

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245349</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>STEWARTVILLE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>120 FOURTH STREET NORTHEAST STEWARTVILLE, MN 55976</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview and document review, the facility failed to fully operationalize its Infection Control Program and response to the COVID-19 Pandemic including adequate surveillance, prompt education and review of infection control procedures and practices. This had the potential to effect all 52 residents, staff and visitors. Findings include: According to an interview on 4/13/20, at 11:45 a.m. the director of nursing (DON) said they did not have any residents quarantined for a 14 day period to their room but most of the residents were in private rooms. DON said they had been checking resident temperatures once a day at that time. DON stated they needed to increase monitoring to twice daily. DON also said they needed to initiate training on the proper use, donning and doffing of personal protective equipment (PPE). DON said they were following Center of Disease Control (CDC) recommendations, if any staff should show evidence of illness then those staff could not return for 72 hours. According to a telephone interview on 4/15/20, at 10:24 a.m. a registered nurse (RN)-A responsible for infection control and prevention in the facility said the facility was monitoring residents twice daily for symptoms of respiratory infection including temperatures. RN-A stated an expectation for nurses to document the temperature and also whether or not a resident was showing symptoms. RN-A stated they had not developed a formal written procedure because they were a smaller facility so it was just word of mouth. He said he was unsure of their protocol for alerting the provider or what to do in relation to testing for Covid-19 for residents. He said, I could check our standing orders to see if we have parameters. RN-A stated they were also monitoring staff and who went for testing. RN-A was unable to state who or how long any staff were off from work, if they had symptoms indicating a possible Covid-19 infection and/or were tested. RN-A stated that information was collected by human resource director (HR) and not himself. RN-A stated the facility had just started training on infection control and PPE and stated they had minimally completed this initiative, perhaps reaching a fifth of the employees. RN-A said it was difficult to have a meeting or to do verbal communication so he was in the process of putting a binder together with information and education about Covid-19, infection control and PPE, but was just finishing it up. According to a telephone interview 4/15/20, 10:24 a.m. emergency preparedness designee (EP) and environmental services director stated she was aware some staff persons had gone for Covid-19 testing due to symptoms. EP was unsure how long staff should remain off work and out of facility with Covid-19 concerns and needed to look up the information. EP then stated a person with a positive test result for Covid-19 should be off work for 14 days, and if the test was negative, the staff should be off work for three days. EP also said they had initiated the wearing of cloth masks in the facility to help prevent the spread of possible infection. EP said staff were to take the mask home at the end of the day and wash it at home. According to a telephone interview 4/15/20, 10:40 a.m. the director of nursing (DON) stated she did not have expectations for nurses to document residents did not show symptoms of Covid-19. DON said the procedure was to take resident temperatures and to monitor for respiratory symptoms. If the nurse noticed a problem they were to notify either RN-A or DON. DON stated she was posting notes in lieu of formal education because things change so much. She said she posted notes by the time clock and at the nurses' station, but DON was unable to confirm who had or had not read the notes. DON confirmed she had not started training or review of PPE use or donning and doffing, but expected to start on 4/15/20. DON stated the facility had done some on-line training related to Covid-19, but was unable to say when the training had been assigned to staff or when it was to be completed. DON stated staff who did not complete the required training would be taken off the work schedule, but she was unable to state who had or had not completed the work. DON confirmed RN-A had been working on a binder of education and was just getting ready to put the information at the nurses' station. According to a telephone interview 4/15/20, 12:16 p.m., HR stated she was responsible to set up the on-line education. HR stated she had rolled out the education on 3/14/20 and posted signs in the facility for staff to complete it. HR had not set a timeline for completion, but said she believed most of the people who had not completed the education were on-call staff or part-time and had not been in the building so would not know there was training to be completed. HR confirmed she had not sent out any communications to those at home to let them know there was training to complete. HR said, I should call them. HR also confirmed that she was responsible to track employee infections. She stated she had a spread sheet where she wrote information, but said she did not take the calls and did not always have clear information to place on the spread sheet. She stated the scheduler or department head might take sick calls, but she was only able to place information on her spread sheet if someone shared that communication with her, she was not directly communicating with staff about their symptoms. HR stated she had sent out an E-mail to some individuals asking about results of Covid-19 testing so she could add that to her spread sheet, but confirmed there was a dietary employee who had a Covid-19 test, but there was no other information about results or why the individual was tested. HR stated that maybe the department manager would know. HR did not see that the dietary staff person had missed any scheduled work even though she had gone in for Covid-19 testing. HR said she sent her spread sheet to RN-A for review on a daily basis at this time, but when not in a pandemic would send it every 2-4 weeks for review. HR said clinical leaders would meet daily to discuss infection control, but she did not attend those meetings. According to a telephone interview 4/15/20, 12:36 p.m. a nursing assistant (NA-A) stated she was the person who did the schedules for the nursing department and she was now responsible for screening staff or visitors who came to the facility. NA-A said she would take temperatures and ask questions about travel, and respiratory symptoms. NA-A stated the training she had received was the screening tool she was to use. She had not received guidance on what to tell a staff person if they had a positive screening (a temperature or active symptoms of respiratory infection), but she thought she would send them home and tell them to get tested. NA-A said she also received the sick calls and staff were not too come to work if they were having respiratory symptoms or a temperature, and stated they would have to be tested. She said staff were not able to come back until the facility received a report that their test was negative, but did not know if there was a certain number of days before they could return. NA-A said most tests were completed within three days so if they were negative, they would be able to come back in three days. NA-A said she was responsible to train all the other persons who were going to be screening staff or visitors coming to the facility. Facility Policy related to Covid-19 planning; Suspected or Confirmed Covid-19, dated 3/1/20 and revised 3/23/20, staff with suspected symptoms of Covid-19 upon arrival to work should be sent home and referred to public health for testing, medical evaluation and return to work instructions. The DON or facility infection preventionist (IP) should be contacted to further screen the staff person as to whether they could be allowed to work or not. The policy also indicated the IP was to work with employees to identify work areas, persons they have been in contact with and equipment they may have been in contact with. The policy further indicated a person returning to work after being symptomatic must have been without a fever for no less than 72 hours, 7 days must have passed since the first symptoms had appeared and respiratory symptoms must have improved. The policy indicated a staff person should wear a mask upon return to work unless free from symptoms. An alternate document titled Use of Face Mask as a Source Control Measure dated 4/3/20, indicated face masks were to be worn at all times in the building. It also indicated staff could bring in their own masks and that cloth masks would be laundered at the facility. A document titled Epidemic/Pandemic dated 4/10/20 was provided. The policy indicated the IP or</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><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Many</p>	<p>(continued... from page 1)</p> <p>DON was the designated Pandemic Coordinator (PC). The policy indicated all illness absence slips should be forwarded to the PC and a facility charge nurse should send an E-mail communication to the PC daily to advise of resident illness and staffing issues. The policy also indicated, in the case of a pandemic/quarantine, all departments were to review the infection control practices and procedures.</p>		