

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245473	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER OAK TERRACE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 640 THIRD STREET GAYLORD, MN 55334	
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 follow Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control (CDC) guidelines by appropriately implementing measures to prevent the spread of Covid-19. This had the potential to affect all 26 residents who resided at the facility Findings include: During an observation on 6/22/20, at 10:53 a.m. activities director (AD)-A was sitting shoulder to shoulder with R1 in her room, listening to and looking at a video of polka music on a laptop. AD-A was not wearing eye protection. AD-A stated she took her eyeshield off because it was fogging up. During an observation and interview on 6/22/20, at 10:55 a.m. housekeeper (H)-A was in doorway of R2's room wearing a yellow isolation gown, gloves, cloth mask and no eye protection. Sign on wall next to door indicated STOP. See nurse before entering. H-A stated this resident was in (transmission based) precautions because he returned from the hospital. H-A was not aware that for this resident, she should wear full personal protective equipment (PPE) which included a facemask and eye protection when entering this room. While interviewing H-A, observed her cloth mask falling below her nose as she spoke and H-A frequently pushed it up with her hand. There was not a transmission based precaution sign outside this residents room, indicating to staff proper PPE required when entering. During an observation on 6/22/20, at 11:35 a.m. R3's call light was on. Nursing assistant (NA)-A entered the room without performing hand hygiene, shut off the call light located behind the residents chair and left the room without performing hand hygiene. A minute later, NA-A reentered the room without performing hand hygiene. During an interview on 6/22/20, at 12:05 p.m. the director of nursing (DON) stated she expected housekeepers to wear facemask's and eye protection when cleaning any resident room. During an observation on 6/22/20, at 12:15 p.m. dietary aide (DA)-A was working in dining room kitchenette in close proximity to other employees. DA-A's cloth mask was below her chin. DA-A stated she had asthma and if I wear the mask over my mouth, I can't breathe. During an interview on 6/22/20, at 12:20 p.m. registered nurse (RN)-A stated she was aware of DA-A's concern about not being able to breath if she covers her mouth with a cloth mask and stated she would speak to DA-A. During an observation and interview on 6/22/20, at 12:25 p.m. of Covid-19 unit, inside the plastic sheeting entrance adjacent to the rest of the facility, on the left side of the hallway was an alcove where donning (putting on) PPE was to occur. There was no sign indicating such, nor indicating it was clean space. On the right side of the hallway, doffing (removing) PPE took place in the former conference room. There was no sign indicating such, nor indicating it was dirty space. Further onto the Covid-19 unit, nursing assistant (NA)-B was observed sitting in the hallway on a chair, eating. NA-B stated there was not a room designated for staff to eat. Additionally, NA-B stated she tested positive for Covid-19 two weeks ago and had been taken off the staff schedule for only two days. On the Covid-19 unit, observed a large room labeled B-10 being utilized for multiple clean and dirty functions. Upon entry to the room against the wall on the right were two dirty linen bins with lids. In the middle of the room against windows were trash bins with lids used for doffing PPE. On the left side of the room against the wall was a kitchenette with a dorm size refrigerator on a table, with pudding in it for residents; a coffee station, bottles of water and Gatorade, and Jello cups for residents. Furthermore, on top of a dresser located in-between the laundry and trash bins was a basket labeled dirty goggles with a message indicating: clean thoroughly with alcohol prep pad and then place in clean bucket. There were eight faceshields in the dirty goggles basket, in every which direction. Did not observe a clean bucket. NA-B stated when she donned PPE when she arrived to work, she went into this room to get a dirty faceshield, then took the faceshield into the hallway to clean it with disinfectant wipes. In addition, observed toilet and sink cleaning supplies on the floor in front of the dresser, along with a plastic bag of rags. Observed an employee jacket and open purse on the floor directly inside the room to the left. During further observation on Covid-19 unit, noted paper logs outside each resident room indicating dates and times staff went in and out of rooms were filled with writing. As a result, staff had started writing this information either on the back of a full sheet or on note pads. Upon exit of the Covid-19 unit in the room designated for doffing, there was a sink, but no soap. There were containers of soap on the counter, but the containers were made for dispensers and therefore soap was not available to clean hands. There was hand sanitizer available. During an interview on 6/22/20, at 1:15 p.m., DON was unaware of findings on the Covid-19 unit and stated she expected RN-A to monitor and observe activities on the Covid-19 unit and to ensure staff adhered to infection control standards. In addition, DON stated the facility did not remove NA-B from the schedule for the recommended period of time after testing positive for Covid-19. During an interview on 6/22/20, at 1:30 p.m. DON stated she was aware of DA-A often wearing her mask below her nose but was unsure if anything had been done in order for DA-A to be in compliance with properly wearing a mask. During an interview on 6/22/20, at 2:00 p.m. housekeeping manager (HM)-A stated all housekeepers were trained on the proper use of wearing facemasks as well as eye protection at all times when on the nursing units. HM-A stated staff should be wearing these protective measures at all times as trained and that all supplies were available to them. Facility policy, titled Admissions and Return Admissions, dated 4/10/20, indicated: 1. It is the policy of Oak Terrace Healthcare to accommodate admission of residents during the Covid-19 pandemic. 2. If the resident is not exhibiting any symptoms of a new respiratory infection, no clinical concern for Covid-19, has no known direct exposure to an individual with known positive Covid-19 and/or has tested negative for Covid-19, the following precaution measures would be taken on admission: a. Resident will be admitted to a private room with private bath or room with no roommate, if available. b. Resident will remain on room isolation for a duration of 14 days. c. If the resident develops any symptoms during the 14-day isolation period, (i.e., fever, new cough, new shortness of breath, sore throat), the resident's primary care provider, medical director, and local/state department of health will be contacted. If Covid-19 is suspected, resident will be tested by facility staff nurse. Resident will remain on isolation and staff will don appropriate personal protective requirement until directed otherwise. Facility policy, titled Caring for Residents with Confirmed or Suspected Covid-19, dated 3/12/20, indicated: 1. As with all residents, Oak Terrace strives to provide quality care. Oak Terrace Healthcare will provide care to residents with suspected and/or confirmed Covid-19 in accordance with the procedure outlined below. 2. The following PPE will be used by employees entering room: a. Gloves b. Gown c. Appropriate mask d. Eye protection e. Facility will keep a log of all persons who enter the resident's room using a room log. Facility policy, titled Employee Screening and Screening of Healthcare Workers, dated 4/10/20, indicated: 1. For an employee who tests positive for Covid-19, the infection preventionist will work with the employee to identify individuals, equipment and locations the employee came in contact with and will contact the local health department for recommendations on next steps. Facility policy, titled Source Control Facemask and Eye Protection Use Covid-19, dated 4/15/20, indicated: 1. All facility personnel must wear a face mask while in the facility, with the exception of break times. Per the Centers for Disease Control (CDC), coronavirus (COVID-19) can be transmitted by asymptomatic individuals. Face masks will be worn by all facility staff as a source control measure. Managerial staff may remove face mask while in their offices if no other employee is present within the vicinity of their office space. Eye protection is to be worn by all staff when within 6' distance of any resident. 2. Surgical face masks will be worn by staff whom provide direct resident care (i.e., licensed nurses, trained medication aids (TMA), certified nursing assistants</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1) (CNA), activity staff. 3. Cloth/hand-made face masks will be used by non-direct care staff (i.e., dietary, maintenance, managerial staff). 4. Eye protection will be worn by all direct care staff when within 6' of any resident. 5. Eye goggles and/or face shields are sanitized with an appropriate disinfectant at the completion of the staff members shift and stored in the report room.</p>		