STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245530	A. BUILDING _____ B. WING _____	05/07/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SAMARITAN BETHANY HOME ON EIGHTH	24 - 8TH STREET NORTHWEST ROCHESTER, MN 55901

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 observation, interview, and document review the facility failed to follow/implement transmission-based precautions for 5 of 5 residents (R1,R2, R3, R4, R5) admitted /readmitted from a hospital/appointment or became symptomatic. In addition, the facility failed to document infection control (IC) surveillance activities for purposes of analysis in the event of an infectious outbreak. These practices had the potential to effect all 140 residents and staff in the facility. Findings include: Definitions: Transmission based precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission Standard precautions are used for all patient care. They are based on a risk assessment and make use of common sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient R3-Became Symptomatic R3's Admission record, included [DIAGNOSES REDACTED]. R3's Daily Resident Symptom screening indicated on Friday 5/1, documentation indicated R3 had diarrhea and was new or worsening. A hand written note dated 5/1/2020, included Resident [MEDICAL CONDITION] other diseases of the digestive system, which could cause diarrhea, or something she eat. The record did not have any further mention, assessment, physician notification, or increased monitoring for symptoms. During an observation on 5/6/2020, at 10:45 a.m. R3 sat in her wheelchair next to her bed with a large pink bowel up to her face. During an interview on 5/6/2020, at 10:46 a.m. NA-C stated R3 had vomited about 20-30 minutes ago, the other NA-D had reported to the licensed practical nurse (LPN)-C. NA-C indicated transmission based precautions had not been implemented. During an interview on 5/6/2020, at 10:48 a.m. NA-D confirmed R3 had vomited about 20-30 minutes ago and R3 did not have a history of nausea and vomiting. NA-D stated the nurse was notified and indicated transmission based precautions had not been implemented. During an interview on 5/6/2020, at 10:50 a.m. LPN-C stated she updated registered nurse (RN)-A, R3 vomited. LPN-C indicated R3 did not normally have nausea and vomiting. LPN-C stated prior to R3 vomiting she ate an apple, and right before R3 vomited LPN-C had taken her vital signs and temperature, which were within normal ranges. LPN-C stated the plan was to notify the physician and continue to monitor. LPN-C stated nausea/vomiting was not a symptom of COVID-19 and since R3 was already isolated, transmission based precautions would not be implemented. During an interview on 5/6/2020, at 10:55 a.m. RN-A stated the physician was made aware of R3's vomiting. RN-A indicated nausea and vomiting were not symptoms of COVID, stated R3 would stay in her room, implement universal precautions. RN-A stated universal precautions consisted of a facemask and gloves upon entering R3's room. During a subsequent observation and interview on 5/6/2020, at 12:45 p.m. R3 sat in her wheelchair in her room with lunch tray in front of her. R3's elbow was on the tray table; she rested the side of her head in her open hand, and was not eating. NA-E stated she had just started her shift, was aware that R3 had vomited earlier, and was not informed or directed to use any transmission-based precautions. NA-E stated R3 did not have a history of nausea/vomiting and that was not her baseline. Rehab Unit- During an observation and interview on 5/6/2020, at 8:43 a.m., licensed practical nurse (LPN)-A said new admissions were quarantined for 14 days; signs were placed on the resident's door that indicated to see a nurse and identified the date the stay at home ended. Surveyor observed 2 rooms that had signs on door for R1 and R2. LPN-A stated the new admissions were allowed to come out for therapy sessions wearing a mask. LPN-A stated no personal protective equipment required to enter the new admit rooms. LPN-A wore a cloth mask and stated staff were provided a clean cloth mask at the beginning of your shift; the same masks was worn into all the quarantined resident rooms. LPN-A stated new admissions and other residents are screened daily and if residents display symptoms, she would report to the registered nurse and residents would be put on precautions and tested . LPN-A stated no residents on this unit currently displayed symptoms. During an observation and interview on the rehab unit on 5/6/2020, at 9:16 a.m., nursing assistant (NA)-A was wearing cloth mask. NA-A stated no personal protective equipment other than cloth mask was required to enter new admission rooms. NA-A stated that only residents with symptoms or positive COVID are required to wear personal protective equipment. R1 R1's Move in Record, identified R1 was admitted from a hospital to the facilities rehab unit on 4/23/2020, and included [DIAGNOSES REDACTED]. R1's Daily Resident Symptom