare facility may include but are not limited to: -Training facility staff to identify the most common symptoms of infections, i.e. cough, fever, diarrhea and/or vomiting, and protocols to prevent the spread of infections; -When symptoms suggesting an infectious outbreak occur, launch an investigation to define the nature and magnitude of the outbreak; -Prepare lists of persons who are ill and try to identify recent human and environmental contacts of each resident to facilitate an infection management plans; -Provide other resources needed to contain infections such as disposable items, laundry facilities, and staff trained in infection control; 5. Elements of the Program include: Surveillance based on systematic data collection to identify infections in residents. -A system for detection, investigation, and control of outbreaks of infectious diseases. -An isolation and precautions system to reduce the risk of transmission of infectious agents. -Infection Control policies and procedures. -Process to evaluate and enforce proper environmental controls. -Process to evaluate and enforce proper infection control practices by personnel. -A system for antibiotic review and control.