

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 24E166	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2020
NAME OF PROVIDER OF SUPPLIER BIRCHWOOD CARE HOME		STREET ADDRESS, CITY, STATE, ZIP 715 WEST 31ST STREET MINNEAPOLIS, MN 55408	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and document review the facility failed to implement a comprehensive infection control program to include the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) COVID-19 Long-Term Care (LTC) Facility Guidance for all LTC facility personnel and visitors to be screened for COVID-19 immediately upon entrance to the facility. This had the potential to affect 59 of 59 residents that resided in the facility. Findings include: On 4/29/20, at 8:00 a.m. two surveyors approached the facility front door and observed a resident outside on the top step. There were stop signs on the door that indicated no visitors allowed, and staff must check in with charge nurse prior to starting shift. Surveyors followed unknown resident and unknown person into the facility. The unknown resident went upstairs. Surveyors walked past the elevator, walked down stairs and knocked on the window at the nurses station. A staff person approached and escorted the surveyors pass the nurses station, through the dining room, where six residents sat, to the social service office and did not screen the surveyors. On 4/29/20, at 8:08 a.m., registered nurse (RN)-A came to the door of the social service office and asked the surveyors to come to the nurses station to be screened. RN-A walked the surveyors across the dining room past two residents into the nurse's station. Trained medication aide (TMA)-A and a male resident were at the nursing station at the time. RN-A asked the surveyors screening questions, took temperatures and instructed them to wash our hands. On 4/29/20, at 8:38 social service director (SS)-A entered the social service office. SS-A did not wear a face mask and stated she had just arrived and would go check in with the nurse. - At 8:39 a.m. SS-A walked from the social service office without a face mask. SS-A walked across the dining room, where eight residents sat, to the nurses station. - At 8:41 a.m. SS-A returned to the office without a facemask. SS-A stated she came through the back door and did not wear a facemask. SS-A showed the route she would take each morning when she arrived to work. SS-A stated she would enter through the back door by the use of her key. SS-A stated that she would walk down the stairs, cross the therapeutic recreation room, down the hallway passed staff offices and stairwell to resident rooms to the time clock where she would punch in. SS-A stated she would then cross the dining room to her office, put down her belongings and then go to the nurses station to get screened. SS-A verified she entered the facility this way daily and walked past any residents who were in the recreation room and dining room and did not wear a mask, on her way to get screened. On 4/29/20, at 9:30 a.m., RN-A was interviewed and stated residents who visited from the neighboring(NAME)Square facility enter through the back door. RN-A further stated those residents are expected to wear masks and wash hands in the Therapeutic Recreation room near the back entrance, then proceed through the common areas to the nurses station to be screened when they come in in the morning. On 4/29/20, at 9:10 a.m, the administrator stated the only people who were supposed to enter through the back door had keys. They were supposed to have a mask on and go directly to the nurses station to be screened. The director of nurses stated the residents at(NAME)Square who receive medications and meals at the facility had a key for the back door. The(NAME)Square residents received masks in their building and are screened twice daily in their building. They are to come in the back door and walk through to the nurses station to be screened. The DON stated some of the residents at(NAME)Square to go out into the community to work or shop. The administrator and DON both stated the expectation for staff was to have a mask on before they entered the facility, go directly to the nurses station be checked in and wash their hands. On 4/29/20 at 2:55 p.m. the administrator stated the AHCA (American Healthcare Association) NCAL(National Center for Assisted Living) COVID 19: Screening Checklist-For Visitors and Staff revised 3/31/20, had been their policy in effect at the start of the survey. Administrator verified the checklist had not been personalized to meet their facility needs. The administrator stated the facility was in process to modify the policy to meet the needs and use the screening checklist as a resource.</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.