

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245235</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WOODBURY HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7012 LAKE ROAD WOODBURY, MN 55125</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview, and document review, the facility failed to ensure 5 of 5 residents (R1, R2, R3, R4, and R5) were assessed for symptoms of COVID-19, and had their temperatures checked daily in accordance with the Centers for Disease Control (CDC) guidance. This had the potential to affect all 56 residents who resided in long term care at the facility. Findings include: R1's Weights and Vitals Summary from 4/1/20, through 5/6/20, indicated the only temperature measurement during the specified period was on 4/17/20. R2's Weights and Vitals Summary from 4/1/20, through 5/6/20, indicated the only temperature measurement during the specified time period was on 4/29/20. R3's Weights and Vitals Summary from 4/1/20, through 5/6/20, did not have any temperatures recorded during the specified time period. R4's Weights and Vitals Summary from 4/1/20, through 5/6/20, indicated R4's temperature was measured at least daily 4/1/20, through 4/8/20. No temperatures recorded after 4/8/20 for the specified time period. R5's Weights and Vitals Summary from 4/1/20, through 5/6/20, indicated one temperature reading on 5/1/20, for the specified time period. On 5/5/20, at 4:45 p.m. registered nurse (RN)-A was interviewed and stated not all residents were getting their vital signs measured daily. On 5/6/20, at 11:05 a.m. the director of nursing (DON) was interviewed. The DON stated temperatures were not being measured daily on the long term care unit. She stated they would not have enough temperature probes to measure each residents temperature daily in the facility. The facility's COVID-19 Mitigation Plan - Woodbury Senior Living, no date, indicated the administrator and DON would monitor the CDC and MDH COVID-19 websites for updates daily, making any indicated adjustment to facility practices if indicated. The Centers for Medicare & Medicaid Services (CMS) COVID-19 Long-Term Care Facility Guidance dated 4/2/20, indicated the following guidance: In accordance with previous CDC guidance, every resident should be assessed for symptoms and have their temperature checked everyday. The policy titled Interim Resident/Tenant Screening dated 5/6/20, directed the following: All residents/tenants will be screened routinely for fever and/or symptoms of COVID-19. Screening frequency was defined as at least once per day when there are no known cases of COVID-19 in the facility. Symptom screen included temperature, oxygen saturation, cough, shortness of breath, diarrhea, sore throat, and change in mental status. .		
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.