

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2020
NAME OF PROVIDER OF SUPPLIER WALKER METHODIST HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409	
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 to prevent the spread of COVID-19 by not performing proper hand hygiene for 1 of 2 residents (R1) observed. This had the potential to affect 21 residents on the unit. Further, the facility failed to document screening of COVID-19 symptoms for 1 of 3 residents (R2) reviewed for COVID symptom screening. Findings include: On 8/24/20, at 10:32 a.m., nursing assistant (NA)-A was observed to assist R1 to use the toilet and perform peri care after a bowel movement. NA-A proceeded, with same gloves, to apply a clean brief and adjust R1's clothing. NA-A further proceeded to wipe debris from the toilet seat, and grasp the wheelchair handles to roll R1 towards the bathroom door. NA-A then removed the soiled gloves, applied soap, lathered under running water for 8 seconds, dried hands with paper towel, donned clean gloves, and turned off the faucet with a paper towel. NA-A then handed a toothbrush to R1, verbalized need to get toothpaste, doffed gloves, rinsed hands in water for 2 seconds, dried hands with paper towel, and turned faucet off with paper towel. NA-A then exited the room to retrieve toothpaste. -at 10:43 a.m., NA-A entered R1's room, donned gloves, applied toothpaste to R1's toothbrush, and gave it to R1 to independently brush teeth. NA-A then doffed gloves, replaced garbage can liners, and grasped R1's wheelchair handles to move R1 closer to the sink. NA-A donned clean gloves, assisted R1 to use mouthwash and wash hands, grasped wheelchair handles with gloved hands to wheel R1 out of bathroom, replaced foot pedals, placed wipes into a drawer, placed garbage into garbage bag, and organized clean toothbrushes and toothpaste on bathroom shelf. NA-A then turned on water, applied soap to hands and lathered under running water for 8 seconds, dried hands with paper towel, and turned water off with a paper towel. NA-A then removed garbage from R1's room, placed it into the soiled utility room, went to the nurses station, picked up meal order tickets along with a pen, and proceeded to another room to assist another resident to fill out the meal ticket. -at 11:06 A.M., NA-A was interviewed and confirmed having had hand hygiene training. NA-A stated training provided was to wash hands with soap and water for 15 seconds. NA-A further stated during cares for R1, NA-A washed hands for about 15 seconds. -at 2:18 P.M., the director of nursing (DON) was interviewed and stated staff were trained in washing with soap and water for 20 seconds. The DON further stated it would be her expectation that staff would wash their hands with soap and water for 20 seconds. The policy titled Handwashing - Hand Hygiene, revised 3/16/20, indicated staff will use alcohol-based hand rub or soap and water at various times including: before and after direct care with residents, after contact with objects in the immediate vicinity of the resident, and after removing gloves. The policy further indicated the process for washing hands includes lathering hands for a minimum of 20 seconds.</p> <p>FAILURE TO DOCUMENT ACTIVE SCREENING FOR RESIDENTS FOR COVID-19 SYMPTOMS Current Centers for Medicare and Medicaid (CMS) regulations direct LTC residents to be screened for respiratory illness and/or other signs/symptoms of COVID-19, in addition to temperature and oxygen saturation, at least once daily. On 4/13/20, R2's provider wrote an order in R2's chart: Please collect supplementary documentation (cough, SOB, sore throat, diarrhea) and enter progress note. Review of R2's medical record lacked any documentation of active screening for symptoms of COVID-19. On 8/24/20, at 11:30 a.m., the Infection Preventionist (IP) verified the expectation would be that residents were screened for COVID-19 signs and symptoms (cough, SOB, sore throat, lethargy and decreased intake, loss of taste/smell and diarrhea) twice a day. The results of the screening were to be documentation in the medical record. The IP verified R2's medical record lacked any documentation of active screening for symptoms of COVID-19. On 8/24/20, at 1:30 p.m., the director of nursing (DON) verified the expectation would be that residents were screened for COVID-19 symptoms twice a day with results of screening documented in the medical record. DON noted R2's record was been revised to capture COVID-19 symptom screening. The policy titled, Infection Control Screening and Surveillance of Resident-[MEDICAL CONDITION] (COVID-19), dated 6/18/20, indicated staff will monitor residents for signs and symptoms of COVID-19 and document.</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.