

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NORTH RIDGE HEALTH AND REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5430 BOONE AVENUE NORTH NEW HOPE, MN 55428</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 - Some</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 ensure proper use of personal protective equipment (PPE) for 2 of 2 residents (R4 and R5) reviewed who were on droplet precautions. This had the potential to affect an additional 15 residents residing on unit 3 west far north. In addition, the facility failed to implement a comprehensive infection control program to include the Centers for Medicare and Medicaid Services (C[CONDITION]) and Centers for Disease Control and Prevention (CDC) COVID-19 Long-Term Care (LTC) Facility Guidance for all LTC facility personnel to wear face masks while in the facility. Staff failing to wear face masks properly had the potential to affect 96 of the 267 residents residing in the facility at the time of the Infection Control Focus Survey for COVID-19. The facility had been identified by The [LOC] Department of Health as having a COVID-19 outbreak with multiple residents and staff infected. Findings include: During observation on [DATE]4/20, at 10:50 a.m. housekeeper (H)-A wore a facemask down around chin and not covering nose or mouth. The mask was loose fitting and had the light blue side facing out. H-A stated that today was first day at this facility to wear face masks. H-A further stated that there was no education on the mask. Gave me a mask and told me to put it on. H-A removed the mask and turned it around so the white side was out and stated, Not sure how to wear it. During observation on [DATE]4/20, at 10:56 a.m. H-C was cleaning the dining room floor. H-C stated receiving PPE education during an in-person class. H-C had mask down under chin and not covering mouth or nose. During observation on [DATE]4/20, at 11:03 a.m. H-B wore mask down under chin under a face shield. During observation on [DATE]4/20, at 11:10 a.m. licensed practical nurse (LPN)-A walked out of R4's room wearing a gown and facemask. LPN-A went to nurse's station, retrieved a droplet precaution sign and taped it to R4's door. NP-A stated, Just identified someone with a temp. Placing on droplet precautions. The infection control nurse is bringing up an iso (isolation) cart. LPN-A stated having enough PPE and wore the gown all the time to protect self. LPN-A confirmed that with droplet precautions, a new gown should be placed over any clothing upon entering the room and removed upon exit. I would just put one on over this one. LPN-A went to med cart again and then into R5's room which also had a droplet precaution sign. LPN-A did not don a new gown and did not have gloves on. LPN-A exited R5's room without performing hand hygiene. LPN-A verified both R4 and R5 were both presumed positive for COVID-19. LPN-A stated only going into R5's room to tell R5 something and did not get close to R5 so did not think a different gown or gloves were necessary. During observation on [DATE]4/20, at 11:28 a.m. H-D wore mask under chin. H-D confirmed having in-person education on how and when to wear a facemask. H-D further stated that it should be worn all the time. H-D pulled mask over mouth but left nose exposed and stated, I put it on so I can breathe correct. H-D took tissue out of pocket and wiped nose and then pushed the elevator buttons without performing hand hygiene. When interviewed on [DATE]4/20, at 11:20 a.m. director of nursing (DON) verified and stated staff are expected to use proper PPE as soon as the droplet precaution sign goes up. They are supposed to change their gowns. Wear a gown and gloves in and remove coming out. DON further stated, Some staff are wearing gowns all the time as per their request. They feel safer if they are wearing their own. They still have to add a new gown when going into droplet precautions. And taking it off when they come out. When interviewed on [DATE]4/20, 1:39 p.m. infection preventionist (IP) stated all staff were educated on mask use and how to properly reuse them. All staff required to perform a return demonstration on both hand washing and donning and doffing PPE. IP further stated dietary, housekeeping and therapy are all contracted, but everyone was educated on hand hygiene and PPE use and all education was completed in March. Anyone hired now receive this in orientation. DON confirmed the facility's supply was ok for N95s, facemask's, and gowns. They need to request more face shields, but have been receiving supplies when requested. When interviewed on [DATE]4/20, at 2:00 p.m. director of housekeeping confirmed all staff were educated on how to use PPE and hand washing. I was able to education everyone March 16th through the end of March. Director of housekeeping further stated that the new staff member (H-A) was not new to the contracting company and had education at a different facility. They are supposed to keep it over the nose. While in the building they have to wear a mask. The facility policy Isolation - Categories of Transmission-Based Precautions F880 dated 01/2020, identified transmission based precautions should be used when caring for residents documented or suspected to have a communicable disease or infection that can be transmitted to others. The undated facility document titled Donning PPE on one side and Removing PPE on the other side, identified the facemask to be worn over the nose and mouth. The document instructs wearer to fit the flexible band to the nose bridge and ensure snug fit to face below chin. The document further instructs wearer to remove PPE at doorway before leaving room. The document identified the front of the mask is contaminated and instructed wearer not to touch and to perform hand hygiene immediately after removing all PPE. The C[CONDITION] communication dated 4/2/20, titled COVID-19 Long-Term Care Facility Guidance instructed facilities, For the duration of the state of emergency in their State, all long-term, all LTC facility personnel should wear a facemask while they are in the facility.</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.