

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245412	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER COKATO MANOR		STREET ADDRESS, CITY, STATE, ZIP 182 SUNSET AVENUE COKATO, MN 55321	
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 ensure all facility and non-facility staff were actively screened at the entrance to the facility for the prevention and potential transmission of COVID-19. This had the potential to affect all 51 residents currently residing in the facility. Findings include: During an observation on 7/9/20, at 8:55 a.m., the front entrance doors of the facility were locked. There were signs to identify visitor restrictions were in place and directed visitors to call the facility phone contact to seek entrance into the facility. Signage was present to indicate mask use was required. Upon entry into the facility, alcohol based hand gel was available to use. An unknown female resident was observed seated in a wheelchair in the middle of the main communal area which was located next to a nursing station, approximately 20-30 feet from the main entrance. The female resident did not wear a mask. A staff member was noted to be seated at the nursing station, wore a face mask and an face shield. The administrator entered the building with writer and stated he would get a nurse to assist writer and walked into the facility and did not don a face mask. The administrator proceeded to walk into a hallway area, where no residents were present, and then returned with a face mask in his hand and went to nursing station to speak with staff member. On 7/9/20, at 9:04 a.m., registered nurse (RN)-A approached and greeted writer and was noted to have a clip board and a thermometer in her hand. RN-A introduced herself and proceeded to screen writer and took temperature via temporal thermometer and asked writer if there was an experience of shortness of breath, cough, nausea, loss of taste, loss of smell, or fever. Writer asked RN-A where people were screened that enter the facility. RN-A stated staff were screened at the nurse station but anyone else that entered the building was screened at the front entrance, where the reception desk was located. RN-A was asked when the administrator would be screened since he entered the facility at the same time as writer. RN-A stated that she just completed the administrator's screening at the nursing station and showed writer the documentation of the screening. RN-A also stated staff were required to wear a face mask and eye protection upon entrance to the facility. RN-A stated that a nurse from each shift was responsible to screen the employees when they entered the facility. RN-A stated that all staff took an online training course for COVID-19 and have been instructed on personal protective equipment (PPE) and hand washing. This instruction was completed by the director of nursing (DON). On 7/9/20, at 9:50 a.m., trained medication aide (TMA)-A stated to writer that all staff were trained by the director of nursing and the floor RN's and were to wear PPE as soon as they entered the building, this included a face mask and eye protection. Once they entered the facility, the staff went to the nurse station, located within the building and through a resident common area, and the nurse on the previous shift would screen them before they started to work. On 7/9/20, at 10:32 a.m., DON stated the facility took the precautions necessary to prevent the spread of COVID-19 very seriously and understood the need for all staff, which would include the administration staff, to wear PPE. DON stated they limited who was allowed in the building and felt staff could be screened at the nurse's station but were now aware everyone that entered the building should be screened at the front entrance. DON ensured this process would be implemented immediately. A review of the facility assessment (undated) stated that all employees were to be screened and monitored for symptoms of COVID-19 upon entering facility and that staff would optimize personal protective equipment. A review of Cokato Manor Infection Prevention Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) (undated) stated that staff will use appropriate personal protective equipment when interacting with residents, to the extent available and per CDC guidance. The policy also stated that the facility will actively verify absence of fever and respiratory symptoms when employees report to work at the beginning of their shift.</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.