

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245633</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ST BENEDICTS SENIOR COMMUNITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>990 19TH STREET SOUTH SARTELL, MN 56377</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and document review, the facility failed to implement a comprehensive infection prevention and control program to include tracking and trending of all residents who were admitted to the facility with a current infection, to ensure an effective analysis of patterns and trends were identified and acted upon to reduce the risk of infection spread within the transitional care facility. This had potential to affect all 20 residents residing in the transitional care facility at the time of COVID-19 Infection Control Focus Survey. Findings include: During the entrance conference, on 4/14/20 at 10:19 a.m., the director of nursing (DON) stated the facility, did not currently have any residents who were COVID-19 positive, nor any residents displaying COVID-19 signs and symptoms. The facility provided infection control line listings were provided from January 2020 through March 2020. The line listings collected data on the following: resident identifying information, (including admitted ) classification of infection, history (including signs and symptoms) diagnostics, medication and symptom resolutions. January 2020, line listing identified A resident admitted on [DATE], acquired signs and symptoms of a urinary track infection with an onset date of 1/6/20. Another resident admitted on 1/17/20, acquired signs and symptoms of abdominal fever and pain with an onset date of 1/22/20. Both residents identified had signs and symptoms after their respective admitted s. No further residents were identified on the line listing or attached monthly infection control analysis, as having actual or potential infections. February 2020, line listing identified A resident admitted on [DATE], acquired signs and symptoms of pneumonia with an onset date of 2/12/20. Another resident admitted on [DATE], acquired signs and symptoms of an urinary track infection, with an onset date of 2/19/20. Another resident was admitted on [DATE], acquired signs and symptoms of an urinary track infection, with an onset date of 2/20/20. All three residents identified had signs and symptoms after their respective admitted s. No further residents were identified on the line listing or attached monthly infection control analysis, as having actual or potential infections. March 2020, line listing identified A resident admitted on [DATE], acquired signs and symptoms of pneumonia with an onset date of 3/30/20. Another resident admitted on [DATE], acquired signs and symptoms of an urinary track infection, with an onset date of 3/18/20. Both residents identified had signs and symptoms after their respective admitted s. No further residents were identified on the line listing or attached monthly infection control analysis, as having actual or potential infections. An April current infection line listing was requested and was not provided. During interview on 4/14/20, at 12:20 p.m. at the director of nursing (DON) ,who was also the facility infection preventionist, stated she completed the tracking trending and an analysis on a monthly basis for residents that developed infection signs and symptoms after admission. Resident admitted to the transitional care unit frequently were being actively treated for [REDACTED]. The facility monitored the admitting residents infection in the their medical record, but did not include them in their monthly surveillance. The importance to tracking, trending and analyzing the residents who are admitted with infections was to ensure other residents did not start developing signs and symptoms of the infections that residents were admitted with. The DON provided an undated, untitled document identifying four current residents who had infections upon admission and were not included on the monthly line listings: R1's undated Admission Record identified R1 admitted to the facility on [DATE], with a primary admission [DIAGNOSES REDACTED]. R 3 was not included on an March 2020, line listing, nor was R3 included in the monthly analysis. R2's undated Admission Record identified R1 admitted to the facility on [DATE], with a primary admission [DIAGNOSES REDACTED]. R2 was not included on an March 2020, line listing, nor was R2 included in the monthly analysis. R3's undated Admission Record identified R1 admitted to the facility on [DATE], with a primary admission [DIAGNOSES REDACTED]. R3 was not included on an April 2020 line listing. R4's undated Admission Record identified R1 admitted to the facility on [DATE], with a secondary admitting [DIAGNOSES REDACTED]. The facility policy Infection Prevention and Control Plan- Long Term Care reviewed 1/20, identified diseases under surveillance included those that required isolation or precaution procedures, potential communicable diseases or infections that can spread from person-to person within the facility, and those diseases included in required state reporting. The policy was not clear on what residents infections should be tracked or what to include in the monthly analysis.</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.