Screening, included screening for temperature, oxygen saturation, cough, shortness of breath, and diarrhea. The symptom screeners were reviewed in conjunction with medication administration records and progress notes. R1's record lacked an evaluation and increased symptom monitoring after the development of loose stools. -Symptom Screen for 4/29/2020, indicated a hand written notation at the bottom of the form included, loose stool charted x 1. -Symptom Screen for 4/30/2020, indicated a hand written notation at the bottom of the form included, Diarrhea charted 2x-over the night and during the day. -Symptom Screen for 5/1/2020, indicated yes R1 had diarrhea that was a new symptom. According to progress note dated 5/1/2020 at 3:58 p.m., R1 had some diarrhea. -R1's progress note dated 5/2/2020 at 2:50 p.m. indicated R1 is forgetful about current restrictions regarding COVID-19 and keeps coming out of room with diarrhea symptoms. -A hand written note dated 5/4, included, .resident reported formed BM yesterday (5/3/2020). R1's record did not address transmission-based precautions after R1 had loose stools/diarrhea for 3 days. R2 R2's AVS dated, 5/1/2020 indicated R2 was discharged from the hospital on [DATE]. According to the AVS, R2 was tested for [DIAGNOSES REDACTED] Coronavirus on 4/28/2020 and results were undetected. R2's Move in Record, identified R2's was admitted to the rehab unit with [DIAGNOSES REDACTED]. R2's Daily Resident Symptom Screening indicated R2 had a temperature of 99.5 degrees Fahrenheit on 5/2/2020. R2's record lacked evidence of further evaluation of the increase in body temperature, and no increase in symptom monitoring was evident. R2's record did not address transmission-based precautions even after elevation in temperature. R5-no signage or isolation cart -different unit During an observation and interview on 5/6/2020, at 10:50 a.m., R5's room had a sign posted on the door that included, I am staying home until 5/12/2020, and no other signage was posted. NA-C stated R5 was on droplet precautions because R5 had been readmitted from the hospital; NA-C stated staff were supposed to wear gown, gloves, mask, and eye protection before entering R5's room but confirmed the identification of the necessary droplet precautions was not posted outside R5's room. The cart that was parked outside of the room did not contain all of the necessary PPE to enter the room. NA-C stated staff had been using hospital gowns prior. According to Hospital after Visit Summary (AVS), R5 was hosptalized on [DATE] and discharged back to the facility on [DATE]. The AVS indicated R5 was free from communicable diseases and COVID testing was negative on 4/14/2020. R5's Move in Record dated, indicated R5 was readmitted to the facility on [DATE], and included [DIAGNOSES REDACTED]. Progress note dated 5/1/2020 at 3:39 p.m. included, it was reported to me this afternoon that resident had loose watery stool that was foul smelling like starch per caregiver. Reported to CC (sic) A subsequent progress note at 3:49 p.m. indicated that R5 had loose watery stool twice with a reported decline in intake today. The note indicated physician orders [REDACTED]. A note at 4:58 p.m. directed staff to take vital signs three times a day with parameters on when to contact physician. A note at 5:04 p.m. indicated R5 was only on droplet precautions until the test came back. Progress note dated 5/2/2020, at 12:20 p.m. included .resident is negative for Covid-19 at this time. Will discontinue the droplet precautions. Still waiting for [MEDICAL CONDITION] results to come back. At 2:33 p.m. progress note indicated R5 was on contact precautions because the [MEDICAL CONDITION] test was still pending. Progress notes on 5/4

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) indicated a second stool sample had been sent out that morning; a subsequent note at 10:42 a.m. indicated R5's [MEDICAL CONDITION] results were negative. The record did not identify when contact precautions were discontinued and current droplet precautions were implemented as stated per staff interview on 5/6. R4-no signage- different unit During an observation and interview on 5/6/2020, at 11:50 a.m. R4's room had a sign posted on the door that included I am staying home until 5/8/2020, no other signage was posted. RN-B stated R4 was on droplet precautions related to leaving the facility for an outside appointment. RN-B stated staff were supposed to enter the room with full PPE; gloves, mask, gown, and eye protection. RN-B indicated all residents who leave the facility for appointments or hospital returns were put on quarantine for 14 days and monitored for the onset of COVID symptoms. During an interview on 5/6/2020, at 12:30 p.m., LPN-B stated residents screened daily for symptoms and vital signs. LPN-B stated if resident reports yes or symptoms are seen, those residents are put on isolation precautions and a nurse and nurse practitioner is notified. LPN-B stated staff take in consideration of those with pre-existing