

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245364	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2020
NAME OF PROVIDER OF SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 500 PARK STREET EAST ANNANDALE, MN 55302	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and document review, the facility failed to develop and implement a comprehensive infection prevention and control program (IPCP) to include surveillance of all potential infections; ongoing, comprehensive analysis of all collected surveillance data; and demonstrated investigation(s) of developed infections to help prevent potential recurrence and/or spread within the facility. This had potential to affect all 43 residents residing in the facility at the time of the COVID-19 Focused Infection Control survey. Findings include: On 4/30/20, at 1:29 p.m. the director of nursing (DON) and administrator were interviewed. They voiced the facility had no active or presumptive COVID-19 cases. At this time, the surveillance and analysis of the facility's IPCP was requested. An Antibiotics per Month listing, dated 3/1/20 to 3/31/20, identified a total of three residents had been treated with four different antibiotics. The listing identified two different residents had been treated for [REDACTED]. Further, one resident was identified to have a [MEDICAL CONDITION] (infection of the skin) infection which required 5 days of antibiotic therapy. There were no listed infections or resident infection symptoms which were not treated with antibiotics (i.e. common cold symptoms, [MEDICAL CONDITION] infections). A series of Allina Health-Medical Laboratories results, dated 3/25/20 and 3/26/20, identified both residents whom were listed as having UTIs on the facility's surveillance (outlined above). These results both identified the organism for the UTI as Proteus Mirabilis. An Overview of Infection Tracking and Monitoring, dated 3/2020, identified there were no identified trends of infection within the facility. A section was listed which read, UTI Infections: 2 residents with UTIs acquired in house. One resident was treated with 2 different antibiotics. An additional section was listed which read, Skin Infection: One resident with [MEDICAL CONDITION] acquired in house. Further, the completed form listed a comparison from March 2019, which read, No trends in infections noted from March 2019 to March 2020. The completed analysis demonstrated no evidence if any urinary cultures had been obtained and/or reviewed to determine if the UTI were related; nor did the analysis demonstrate any investigation which had been completed into any of the facility acquired infections to help reduce the risk of recurrence to the same and/or other resident(s). Further, the analysis lacked evidence the facility had reviewed and compared the identified staff illnesses with resident illnesses to determine if any could be related. There was no documented, provided evidence which demonstrated the facility had a system for tracking non-antibiotic treated infections (i.e. [MEDICAL CONDITION] infections); nor any evidence demonstrating a comprehensive analysis of the identified infections was completed despite have two UTI with the same causative organism. Further, there was no provided evidence the facility had reviewed or investigated the developed infections for potential causes and addressed any subsequent action needed to reduce the risk of recurrence to the same and/or other resident(s). On 4/30/20, at 2:13 p.m. registered nurse (RN)-A was interviewed and stated herself along with the director of nursing (DON) helped manage the entire IPCP for the facility. RN-A explained she collected data for the program by reviewing progress notes and getting reports from the unit case managers. An Antibiotic Medications Report was reviewed so they could exclude antibiotics used for [MEDICATION NAME] reasons; and any acquired or hospital admitted infections were then placed on the Antibiotics per Month listing. RN-A stated the program did not track non-antibiotic treated infections or symptoms, however, there was some tracking done for those more in house in the separate resident's medical records. RN-A stated the collected surveillance data was then reviewed for trends and patterns on a monthly basis; then compared to the same month's data from a year prior. RN-A stated she was unsure why the data was compared to a year prior, however, it had just been their process for several years so she continued it. RN-A acknowledged the lack of a comprehensive analysis, including review of applicable cultures as directed by their policy, and added they had done it the same way for several years as they had never been told it was incorrect. Further, RN-A voiced completing an analysis, including investigating infection sources and causes, was important as it helps to see if there's trends or a staff concern. When interviewed on 4/30/20, at 2:36 p.m. the DON stated she oversaw the entire IPCP. The IPCP and lack of analysis was reviewed and DON stated she felt the staff were doing all those things, however, they were not being documented to reflect that. Further, the DON expressed the facility did not have a process to ensure non-antibiotic treated infections were tracked; and they would develop one to include it in the program. The provided Infection Control Surveillance Report Forms policy, dated 4/2020, identified surveillance was a method the facility used to find, analyze and control, and prevent nosocomial infections. The policy read, This collection, collation, and analysis of data is done to pass on information to those who are able to take action. The policy outlined several components of surveillance which included, Analysis A. Cultures B. Changes in prevalent organisms C. Clusters of prevalent organisms D. Increase in rates. Further, the policy directed data would be reviewed monthly for residents and employees for patterns; and resident illnesses would be tracked in the medical record and reported to the Quality Assurance (QA) program every six months. The policy lacked any information on how the program would track non-antibiotic treated infections or if/when investigations into the infections would be done. An additional provided Infection Control Policy, dated 11/2019, identified the objective of the requirement was for the facility to develop a comprehensive policy which established a facility-wide system for the prevention, identification, investigation and control of infections of residents, staff and visitors. The policy outlined it would be based upon a Facility Assessment and follow national standards and guidelines. From those, written policies and procedures would be developed which included several items including surveillance, reporting and how/when transmission-based precautions would be used. However, the policy lacked any information or guidance on how non-antibiotic treated infections were to be tracked; nor any dictation regarding how identified infections would be investigated to reduce the risk of recurrence.</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.