

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245492	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2020
NAME OF PROVIDER OF SUPPLIER RICHFIELD A VILLA CENTER		STREET ADDRESS, CITY, STATE, ZIP 7727 PORTLAND AVENUE SOUTH RICHFIELD, MN 55423	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, the facility failed to implement proper infection prevention and control practices current with the Centers for Medicaid and Medicare Services (CMS) and Centers for Disease Control (CDC) guidelines for COVID-19 to maintain social distance recommendations of 6 feet to prevent the development and transmission of COVID-19 for 4 of 4 residents (R10, R11, R12 and R13) and potentially affect all 68 residents in the building. Findings include: R10's admission Minimum Data Set (MDS) dated [DATE], indicated R10 was cognitively intact and had a [DIAGNOSES REDACTED]. R11's quarterly MDS dated [DATE], indicated R11 had moderate cognitive impairment and had a [DIAGNOSES REDACTED]. R12's quarterly MDS dated [DATE], indicated R12 had long term memory impairment. R13's admission MDS dated [DATE], indicated R13 was cognitively impaired and had a [DIAGNOSES REDACTED]. During an observation on 4/14/20, at 11:34 a.m., R12 came in from the smoking patio. R12 had to pass by five non-identified residents on her way to the elevator. Because of the narrow hallway and residents that stood in the hallway, R12 had to come within 6 feet of the residents to get to the elevator. On 4/14/20 at 12:06 p.m. R13 and a non-identified resident were both in wheelchairs and sat approximately two feet from each other in the hall on the 3rd floor memory care unit. R13 touched the other non-identified resident on the arm. R13 then went into a room with two other non-identified residents. R13 stood by one of the residents while that resident ate. A staff member walked by the room and did not say anything. At 12:09 p.m. another staff member went by and stated, This is not your room. R13 was directed back to a room with his name on the door. On 4/14/20, at 12:37 p.m. R10 and R11 were observed to be approximately two feet from each other as they came down the hallway on the 1st floor. Both residents smoked and R10 resided on 1st floor and R11 resided on 2nd floor. The Frequently Asked Questions-COVID-19(Coronavirus) Updated 4/1/2020, provided to residents and families indicated the center will create a smoking plan by unit for implementation during this time of increased surveillance. On 4/14/20, at 12:40 p.m. two non-identified residents were observed to sit approximately two feet from each other in the common area. On 4/14/20, at 12:47 p.m. the Administrator came in from the smoking area and stated she checked to make sure the residents social distanced themselves when they smoked. She indicated she will check every 30 minutes and their goal is to social distance six feet within the facility. On 4/14/20, at 1:23 p.m. six non-identified residents were in common area. One resident was asleep in a chair and another resident sat approximately four feet from a resident than moved closer and stood next to the resident who slept. A dietary staff member (was observed to go in and out of the room and took orders from the residents and did not intervene. On 4/14/20, at 1:25 p. m. two non-identified residents were observed to high five one another as they passed in the hall as one resident walked by the other to go out and smoke. When interviewed on 4/15/20, at 10:30 a.m., via phone, the director of nursing (DON) reported social distance was a challenge on the first floor because the hallway was narrow and difficult the third floor because the resident had dementia and wandered. There was a room to gather on the first floor and the facility recently removed furniture for more space for resident to gather. The DON stated residents still tended to go there and gather and staff were to redirect as needed. The facility tried to keep residents to their rooms except for in the common areas. DON did identified residents who did not always comply with the social distance and did not stay in their rooms. Staff were to provide redirection, education and try to have the residents stay in their room. DON stated there was no documentation on this education to the residents. The DON indicated the facility stopped group activities and communal dinning to prevent the possible spread from floor to floor. Meals were served in each room except the third floor memory care. On the third floor staff try to keep six foot distance between residents and keep the same staff on the floor. If there were an active COVID-19 case, the facility would shut down that area to prevent any spread. When asked about the residents on the first floor who mingled by the door to go out to smoke and by the elevator, the DON stated the staff should have intervened when residents touched each other and did not practice social distancing. The DON verified there was always room for improvement for staff and residents. The COVID-19 RESOURCE MANUAL UPDATE: 4/8/2020, indicated what healthcare personnel should know about caring for patients with confirmed or possible coronavirus disease 2019 (COVID-19). The manual indicated [MEDICAL CONDITION] was thought to spread mostly from person-to-person via respiratory droplets among close contacts. Close contact includes being with approximately 6 feet (2 meters) and having direct contact with infectious secretions. The Infection Prevention and Control Interim Guideline for Suspected or Confirmed Coronavirus (COVID-19) dated 4/6/2020, indicated residents will be reminded to practice social distancing and perform frequent hand hygiene AND the facility will attempt to restrict the resident, to the extent possible, to their rooms except for medically necessary purposes. The CDC's social distancing recommendation dated April 4, 2020 indicated to stay at least 6 feet (2 meters) from other people, not gather in groups and avoid mass gatherings; keeping space between you and others is one of the best tools we have to avoid being exposed to this virus and lowering its spread.</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.