

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER SEASONS HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 303 BROADWAY AVENUE SOUTH TRIMONT, MN 56176	
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 implement a comprehensive infection control program to include the Centers for Medicaid and Medicare Services (CMS) COVID-19 recommendation for health care workers to wear a facemask and eye protection for source control measures. This had the potential to affect all 21 residents who resided at the facility. Findings include: On 6/10/20, at 10:52 a.m. registered nurse (RN)-A was observed propelling a resident into her room in a wheelchair from the tv/lounge area. RN-A was wearing a cloth mask and no eye protection. RN-A gave the resident a hug prior to exiting the room. On 6/10/20, at 10:57 a.m. nursing assistant (NA)-A was observed assisting a resident out of the shower room. NA-A was wearing a cloth mask and no eye protection. When interviewed on 6/10/20, at 11:07 a.m. NA-A confirmed staff had only been required to wear cloth masks for resident care. NA-A further confirmed staff do not wear eye protection during direct resident care though knew that it was available. NA-A stated if there was a resident on the COVID unit staff would then utilize all required PPE (personal protective equipment) for droplet precautions. On 6/10/20, at 12:24 p.m. NA-B was observed in the dining room assisting a resident with eating lunch. NA-B was wearing a cloth mask and no eye protection. When interviewed on 6/10/20, at 11:34 a.m. the director of nursing (DON) stated the facility was doing much better related to PPE supplies as had just received a recent shipment from the Minnesota Department of Health (MDH). DON confirmed having at least 1000 surgical masks and enough face shields and other eye protection for all direct care staff. DON stated since the facility did not have a COVID positive case staff were not required to wear surgical masks or eye protection as that was the recommendation. DON further stated she would check with the administrator related to CMS recommendations for direct care staff to utilize surgical masks and eye protection. On 6/10/20, at approximately 12:35 p.m. the DON provided surveyor with an inventory list of PPE supplies. DON confirmed prior to the recent shipment from MDH on 6/8/20, the facility had 562 surgical masks available for staff to utilize. The facility also had 32 eye protection supplies prior to the 6/8/20 shipment which was enough for all direct care staff. DON further confirmed checking with the administrator who verified per MDH guidance, direct care staff should be utilizing surgical masks and eye protection. When interviewed on 6/10/20, at 1:10 p.m. the administrator confirmed after receiving the new shipment of PPE on 6/8/20, feeling able to proceed to the next step of direct care staff wearing surgical masks rather than cloth masks, and eye protection. Administrator confirmed the facility received the shipment from MDH on 6/8/20, though prior to that still had enough eye protection for all direct care staff. Administrator stated although they had surgical masks on hand she didn't feel comfortable using them for staff yet until they had more of a supply built up. The policy titled, Facemasks, reviewed 4/15/20, included: PROCEDURE: Employees: When an employee enters the building after clocking in they will apply hand sanitizer and then apply a mask before entering the main facility floor. They will wear the facemask throughout the entire shift except for breaks. When an employee leaves for break they will place their facemask in a paper bag provided to them with their name on it. Cloth masks: May be worn to do cares etc. for residents who do not have a positive test result and is not pending a result of COVID/Influenza A or B/RSV etc. The policy titled, COVID-19 Plan, reviewed 3/15/20, included: Increase Transmission-Based Precautions: Implement universal use of facemasks for HCP (health care provider) while in the facility at all times. Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N-95 respirator or, if not available, a facemask) for the care of all residents, regardless of presence of symptoms. Implement protocols for extended use of eye protection and facemasks.</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.