

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245299</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FRAZEE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>219 WEST MAPLE AVENUE, PO BOX 96 FRAZEE, MN 56544</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview and document review, the facility failed to implement current federal and state government guidelines on Coronavirus Disease 2019 (COVID 19) for visitor restrictions for visitors from the attached assisted living facility (ALF.) This deficient practice had the potential to affect all 46 residents who currently lived in the facility. Findings include: During observation on 4/16/2020, at 11:11 a.m. R1 was seated in a wheelchair seated in the doorway of her room. R1 had a visitor (V)-A seated in a recliner in the room, not wearing a mask, six feet away from R1. - At 11:37 a.m. R1 wheeled herself back and forth from doorway and sink, while V-A remained seated in the recliner of R1's room reading a newspaper with no mask on. - At 11:52 a.m. R1 was seated in a wheelchair in the doorway of her room with a tray table placed in front of her while she sat near the doorway. The V-A remained seated in the recliner in R1's room, with no mask on. - At 12:35 p.m. R1 remained seated in a wheelchair in the doorway of her room with a tray table in front of her eating lunch. V-A was seated in a upright chair next to the bed, with no mask on. On 4/16/2020, at 12:03 p.m. V-A remained seated in a chair in R1's room with no mask on. He stated he lived at the assisted living facility (ALF) and came to the facility every day to visit his wife, and ate all his meals with her. V-A stated the nursing home had never taken his temperature or screened him for symptoms prior to him entering the facility to visit his wife. On 4/16/2020, at 12:28 p.m. nursing assistant (NA)-A stated no visitors were allowed into the facility, but indicated V-A was allowed to come over to be with his wife, and another visitor, V-B, would visit from the ALF to look at the birds. On 4/16/2020, at 12:29 p.m. registered nurse (RN)-B stated we try to restrict visitors, and confirmed V-A and V-B routinely visited the facility from the ALF. On 4/16/2020, at 12:44 p.m. the interim director of nursing (DON) stated the facility was not allowing visitors from the community at this time, other than end of life care and verified no residents were currently at the end of life. The DON verified she was aware of V-A and V-B visiting the nursing home from the ALF, and confirmed they were not screened for COVID symptoms. The DON stated they currently had no restrictions for residents from the ALF to visit the nursing home, and indicated the ALF residents could come and go freely. A review of policy titled Visitor and Infection Control Policy, revised March 2020, indicated any visitors must pass the temperature and symptom screening questionnaire prior to entering the facility. The policy also indicated the only visitors allowed during the COVID emergency was for end of life care or mental anguish.		

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.