

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
NAME OF PROVIDER OF SUPPLIER MILLE LACS HEALTH SYSTEM		STREET ADDRESS, CITY, STATE, ZIP 200 NORTH ELM STREET ONAMIA, MN 56359	
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 - Immediate jeopardy 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 ensure all staff entering the facility were being actively screened (other facility staff performing the screening process) for the prevention and potential transmission of COVID-19. This had the potential to affect all 47 residents currently residing in the facility, at the time of the COVID-19 focused survey. Findings include: On 4/23/20, at 10:05 a.m. the survey team entered the facility via the building's main unlocked entrance. A small table was observed with a temporal thermometer and alcohol wipes, along with a binder for staff to enter their temperature for that day. A separate folder had printed directions alerting nurses to fill out the screening sheet for each employee coming on a new shift. One screening sheet was in the folder. A facility employee took the temperature and asked COVID-19 screening questions before allowing surveyors entrance to the facility; however, temperatures and screening questions were not recorded at time of entrance to facility. During the entrance conference on 4/23/20, at 10:11 a.m. registered nurse/clinical care coordinator (RN)-A stated the facility did not have any presumptive or confirmed cases of COVID-19. During interview on 4/23/20, at 10:49 a.m. activity aide (AA)-A stated the administrative assistant (ADM)-A took her temperature upon coming to work through the designated employee entrance, however, AA-A did not fill out any screening questions. The ADM-A did not ask her any screening questions before beginning her shift. During interview on 4/23/20, at 10:50 a.m. nursing assistant (NA)-A stated all LTC (long term care) employees entered the facility through the front door. When they started their shift no one was present and screening staff for COVID-19 signs and symptoms. NA-A took their own temp and recorded it then placed a color coded sticker on their name badge identifying they had been screened and were okay to work. On 4/23/20, at 10:57 a.m. housekeeper (H)-A stated LTC staff entered through the front door. There was not anyone stationed at the front door to screen employees as they came to work. Lately staff had been taking their own temperatures, prior to their shift starting. During interview on 4/23/20, at 11:01 a.m. trained medication assistant (TMA)-A stated all LTC employees entered the facility through the front doors. The take their own temperature and document it. There used to be a questionnaire completed regarding potential symptoms of COVID-19, but that stopped about a week prior. When the facility changed doors to separate hospital and LTC employees, there was no one directed to screen staff when they entered the LTC door. When interviewed on 4/23/20, at 11:12 a.m. (RN)-B stated she took her own temperature prior to starting her shift on 4/23/20. When interviewed on 4/23/20, at 11:23 a.m. licensed practical nurse (LPN)-A stated she took her own temperature prior to starting her shift on 4/23/20, and recorded it in the designated book located in the front entrance. LPN-A did not fill out a screening questionnaire nor was asked screening questions by another staff member. LPN-A explained they used to fill out a questionnaire but currently the sheet has gone missing and she had not seen it in a while. During interview on 4/23/20, at 11:36 a.m. ADM-A stated all LTC employees came in the front door only and had their temperature taken. ADM-A further stated staff took their own temperature at times and they no longer filled out a screening questionnaire, as they had been doing initially. ADM-A did not know why the facility employees no longer filled out the questionnaire. ADM-A had taken their own temperature and did not answer any screening questions prior to their shift on 4/23/20. On 4/23/20, at 12:01 p.m. the facility infection control preventionist/registered nurse (RN)-C stated when LTC staff entered through the designated North door entrance before their shift, they were to have their temperature checked and logged, and asked screening questions. RN-C stated she was not aware staff were taking their own temperatures and not being asked screening questions. Staff should not be taking their own temperatures as part of the facility active screening process. The facility HICS Incident Action Plan (IAP) Quick Start, dated 4/20/20, identified staff will be stationed at entrances in Onamia (8-9pm) to identify those who may require additional assessment or testing. The Quick Start action plan did not direct the stationing of staff from 9:00 p.m. to 8:00 a.m. An undated COVID-19 Action Plan for Health Care Facilities further identified implementation of active screening of staff when reporting to duty for fever (>100.0), acute respiratory symptoms (e.g. cough, SOB, sore throat). Staff should be asked to leave work if ill. Use line list.</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.