

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 24E355	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2020
NAME OF PROVIDER OF SUPPLIER AFTENRO HOME		STREET ADDRESS, CITY, STATE, ZIP 510 WEST COLLEGE STREET DULUTH, MN 55811	
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 interview and document review, the facility failed to ensure staff education on Coronavirus Disease 2019 (COVID-19) was completed by all staff, and a system was in place to ensure immediate screening and surveillance of staff for potential COVID-19 symptoms before entering the facility and having contact with the residents. This had the potential to affect all 52 residents residing in the facility. Findings include: A review of education documents for COVID-19 dated 3/30/20, indicated a staff meeting for COVID-19 training was held on 3/17/20. Education documentation indicated staff who had not started their training included 19 nursing assistants (NAs) and trained medication aide (TMAs) including TMA-A, 4 licensed practical nurses (LPNs), and 5 registered nurses (RNs). In addition, the education documents indicated 14 dietary staff, 2 housekeeping staff, and 1 resident assistant had not started the required COVID-19 training. The facility work schedule for licensed and registered nursing staff during 3/22/20, through 4/4/20, indicated the following staff who had not received the COVID-19 training were scheduled to work. -RN-B and RN-C -LPN-A and LPN-B -NA-A, NA-B, NA-C, NA-D, NA-E, NA-F, NA-G, NA-H, and NA-I -TMA-A, TMA-B, TMA-C, and TMA-D On 3/30/20, at 10:00 a.m. assistant director of nursing (ADON) stated they had a meeting about COVID-19 that was recorded and put on their online training for other staff to complete if they did not attend the meeting. The ADON stated they have a communication book at the nurse's station, so if a case or suspected case of COVID-19 was identified, they would communicate what they needed to do in the book. The ADON stated the facility screened staff when they came in to work their shift each day, by having staff check their own temperature, and fill out a questionnaire regarding potential COVID-19 exposures and symptoms. The ADON stated staff enter their temperatures in a binder on a table at either the front entrance or the staff entrance. The questionnaires were to be filled out and placed in a box. The ADON stated the staff complete their temperatures and questionnaires on their honor. The ADON stated the office staff check the questionnaires, but not always that same day. On 3/30/20, at 11:44 a.m. housekeeper (HSK)-A stated she had received training on COVID-19. On 3/30/20, at 12:03 p.m. dietary assistant manager (DM) stated they had a mandatory meeting on COVID-19, and it was put online for others who did not attend. The DM stated he needed to get on his staff to get it done. The DM stated staff were being screened for COVID-19 when they came in to work. On 3/30/20, at 1:26 p.m. the ADON verified they did not have a deadline for the staff to complete the COVID-19 training, but it was to be completed with their annual training. The ADON stated she did not know how it would be enforced if staff did not complete the training if they put a deadline on it, but verified the COVID-19 training was important for all staff. The facility documentation of staff completion of a COVID-19 screening questionnaire and temperatures for staff prior to starting work each day, dated 3/14/20, through 3/31/20, indicated a screening questionnaire had not been documented as completed 28 times, and a temperature had not been recorded 18 times by a variety of facility staff. A review of the logs indicated none of the staff's temperatures were greater than 100 degrees Fahrenheit (F). In addition, facility documentation of screenings of visitors, including contract staff dated 3/12/20, through 3/31/20, indicated only one temperature was recorded, and 12 of 79 visitors had not completed a questionnaire. The facility infection control logs dated 1/30/20, through 3/30/20, indicated the facility had one suspected COVID-19 case on 3/24/20, for resident (R)2. The facility COVID-19 report further indicated R2 was determined to be negative for COVID-19 on 3/28/20. The facility Staff Illness Report indicated: -NA/TMA-B had a fever on 3/19/20. -LPN-B had a fever on 3/18/20. -a former staff member had pneumonia on 3/11/20. -5 nursing staff had confirmed influenza or suspected influenza-like symptoms between 3/4/20, and 3/10/20. -NA-D had a fever on 3/6/20. -NA-H had a fever on 3/4/20 through 3/6/20. -NA/TMA-B had pneumonia on 3/10/20. -NA-B had confirmed influenza on 2/14/20. On 3/30/20, at 3:10 p.m. the ADON verified staff took their own temperatures when they came in to work. If staff had a temperature of over 100 degrees F, they would have to immediately go home. The ADON stated the questionnaires and data goes to one of two people in the office, and they were to review it. The ADON verified questionnaires or temperatures would not be reviewed immediately as the staff reported to work. On 3/31/20, at 2:48 p.m. the DON stated they had a mandatory meeting on COVID-19 and it was put on the facility online training to complete. The DON stated there should have been a deadline for staff to complete the COVID-19 training, and dedicated staff and DON should be running reports and ensure deadlines were met. The DON verified the due date for COVID-19 training had been updated to 4/1/20, following surveyor inquiry about the due date on 3/30/20. The DON verified staff had been completing their own screening questionnaires and temperatures before starting their shifts, and were trusted to do them honestly. The DON stated there was one TMA who had only taken their temperature and filled out the questionnaire the first day, and did not know it needed to be done every time they reported for work, so they re-educated her and now the TMA is doing the screening questionnaire and temperature each time reporting to work. The DON stated they were trying to reduce contacts, encourage work from home if able, and just have essential staff in the facility. The DON stated they knew when their staff were traveling, and monitored that. On 4/1/20, at 10:34 a.m. the ADON stated specified office staff were collecting the screening questionnaires and logs, but was not sure the time frame in which they were checked, or if they were checked on the weekends. The ADON stated the facility is following the Centers for Disease Control (CDC) guidelines for staff returning to work following respiratory illnesses. On 4/1/20, at 10:54 a.m. the DON verified staff temperatures were not monitored over the weekends, and staff could have worked with potential COVID-19 infection, and spread it to other staff and residents. The facility policy for COVID-19 approved 3/6/20, directed that all staff were required to be screened upon entry into the facility. Staff were required to fill out a CDC approved questionnaire, take their temperature, and fill out the log at the beginning of each shift. Staff were directed to turn in the questionnaire for logging purposes. The policy lacked guidelines for who was responsible for screening staff and reviewing questionnaires prior to starting the shift, and unacceptable temperatures to enter the facility, and screening of visitors prior to entering the facility. The facility policy lacked direction for required staff training regarding COVID-19.</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.