conditions that have similar symptoms. LPN-B stated a personal protective equipment cart is placed outside a resident room and a sign on the door is placed to notify staff. LPN-B stated gown supplies has been down and staff had to wear garbage bags in the past. During an interview on 5/6/2020, at 12:50 p.m. director of nursing (DON) said R3 would continue to monitor and evaluate for nausea/vomiting causes and did not require implementation of transmission based precautions because nausea/vomiting was not a symptom of COVID-19 and that (name) Clinic also did not recognize nausea/vomiting as a symptom. However, appropriate precautions would be implemented. DON also indicated the facility expected staff to only wear a cloth face mask when they entered into resident rooms or assisting residents who were on quarantine related to admission. DON indicated the facility was following the guidance that was outlined on a CDC bulletin for admissions to congregate living. During review of the facility's infection control surveillance log included names of residents, location of residents, illness symptoms, date of symptom onset, and testing procedure completed. The log did not identify if and/or when transmission based precautions were implemented when residents demonstrated symptoms of illness for R1, R2, R3, R4, R5. The logs also did not identify the date the identified illness symptoms resolved. During an interview on 5/7/2020, at 11:33 a.m. DON indicated she was responsible for the infection control program. DON confirmed the surveillance logs did not identify if transmission based precautions were implemented, and has not historically documented when precautions were initiated, what type of precautions used, or when precautions were discontinued. DON also verified the type of precautions if any used was not documented in the resident's record. DON stated staff would implement precautions based on the symptom screen; for failed screen (fever over 100.0 degrees, new shortness of breath, or cough) they would implement droplet precautions and notify the provider. Minnesota Department of Health (MDH) Interim Guidance for Hospital Discharge to Home or Admission to Congregate Living Settings and Discontinuing Transmission-Based Precautions dated 5/2/2020, included the following, -Patients investigated for possible COVID-19 with a negative test: Patients investigated for possible COVID-19 due to onset of concerning signs or symptoms or change in health status who have a negative COVID-19 test can be discharged from a hospital to a congregate setting. All recommended PPE (facemask, eye protection, gloves, and gown) should be worn during care of residents under observation, when PPE supplies allow. At minimum, staff should wear facemask and eye protection during care. Cloth face coverings are not considered PPE. -At this time, patients with no clinical concern (e.g., no presence of symptoms consistent with COVID-19), can be discharged from a hospital to a congregate living setting following normal procedures. However, they should be quarantined and observed for the development of symptoms. All recommended PPE (facemask, eye protection, gloves, and gown) should be worn during care of residents under observation, when PPE supplies allow. At minimum, staff should wear facemask and eye protection during care. Cloth face coverings are not considered PPE. According to CMS's Frequently Asked Questions (FAQs) dated 4/24/2020, if the resident has to leave the facility for an outside appointment, the facility should monitor the resident upon return, monitor for fever and signs and symptoms of respiratory infection for 14 days after the outside appointment. According to the CDC website (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) that indicated a last review date of 5/7/2020. People with COVID-19 have wide range of symptoms reported; the literature advised that the common symptom list was not all-inclusive. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea. Undated facility COVID-19 manual did not direct staff to monitor for the COVID-19 symptoms that were less common, the manual directed staff to monitor for signs of fever and/or respiratory symptoms, if signs/symptoms presented then resident would be placed on isolation precautions per provider direction. The manual included, Visual alerts (e.g., signs posters) will be posted at the entrance and in strategic places to provide residents and staff with instructions about respiratory hygiene, hand washing, and donning for PPE. New Admission/readmissions: The new admission/readmission must agree to be placed in isolation for 14 days where possible. Staff will utilize a surgical facemask, eye protection, and gloves when caring for these residents. If symptoms develop, droplet precautions will be implemented. Droplet Precautions: Droplet precautions will be implemented for residents with suspected or confirmed COVID-19, should notify the health department and acute facility before transfer of the resident.