

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245186</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BROOKVIEW A VILLA CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7505 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427</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 - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and document review, the facility failed to ensure staff were donning the appropriate personal protective equipment (PPE) for 2 of 3 residents (R1, R2) observed on preventative admission droplet precautions for COVID-19. This had the potential to affect all residents currently residing in the facility during the COVID-19 Focused Infection Control Survey. Findings include: During entrance conference on 4/20/20, at 10:20 a.m. the facility administrator stated there were no confirmed cases of COVID-19 in the facility. New admissions were placed in quarantine and droplet precautions were initiated for 14 days following admission to the facility, to prevent any asymptomatic spread of [MEDICAL CONDITION]. On 4/20/20, at 11:00 a.m. there was an isolation station observed hanging on the outside of R1's door that contained gowns, gloves, surgical mask and eye goggles. There was a sign posted on the door identifying R1 was on droplet precautions. There was a physical therapist assistant (PTA)-A in R1's room performing therapy exercises and giving hands on care. R1 did not have a mask on. PTA-A had on a surgical mask, gown and gloves. The PTA-A was not wearing goggles. R1's progress notes, and vital signs were reviewed from 4/16/20, through 4/20/20, and R1 did not have any current signs or symptoms of COVID-19. On 4/20/20, at 11:03 a.m. an activity aide (A)-A was observed standing outside R2's room with a surgical mask on. There was an isolation station hanging on the outside of R2's door that contained gowns, gloves, surgical masks and eye goggles. There was a sign posted on the door identifying R2 was on droplet precautions. A-A sanitized her hands and grabbed the droplet precaution sign and placed it back on the door. A-A then entered R2's room with out donning a gown, goggles or gloves. A-A was past the privacy curtain when the unit manager and licensed practical nurse (LPN)-A had A-A leave the room. LPN-A asked A-A why she was in R2's room without a gown, goggles or gloves. A-A stated she read the droplet precaution sign and she didn't think she needed to put on a gown, goggles or gloves because she was not providing direct care and didn't anticipate coming in contact with any secretions. LPN-A stated R2 could cough and that was the reason to have on a gown, goggles and gloves along with the surgical mask. The facility Droplet Precaution (In addition to Standard Precautions) sign revised 4/16/09, identified everyone must: clean hands when entering and leaving room, wear mask, doctors and staff must: if contact with secretions likely, use gown, glove and eye cover. R2's progress notes, and vital signs were reviewed from 4/8/20, through 4/20/20 and R1 did not have any current signs or symptoms of COVID-19. During interview on 4/20/20, at 11:05 a.m. LPN-A stated all residents, including R1 and R2, were asymptomatic for COVID-19. R1 and R2 were on droplet precautions as it was recommended by the Centers for Disease Control (CDC) to place new admission in quarantine and on droplet precautions for 14 days. This was to ensure there was no potential transmission of [MEDICAL CONDITION] as it could be asymptomatic. The facility had instructed the staff on how to don and doff PPE and it was an expectation anytime the staff enter a droplet precaution room they would wear a gown, goggles, gloves and a mask. When interviewed on 4/20/20, at 11:14 a.m. PTA-A stated he had training on COVID-19 and on the proper droplet precautions. PTA-A stated it was important to wear the goggles because the eyes had mucous membranes and if a resident coughed and had COVID-19, it could be contracted through the eyes via droplets. Further they had worn goggles earlier in the day and just forgot to put them on. When interviewed on 4/20/20, at 11:33 a.m. A-A stated she was trained on the proper droplet precautions for COVID-19 and just got confused when she read the droplet precaution sign. A-A stated she worked with all the residents in the facility. During interview on 4/20/20, at 12:42 p.m. corporate registered nurse (RN)-A wearing gowns, gloves, goggles and masks when going into droplet isolation rooms was required as COVID-19 could be asymptomatic and they didn't now what the residents exposure was prior to admission. During telephone interview on 4/21/20, at 9:00 a.m. the director of nursing (DON) stated it was the facility practice to assume all residents admitted or readmitted to the facility were COVID-19 positive and place them on 14 day quarantine with droplet precautions that included the use of goggles. The facility had the PPE needed and the staff were expected to wear it whenever entering a droplet precaution room. The staff work with all residents. All staff have been educated on the required droplet PPE and the facility had been completing audits and conducting real time training. Further, the DON states she would look at the current droplet precaution sign and policies to ensure the correct information was communicated to the staff, as goggles were not always essential with droplet precaution. The facility policy Infection Prevention and Control Interim Guideline for Suspected or Confirmed Coronavirus (COVID-19) revised 4/6/20, identified full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19. The following PPE was required if available gowns, facemask's, gloves and respiratory protection. The CDC COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel illustration dated 3/23/20, identified the required PPE for suspected or confirmed COVID-19. The PPE required was as follows: a face shield or goggles, N95 respirator or surgical mask if N95 was unavailable, one pair of clean gloves and an isolation gown.</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.